



Kalinda Primary School No. 5121

Anaphylaxis Policy

PURPOSE

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

- To provide a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise staff, student and school community awareness about severe allergies and the school's Anaphylaxis Management Policy.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, develop risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures, including recognising and responding to an anaphylactic reaction and competently administering an EpiPen/Anapen.
- To comply with the Education and Training Reform Act 2006

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

Kalinda 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 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 Kalinda 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 Kalinda 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 Kalinda 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 has not expired (should be valid for the whole school year)
- 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.

Parent/carers must complete the Department's "Confidential Medical Information Form for School Council Approved Excursions" for each occasion that the child is on an extended excursion such as a school camp.

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.

GUIDELINES

- To provide a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise staff, student and school community awareness about severe allergies and the school's Anaphylaxis Management Policy.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, develop risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures, including recognising and responding to an anaphylactic reaction and competently administering an EpiPen/Anapen.
- To comply with the Education and Training Reform Act 2006
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IMPLEMENTATION

- Students who have been diagnosed with an acute anaphylactic reaction to a nominated allergen will require an EpiPen or Anapen to be administered by a trained staff member in the event of an anaphylactic reaction.
- In the event of an anaphylactic reaction, the school's first aid and emergency management response procedures and the student's Individual Anaphylaxis Management Plan must be followed.
- Epipens and Anapens will be securely stored. They will be clearly labelled with the student's name and details of their condition, dosage and emergency numbers and Anaphylaxis Management Plan. Expiry dates will be checked regularly.
- The school will have **back-up adrenaline auto-injector (s)** as part of the school first aid kit (s). The school will determine the number of backup adrenaline autoinjector devices as part of the first aid kit (s) for general use taking into account the number of diagnosed students attending the school and the likely availability of a backup device in various settings including school excursions and school camps. The school will regularly check the expiry date of the backup device (s).
- Information about students with a diagnosed risk of anaphylaxis will be provided to all staff. All staff must know the emergency procedure in the event of an anaphylactic reaction.

- Each child with a diagnosed risk of anaphylaxis will have their name on an alert card that is located in every teacher's yard duty bum bag which is to be carried while on yard duty. Copies will also be displayed in the First Aid Room, Stadium. Canteen, Class room or class room office and Staff Room with details of their allergy and course of action in an emergency.
- Casual replacement staff will be alerted to those students in the class with special medical needs including anaphylaxis. Copies of plans are to be stored either in the class room, or in the class green folder.
- Strategies to reduce risk of exposure to anaphylactic triggers will regularly be discussed between students, staff and parents. Reminders will be posted in the school newsletter each term, and notices will be sent home as stated in the Individual Management plans.
- Staff will be continuously updated whenever a student's medical condition related to anaphylaxis changes or risks have been diagnosed.
- The first aid coordinator will keep all information regarding students at risk up to date and annually review Anaphylaxis Management Plans.
- The Principal will complete an annual Anaphylaxis Risk Management Checklist to monitor the school's compliance with their legal obligations and the Guidelines.
- As an anaphylactic reaction, can traumatise the student and others witnessing the reaction, the school will support students and staff affected through post incident counselling provided by support staff such as the school nurse, guidance officer, student welfare coordinator or school psychologist.

LOCATION OF PLANS AND AUTO INJECTORS

Each child with a diagnosed risk of anaphylaxis will have their name on an alert card that is located in every teacher's yard duty bum bag which is to be carried while on yard duty. Copies will also be displayed in the First Aid Room, Stadium. Canteen, Class room or class room office and Staff Room with details of their allergy and course of action in an emergency

The majority of Individual student epiPens are stored at the office with the schools sets of spare epiPens in accordance to the ministerial Act 706.

Families of students who wish to store their pens in the individual classrooms may do so.

Staff are briefed twice yearly on the storage of these pens in accordance with the Ministerial Act 706 when they attend the school training sessions.

Risk Minimisation Strategies

The Principal of the school is responsible for ensuring that a communication plan is developed to provide information to all staff, students, volunteers and parents about anaphylaxis and the school's Anaphylaxis Management Policy.

