



Anaphylaxis Management Policy

Purpose:

To ensure the school manages students and staff at risk of anaphylaxis and complies with legislative requirements, specifically Ministerial Order 706 and associated guidelines published and amended by the Victorian government from time to time.

To explain to school parents/carers, staff, volunteers and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis.

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.

Definition:

<i>Anaphylaxis</i>	<i>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.</i>
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<i>ASCIA Action Plan</i>	<i>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 downloaded from http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx</i>
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Aims:

- To ensure best practice emergency treatment and life support for students with severe allergies.
- To educate staff and the school community about their roles and responsibilities in working with the anaphylaxis guidelines.
- To provide resources and regular training to assist in the management of incidents.
- To identify and encourage preventative measures that minimise the risk of exposure to potential allergens.

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.

Principles:

In the event of an anaphylactic reaction, the school's first aid and emergency management response procedures and the student's Individual Anaphylaxis Management Plan must be followed.

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 the 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 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 enrols 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.

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 Principal will keep all information regarding students at risk up to date and annually review Anaphylaxis Management Plans. 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 fairs and concerts.

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 station in the Staff Resource Room, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name and stored alphabetically in labelled tubs. A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the First Aid Cupboard.

Adrenaline autoinjectors for general use are located in classroom First Kits and the Staff Resource room and are labelled 'School EpiPen'.



Risk Minimisation Strategies:

These strategies will apply to a variety of contexts including:

- during classroom activities (including class rotations, specialist)
- between classes and other breaks
- the Healthy Lunch Kitchen lunch ordering program www.healthylunchkitchen.com.au
- during recess and lunchtimes
- camps and excursions, or at special events conducted, organised or attended by the school (eg. Bush School, cultural days, School Fair, end of year concert, events or incursions).

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

- staff and students are regularly reminded to wash their hands before and after eating
- students are discouraged from sharing food and supervised by a teacher while eating
- garbage bins remain covered with lids to reduce the risk of attracting insects
- the school community and/or class groups will be informed of allergens that must be avoided in advance of special events via Compass posts and the school eNews
- a general use EpiPen is stored in First Aid Kits and the Staff Resource room
- anaphylaxis alert card with student names on the back is located in the First Aid kits
- casual replacement staff will be alerted via induction process to those students in the class with special medical needs including anaphylaxis. A photo of the student together with relevant information will be included with the class roll for casual replacement staff
- food baked for special days e.g. birthday cakes, celebratory shared food will include a clearly visible list of all ingredients
- planning for off-site activities will include 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:

The 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 in the First Aid Cupboard and Staff Resource room and labelled "School EpiPen".

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

- the number of students enrolled and 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 Principal and stored in the First Aid Cupboard.

For camps, excursions and special events, the 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 adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the First Aid cupboard • 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.	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.

[Reminder: 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.]

Anaphylaxis Communication Plan:

This policy will be available on the Daylesford Dharma School website so that parents and other members of the school community can easily access information about the school's anaphylaxis management procedures. The parents and carers of students who are enrolled at the 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 and volunteers are aware of this policy and 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.

A copy of the Anaphylaxis Management Policy will be stored in the CRT Folder given to each time casual replacement staff attend the school site to work. The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Anaphylaxis Guidelines and legislative requirements.

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, and any other member of school staff as required by the Principal based on a risk analysis.

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.

Staff are also required to attend a training on anaphylaxis management and be made aware of this policy at least twice per year. The school staff Anaphylaxis management briefing will be held at the beginning of the school year and will be facilitated by the Principal or a qualified professional. The second briefing will occur in May each year with the annual CPR update conducted by the school's preferred registered First Aid Training provider.

Each briefing/training 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 enrols at the 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.

Related Legislation

Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008
Ministerial Order 706.

Related Publications

Anaphylaxis Guidelines for Victorian Schools

Available at: <https://www.is.vic.edu.au/compliance/students/anaphylaxis.htm>

Related Policies

First Aid Management Policy

Administration of Medication Policy

Student Health Policy

Offsite Activities Policy

Review Date: May 2023

Basis of Discretion:

Not applicable.