



Anaphylaxis Policy

PURPOSE

To explain to Sale & District Specialist 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 Sale & District Specialist 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

Sale & District Specialist 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 Sale & District Specialist 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 Sale & District Specialist 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 Sale & District Specialist 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.

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

Depending on the age of the students in your school community who are at risk of anaphylaxis, the severity of their allergies and the content of their plan, some students may keep their adrenaline autoinjector on their person, rather than in a designated location. It may also be appropriate to keep copies of the plans in various locations around the school so that the plan is easily accessible by school staff in the event of an incident. Appropriate locations may include the student's classroom, sick bay, and the school office or in the materials provided to staff on yard duty.

Example for when students **will not keep** their adrenaline autoinjectors on their person:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in their classroom and in the first aid room in building A, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Example for when students will keep their adrenaline autoinjectors on their person:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in their classroom and in the first aid room in building A. Students who are capable of using their epipen are encouraged to keep their adrenaline autoinjectors on their person. Adrenaline autoinjectors for general use are available at the First Aid Room in Building A,] and are labelled "general use".

Example for where some students keep their adrenaline autoinjectors on their person and others store them elsewhere:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in their classrooms. Whilst some students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name at Building A first aid room], together with adrenaline autoinjectors for general use.

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Sale & District Specialist School we have adopted the use Allergy & Anaphylaxis Australia **"Risk Minimisation Strategies in school and/or childcare"**. See Appendix A. This document will be reviewed annually in line with student's individual needs and class activities. It will also be reviewed upon enrolment of a child with allergies or anaphylaxis. Some of the strategies include;

- **Food brought to school:** Alert parents to strategies that the school has in place and the need for their child to not share food and to wash hands after eating. Distributed via school newsletter
- **School fundraising/special events/cultural days:** Consider children with a food allergy when planning for special events. Notices sent home to parents.

- **Class parties:** A notice sent home to parents prior to events discouraging specific food items. Teacher may ask parent to attend the party as a “parent helper”. Child at risk of anaphylaxis should not share food brought in by others.
- **Cooking/Food Technology/Science:** Engage parents in discussion prior to cooking/science sessions. Remind all children not to share food they cooked.
- **Music:** Be aware there should be no sharing of wind instruments
- **Art/Craft:** Ensure containers used by students at risk of anaphylaxis do not contain allergens. E.g. egg white or yolk on an egg carton. Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg. Care to be taken with play dough etc. Check that nut oils have not been used in manufacture. Discuss options with parent of wheat allergic child.
- **Canteen:** Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods said to be ‘safe’. Child having distinguishable lunch order bag. Restriction on who serves the child when they go to the canteen. Discuss possibility of photos of the children at risk of anaphylaxis being placed in the canteen/children’s service kitchen. Encourage parents of child to visit canteen/Children’s Service kitchen to view products available.
- **Sunscreen** Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. Parents may want to provide their own.
- **Hand Washing:** All children are encouraged to wash their hands before and after eating
- **Part-time educators and casual relief teachers:** Casual staff, who work at school regularly, should be included in anaphylaxis training sessions to increase the likelihood that they recognise an allergic reaction and know how to administer the adrenaline autoinjector.
- **Class rotations:** All teachers will need to consider children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class.
- **Excursions, Sports carnivals, & Swimming program:** teachers organising/attending excursion or sporting event should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylactic reaction occurs. This includes distribution of laminated cards to all attending teachers, detailing the following: Location of event, including Melway reference or nearest cross street ***Procedure for calling ambulance, advising life threatening allergic reaction has occurred and adrenaline is required.***
- **Medical Kits** (Student’s own and school’s autoinjector for general use)
Medical kit containing ASCIA Action Plan for Anaphylaxis and adrenaline autoinjector should be easily accessible to child at risk and the adult/s responsible for their care at all times. On excursions ensure that the teacher accompanying the child’s group carries the medical kit. For sporting events this may be more difficult, however, all staff and parent volunteers must always be aware of who has the kit and where it is.
Be aware - adrenaline autoinjectors should not be left sitting in the sun, in parked cars or buses.
Parents are often available to assist teachers on excursions in Children’s Services and Primary schools. If child at risk is attending without a parent, the child should remain in the group of the teacher who has been trained in anaphylaxis management, rather than be given to a parent volunteer to manage. This teacher should carry the medical kit.

School Camps: Please see *“Risk Minimisation Strategies in school and/or childcare” (Appendix A)*

Insect sting allergy: Please see ***“Risk Minimisation Strategies in school and/or childcare” (Appendix A)***

Adrenaline autoinjectors for general use

Sale & District Specialist 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 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 Sale & District Specialist 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 Cathy Mason and stored at 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 at B2 Kitchen labelled Chace EPIPEN or 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.	<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)

	<ul style="list-style-type: none"> • 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 page 41 of the [Anaphylaxis Guidelines](#)].

Communication Plan

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

Sale & District Specialist School uses the following training course ASCIA eTraining 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 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 Sale & District Specialist 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](#)
- First Aid policy

REVIEW CYCLE AND EVALUATION

This policy was last updated on **August 2019** and is scheduled for review in **August 2020**

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.

Principal: _____

OUR COMMITMENT TO CHILD SAFETY - Sale & District Specialist School (S&DSS) is committed to the safety and wellbeing of all children and young people. This will be the primary focus of our care and decision-making. S&DSS has zero tolerance for child abuse.

S&DSS is committed to providing a child safe environment where children and young people are safe and feel safe, and their voices are heard about decisions that affect their lives. Particular attention will

be paid to the diversity of all children, including the needs of Aboriginal and Torres Strait Islander children, children from culturally and/or linguistically diverse backgrounds, children with disabilities and vulnerable children. S&DSS is a safe and inclusive school for all people including LGBTI people. Every person involved in S&DSS has a responsibility to understand the important and specific role he/she plays individually and collectively to ensure that the wellbeing and safety of all children and young people is at the forefront of all they do and every decision they make.