



Anaphylaxis Policy & Procedure

Introduction:

Anaphylaxis is a severe, rapidly progressive and potentially life-threatening allergic reaction. The most common triggers (allergens) are peanuts, tree nuts (e.g. hazelnuts, cashews and almonds), cows' milk, eggs, wheat, soybean, sesame (seeds/oil), fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis is knowledge of those students who are diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnership between the school, parents and carers is important in ensuring that certain foods or items are kept away from the student while at school. Adrenaline given through an auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

School Statement:

St Bernadette's Primary School acknowledges its responsibility to develop and maintain an Anaphylaxis Management Policy & Associated Procedure. The school will comply with [Victorian Government's Ministerial Order 706, 2015](#) and the associated guidelines published and amended by the Victorian Department of Education and Training from time to time.


Policy Aims:

The aim of St Bernadette's Primary School's Anaphylaxis Management Policy & associated procedure 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 schooling;
- » Raise awareness about anaphylaxis and the school's anaphylaxis management plan in the school community;
- » Engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and the management strategies for the student;
- » Ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Management Plans:

At the commencement of each school year the *Annual Anaphylaxis Risk Management Checklist* will be completed to identify the number of students affected by anaphylaxis and to ensure required risk mitigation strategies are planned for and implemented.

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The Principal, or their nominee, will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be devised from the Action Plan and will be in place as soon as practicable after the student enrolls.

The individual Anaphylaxis Management Plan will set out the following:

- » Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner);
- » Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions;
- » The name of the person/s responsible for implementing the strategies;
- » Information on where the student's medication will be stored;
- » The student's emergency contact details;
- » An emergency procedures plan (ASCIA Action Plan), provided by the parent/carer, that:
 - Sets out the emergency procedures to be taken in the event of an allergic reaction;
 - Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan;
 - Is reviewed annually;
 - Includes an up to date photograph of the student;
 - Is printed in colour.


The Principal, or their nominee, will then implement and monitor the student's Individual Anaphylaxis Management Plan.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's Parents / Carers in all of the following circumstances:

- » Annually;
- » If the student's medical condition, in so far as it relates to allergy and the potential for anaphylactic reaction, changes;
- » As soon as practicable after the student has an anaphylactic reaction at School;
- » When the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (e.g. class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of Parents / Carers to:

- » Provide an ASCIA Action Plan;
- » Inform the school in writing if their child's medical condition, in so far as it relates to allergy and the potential for anaphylactic reaction, changes, and where relevant provide an updated ASCIA Action Plan;
- » Have the ASCIA plan reviewed by / updated by a Medical Practitioner annually.
 - The colour photo for the plan should be updated annually as part of the process.
- » Provide the School with an adrenaline auto injector that is current and not expired for their child.
- » St Bernadette's Primary School will provide spare adrenaline auto injectors for general use.

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Prevention Strategies:

St Bernadette's 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 specialist classes);
- » School Grounds – Before and after school, recess and lunchtimes;
- » Special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

Prevention Strategies include, but are not limited to the following:

Classrooms:
1. Provide professional development for all staff including the identification and response to anaphylaxis and the proper use of an EpiPen®.
2. A copy of the student's Individual Anaphylaxis Management Plan and Action Plan will be kept in the First Aid Room, classroom and specialist areas.
3. Student's anaphylaxis action plans and auto-injectors are located in their learning spaces in individual medic bags. These medic bags are taken by the students when they leave the learning space for specialists learning sessions and other school events.
4. All staff with a student at risk of anaphylactic responses in their classroom, will be briefed at the beginning of the year, to ensure their awareness of the issues related to these students.
5. All staff undergo regular briefings on anaphylaxis, the symptoms and emergency responses
6. Class teachers are to liaison with Parents / Carers about food-related activities ahead of time.
7. The use of non- food treats where possible, but if food treats are used it is recommended that the Parents / Carers provide a treat box.
8. Never give food from outside sources to a student who is at risk of anaphylaxis.
9. Treats from other students in class should not contain the substances to which the student is allergic.
10. 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.
11. School canteen staff are trained in appropriate food handling to reduce the risk of cross contamination.
12. Staff members are to maintain an awareness of possible hidden allergens in food and other substances used in cooking, food technology, science and art classes.
13. Ensure all cooking utensils, preparation dishes, plates and knives/forks etc. are washed and cleaned thoroughly after preparation of food and cooking.



14. Regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
15. The school Principal, or their nominee, should inform casual relief teachers, specialist 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.

