

# ANAPHYLAXIS POLICY 2022-2023



## Help for non-English speakers

If you need help to understand the information in this policy please contact the school office.

### Purpose:

Anaphylaxis is an acute allergic reaction to certain food items and insect stings. The condition develops in approximately 1-2% of the population. The most common allergens are nuts, eggs, cow's milk and bee or other insect stings, and some medications. It can be life threatening and research indicates it is becoming more prevalent.

### 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:

To explain to Morang South 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. Morang South Primary School's intention is 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 school life.

### School Statement

Morang South 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 Morang South 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 or nominated delegate of Morang South 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 Morang South 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 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 been identified with
- 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 Anaphylaxis Management 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 and Paringa Complex Staff Office. Student's Adrenaline autoinjectors are individually named and located in the First Aid room in the main office. Adrenaline autoinjectors for general use are also available at the First Aid Room and Paringa Complex Staff Office. These are labelled "general use".

### **Risk Minimisation Strategies**

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

- staff and students are reminded to wash their hands after eating;
- students are discouraged from sharing food
- garbage bins in playground/outside are to remain covered with lids to reduce the risk of attracting insects
- composting areas will be covered with a layer of carpet, utilise bokashi bran/tea and have carbon added to the top of piles. These will be located in a separate area to the main playground
- chicken and compost scraps must be worn by anaphylactic students when picking up papers or rubbish in the playground or students be excused from this duty
- gloves must be worn by anaphylactic students when picking up papers or rubbish in the playground or students be excused from this duty
- 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 food based activities, class parties, events or birthdays
- a general use EpiPen will be stored at the First aid Room and Paringa Complex Staff Office and Area 2 yard duty bag for ease of access
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including consideration of supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending

Morang South Primary School will ensure that risk minimisation and prevention strategies are in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in canteens;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

## **Classrooms**

1. Copy of the student's Individual Anaphylaxis Management Plan kept in the classroom and first-aid office
2. Liaison with parents about food-related activities ahead of time
3. Use non-food treats where possible, but if food treats are used it is recommended that the parents provide a treat box
4. Never give food from outside sources to a student who is at risk of anaphylaxis, including treats from other students
5. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contains milk or egg' should not be served to students with milk or egg allergy
6. Awareness of possible hidden allergens in food and other substances used in composting, cooking, food technology, science and art classes
7. Ensure all cooking utensils, preparation dishes, plates and knives/forks etc. are washed and cleaned thoroughly after preparation of food and cooking
8. Regular discussions with students about the importance of washing hands, eating their own food and not sharing food
9. The First Aid Co-ordinator (as the Principal's nominee) should ensure processes are in place to inform casual relief teachers (CRTs), specialists teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and EpiPen, the School's Anaphylaxis Policy and each person's responsibility in managing an incident

### **Canteen**

1. Canteen staff are to be trained in food allergen management and its implications on food handling practices
2. Canteen staff are briefed about students at risk of anaphylaxis and where the Principal determines, have up to date training in an Anaphylaxis Management Training Course
3. Display the student's name and photo in the cafeteria as a reminder to staff
4. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts
5. Products labelled 'may contains milk or egg' should not be served to students with milk or egg allergy
6. Tables and surfaces are wiped down regularly
7. No-sharing of food approach is adopted
8. Awareness and minimising of possible cross-contamination of other foods when preparing, handling or displaying food

### **School Grounds**

1. Sufficient supervision of a student who is at risk of anaphylaxis by a staff member who is trained in the administration of EpiPens
2. EpiPens and Individual Anaphylaxis Plans are easily accessible from the school grounds
3. A communication plan is in place for staff on playground or other school-grounds duty so medical information can be retrieved quickly and all staff are aware how to inform the First Aid Co-ordinator if an anaphylactic reaction occurs during recess or lunch time
4. Staff on duty can identify those student's at risk of anaphylaxis
5. Students with anaphylactic responses to insects are encouraged to stay away from areas where insects are sourcing water or flowering plants
6. Lawns are regularly mowed and bins are covered
7. Students are encouraged to keep unattended drinks and food covered while outdoors

