

ANAPHYLAXIS POLICY

PURPOSE

To explain to Albion North 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 Albion North Primary 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

Albion North 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 auto injector for use in an emergency. These adrenaline auto injectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Albion North 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 Albion North 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 Albion North 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 auto injector 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 auto injectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the staffroom, together with the student's adrenaline auto injector. Adrenaline auto injectors must be labelled with the student's name.

ASCIA Action Plans are also stored in a folder in the sick bay.

All attendance rolls have a copy of the ASCIA Action Plans.

The canteen manager has a copy of all ASCIA Action Plans.

Specialist teachers will have the names and photos of all students with ASCIA Action Plans.

The CRT co-ordinator will draw attention to any child who is at risk of anaphylaxis.

Risk Minimisation Strategies

CLASSROOMS	
1.	Classrooms will have a copy of the student's Individual Anaphylaxis Management Plan in the class roll.
2.	Class teachers will be mindful of student needs when planning activities that may involve food preparation or consumption (or any other activities for which a child may have an allergy or reaction to). Teachers will liaise with parents about food related activities well ahead of time.
3.	Teachers will use non-food treats where possible, but if food treats are used in class, the canteen or the parents of students with food allergies will provide a treat box with alternative treats. Alternative treat boxes should be clearly labelled and only handled by the student.
4.	Food from outside sources will not be given to students who are risk of anaphylaxis.
5.	Teachers will carefully check food product labels and will avoid using those for which students have allergies or anaphylaxis. For example 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.	Teachers will also be aware of the possibility of hidden allergens in food and other substances used in cooking classes, STEM, art and other classes. (e.g. egg or milk cartons, empty peanut butter jars). These items will be avoided when there is a child who is anaphylactic to them at the school.
7.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
8.	Teachers will have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
9.	The Assistant Principal will 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 adrenaline auto injector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

Learn by doing

CANTEEN	
1.	Canteen staff (including volunteers) will be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to: 'Safe Food Handling' in the School Policy and Advisory Guide at: www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx Helpful resources for food services are also available at: www.allergyfacts.org.au
2.	Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the principal determines in accordance with clause 12.1.2 of the Order, these individual have up to date training in an anaphylaxis management training course as soon as practical after a student enrolls.
3.	Display a copy of the student's ASCIA Action Plan for Anaphylaxis in the canteen as a reminder to canteen staff and volunteers.
4.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5.	The canteen will follow DET guidelines and provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6.	The canteen manager will be responsible for cleaning the area and will make sure that tables and surfaces are wiped down with warm soapy water regularly.
7.	Food banning is not generally recommended. Albion North PS will adopt a 'no-sharing of food' recommendation. The school will also try to avoid purchasing and selling items containing peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.).
8.	All staff and volunteers will be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

PLAYGROUND	
1.	If a school has a student who is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the adrenaline auto injector (i.e. EpiPen)
2.	The adrenaline auto injector and each student's individual ASCIA Action Plan for Anaphylaxis must be easily accessible from the yard, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes). Where appropriate, an adrenaline auto injector may be carried in the school's yard duty bag.
3.	Schools must have an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the school's emergency response procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.

4.	Students with severe allergies to insects are 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.
5.	Grassed areas will be mowed regularly (outside of school hours) and outdoor bins will be covered.
6.	Sugary drinks are not generally available at the school but students will be taught to keep drinks and food covered while outdoors.

SPECIAL EVENTS AT SCHOOL

1.	If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline auto injector to be able to respond quickly to an anaphylactic reaction if required.
2.	School staff will avoid using food in activities or games, including as rewards.
3.	For special events involving food, such as class parties and multicultural days, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student/s.
4.	Parents of other students will 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 whilst they are at school or at a special school event.
5.	Party balloons will not be used if any student is allergic to latex.
6.	Students from other schools who are participating in an event at your school, for example interschool sport, are under the care of staff from their own school. Albion North PS will request information about students who are at risk of anaphylaxis or who may have other allergies. All schools will agree on strategies to minimise the risk of a reaction while the student is visiting the school. This will include a discussion of the specific roles and responsibilities of the host and visiting school. Students at risk of anaphylaxis should bring their own adrenaline auto injector with them to events outside their own school.

