



ALBANY RISE PRIMARY SCHOOL

Anaphylaxis Policy

RATIFIED BY SCHOOL COUNCIL: 19th Feb 2020

REVIEW DATE: 2021

PURPOSE:

To explain to Albany Rise 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.

- 1.1 To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- 1.2 To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- 1.4 To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- 1.5 To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.
- 1.6 To ensure that Albany Rise Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

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.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

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

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

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Treatment

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 autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Albany Rise Primary School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Albany Rise Primary School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Albany Rise 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
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies 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.



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A template of an Individual Anaphylaxis Management Plan can be found in Appendix 3 of the Anaphylaxis Guidelines for Victorian Schools or the Department's website:

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>

Note: **The red and blue 'ASCIA Action Plan for Anaphylaxis'** is the recognised form for emergency procedure plans that is provided by Medical Practitioners to Parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found in Appendix 3 of the Anaphylaxis Guidelines or downloaded from

<https://allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Review and updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management 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.

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

All school Staff, in particular classroom teachers, will then implement and monitor the student's Individual Anaphylaxis Management Plan.

Prevention Strategies

- 2.1 Albany Rise School Staff are regularly briefed that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The development and implementation of appropriate prevention strategies to minimise the risk of incidents of anaphylaxis is an important step to be undertaken by School Staff when trying to satisfy this duty of care.
- 2.2 Chapter 8 of the Anaphylaxis Guidelines for Victorian Schools contains advice about a range of Prevention Strategies that can be put in place.
- 2.3 Albany Rise Primary School implements the following Risk Minimisation and Prevention Strategies for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

Classroom:

- Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location (eg. school office).
- Liaise with Parents about food-related activities ahead of time.
- Never give food from outside sources to a student who is at risk of anaphylaxis

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- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- The Principal/ Assistant Principal/ Administration officer will inform casual relief teachers, specialist teachers and volunteers of the names and photographs of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. i.e. seeking a trained staff member.

Canteen:

- The principal (or delegate) will liaise with Canteen staff to ensure information regarding students with Anaphylaxis is made clear. The information will include student photos, communication plan and action plan in the event of a reaction occurring at the canteen.
- At least one Canteen staff member (whether internal or external) needs to be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to: 'Safe Food Handling' in the School Policy and Advisory Guide, available at :
http://www.education.vic.gov.au/school/principals/spag/governance/pages/food_handling.aspx
- Helpful resources for food services: <http://www.allergyfacts.org.au>

Yard:

- Each student's Individual Anaphylaxis Management Plan are easily accessible from the yard (summary in clipboard), and staff will be aware of the exact location of the Adrenaline Autoinjectors for each child (office).
- Sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®) to be able to respond quickly to an anaphylactic reaction if needed.
- All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
- Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
- All staff will have a thorough knowledge of the School's Anaphylaxis Communication Plan and how this is enacted when on yard duty.

Special Events/ excursions:

- For special occasions, School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
- The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student, carried by the person in charge / teacher who holds the duty of care.
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- A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
- For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
- The School should consult Parents of anaphylactic students in advance to discuss issues that may arise.

Camp:

- Prior to engaging a camp owner/operator's services the School should make enquiries as to whether it can provide food that is safe for anaphylactic students
- The school will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
- The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a teacher mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
- Prior to the camp taking place School Staff should consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
- School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.
- The School Camp Co-ordinator will ensure an Adrenaline Autoinjector for General Use is taken on school camps, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
- Contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
- The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.

School Management and Emergency Response

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.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the Assistant Principal or delegate, and stored with the autoinjector pens in the Front Office (back of Business Manager's wall) For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at



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risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

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 or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at the Front Office. 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 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 (with or without clothing) 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.	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 autoinjectors are available.
5.	Contact the student's emergency contacts.

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 – 5 as above.

[Note: If in doubt, it is better to use an adrenaline autoinjector 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](#)].

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2.3 In the event of an anaphylactic reaction, the school will implement the first aid and emergency response procedure that relate to the individual student's Anaphylaxis management plan.

2.4 The following procedures for management and emergency response to anaphylactic reactions are in place at Albany Rise Primary School:

School Management:

- A comprehensive communications plan (outlined below) will be implemented.
- a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction is displayed in the sick bay, yard duty folders, office wall with Adrenaline Autoinjectors, staff room, office and shown to staff as part of Anaphylaxis training at the start of each school year and during bi-annual staff Anaphylaxis training.
- In 2020 the following students have been identified as requiring Anaphylaxis Management Plans and ASCIA Action Plans:

[names removed for privacy for website use]

Individual Anaphylaxis Management Plans and ASCIA Action Plans can be located:

- In the office on the wall adjacent to the sick bay, along with each child's Adrenaline Autoinjector
- in each child's classroom;
- in the school yard duty folders (ASCIA plans only)
- in all school buildings including Office, Sick bay, Staff room, Art Room and Hall;
- On school excursions with teacher in charge of the student/s with anaphylaxis along with the Adrenaline Autoinjectors.
- The First Aid officer for the excursion will also carry an Adrenaline Autoinjector for general use.
- On school camps and special events- with the individual student or staff member leading the group activity.

