



# Moolap Primary School

## ANAPHYLAXIS POLICY

### PURPOSE

To explain to Moolap Primary School (MPS) 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 MPS 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

MPS 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 MPS 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 MPS 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 MPS 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**

Copies of each student's Individual Anaphylaxis Management Plan will be kept in various locations around the School so that it is easily accessible by School Staff in the event of an incident, including the student's classroom, the canteen, the First Aid Room, the school office, staff room.

Individual student's adrenaline autoinjector and Anaphylaxis Management Plan will be stored in the First Aid Room. This will be labelled with the individual student's name and photograph.

## Risk Minimisation Strategies

It is important to remember that minimisation of the risk of anaphylaxis is everyone's responsibility: The School (including the Principal and all School Staff), Parents, students and the broader school community. Parents have important obligations under the Order (and the School's Anaphylaxis Management Policy).

Parents must:

- communicate their child's allergies and risk of anaphylaxis to the School at the earliest opportunity, preferably on enrolment;
- continue to communicate with School Staff and provide up to date information about their child's medical condition;
- provide the School Staff with an ASCIA Action Plan;
- participate in yearly reviews of their child's Individual Anaphylaxis Management Plan; and
- ensure that their child has an Adrenaline EpiPen® that is current and not expired at all times.

The School will:

### DURING CLASSROOM ACTIVITIES (INCLUDING CLASS ROTATIONS, SPECIALIST) IN SCHOOL SETTINGS (CLASSROOMS)

- Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline EpiPen® is kept in another location.
- Liaise with Parents about food-related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Casual relief teachers, specialist teachers and volunteers will be made aware of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline EpiPen®, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident i.e. seeking a trained staff member.

### BETWEEN CLASSES AND OTHER BREAKS

- Ensure all staff are aware of students at risk.

### CANTEEN

- Volunteers are aware of those students at risk of severe allergic reaction
- Student's name and photo are displayed in the canteen as a reminder to School Staff and volunteers.

### RECESS AND LUNCHTIMES (YARD)

- Sufficient School Staff on yard duty must be trained in the administration of the EpiPen® and to be able to respond quickly to an anaphylactic reaction if needed.
- A Communication Plan is in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard.
- All yard duty bum bags carry identity cards displaying a photograph of each student/s at risk of anaphylactic reaction. This card is to be sent to notify the office of an anaphylactic reaction in the school yard and that their EpiPen® is required immediately.
- Yard duty staff must be able to identify, by face, those students at risk of an allergic reaction.

#### SPECIAL EVENTS (i.e. sporting events, incursions, class parties etc.)

- Sufficient School Staff supervising the special event are to be trained in the administration of an EpiPen® and are able to respond quickly to an anaphylactic reaction if required.
- School Staff should consult with Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
- Parents of other students are to 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.

#### OUT OF SCHOOL SETTINGS (EXCURSIONS / CAMPS ETC)

- All School Staff members present during camps / excursions are to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
- Parents are provided the opportunity to accompany their child on camps / excursions.
- A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline EpiPen® must accompany any student at risk of anaphylaxis on trips or excursions.

#### CAMPS AND REMOTE SETTINGS

- Prior to engaging a camp owner/operator's services the School will make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation the School will consider using an alternative service provider.
- MPS will not sign any written disclaimer or statement from a camp owner/operator that indicates the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis.
- The student's EpiPen®, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone will be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency will be considered, e.g. a satellite phone.
- MPS will purchase an EpiPen® for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
- The EpiPen® will remain close to the student and School Staff who should be aware of its location at all times.

#### **Adrenaline autoinjectors for general use**

MPS 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 First Aid Room 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 MPS 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 Administration staff and stored in the First Aid Room.

For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

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

Step	Action
1.	<ul style="list-style-type: none"> <li>• Lay the person flat</li> <li>• Do not allow them to stand or walk</li> <li>• If breathing is difficult, allow them to sit</li> <li>• Be calm and reassuring</li> <li>• Do not leave them alone</li> <li>• Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the First Aid Room</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.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <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> <p><b>OR</b></p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"> <li>• Pull off the black needle shield</li> <li>• Pull off grey safety cap (from the red button)</li> <li>• Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)</li> <li>• Press red button so it clicks and hold for 3 seconds</li> <li>• Remove Anapen®</li> <li>• Note the time the Anapen is administered</li> </ul> <p>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</p>
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.

Schools can use either the EpiPen® **and Anapen® on any student** suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

### **Communication Plan**

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

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

At the beginning of each school year staff are provided with a list of students that have allergies and / or have the potential for anaphylactic reaction. These will be updated throughout the year if necessary.

Staff will receive Individual Anaphylaxis Management Plans to be placed:

- in student's classroom;
- in specialist areas such as Art / Music / Library;
- on school excursions – staff will complete Excursion Checklist indicating they have collected individual and General Use EpiPen for excursion (checklist is to be provided and signed by Principal);
- on school camps; and
- Ambulance Assistance Cards, along with individual Urgent Assistance Required cards will be displayed near phones at School Offices i.e. Classroom, Specialists, Welfare and Admin Offices
- Canteen and Multi-Purpose Room

School Staff will be

- Adequately (either face to face or online) trained; and
- Briefed at least twice per calendar year through an in-house school briefing.

Parents will be

- made aware when students have severe allergic reactions via the newsletter at the start of each term
- asked to refrain from sending certain food items to school
- made aware of Anaphylaxis Plans that will be displayed in areas frequented by parents / volunteers i.e. canteen, classrooms etc.

Students will be

- Made aware of a fellow student with the potential to have a severe allergic reaction.
- They must always take food allergies seriously
- They don't share food with friends who have food allergies
- Wash their hands after eating
- If a school friend becomes sick, get help immediately even if the friend does not want to.
- They don't pressure friends to eat food they are allergic to.

Individual EpiPen®s for students who may have an anaphylactic reaction are kept on the back wall in the First Aid Room in the Administration Block.

The EpiPen® is to accompany the student to excursions, including sports and camp.

## 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
- Additional staff, based on a risk assessment of the particular circumstances at MPS, included but not limited to 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.

MPS School uses the following training course

- ASCIA eTraining course (with 22303VIC, or 22300VIC or 10313NAT).

Staff will also 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 the principal and / or School Anaphylaxis Supervisor.

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

When a new student enrolls at MPS 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

- The Department's Policy and Advisory Library (PAL):
  - [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

## REVIEW CYCLE AND EVALUATION

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.

## POLICY REVIEW AND APPROVAL

Policy last reviewed	March 2024
Approved by	Council
30 May 2023	Fix an error in the 'Emergency response' section. When administering an Anapen, the time in which the red button needs to be held down for has been changed from 10 seconds to 3 seconds to align with Department policy and current health advice.
Next scheduled review date	March 2025