

ANAPHYLAXIS POLICY

PURPOSE

To explain to Sandringham East 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 Sandringham East 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.

POLICY

School Statement

Sandringham East 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 Sandringham East 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 Sandringham East 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 Sandringham East 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.

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.
- If a student participates in a controlled clinical allergy testing in a hospital setting and subsequently, the original diagnosis is altered.

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 in the First Aid Room. Students' adrenaline autoinjector will be stored and labelled with their name at First Aid Room. General used adrenaline autoinjectors are also located in the Yard Duty bags, along with spares in the First Aid room.

The individual care plan (ASCIA school copy) must legally be in colour and provided by the GP at the beginning of the school year for that student. The colour photograph of the student should not be more than 1 month old at time of issue.

Parents should provide an unexpired epipen to school (at the expense of the parents) with preferably 12 months validity. If the epipen has expired and the school has asked the parents to supply another epipen and this has not occurred, the student should not be at school until a valid epipen is provided.

Risk Minimisation Strategies

GENERAL RISK MINIMISATION FOR ANAPHYLAXIS

Schools should:

- Ensure the school has the EpiPen if prescribed, and the ASCIA Management Plan for all students and staff with anaphylaxis, which are to be provided by the student's parent/carer.
- Ensure that staff are aware of where the student's adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis are stored.
- Ensure staff are trained in knowing when and how to give the adrenaline autoinjector.
- Know which students are at risk of anaphylaxis and their known allergens.
- Know what risk minimisation strategies (see below in this document) are in place for students at risk of anaphylaxis in the school and others settings, and how these will need to be adapted when planning

school activities and events.

RISK MINIMISATION FOR FOOD ALLERGENS

Implementation of risk minimisation strategies, rather than blanket food bans, is the recommended approach to prevent exposure to known allergens. Schools should:

- Ensure anyone in the school who prepares food is trained in food selection, handling and storage of foods with food allergy in mind.
- Keep surfaces clean and prevent cross-contamination during handling, preparation, storage and serving of food.
- Implement age appropriate avoidance strategies for routine and non-routine activities such as meal times, cooking, art, sport days, special occasions (e.g. birthdays), incursions and excursions.
- Identify foods used in activities that contain known allergens and replace with other suitable foods where possible.
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- Avoid sharing food, eating utensils or wind musical instruments (close supervision may be required at meal times for younger students).
- Avoid children with food and/or insect allergies picking up food litter as it may contain an allergen.
- Promote good communication between parent/guardian, staff, volunteers and the student.

Food restrictions:

- Unlike food bans (see below), food restrictions may have a role to play in young children who might share common pencils, books or toys where cross contamination with food may result in allergic reactions from oral exposure or greater person-to-person contact in young children. An example of a food restriction may be asking parents of early primary children not to include products containing nuts in their child's lunch box.
- To minimise the risk of a first time reaction to peanuts and nuts, schools should not use peanuts or other nuts in curricular or extracurricular activities.
- Food restrictions become less important for older students who are better able to self-manage their allergies.

Food bans:

- Are not proven to help reduce risk,
- Are difficult to enforce,
- May result in a false sense of security,
- May trigger resentment and lack of cooperation with more important measures, and
- May at times, result in bullying of the individual with food allergy or their parent.

Blanket food bans are **NOT** recommended. Banning specific foods from an environment will **not** eliminate the risk of accidental exposure. It is unreasonable to expect that a school or preschool will be totally 'nut free' for examples, and such claims should not be made.

Further information on minimising exposure to high risk foods can be found at

www.allergy.org.au/schools-childcare

www.allergyfacts.org.au/allergy-management/schooling-childcare

ASCI dietary avoidance information sheets may also be useful

www.allergy.org.au/patients/food-allergy/ascia-dietary-avoidance-for-food-allergy

RISK MINIMISATION FOR INSECT ALLERGIES

- Have bee and wasp nests removed by a professional.
- Consider poisoning Jack Jumper ant nests if there are children with Jack Jumper ant allergy.
- Cover garbage receptacles that may attract stinging insects.
- When purchasing plants for an existing or new garden, consider those less likely to attract bees and wasps.
- Specify play areas that are lower risk and encourage the student and their peers to play in these areas (e.g. away from garden beds or garbage storage areas).
- Ensure students wear appropriate clothing and covered shoes when outdoors.
- Be aware of bees in pools, around water and in grassed or garden areas.
- Educate children to avoid drinking from open drink containers, particularly those containing sweet drinks that may attract stinging insects.
- Children with food and/or insect allergy should not be asked to pick up food litter as it may contain an allergen.

- To reduce the risk of tick bites, wear a hat and cover skin when outdoors. Remove hat and brush clothing before going indoors.
- The same issues regarding insect bites and stings need to be considered when school camps are held in rural or remote areas or in the bush where exposure to ticks or Jack Jumper ant stings may occur.

Further information on insect and tick allergy is available here

www.allergy.org.au/patients/insect-allergy-bites-and-stings

Adrenaline autoinjectors for general use

Sandringham East Primary School will maintain a supply of adrenaline autoinjectors 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 Room, School Office and Yard Duty bags 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 our 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 First Aid Administrator and stored in 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:

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector
3 Phone ambulance - 000 (AU) or 111 (NZ)
4 Phone family/emergency contact
5 Further adrenaline doses may be given if no response after 5 minutes
6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector
 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 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](#).

Communication Plan

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

Sandringham East PS uses Vic First Aid in Templestowe Heights for our yearly training course.

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 Anaphylaxis Supervisor. 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 Sandringham East 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.

FURTHER INFORMATION AND 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](#)
- Further information on minimising exposure to high risk foods can be found at www.allergy.org.au/schools-childcare www.allergyfacts.org.au/allergy-management/schooling-childcare
- ASCIA dietary avoidance information sheets may also be useful www.allergy.org.au/patients/food-allergy/ascia-dietary-avoidance-for-food-allergy
- Further information on insect and tick allergy is available here www.allergy.org.au/patients/insect-allergy-bites-and-stings

EVALUATION

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.

REVIEW CYCLE

This policy was last updated on June 2021.

This policy is to be reviewed every **1 year** in line with DET policy guidelines.