



ANAPHYLAXIS POLICY

Contents

| | |
|---|----|
| 1. PURPOSE | 2 |
| 2. SCOPE..... | 2 |
| 3. POLICY | 2 |
| 4. WHAT IS ANAPHYLAXIS? | 2 |
| Symptoms | 2 |
| 5. TREATMENT OF ANAPHYLAXIS | 3 |
| 6. KEY RESPONSIBILITIES | 3 |
| Principal..... | 3 |
| Parents and carers of a student diagnosed as at risk of an anaphylaxis reaction | 3 |
| 7. SAFE WORK PRACTICES..... | 3 |
| Individual Anaphylaxis Management Plans | 3 |
| 8. LOCATION OF ASCIA ACTION PLANS AND ADRENALINE AUTOINJECTORS | 5 |
| AutoInjectors for General Use | 5 |
| General Use Adrenaline Autoinjectors are used when..... | 5 |
| 9. RISK MINIMISATION STRATEGIES | 6 |
| 10. RESPONSIBILITIES | 6 |
| In the Classroom, teachers should..... | 6 |
| In the Canteen..... | 7 |
| In the School Yard | 7 |
| During On-site Events (e.g. Sporting events, in school activities, class parties) | 7 |
| During Off-site school settings – excursions..... | 8 |
| During Off-site School Settings – camps and remote settings..... | 8 |
| 11. Communication Plan | 9 |
| Anaphylaxis Training and Briefings | 9 |
| Staff Training..... | 9 |
| 12. Further information and resources..... | 10 |
| Key Definitions | 10 |
| Resources..... | 11 |
| 13. Review cycle and evaluation | 11 |
| EMERGENCY RESPONSE - ANAPHYLAXIS..... | 12 |



~ Working Together ~

1. PURPOSE

To explain to Greythorn Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Greythorn Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

2. SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis or who may require emergency treatment for an anaphylactic reaction and their parents and carers.

3. POLICY

Greythorn Primary School is committed to providing a safe learning environment for all our students and complying with the current Ministerial Order No.706 and the Department of Education and Training's Anaphylaxis Guidelines.

4. WHAT IS ANAPHYLAXIS?

Anaphylaxis is a severe, rapidly progressive and potentially life-threatening allergic reaction that should always be treated as a medical emergency. It occurs after exposure to an allergen. The most common allergens for school aged children are peanuts, tree nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

SYMPTOMS

Signs and symptoms of a mild to moderate allergic reactions can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth
- abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include ONE or more of the following:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting when relating to an insect allergy

In some cases, anaphylaxis is preceded by a mild to moderate allergic reaction, with symptoms such as swelling of face, lips and/or eyes, hives or welts, stomach (abdominal) pain and/or vomiting.

Symptoms often appear within a few minutes, however, may take as long as two hours to develop fully after exposure to an allergen.



~ Working Together ~

5. TREATMENT OF ANAPHYLAXIS

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline auto injector for use in an emergency. These adrenaline auto injectors are designed so that anyone can use them in an emergency.

6. KEY RESPONSIBILITIES

PRINCIPAL

- Ensuring staff are trained in the identification and treatment of Anaphylaxis and this policy
- Maintaining a supply of AutoInjectors for general use
- Ensuring all AutoInjectors at school are stored appropriately and have not expired, discoloured or have visible sediment
- Ensuring that plans for excursions and camps include an Anaphylaxis plan
- Ensuring annual reviews of Individual Anaphylaxis Management Plans (ASCIA Action Plan) are carried out.

PARENTS AND CARERS OF A STUDENT DIAGNOSED AS AT RISK OF AN ANAPHYLAXIS REACTION

- Providing the school with:
 - a current Individual Anaphylaxis Management Plan (ASCIA Action Plan) and student photo
 - a current (not expired) AutoInjector labelled with the student's name
- Advising the school of any changes to the above
- Participate in annual reviews of the ASCIA Action Plan.

Further responsibilities are set out in Section 10. RESPONSIBILITIES.