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 EpiPen's.
2. EpiPen's and Individual Anaphylaxis Plans are easily accessible from the school grounds.
3. A communication plan is in place for Staff Members on Duty so medical information can be retrieved quickly and all Staff are aware how to respond if an anaphylactic reaction occurs during before or after school, at recess or lunch time.
4. Staff on duty can identify those student's at risk of anaphylaxis.
5. Students with anaphylactic reactions to insects are encouraged to stay away from water or flowering plants.
6. Lawns are regularly mowed and bins are covered.
7. Students are to keep drinks and food covered while outdoors.

Excursions / Camps:

1. A Risk Assessment of the excursion or camp must be completed prior to departure.
2. A Risk Assessment is to be completed for each individual student attending the event.
3. Review the Individual Anaphylaxis Management Plan prior to departure to ensure that it is up to date and relevant to the particular excursion or camp.
4. Staff in charge should consult Parents / Carers of anaphylactic students in advance to discuss issues that might arise, to develop an alternative food menu or request the parent provide a meal (if required).
5. Staff Members attending must maintain current training and competence in responding to anaphylactic reaction and the administration of an EpiPen.
6. Appropriate methods of communications have been identified.
7. Individual Anaphylaxis Management Plans and EpiPen's are to be easily accessible and Staff members are aware of their location.
8. Identify the location of the EpiPen ie. Who will carry it, how will it be delivered to the student?

Special Events:

1. A sufficient number of Staff Members who have been trained in the administration of an Epi-Pen are supervising the event.
2. Where possible avoid using food in activities or games.
3. Supervising Staff Members are to consult Parents / Carers in advance for special events to either develop an alternative food menu or request the parent to send a meal for the student at risk.
4. Parents / Carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk and request that they avoid providing students with treats whilst they are at a special school event.
5. Party balloons are not to be used if a student is allergic to latex.

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School Management & Emergency Response:

In the event of an allergic reaction, the School will follow the student's ASCIA Action Plan for Anaphylaxis, in addition to the School's emergency documents and procedures.


These emergency documents and procedures include:

- » First Aid protocol and emergency response procedures that include:
 - A complete and up-to-date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;
 - Details of Individual Anaphylaxis Management Plans (containing ASCIA Action Plans);
 - Information about the storage and accessibility of adrenaline auto-injectors;
 - How communication with Staff Members, Students, Parents / Carers is to occur in accordance with a communications plan.

Emergency Response and First Aid

Classroom/ Yard

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, sit them up ● Do not leave them alone ● Seek assistance from another staff member or reliable student to locate the student's adrenaline auto injector/ Medic Bag. Student's Anaphylaxis Plan is located inside the Medic bag, follow those instructions. ● Contact office and the Principal (Use Emergency Runner Cards located in the yard duty bag if incident happens in the yard) ● 000 will be called by admin ● If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction use a general use/spare EpiPen. (Located in First Aid Room) ● Be Calm and reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened. Ask another Staff Member to move other students away and reassure them elsewhere.
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) ● 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

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3.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), in consultation with 000 further adrenaline doses may be administered every five minutes, if other adrenaline auto injectors are available.
4.	Contact the student's emergency contacts.
5.	In Consultation with the principal incident will be officially lodged.

Off-site Activities (i.e. Camp/Excursions/sports)

1.	The School will inform the camp of any students with anaphylaxis to ensure that appropriate arrangements are made for students participating at camp
2.	The EpiPen will accompany students at risk of anaphylaxis to all excursions, sports events and camps. A spare/General Use EpiPen will also be taken.
3.	The EpiPen will be kept within close proximity
4.	In the event of an anaphylactic episode, the supervising teacher will administer the EpiPen- Follow Action Plan
5.	The supervising teacher will ring 000 for medical assistance
6.	Principal is to be notified.
7.	Contact Student's Emergency contacts
8.	In Consultation with the principal incident will be officially lodged

Adrenaline Auto-Injectors for General Use:

St Bernadette's Primary School purchases additional Adrenaline-Auto Injector/s for General Use by the school.

The Principal is responsible for arranging for the purchase of additional Adrenaline-Auto Injector/s for General Use and as a back-up to those supplied by parents / carers. These injectors will be clearly labelled as 'Spare/ General School Use'.

The Principal will determine the number of additional Adrenaline-Auto Injector/s for General Use required by considering the following:

- » The number of students enrolled at the school that have been diagnosed as being at risk of anaphylaxis;
- » The accessibility of Adrenaline-Auto Injector that have been provided by Parents / Carers of students who have been diagnosed as being at risk of anaphylaxis;
- » The availability and sufficient supply of Adrenaline-Auto Injector for general use in specified locations at the school, including in the school yard, and at excursions, camps and special events conducted or organised by the school.
- » Adrenaline-Auto Injector/s for general use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

Staff Members are to make sure that Adrenaline-Auto Injectors are not kept in vehicles or in any place of extreme heat, or cold (ie refrigerators) during a camp / excursion / special event. First Aid bags have been provided by the school to store student medications and auto injectors in a cool location.

