



# Falls Creek Primary School

## Anaphylaxis Policy

### Purpose

To explain to Falls Creek 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 Falls Creek Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

### Scope

This policy applies to:

- all staff, including causal 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

Falls Creek 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 medications.

#### *Symptoms*

Sights and symptoms of a mild to moderate allergic reactions 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 Falls Creek 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 Falls Creek 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 Falls Creek 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 is 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 Plans*

A student's Individual Anaphylaxis 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 school office, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

## Risk Minimisation Strategies

The strategies adopted by Falls Creek Primary School to minimise the risk of anaphylaxis are outlined in **Appendix A** of this policy.

## Adrenaline autoinjectors for general use

Falls Creek Primary School will have one 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 at in the First Aid cabinet and labelled "general use".

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

- the number of students enrolled at Falls Creek Primary School at risk of anaphylaxis
- the accessibility of adrenaline auto-injectors supplied by parents
- the availability of a sufficient supply of auto-adrenaline injectors 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 auto-injectors 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 school 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 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"><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 in the school office.</li><li>• 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.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <ul style="list-style-type: none"> <li>• Remove from plastic container</li> <li>• Form a fist around the EpiPen and pull of 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)
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.

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 Falls Creek Primary School’s website and reference to it included in the Parent Information Book so that parents and other members of the school community can easily access information about Falls Creek Primary School’s anaphylaxis management procedures. The parents and carers of students who are enrolled at Falls Creek 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 and volunteers are aware of this policy and Falls Creek Primary School’s procedures for anaphylaxis management. Reference to this policy is included in the Staff Handbook. 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 attend,
- administration staff 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.

To be completed by	Course	Provider	Cost	Valid for
All school staff	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
2 staff at the school (School Anaphylaxis Supervisors)	<i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including the Principal and Classroom Teacher. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identifies 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 Falls Creek 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](#)
- Falls Creek Primary School policies
  - [Administration of Medication Policy](#)
  - [First Aid Policy](#)

## **Review cycle and evaluation**

This policy was last updated in May 2020 and is scheduled for review in April 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.

## Appendix A: Risk Minimisation Strategies

<b>Classrooms</b>
1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan for Anaphylaxis is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2. Liaise with parents about food-related activities ahead of time.
3. Use non-food treats where possible, but if food treats are used in class, parents of students with food allergy provide a treat box with alternative treats. This treat box should be clearly labelled and only handled by the student. Treats for the other students in the class should not contain the substance to which the student is allergic.
4. Food from outside sources will not be given to a student who is at risk of anaphylaxis.
5. Products labelled 'may contain traces of nuts' will not be served to students allergic to nuts. Products labelled 'may contain milk or egg' will not be served to students with milk or egg allergy and so forth.
6. Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (eg. Egg or milk cartons, empty peanut butter jars).
7. Ensure all cooking utensils, preparation dishes, plates, cutlery etc are washed and cleaned thoroughly after preparation of food and cooking.
8. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
9. The Principal will inform casual relief teachers, specialist teachers and volunteers of the names of an students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual's responsibility in managing an incident ie. Seeking a trained staff member.

<b>Meal breaks</b>
1. Ensure tables and surfaces are wiped down with warm, soapy water regularly.
2. Staff and students will be reminded to wash their hands before and after handling food.
3. The school will not allow the trading or sharing of food between students. Bottles, containers, utensils and lunchboxes of children with food allergies should be clearly labelled with the name of the child for whom they are intended.
4. The school will not ban food such as nuts or potential allergens due to the possibility that it can create complacency among staff and students, it does not eliminate the presence of hidden allergens and it is difficult to "ban" all triggers (allergens) because these are not necessarily limited to peanuts and nuts. However, the school will request that parents do not send those items to school if at all possible.

<b>Yard</b>
1. If the school has a student who is at risk of anaphylaxis, sufficient school staff on duty in the yard must be trained in the administration of the Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Autoinjector and each student's ASCIA Action Plan for Anaphylaxis should be easily accessible from the yard and staff should be aware of their exact location.
3. All staff must be aware of the students at risk of anaphylaxis and be able to identify, by face, those students.
4. All staff must be aware of the school's Emergency Response Procedure.
5. Students with severe allergies to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6. Students should keep drinks and food covered while outdoors.

**Special events (eg. Sporting events, incursions, class parties, etc)**

1. If the school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2. School staff should avoid using food in activities or games, including as rewards for children at risk of anaphylaxis.
3. For special events involving food, school staff should consult parents in advance to either develop alternative food options or request the parents to send food for the student.
4. Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats that could pose a risk.
5. Party balloons should not be used if any student is allergic to latex.
6. If students from other schools are participating in an event at the school, information will be sought about any students who will be attending who are at risk of anaphylaxis. Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them.

**Field trips / excursions / camps / sporting events**

1. If the school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2. A school staff member trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips, excursions or camps.
3. School staff should avoid using food in activities, including as rewards for children at risk of anaphylaxis.
4. The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis, and a mobile phone will be taken and be easily accessible, and school staff must be aware of their exact location.
5. For each field trip, excursion etc, a risk assessment should be undertaken for each students attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion / sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All school staff members present during the excursion need to be able to identify any students who are at risk of anaphylaxis by face.
6. The school will consult with parents of anaphylactic students in advance to discuss issues that may arise, to develop alternative food options, or request the parents to provide a meal (if required).
7. Parents may wish to accompany their child on field trips or excursions. This will be discussed with parents as a strategy for supporting a student who is at risk of anaphylaxis.
8. Prior to an excursion or camp, the Principal will consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular activity.
9. Prior to attending a catered camp, the school staff will consult with the camp owner/operator to ensure that food that is safe for anaphylactic students can be provided.
10. If the school has concerns about whether the food provided on an excursion or camp will be safe for students at risk of anaphylaxis, it will consider alternative means of catering for those students.
11. The school will consider whether to take an Adrenaline Autoinjector for general use on camp, even if there is no student at risk attending, as a back-up device in the event of an emergency.
12. If the field trip, excursion or special event is being held at another school then that school will be notified ahead of time that a students at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed so that the roles and responsibilities of the host and visiting school are clear. Students at risk of anaphylaxis will take their own adrenaline autoinjector with them to events being held at other schools.