



Anaphylaxis Management Policy

School Statement

Waratah Special Developmental School will comply with Ministerial Order 706 and the associated guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time.

Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).

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.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Purpose

- 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.

- To raise awareness about anaphylaxis and the school's anaphylaxis management policy/guidelines in the school community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

The Individual Anaphylaxis Management Plan will set out the following:

All students at Waratah SDS 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 Waratah SDS 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 Waratah SDS 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.

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, together with the student’s adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student’s name.

Risk Minimisation Strategies

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them.

Setting	Considerations
Classroom	<ul style="list-style-type: none"> • Display a copy of the students ASCIA Action Plan in the classroom. • No peanut and tree nut products (including nut spreads) to be kept in the classroom. • If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school’s allergen minimisation strategies • Never give food from outside sources to a student who is at risk of anaphylaxis. • Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. peanut oil, egg or milk cartons). • Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. • Casual/relief teachers to be provided with a copy of the student’s ASCIA Action Plan.
Homecrafts	<ul style="list-style-type: none"> • Student ASCIA Action Plans to be displayed in the room. Liaise with parents/guardians about food for the student. • No peanut and tree nut products (including nut spreads) to be kept in the Homecrafts program • Products labelled ‘may contain traces of peanuts/tree nuts’ should not be served to the student known to be allergic to peanuts/tree nuts. • Be aware of the potential for cross contamination when storing, preparing, handling or displaying food. • Ensure tables and surfaces are wiped clean regularly.

<p>Playground</p>	<ul style="list-style-type: none"> • All staff to be aware of students with anaphylactic responses to insects/pollens and students with ASCIA Plans should wear shoes at all times. • Staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recess and lunch). • The adrenaline autoinjector should be easily accessible from the yard. • Staff to follow communication plan for the yard in the event of an anaphylactic emergency.
<p>On-site events (e.g. PBS concerts, school , school celebrations activities, class parties)</p>	<ul style="list-style-type: none"> • For special occasions, class teachers should consider the student at risk of anaphylaxis when planning food menus. An alternative food should be provided by the parent or school and staff may consult with parents if required. • Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school’s allergen minimisation strategies • Party balloons should not be used if a student is allergic to latex. • Staff must know where the adrenaline autoinjector is located and how to access if it required. • For sporting events, it may be appropriate to take the student’s adrenaline autoinjector to the oval. If the weather is warm, the autoinjector should be stored in an esky to protect it from the heat.
<p>Off-site school settings excursions and school camp</p>	<ul style="list-style-type: none"> • The student’s adrenaline autoinjector, ASCIA Action Plan and means of contacting emergency assistance (mobile phone) must be taken on all excursions/camps. • The adrenaline autoinjector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school first aid kit, although schools can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own adrenaline autoinjector. • The parent/carer to provide an up to date anaphylaxis management plan and provide any prescribed medication prior to attending camp. • When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers. • Parents/guardians may wish to accompany their child on excursions/camps. This should be discussed with parents/guardians as another strategy for supporting the student. • Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals. • The camp manager to be informed that a child who is at risk of an anaphylactic episode will be attending camp. • One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should

	<p>accompany the student on excursions/camps. All staff present during the excursion need to be aware if there is a student at risk of anaphylaxis.</p> <ul style="list-style-type: none"> • Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required). • Consider the potential exposure to allergens when consuming food on buses and avoid eating on the bus to reduce the risk. • Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies. • Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins. • Be aware of what local emergency services are in the area and how to access them. • The student with allergies to insect venoms should always wear closed shoes when outdoors. • Cooking and art and craft games should not involve the use of known allergens.
<p>Contact with animals</p>	<p>When planning activities involving animals staff should consider students at risk of anaphylaxis and refer to Student Management Plan.</p> <p>Be aware that some animal feed contains food allergens. E.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food. All children to wash hands after touching animals</p>

Adrenaline autoinjectors for general use

Waratah SDS will maintain a supply of adrenaline autoinjector 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 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 Example 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 Theresa Marstaela 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:

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 room• 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 [Frequently asked questions — Anaphylaxis](#)].

Communication Plan

This policy will be available on Waratah SDS's 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 Waratah SDS and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

This policy will be presented to staff at the first staff meeting of each year, and staff will be reminded of the policy at the twice yearly briefings for Anaphylaxis.

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Waratah SDS'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
- At a minimum, school staff who conduct specialist classes, 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.

Waratah SDS uses the following training course ASCIA eTraining course (with 22303VIC, or 22300VIC or 10313NAT).

[Note, for details about approved staff training modules, refer to chapter 5 of the [Anaphylaxis Guidelines](#)]

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 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 Waratah SDS 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

- Policy and Advisory Library:
 - [Anaphylaxis](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

REVIEW CYCLE AND EVALUATION

This policy was last updated on June 2020 and is scheduled for review in June 2021.

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.

This document was last reviewed in June 2020 and is due for review in June 2021.