St Bernadette's Primary School maintains an ASCIA tab in the school's Compliance Register listing the expiry date of all Adrenaline-Auto Injectors provided by Parents / Carers or purchased by the school for General Use. The currency of all Adrenaline-Auto Injectors is checked at the commencement of the school year and once a term subsequently.

Parents / Carers will be informed of pending expiry dates at least one month prior to the date listed on the Adrenaline-Auto Injector.

Surname			First Name			Year level		

Key

= Current

= Expired

Anaphylaxis Management Plan - 12-18 Months

EpiPens - 12

Allergy Management Plan 12-18 Months

Asthma Manage

Adrenaline-Auto Injectors provided by Parents / Carers are primarily kept in the following locations:

- » Classroom – *Student's Adrenaline-Auto Injector will be kept in individual medic bags.*

Adrenaline-Auto Injectors for General Use labelled 'Spare' are kept in the following locations:

- » *First Aid Room (4 Adult & 2 Junior EpiPen's for general use.)*
- » *Evacuation Kit, Located in Front Office (1 Adult & 1 Jnr EpiPen)*

Communication Plan:

St Bernadette's Primary School Principal is responsible for ensuring that a Communication Plan is developed to provide information to all Staff Members, Students, Parents / Carers about anaphylaxis and the School's Anaphylaxis Management Policy and Procedure.


The Communication Plan will include information relating to the steps taken to respond to an anaphylactic reaction by a child in a classroom, in the school yard, on school excursions, on school camps and special event days.

Casual Relief Teachers & Volunteers responsible for the supervising students will be informed of those at risk of anaphylaxis and their role in responding to an anaphylactic reaction by the Principal or their nominee.

As part of the school's Communication Plan, Staff Members, as determined by the Principal, will participate in an identified Anaphylaxis Management Training Course run by a RTO.

Staff Members are also briefed at least twice a year by a competent Staff Member who has current anaphylaxis management training on:

- » Requirements of Victorian Government's Ministerial Order 706, 2015;

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- » The school's Anaphylaxis Management Policy & Procedure;
- » The causes, symptoms and treatment of anaphylaxis;
- » The identity of students diagnosed at risk of anaphylaxis and where their medication is located;
- » How to use an Adrenaline-Auto Injector device;
- » Prevention Strategies adopted by the school to reduce the potential for an anaphylactic event;
- » The school's first aid and emergency response procedures;
- » The location of, and access to, the Adrenaline-Auto Injector/s purchased by the school for General Use or provided by Parents / Carers.

(Refer to Appendix 1 - School Communication Plan)

Staff Training:

Staff Members, as determined by the Principal participate in a course First Aid Management of Anaphylaxis 22300 VIC. This course is provided by an RTO that has this course in their scope of practice and is paid for by each school. The training is valid for 3 years.

All Staff Members are also briefed at least twice a year by a competent Staff Member who has current anaphylaxis management training on:

- » Requirements of Victorian Government's Ministerial Order 706, 2015;
- » The school's Anaphylaxis Management Policy & Procedure;
- » The causes, symptoms and treatment of anaphylaxis;
- » The identity of student diagnosed at risk of anaphylaxis and where their medication is located
- » How to use an Adrenaline-Auto Injector device;
- » Prevention Strategies adopted by the school to reduce the potential for an anaphylactic event;
- » The school's first aid and emergency response procedures;
- » The location of, and access to, the Adrenaline-Auto Injector/s purchased by the school for General Use or provided by Parents / Carers.

Annual Anaphylaxis Risk Management Checklist:

St Bernadette's Primary School Principal will complete an *Annual Anaphylaxis Risk Management Checklist* as published by the Victorian Department of Education and Training to monitor compliance with their obligations.

References:

- [Australasian Society of Clinical Immunology and Allergy \(ASCI\): Anaphylaxis Resource Page, 2018](#)
- [Victorian State Government: Department of Education & Training: Anaphylaxis Guidelines, 2018](#)
- [Victorian State Government: Ministerial Order 706, 2015](#)

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Communication Plan

This Communication Plan should be read in conjunction with the School's Anaphylaxis Management Policy & Procedure. It relates to the prevention and management of anaphylactic events at school or associated with school activities.

It is an expectation that Parents / Carers will advise the School at the time of enrolment (or later) when a student is diagnosed by a medical practitioner as being at risk of anaphylaxis and provide the School with an *Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis* as soon as possible after diagnosis and to be updated on an annual basis.