Storage and accessibility of Adrenaline Autoinjectors;

- Adrenaline Autoinjectors for each student are located in the office on the wall adjacent to the sick bay, along with each child's ASCIA action and management plan.
- Each Adrenaline Autoinjector is clearly labelled with the student's name and is stored with a named copy of the student's ASCIA Action Plan.
- An Adrenaline Autoinjector for General Use is clearly labelled and distinguishable from those for students at risk of anaphylaxis, stored in the same area.
- **The Risk Management Checklist for anaphylaxis will be completed annually.**

School Emergency Management:

- Classrooms - Classroom phones/personal mobile phones will be used to raise the alarm that a reaction has occurred. The teacher will also send a red 'emergency'

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card with 2 children to the office area to raise an alarm which triggers getting an Adrenaline Autoinjector to the child and other emergency response protocols.

- Yard - Staff use mobile phones and the card system whilst on yard duty, to raise the alarm/ send a message to the office.
- Excursions and Camps - Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore emergency procedures will vary accordingly
- a nominated staff member (Principal/ Assistant Principal/ Office personnel) will immediately call the ambulance; and
- a nominated staff member (Principal/ Assistant Principal/ Office personnel) will wait for ambulance at a designated school entrance.
- A member of the School Staff should remain with the student who is displaying symptoms of anaphylaxis at all times
- A member of the School Staff should immediately locate the student's Adrenaline Autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan.
- The Adrenaline Autoinjector should then be administered following the instructions in the student's ASCIA Action Plan.
- After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision, it is important that a review process take place.

Note: Chapter 9 of the Anaphylaxis Guidelines for Victorian Schools contains advice about Emergency Response Procedures to be followed in schools during and post anaphylactic incidents. .

Adrenaline Autoinjectors for General Use

The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Albany Rise Primary School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

Communication Plan

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

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Albany Rise 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



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as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

2.5 Albany Rise Primary School will distribute information to all School Staff, students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy at least once each term, including early in Term 1 as part of class welcome newsletters and whole school newsletter.

2.6 The information will include strategies for advising School Staff, students and Parents about how to respond to an anaphylactic reaction by a student in various environments including:

- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
- during off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the School.

2.7 Information about anaphylaxis and the School's Anaphylaxis Management Policy can also be found on the school website.

2.8 Volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction are informed of the student's condition when signing in at the office and are instructed on their role in responding to an anaphylactic reaction by a student in their care. This may include written instruction for CRT staff.

2.9 All staff are informed of all known students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and photos and information regarding these students is circulated and displayed as part of the schools start of year procedures.

Staff Training

The principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes, all canteen staff, admin staff, first aiders and any other member of school staff as required by the principal based on a risk assessment.

Staff who are required to undertake training 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.

Albany Rise Primary School uses the ASCIA eTraining course (with 22303VIC, or 22300VIC or 10313NAT). Details regarding expiry of staff training is noted in the

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white anaphylaxis folder, regularly updated by the Anaphylaxis Coordinators (Trish Johnston and Narelle Seremetis).

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Albany Rise 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.

The principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

- 2.10 The online training course will be free to all Victorian school staff (and the general public) and can be accessed at: <https://etrainingvic.allergy.org.au/>. In order to successfully complete this training staff will also be required to show the School Anaphylaxis Supervisor that they are able to appropriately and competently use an adrenaline Autoinjector. This capability must be tested within 30 days of completion of the online training course.
- 2.11 In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.
- 2.12 The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis **Management** Training Course in the three years prior.

Note: A video has been developed and can be viewed from

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

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Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

Note: A template of the Risk Management Checklist can be found at Appendix 4 of the Anaphylaxis Guidelines for Victorian Schools or the Department's website:

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

References:

Anaphylaxis Management in Schools- DET:

<http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxisschools.aspx>

For more information regarding the legislative requirements of Ministerial Order 706, and its supporting information and resources, see:

Ministerial Order 706

https://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf

Epiclub Alert system: <http://www.epiclub.com.au/index.php>

Principal: _____

School Council President: _____

Date ratified by School Council: _____ 19^h Feb 2020

To be reviewed: 2021

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