



Hughesdale Primary School

Anaphylaxis Policy

Last Review Date:
August 2022

Due for Next Review:
August 2023

Included on Website:
 Yes No

Authorised (Principal):



Help for non-English speakers

If you need help to understand the information in this policy, please contact Bridene Forrest (Business Manager) or Amanda Breeden-Walton (Assistant Principal).

PURPOSE

To explain to Hughesdale 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 Hughesdale 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.

DEFINITIONS

ASCIA

ASCIA is the Australian Society of Clinical Immunology and Allergy

POLICY

School Statement

Hughesdale Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

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.

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 Hughesdale 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 Hughesdale 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 Hughesdale 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

Individual Anaphylaxis Management 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

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.

Location of plans and adrenaline autoinjectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the First Aid Room, together with the student's adrenaline autoinjector. A copy of the student's Individual Anaphylaxis Management Plan will be provided to any classroom teacher with a student diagnosed as at risk of anaphylaxis in their class. Adrenaline autoinjectors must be labelled with the student's name.

Risk Minimisation Strategies

All stakeholders have the responsibility to reduce the risk of a student suffering from an anaphylactic reaction at Hughesdale Primary School. These strategies should be read in conjunction with the risk minimisation strategies contained within the *Allergies Policy*.

Strategies in place when a classroom teacher has a child at risk of anaphylaxis in their class:

- contact the parents/carers of each child with severe allergies and/or is at risk of anaphylaxis at the beginning of the school year to discuss the child's management plan
- inform parents and guardians of children in the class of a child at risk of anaphylaxis of the allergens that must be avoided in advance of planned class parties, events or birthdays where food will be shared
- communicate with the parents/carers of a child at risk of anaphylaxis in advance of planned class parties, events or birthdays where food will be shared
- keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan for Anaphylaxis is easily accessible even if the adrenaline autoinjector is kept in another location

Strategies in place at a whole school level include:

- raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe, inclusive and supportive for their peers
- discourage students from sharing food
- school staff should avoid using food in activities or games, including as rewards;
- distribute food shared outside of school-organised events (for example, to celebrate a student's birthday) at the conclusion of the school day and students will be encouraged to seek permission from their parent or carer before consumption
- leave outdoor garbage bins at school covered with lids to reduce the risk of attracting insects
- use gloves or tongs when picking up papers or rubbish in the playground

- require suppliers (whether internal or external) of lunch-orders and other foods to be consumed by students to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc
- upon commencement at Hughesdale Primary School, inform casual relief teachers, specialist teachers and volunteers of the names 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
- store a general use EpiPen in the First Aid Room
- planning for off-site activities, includes risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

Adrenaline autoinjectors for general use

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

Adrenaline autoinjectors for general use will be stored at the First Aid Room and labelled “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 Hughesdale 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

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 Primary First Aid Attendant and stored at the First Aid Room. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at 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

	<p>adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at the First Aid Room</p> <ul style="list-style-type: none"> • 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.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <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.	<p>Call an ambulance (000)</p>
4.	<p>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.</p>
5.	<p>Contact the student's emergency contacts.</p>

[Note: If in doubt, it is better to use an adrenaline autoinjector than not to 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](#)].

Communication Plan

This policy will be available on Hughesdale Primary School's website so that parents and other members of the school community can easily access information about Hughesdale Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Hughesdale 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 Hughesdale 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, 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](#).

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, 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.

Hughesdale Primary School utilises the recommended ASCIA eTraining course for all staff. Nominated Anaphylaxis Supervisors complete the 22303VIC Course in Verifying the Correct Use of Adrenaline Autoinjector Devices.

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 including the Principal or School Anaphylaxis Supervisor. Each briefing will address:

- this policy, including risk minimisation strategies
- 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 Hughesdale 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.

A record of staff training courses and briefings will be maintained by the schools First Aid Coordinator.

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.

FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
- Allergy & Anaphylaxis Australia:
 - [Risk minimisation strategies](#) (requires DET login)
- ASCIA Guidelines:
 - [Schooling and childcare](#)
- Royal Children's Hospital:
 - [Allergy and immunology](#)
- [School Policies](#):
 - Health Care Needs Policy
 - Management of Food and Allergies Policy

POLICY REVIEW

Policy last reviewed	August 2022
Next scheduled review date	August 2023
Review Cycle	The minimum review cycle for this policy is yearly

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.