EXCURSIONS

1.	If a school has a student at risk of anaphylaxis, sufficient school staff supervising the excursion must be trained in the administration of an adrenaline auto injector and be able to respond quickly to an anaphylactic reaction if required.
2.	A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector must accompany any student at risk of anaphylaxis on excursions.
3.	The adrenaline auto injector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible on the excursion and school staff must be aware of their exact location.
4.	For each excursion etc, a risk assessment should be undertaken for each individual student 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 aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.

5.	The school will consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required).
6.	Prior to the excursion taking place school staff may consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.
7.	If the students are visiting another school then that school will be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies will be discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear. Students at risk of anaphylaxis should take their own adrenaline auto injector with them to events being held at other schools.

CAMPS	
1.	Prior to engaging a camp owner/operator's services the school will make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school will strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.
2.	The camp cook must be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3.	Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4.	The school will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
5.	School staff will consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.
6.	If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns in writing with the camp owner/operator and also consider alternative means for providing food for those students.
7.	Use of substances containing known allergens should be avoided altogether where possible.
8.	Camp menus should not contain peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.

9.	Prior to the camp taking place school staff should consult with the student's parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
10.	The student's adrenaline auto injector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone. All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
11.	Contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
12.	It is strongly recommended that schools take an adrenaline auto injector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
13.	Each student's adrenaline auto injector should remain close to the student and school staff must be aware of its location at all times.
14.	Students with allergies to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
15.	Cooking and art and craft games should not involve the use of known allergens.
16.	Staff will consider the potential exposure to allergens when consuming food on buses and in cabins.

WORK EXPERIENCE

1.	The work experience co-ordinator will involve parents and students in discussions regarding risk management prior to the at risk person attending work experience.
2.	A site visit will be arranged prior to the work experience commencing, if necessary.
3.	The person's ASCIA Action Plan for Anaphylaxis will be given to the school. The OH&S co-ordinator and all relevant staff (including canteen staff) will be given access to the plan.
4.	The work experience student will be expected to bring their auto injector (if applicable) to the school (workplace) each day during work experience. It will be their responsibility to manage this device and to keep it in a secure location away from students. They must also take it home with them each night.

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

- staff and students are regularly reminded to wash their hands after eating;
- students are discouraged from sharing food;
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects;
- gloves must be worn when picking up papers or rubbish in the playground;

- school canteen staff (including volunteers) 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 class parties, events or birthdays;
- parents are discouraged from providing baked goods which may contain known allergens for class parties and/or celebrations. Where this is not considered, the canteen manager/class teacher will provide an alternative for children at risk;
- at least one general use EpiPen will be stored in the staffroom
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

Adrenaline auto injectors for general use

Albion North Primary School will maintain a supply of at least two adrenaline auto injectors 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 auto injectors for general use will be stored in the staffroom 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 Albion North Primary School at risk of anaphylaxis
- the accessibility of adrenaline auto injectors supplied by parents
- the availability of a sufficient supply of auto injectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline auto injectors, 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 OH&S rep and stored in the sick bay and the OH&S cupboard in the staffroom. 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 auto injectors, 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 auto injector or the school’s general use auto injector, and the student’s Individual Anaphylaxis Management Plan, stored at the sick bay and the OH&S cupboard in the staffroom.

	<ul style="list-style-type: none"> • 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 auto injectors 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 auto injector 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 Department's [Anaphylaxis Guidelines](#)].

Communication Plan

This policy will be available on Albion North Primary School's website so that parents and other members of the school community can easily access information about Albion North Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Albion North Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

All staff (including ES) will be briefed on this policy at the start of every school year and then again later in the year. Copies of the above actions to take in the event of an anaphylaxis reaction will be placed in every teacher's class roll and on the OH&S wall in each classroom. This policy will be available to CRTs and any volunteers and the actions to take will be explicitly pointed out to them on their arrival at the school.

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Albion North 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 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.

Albion North Primary School uses the following training course - ASCIA eTraining course with 22303VIC, or 22300VIC.

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.

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 auto injector, including hands on practice with a trainer adrenaline auto injector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline auto injectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Albion North 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](#)
- Health Care Needs Policy
- Asthma Policy
- Duty of Care Policy
- First Aid Policy
- Medication Policy

REVIEW CYCLE AND EVALUATION

This policy was last updated on 7th May 2021 and is scheduled for review in May 2022.

The principal and OH&S co-ordinator 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.