7. SAFE WORK PRACTICES

Greythorn Primary School has developed the following work practices for managing anaphylactic shock:

- Individual Anaphylaxis Management Plans
- Adrenaline Autoinjectors – Purchase, Storage and Use
- Communication Plan
- Emergency Response Procedures
- Risk Minimisation Strategies
- Anaphylaxis Training and Briefing.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

All students at Greythorn Primary School who are diagnosed as being at risk of suffering from an anaphylactic reaction by a medical practitioner must have an Individual Anaphylaxis Management Plan (ASCIA Action Plan). When notified of an anaphylaxis diagnosis, the principal



~ Working Together ~

of Greythorn Primary School is responsible for developing a plan in consultation with the student's parents/carers.

The Individual ASCIA Action Plan importantly includes age-appropriate strategies to reduce the risk of an allergic reaction occurring.

Where necessary, an Individual ASCIA Action Plan will be in place as soon as practicable after a student enrolls at Greythorn Primary School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed (the photo may be displayed in the canteen, staff room and other areas such as the student's classroom - determined in consultation with staff)
- provide the school with a current (not expired) adrenaline AutoInjector labelled with the student's name
- participate in annual reviews of the student's Plan.

Each student's Individual ASCIA Action Plan must include:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual ASCIA Action Plan

A student's Individual ASCIA Action Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.



~ Working Together ~

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant change in the student's potential risk of exposure to allergens at school.

8. LOCATION OF ASCIA ACTION PLANS AND ADRENALINE AUTOINJECTORS

AutoInjectors and Individual ASCIA Action Plans are located in either the Junior School 'Building C' Main Storage Room or First Aid Room adjacent to the Main Office, as set out in the following table.

In addition, the school keeps a number of "General Use" AutoInjectors which are stored in the following locations:

- First Aid Office
- Stadium
- Library
- all yard duty bags.

| STUDENT YEAR LEVEL | Location of Personal AutoInjectors and ASCIA Action Plan (unless otherwise specified in the Individual ASCIA Action Plan) |
|--------------------|--|
| Foundation (Prep) | Junior School 'Building C' Main Storage Room |
| Year 1 | |
| Year 2 | |
| Year 3 | First Aid Room adjacent to the Main Office |
| Year 4 | |
| Year 5 | |
| Year 6 | |

AUTOINJECTORS FOR GENERAL USE

Greythorn Primary School will maintain a supply of adrenaline auto injector(s) for general use, as a back-up to those provided by parents and carers for specific students, and for students who may suffer from a first-time reaction at school.

The Principal is responsible for arranging the purchase of adrenaline auto-injectors for general use, and will consider:

- the number of students enrolled at Greythorn Primary School at risk of anaphylaxis
- the accessibility of adrenaline auto-injectors supplied by parents
- the availability of a sufficient supply of auto-adrenaline injectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline auto-injectors, and the need for general use adrenaline auto-injectors to be replaced when used or prior to expiry.
- that children under 20 kilograms are prescribed a smaller dosage of adrenaline, through an EpiPen® Jr
- Adrenaline Autoinjectors are designed so that anyone can use them in an emergency.

GENERAL USE ADRENALINE AUTOINJECTORS ARE USED WHEN

- a student's prescribed Autoinjector does not work, is misplaced, out of date, has already been used or is not readily accessible



~ Working Together ~

- a student is having a suspected first-time anaphylactic reaction and does not have a medical diagnosis for anaphylaxis
- when instructed by a medical officer after calling 000.

9. RISK MINIMISATION STRATEGIES

To reduce the risk of a student suffering from an anaphylactic reaction at Greythorn Primary School, we have put in place the following strategies:

- staff and students are regularly reminded to wash their hands after eating
- students are discouraged from sharing food
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- general use AutoInjectors are located at various points around the school to ensure quick access in an emergency.

Greythorn Primary may also employ some or all of the risk minimisation strategies that are designed to identify allergens, prevent exposure to them and enhance our response in case of an anaphylactic reaction.

Staff should determine which strategies are appropriate after consideration of factors such as the:

- age of the student at risk;
- facilities and activities available at the school;
- likelihood of that student's exposure to the relevant allergen/s whilst at school; and
- general school environment.

Staff should also consult the Risk Minimisation Strategies for schools included in the Anaphylaxis Guidelines for Victorian Schools.

10. RESPONSIBILITIES

It is the School's policy that the Principal is to ensure that while the student is under the care of the School, including on excursions, camps, special event days such as sports carnivals, there is a sufficient number of School staff present who have successfully completed an Anaphylaxis Management Training Course.

