



## ANAPHYLAXIS POLICY

### PURPOSE

To explain to Pascoe Vale 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 Pascoe Vale 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

Pascoe Vale 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 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 Pascoe Vale 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 Pascoe Vale 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 Pascoe Vale 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 autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

### *Review and updates to Individual Anaphylaxis Management Plans*

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school



- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

#### Location of plans and adrenaline autoinjectors

*A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the school Sick Bay in a labelled box, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.*

#### Risk Minimisation Strategies

*To reduce the risk of a student suffering from an anaphylactic reaction at Pascoe Vale 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;*
- *classes will be informed of allergens that must be avoided in advance of class parties, events or birthdays*
- *a general use EpiPen will be stored at the Sick Bay adjacent to the office for ease of access.*
- *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.*



### In the classroom (including class rotations, specialists and electives)

1. Keep a copy of the student's ASCIA Action Plan in the classroom's CRT folder which also includes a grade list with Medical Alerts for all student in that grade (Specialist teachers have a folder with copies of all grades' Medical Alert grade lists)
2. Liaise with parents/carers about food related activities ahead of time.
3. Never give food from outside sources to a student who is at risk of anaphylaxis.
4. Be aware of hidden allergens in cooking, food technology, science and art classes (e.g. egg, milk cartons and cereal boxes).
5. A student eating food with allergens needs to be moved away from any at-risk students, and needs to wash hands after eating.
6. Regularly discuss with students the importance of washing hands, eating their own food and not sharing food.
7. Wipe down tables and surfaces regularly.
8. Assistant Principal/CRT co-ordinator will inform Casual Relief Teachers of students at risk of anaphylaxis, the preventive strategies in place, and the school's emergency procedures. They will be provided with a copy of the student's Individual Management Plan and ASCIA Action Plan.
9. Where special treats are given to students, use non-food treats where possible. If food treats are used in class, it is recommended that parents/carers provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.

### In the school yard

1. Yard Duty Staff are familiar with the School's Emergency Response Procedure, and are aware of the location of all Adrenaline Autoinjectors and Management Plans in the First Aid Room.
2. Yard Duty staff are aware of the signs and symptoms of anaphylaxis.
3. All Yard Duty Staff will carry a walkie talkie so that they can alert the designated first aid officer as needed.
4. Students are supervised in the playground before school from 8:45 to 9 am, and after school from 3:15pm to 3:30 pm.
5. Students at-risk to insect bites will be encouraged to stay away from water or flowering plants.
6. Students should keep drinks and food covered while outdoors.
7. Lawns are mowed regularly, and outdoor bins are covered. Consideration to be given when undertaking other garden maintenance eg tree cutting mulch which may create dust / pollen that becomes airborne.
8. Continue to promote a 'no share' policy in regards to food.



### **During special events (eg: sports, incursions, class parties, cultural days)**

1. If 'at-risk' students are attending special events, sufficient School Staff must be trained to quickly locate and administer an Adrenaline Autoinjector.
2. Parents/carers need to inform the school in advance if they are bringing cakes, treats or food to share with other students as they may cause allergic reactions in at-risk students.
3. Class teachers will consult parents/carers in advance to develop an alternative food menu, or request that they provide a meal for the student.

### **On School Excursions**

1. The student's Individual Adrenaline Autoinjectors, medications and ASCIA Action Plan must be signed out and taken on all excursions, including local excursions.
2. A mobile phone must be taken on all excursions, including local excursions.
3. All staff members have been trained in the recognition of anaphylaxis and the administration of an Adrenaline Autoinjector. All staff present during the excursion need to be aware if there is a student at risk of anaphylaxis.
4. Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction on an excursion.
5. The school should consult parents/carers in advance to discuss possible issues, e.g. the need for staff to develop an alternative food menu, or to request the parent/carer sends an appropriate meal for their child.
6. The school may request parents/ carers to accompany their child on field trips and/or excursions.
7. Consider the potential exposure to allergens when consuming food on buses.
8. Individual medical needs of students will be considered on a case by case basis.

### **On School Camps, or in remote settings**

1. A risk management strategy for students at risk of anaphylaxis for school camps will be developed in consultation with the student's parents/carers.
2. Camps must be advised in advance of any students with food allergies.
3. Camps must be checked for mobile phone coverage.
4. Staff will liaise with parents/carers to develop alternative menus or allow students to bring their own meals.



5. Use of other substances containing allergens should be avoided where possible.
6. The student's Individual Adrenaline Autoinjector, medication, ASCIA Action Plan and a mobile phone must be taken on camp.
7. All staff have been trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjectors. All staff present need to be aware if there is a student at risk of anaphylaxis.
8. Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
9. Be aware of the local emergency services and know how to access them.
10. The Adrenaline Autoinjector should remain close to the student (and other students if appropriate) and staff must be aware of its location at all times.
11. A backup Adrenaline Autoinjector for general use will be available in the first aid kit.
12. Students with anaphylactic responses 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.
13. Cooking and art and craft games should not involve the use of known allergens. Consider the potential exposure to allergens when consuming food on buses and in cabins.

### Adrenaline autoinjectors for general use

[Note: for guidance on the appropriate number of general use adrenaline autoinjectors for your school, refer to chapter 10 of the Department's [Anaphylaxis Guidelines](#)]

Pascoe Vale North 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 [Sick Bay] 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 Pascoe Vale North 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 [Acting Assistant Principal-Paul Phipers and Janeitta Panella-First Aid Coordinator] and stored at [Sick Bay] 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.

Complete and up-to-date information for each at-risk student is readily accessible in classroom and specialists' CRT Folders, and the Sick Bay. The Individual Action Plan outlines a gradation of observable symptoms, the student's medications, and the procedure to follow.

#### **MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face eyes
- Hives or welts
- Abdominal pain, vomiting

#### **SEVERE ALLERGIC REACTION OR ANAPHYLAXIS**

- Difficulty/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and /or hoarse voice
- Wheeze or persistent cough
- Loss of consciousness and/ or collapse
- Pale and floppy ( young children)

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

<b>Step</b>	<b>Action</b>
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 at [Sick Bay]</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 off 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.

[Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction. Refer to [Frequently asked questions — Anaphylaxis](#)].

### Communication Plan

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

The Principal/Assistant Principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Pascoe Vale North Primary School's procedures for anaphylaxis management (i.e. this policy will be included in volunteer/CRT induction packs, etc). 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/Assistant 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/Assistant 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 Education Support 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.

Pascoe Vale North Primary School uses the ASCIA eTraining course.

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including this policy

- the causes, symptoms and treatment of anaphylaxis





- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls and is at risk of anaphylaxis, the Principal/Assistant 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

- Policy and Advisory Library:
  - [Anaphylaxis](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- PVNPS Students with Significant Health Needs Policy
- PVNPS Care Arrangements for Ill Students Policy
- PVNPS Distribution of Medication Policy
- PVNPS Anaphylaxis Individual Management Plan

## REVIEW CYCLE AND EVALUATION

This policy was last updated on June, 2021 and is scheduled for review in [June, 2022].

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.