Consultation will occur between students, parents and staff via a communication plan to inform of strategies to reduce the risk of exposure to anaphylactic triggers including:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in canteens
- during recess and lunchtimes
- before and after school
- camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

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

- The Canteen Coordinator will induct volunteers with information regarding students diagnosed with anaphylaxis and guidelines for food preparation.
- Staff will be made aware that:
 - Eggs, peanuts, tree nuts such as cashews, cow's milk, fish and shellfish, wheat, soy, sesame, bee, wasp and insect stings as well as medications, may cause allergic reactions in children.
- Staff will be made aware that **products** such as sunscreens, play-doh, latex and cooking oil may contain nut products and that eggs, nuts, fish and shell fish, wheat, sesame, soy and dairy products may cause allergic reactions in children.
- Classroom teachers of those children diagnosed with a risk of anaphylaxis will be aware of the risks during cooking sessions and will provide alternative ingredients.
- Lollies, chocolates etc. should not be used as treats/rewards by staff including visitors to the school.
- Students with anaphylaxis will not be allowed to share food or snacks at any time. All other students will be discouraged from sharing food.
- Planning for special school events, excursions or camps should include consideration for the potential for anaphylactic reactions in diagnosed students.
- Students diagnosed with anaphylaxis will not pick up rubbish in the yard. Tongs will be used by all students.
- Hand washing for all staff and students will be encouraged, particularly in relation to eating food and cooking.
- Egg Cartons will not be used throughout the school.

Adrenaline auto-injectors for general use

Kalinda Primary 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 the main office 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 Kalinda Primary 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 the First Aid Officer and stored in each teacher folder located in each classroom with the student's action plans. 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"> ➤ Remain with child and send two students to the school office or staff room (or telephone – which ever will be quicker in the circumstances) to alert a staff member to bring the EpiPen/Anapen. ➤ Call for assistance from a nearby staff member. ➤ Call 000 for MICS ambulance via mobile phone.
2.	<ul style="list-style-type: none"> ➤ A trained staff member should administer the EpiPen/Anapen following the procedures in the student's individual Anaphylaxis Management Plan and following guidance from the operators. ➤ Any other required first aid should also be administered. ➤ The trained staff member should remain with the child until the emergency ambulance arrives. ➤ Additional staff members should be alerted to support the situation in relation to removing other children from the scene.
3.	<ul style="list-style-type: none"> ➤ Office staff should contact the parents and provide the ambulance with the student's details and Anaphylaxis Management Plan
4.	<ul style="list-style-type: none"> ➤ 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.	<ul style="list-style-type: none"> ➤ A staff member should man the school gate and direct the ambulance when it arrives.

In the event of an anaphylactic reaction during recess the yard duty supervisor should: Locate coloured alert card with student's name and the Management Plan with the listed signs or symptoms from yard duty folder and then follow the actions above.

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.

COMMUNICATION PLAN

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

- The Principal of the school is responsible for ensuring that a communication plan is developed to provide information to all staff, students, volunteers and parents about anaphylaxis and the school's Anaphylaxis Management Policy.
- Consultation will occur between students, parents and staff via a communication plan to inform of strategies to reduce the risk of exposure to anaphylactic triggers including:
 - during classroom activities
 - during snack and lunch time
 - before and after school, in the yard and during breaks
 - for special events, such as cooking, incursions, sports days and class parties

- for excursions, special event days and camps
- The communication plan will include information as to how to respond to an anaphylactic reaction by a student.
- The communication plan will include the procedure to inform casual relief teachers of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction.
- The school will regularly communicate with the student's parents about the student's successes, development, changes and any health and education concerns.
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STAFF TRAINING

- Ministerial Order 706 (MO706 including any amendments) requires schools to provide regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction including competently administering and EpiPen/Anapen.
- Ministerial Order 706 has been amended to allow for a new online training model. Under this model, it is recommended that all Victorian school staff undertake the new Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training course.
- Two staff will undertake (face-to-face) the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC to be trained to be School Anaphylaxis Supervisors and to skill them in providing competency checks to assess their colleagues' ability to use an auto-injector. This course is valid for 3 years.
- All staff with a **duty of care to students** will undertake the ASCIA e-training course every two years in how to recognise and respond to an anaphylactic reaction including administering an adrenaline autoinjector (i.e. EpiPen) and have their competency in using an auto-injector tested in person within 30 days of completing the course.
- Staff will **twice yearly briefings** on anaphylaxis management (under MO706) if the school has a child at risk of anaphylactic reaction lead by a School Anaphylaxis Supervisor. The briefing will incorporate:
 - information on how to administer an EpiPen
 - practice with an EpiPen trainer device
 - familiarisation of the students at the school at risk of an anaphylactic reaction and their Management Plans and the school's Emergency
 - procedures in the event of an anaphylactic reaction.

Note: First Aid training does NOT meet the requirements of anaphylaxis training requirements Under MO706.

When a new student enrolls at Kalinda 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.

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](#)

REVIEW CYCLE AND EVALUATION

This policy was last updated on 20/08/2018 and is scheduled for review in 2019

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.