IN THE CLASSROOM, TEACHERS SHOULD

- ensure they are aware of the identity of any students who are considered to be a high risk of having an anaphylactic reaction
- be familiar with the student's ASCIA Action Plan for Anaphylaxis and have it readily accessible
- be familiar with staff who are trained to deal with an anaphylactic reaction if they are not
- liaise with parents/carers about food related activities ahead of time



~ Working Together ~

- use non-food treats where possible. If food treats are used in class, it is recommended that parents/carers provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled
- never give food from outside sources to a student who is at risk of anaphylaxis;
- be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons)
- consider whether to have a student's Adrenaline Autoinjector in class, depending on the speed or severity of previous anaphylactic reactions
- have regular discussions with students about the importance of washing hands, eating their own food and not sharing food
- inform casual/relief teachers and provide them with a copy of the student's ASCIA Action Plan for Anaphylaxis.

IN THE CANTEEN

- in the event we use an external/contracted food service provider, the provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling
- canteen staff (including volunteers), should be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans for Anaphylaxis
- the School have the student's name, photo and the foods they are allergic to displayed in the canteen as a reminder to staff
- food banning is not recommended however we choose not to stock peanut and tree nut products, (including nut spreads)
- products labelled 'may contain traces of peanuts/tree nuts' should not be served to the student known to be allergic to peanuts/tree nuts
- staff should be aware of the potential for cross contamination when storing, preparing, handling or displaying food
- staff should ensure tables and surfaces are wiped clean regularly.

IN THE SCHOOL YARD

- a student with anaphylactic responses to insects
 - should wear shoes at all times
- a student with anaphylactic responses
 - should keep open drinks (e.g. drinks in cans) covered while outdoors
- staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recess and lunch)
- the general use Adrenaline Autoinjector should be easily accessible
- staff on duty need to be able to communicate (e.g. via the School Enabled Emergency Response System, mobile phone, etc.) that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended
- outdoor bins should be kept covered.

DURING ON-SITE EVENTS (E.G. SPORTING EVENTS, IN SCHOOL ACTIVITIES, CLASS PARTIES)

- class teachers should:



~ Working Together ~

- consult parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student
- parents/carers of other students should:
 - be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis
- if a student is allergic to latex:
 - latex swimming caps and goggles should not be worn by the student
 - party balloons should not be permitted
- staff must know where the Adrenaline Autoinjector is located and how to access it if required
- for sporting events, staff must take the student's Adrenaline Autoinjector to the event
- store Adrenaline Autoinjectors in accordance with prescribed temperatures and conditions.

DURING OFF-SITE SCHOOL SETTINGS – EXCURSIONS

- the student's Adrenaline Auto-injector (two are recommended), Individual Anaphylaxis Management Plan, ASCIA Action Plan for Anaphylaxis and means of contacting emergency assistance must be taken
- one or more staff members who have been trained in the recognition of anaphylaxis and administration of the Adrenaline Autoinjector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis
- staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction
- parents/carers should be consulted in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/carer to send a meal (if required)
- parents/carers may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/carers as another strategy for supporting the student
- consider the potential exposure to allergens when consuming food on buses.

DURING OFF-SITE SCHOOL SETTINGS – CAMPS AND REMOTE SETTINGS

- when planning school camps and overnight excursions, risk management plans for students at risk of anaphylaxis should be developed in consultation with parents/carers and camp managers
- camp site/accommodation providers and airlines should be advised in advance of any student at risk of anaphylactic shock
- staff should liaise with parents/carers to develop alternative menus or allow students to bring their own meals
- camp providers must avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts
- use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided
- the student's Adrenaline Autoinjector (two are recommended – take the students one from school plus a second one from home), Individual Anaphylaxis Management Plan, ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp



~ Working Together ~

- a team of staff who have been trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis
- staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction
- staff should be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp
- the Adrenaline Autoinjector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school's first aid kit, although the School can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the students even if they carry their own Adrenaline Autoinjector
- Students with allergens to insect venoms should always wear closed shoes and appropriate clothing when outdoors
- Cooking and art and craft games should not involve the use of known allergens
- Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.

11. Communication Plan

This policy will be available on Greythorn Primary School's website so that parents and other members of the school community can easily access information about Greythorn Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Greythorn Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal or first aid officer is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Greythorn Primary School's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy.