### **Special Events**

1. Sufficient staff attending who have been trained in the administration of an Epi-Pen are supervising students

2. Use non-food activities or games or ensure strict monitoring/consultation in regard to allergens in any food-based activities
3. Supervising teachers are responsible for ensuring that adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) are taken on excursions or to sport activities
4. Teacher-In-Charge is responsible for nominating a first aid person for camps who is responsible for ensuring that adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) are taken on excursions and for liaising with the school First Aid Officer in regard to the care of students with Anaphylaxis

Appendix F of the Department’s [Anaphylaxis Guidelines](#) includes further detailed risk mitigation strategies and guidelines.

### **Adrenaline autoinjectors for general use**

Morang South 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 at the First Aid Room, Paringa Complex Staff Office and will be labelled “general use”.

The Principal (or nominee) is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Morang South 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 First Aid Officer and stored at the First Aid Room as well as Paringa Complex Staff Office. 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 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:

<b>Step</b>	<b>Action</b>
1.	<ul style="list-style-type: none"> <li>● Lay the person flat</li> <li>● Do not allow them to stand or walk</li> <li>● If breathing is difficult, allow them to sit</li> <li>● Be calm and reassuring</li> <li>● Do not leave them alone</li> <li>● 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 First Aid Office and Paringa Complex. If the student’s plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li> </ul>
2.	<ul style="list-style-type: none"> <li>● Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</li> </ul>

	<ul style="list-style-type: none"> <li>● Remove from plastic container, check expiry date and clarity of fluid</li> <li>● Form a fist around the EpiPen and pull off the blue safety release (cap)</li> <li>● Place orange end against the student's outer mid-thigh (with or without clothing)</li> <li>● Push down hard until a click is heard or felt and hold in place for 3 seconds</li> <li>● Remove EpiPen</li> <li>● Note the time the EpiPen is administered</li> <li>● Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul>
3.	Call an ambulance (000) /Attending staff will do this or send request to the office - if attending staff notify first aid call has been made.
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 - office staff/supervising teacher will do this.

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**.

Students with a **Green Plan** have response steps outlined for a general reaction which should be followed. Green Allergy Plans are located in the staffroom, paringa gym, first aid room and an individual's copy is also in their own classroom.

Schools can use either the EpiPen® **and Anapen® on any student** suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

*[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 'Frequently asked questions' on the [Resources tab](#) of the Department's Anaphylaxis Policy.]*

## Communication Plan

This policy will be available on Morang South Primary School's website so that parents and other members of the school community can easily access information about Morang South Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Morang South 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 made aware of this policy and Morang South 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 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 school staff (teachers, ES staff, canteen, admin) 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:

- successfully complete a DET approved online anaphylaxis management training course and autoinjection competence assessment every two years; or
- a face to face anaphylaxis management training course (22300VIC) every 3 years.
- all staff need to participate in the school's twice yearly briefings conducted by the school anaphylaxis supervisor or another member of staff nominated by the principal who has completed an approved anaphylaxis management training course

Morang South Primary School uses the following training courses:

- 22303VIC - First Aid Officers (every 3 years)
- [22300VIC](#) - Teachers trained first aid responders (every 3 years)
- Other staff required to complete online ASCIA Anaphylaxis eLearning training (every 2 years)

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 School 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 Morang South Primary School who is at risk of anaphylaxis, the Anaphylaxis Supervisor (First Aid Officer) 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.

A record of staff training courses and briefings will be maintained by the Anaphylaxis Supervisor (First Aid Officer).

## **FURTHER INFORMATION AND RESOURCES**

School Policy and Advisory Guide:

- [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

## **POLICY REVIEW AND APPROVAL**

The Principal (or nominee) 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.

<b>Date Implemented</b>	26th March, 2019; 22/04/2021; 13/7/2022
<b>School Council Approval Required</b>	Not Required
<b>Approved by</b>	Principal
<b>Date Reviewed</b>	13/7/2022
<b>Next Review Date</b>	13/7/2023