Individual Management and Action Plans

St Bernadette's Primary School Principal, or their nominee, will ensure that an individual Anaphylaxis Management Plan is developed, in consultation with the student's Parents / Carers, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual Anaphylaxis Management Plan will be implemented as soon as practicable after the student's enrolment or subsequent diagnosis by a medical practitioner. To further support the development of an Individual Management Plan, the Principal, or their nominee, will ensure that Present / Carers of any student at risk of anaphylaxis provide an ASCIA Action Plan.

The ASCIA Action Plan, provided by the parent must:

- » Sets out the emergency procedures to be taken in the event of an allergic reaction;
- » Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan;
- » Is reviewed annually;
- » Includes an up to date photograph of the student;
- » Is printed in colour.

The ASCIA Action Plan will be located in various locations around the school so that Staff Members can refer to it quickly and easily in the event of an emergency. A copy will be located with each individual child's Adrenaline Auto-injection.

Location of Adrenaline Auto-Injector devices

A current, within 12-18 months of purchase, Adrenaline Auto-Injector device and ASCIA Action Plan will be supplied to the school by the Parent / Carer. St Bernadette's Primary School also purchases additional Adrenaline-Auto Injector/s for General Use by the school.

Adrenaline-Auto Injectors ASCIA Action Plan provided by Parents / Carers are stored in the following location/s:

- » *Classroom – Student's EpiPen will be kept in individual medic bags.*

Adrenaline-Auto Injectors for General Use labelled 'Spare' are kept in the following locations:

- » *First Aid Room (4 Adult & 2 Junior EpiPen's for general use.)*
- » *Evacuation Kit, Located in Front Office (1 Adult & 1 Jnr EpiPen)*

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Casual Relief Teachers & Volunteers

Casual Relief Teachers (CRT) and Volunteers will be provided with a briefing of students at risk of anaphylaxis under their care prior to commencing work or supervision.

CRTs will be provided with a list of students at risk for each individual class they are required to attend by the Principal or their nominee upon arrival. They will be asked to familiarise themselves with the ASCIA Action Plan which will contain the student's photo; name and date of birth, allergens to be avoided, contact details and the action required if the student has a mild or serious reaction.

Volunteers will be made aware of students at risk of anaphylaxis in activities that they are to participate in and the immediate action to be taken to inform supervising Staff Members if they suspect a student is suffering a reaction.

Raising Awareness – Staff Members

All staff at St Bernadette's Primary School must undertake and complete the Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training for Victorian schools once every 2 years.

All Staff Members are also briefed at least twice a year by a competent Staff Member who has current anaphylaxis management training on:

- » Requirements of Victorian Government's Ministerial Order 706, 2015;
- » The school's Anaphylaxis Management Policy & Procedure;
- » The causes, symptoms and treatment of anaphylaxis;
- » The identity of students diagnosed at risk of anaphylaxis and where their medication is located;
- » How to use an Adrenaline-Auto Injector device;
- » Prevention Strategies adopted by the school to reduce the potential for an anaphylactic event;
- » The school's first aid and emergency response procedures;
- » The location of, and access to, the Adrenaline-Auto Injector/s purchased by the school for General Use or provided by Parents / Carers.

Raising Awareness – Parents / Carers

It is an expectation that Parents / Carers will advise the School at the time of enrolment (or later) when a student is diagnosed by a medical practitioner as being at risk of anaphylaxis and provide the School with an ASCIA Action Plan for Anaphylaxis as soon as possible after diagnosis and to be updated on an annual basis.

Parents / Carers every 12 – 18 months are required to:

- » Provide the school with an emergency procedures plan (ASCIA Action Plan) which includes a current colour photo of their child;

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- » Supply the School with their child's adrenaline auto injector and ensure it has not expired;
- » Work with the school to develop an individual management plan and review it annually;
- » Give permission for their child's photo / plan to be displayed in areas around the School;
- » Parents are encouraged to supply a second adrenaline auto-injector for the student to carry at all times whilst on school camps and on other occasions deemed necessary by the school.

Raising Awareness – Students

Classroom education from teaching Staff Members and the school's 'Anaphylaxis Supervisors' will reinforce the importance of:

- » Not sharing food, and discouraging peanut and tree nut products in all forms being brought into the school;
- » Handwashing;
- » Raising peer group awareness of serious allergic reactions;
- » Ensuring trip and excursion groups, sporting teams are aware of peer needs in relation to people with severe medical alerts and those at risk of anaphylaxis.

Peer support is an important element of the welfare for students at risk of anaphylaxis. Some students at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

Teaching Staff Members discuss the topic with students in class and at parent/teacher conferences identifying simple key messages:

- » Always take food allergies seriously;
- » Do not share your food;
- » Wash your hands after eating;
- » Know what your friend is allergic to;
- » If a friend becomes sick, get help immediately;
- » Do not pressure your friends to eat food that they are allergic to / do not want to eat