ANAPHYLAXIS TRAINING AND BRIEFINGS

Staff at Greythorn Primary School will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the principal identifies, must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Greythorn Primary School uses an accredited training course provider such as Stitches Anaphylaxis Training.

STAFF TRAINING

The following staff members will be appropriately trained in accordance with Ministerial Order No. 706:



~ Working Together ~

- staff who conduct classes attended by students at risk of anaphylaxis;
- staff identified by the Principal, based on a risk assessment of an anaphylactic reaction occurring while a student is under the care or supervision of the School; and
- Anaphylaxis Supervisors.
- all current teaching, office and ES staff

Greythorn Primary School encourages regular casual relief teachers to also undertake training.

12. Further information and resources

KEY DEFINITIONS

Face-to-face anaphylaxis training

A face-to-face anaphylaxis training course can be a course in anaphylaxis management training that is:

- accredited as a VET course;
- accredited under Chapter 4 of the Education and Training Reform Act 2006 (Vic) by the VRQA;
- endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic
- teaching hospital; or
- any other course approved and advertised by the Department of Education and Training.

All face-to-face courses must be attended by the staff member in person and must include a competency check in the administration of an Adrenaline Autoinjector.

Online anaphylaxis training

Under the online model for anaphylaxis training developed by the Department of Education and Training, it is recommended that all Victorian school staff undertake an Online Training Course.

The Anaphylaxis Supervisor will undertake a competency check in the administration of an Adrenaline Autoinjector within 30 days of a relevant member of the school staff completing the online training course.

Autoinjector competency check training

Staff members identified as School Anaphylaxis Supervisors must also undertake autoinjector competency check training at least once every three years. Autoinjector competency check training means the Course in Verifying the Use of Adrenaline Autoinjector Devices 22303 VIC delivered by the Asthma Foundation.

Anaphylaxis Briefings

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including the Principal, first aid officer or School Anaphylaxis Supervisor(s). Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identifies of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located



~ Working Together ~

- how to use an adrenaline auto injector, including hands on practice with a trainer adrenaline auto injector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline auto injectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Greythorn Primary School who is at risk of anaphylaxis, the Principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

RESOURCES

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: Risk minimisation strategies
- ASCIA Guidelines: Schooling and childcare
- Royal Children's Hospital: Allergy and immunology

13. Review cycle and evaluation

This policy was last updated on 20/4/2018 and is scheduled for review in [Feb/2020] or as part of the school's review process.

The principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.



~ Working Together ~

EMERGENCY RESPONSE - ANAPHYLAXIS

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

| STEP | ACTION |
|------|--|
| 1. | <ul style="list-style-type: none">• Lay the person flat• Do not allow them to stand or walk• If breathing is difficult, allow them to sit• Be calm and reassuring• Do not leave them alone• Seek assistance from another staff member to locate the student's adrenaline AutoInjector or one of the school's general use AutoInjector, and the student's Individual Anaphylaxis Management Plan• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5 |
| 2. | Administer an AutoInjector (EpiPen or EpiPen Jr (if the student is under 20kg)) <ul style="list-style-type: none">• Remove from plastic container• Form a fist around the EpiPen and pull off the blue safety release (cap)• Place orange end against the student's outer mid-thigh (Without clothing or with one layer only)• Push down hard until a click is heard or felt and hold in place for 3 seconds• Remove EpiPen• Note the time the EpiPen is administered• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration |
| 3. | Call an ambulance (000) |
| 4. | Phone family/emergency contact |
| 5. | If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline auto injectors are available. |
| 6. | Contact the student's emergency contacts. Transfer person to hospital for at least 4 hours of observation |

COMMENCE CPR at any time if person is unresponsive and not breathing normally.

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 6 as above.

[Note: If in doubt, it is better to use an adrenaline Auto Injector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over treatment of a mild to moderate allergic reaction. Refer to page 41 of the [Anaphylaxis Guidelines](#)].



~ Working Together ~

Evaluation and Review:

- This policy will be reviewed every 3 years by the Education Committee

Ratification Dates:

| | | | | | |
|---------------------|----------|----------------|----------|-------------|----------|
| Education Committee | May 2019 | School Council | May 2019 | Next Review | May 2022 |
|---------------------|----------|----------------|----------|-------------|----------|