



ANAPHYLAXIS POLICY



PURPOSE

To explain to Foster 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 Foster 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

Foster 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 Foster 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 Foster 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 Foster 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 at the school office], together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Adrenaline autoinjectors for general use are available at the school office and are labelled "general use".

Bus travellers will also keep their other Autoinjector in their bag whilst travelling to and from school.

During excursions, the student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis with the teacher in charge. The teacher in charge will also take the spare 'general use' autoinjector from the office, ensuring that the other spare 'general use' autoinjector remains at school.

Risk Minimisation Strategies

Refer to Appendix A

Adrenaline autoinjectors for general use

Foster Primary School will maintain a supply of adrenaline autoinjectors 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 School 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 Foster 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 Kylie Mitchell and stored at the School Office. 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"> • 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 autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at the School Office • 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 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 page 41 of the [Anaphylaxis Guidelines](#)].

Communication Plan

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

This policy will be included in staff/ volunteer/CRT induction packs

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

Foster Primary School uses the following training course : [ASCIA eTraining course VIC6](#)

Note, for details about approved staff training modules, see page 13 of the [Anaphylaxis Guidelines](#)]

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 Principal and all staff accredited. 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 Foster 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

REVIEW CYCLE AND EVALUATION

This policy was last updated on March 2019 and is scheduled for review in March 2020

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.

Appendix A

Foster Primary School Anaphylaxis Risk Minimisation Plan ENVIRONMENT			
To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.			
Name of environment/area: Before/After School			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Bus Travel	<ul style="list-style-type: none"> • Child to carry epipen and action plan in their school bags • Bus drivers to be notified 	Bus driver	
Food brought to school	<ul style="list-style-type: none"> • Consider sending out an information sheet to the parent community on severe allergy and the risk of anaphylaxis. • Alert parents to strategies that the school has in place and the need for their child to not share food and to wash hands after eating. 	parents	
Name of environment/area: Classroom			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Hand washing	<ul style="list-style-type: none"> • Classmates encouraged to wash their hands after eating. 	teachers	
Cooking/Food Technology	<ul style="list-style-type: none"> • Engage parents in discussion prior to cooking sessions and activities using food. • Remind all children to not share food they have cooked with others at school. 	Teachers Kitchen specialist	
Science experiments	<ul style="list-style-type: none"> • Engage parents in discussion prior to experiments containing foods. 	teachers	
Music	<ul style="list-style-type: none"> • Music teacher to be aware, there should be no sharing of wind instruments 	Music teacher	

	e.g. recorders. Speak with the parent about providing the child's own instrument.		
Canteen	<ul style="list-style-type: none"> • Does canteen offer foods that contain the allergen? • What care is taken to reduce the risk to a child with allergies who may order/ purchase food? <p>Strategies to reduce the risk of an allergic reaction can include:</p> <ul style="list-style-type: none"> • Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods said to be 'safe' • Child having distinguishable lunch order bag • Restriction on who serves the child when they go to the canteen • Discuss possibility of photos of the children at risk of anaphylaxis being placed in the canteen/children's service kitchen. • Encourage parents of child to visit canteen/Children's Service kitchen to view products available. • See Anaphylaxis Australia's School Canteen poster, Preschool/Playgroup posters and School Canteen Discussion Guide. www.allergyfacts.org.au 	Parents & Friends Group	
Art and craft classes	<ul style="list-style-type: none"> • Ensure containers used by students at risk of anaphylaxis do not contain allergens .e.g. egg white or yolk on an egg carton. • Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg. • Care to be taken with play dough etc. Check that nut oils have not been used in manufacture. Discuss options with parent of wheat allergic child. 	Art Teacher	
Use of food as counters	<ul style="list-style-type: none"> • Be aware of children with food allergies when deciding on 'counters' to be used in mathematics or other class 	teachers	

	<p>lessons. Non-food ‘counters’ such as buttons /discs may be a safer option than chocolate beans.</p>		
Class rotations	<ul style="list-style-type: none"> • All teachers will need to consider children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class. 	teachers	
Class pets/ pet visitors /school farmyard	<ul style="list-style-type: none"> • Be aware that some animal feed contains food allergens. E.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food. • Chickens hatching in classroom. Children’s Services facilities and Schools sometimes organise incubators from hatcheries and hatch chicks for fun and learning. Generally speaking, simply watching chicks hatch in an incubator poses no risk to children with egg allergy, but all children should be encouraged to wash their hands after touching the incubation box in case there is any residual egg content on it. There is a little more risk when it comes to children handling the chicks. Here are some suggestions to reduce the risk of a reaction and still enable the child with allergy to participate in the touch activity. • The allergic child can touch a chick that hatched the previous day (i.e. a chick that is more than just a couple of hours old); no wet feathers should be present. • Encourage the parent/carer of the child with the allergy to be present during this activity so they can closely supervise their child and make sure the child does not put his/her fingers in their mouth. • If there is concern about the child having a skin reaction, consider the child wearing gloves. • All children need to wash hands after touching the chicks in case there is any residue of egg protein, in addition to usual hygiene purposes. Whilst care needs to be 	teachers	

	taken, this is an activity that most children can enjoy with some safe guards in place.		
Food rewards	<ul style="list-style-type: none"> • Food rewards should be discouraged and non-food rewards encouraged. • Children at risk of food anaphylaxis should eat food that is supplied by their parents or food that is agreed to by parents prior to a given event. If required a clearly labelled 'treat box' could be supplied by parents and located in child's classroom. 	teachers	
Class parties / Birthday celebrations	<ul style="list-style-type: none"> • Discuss these activities with parents of allergic child well in advance • Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products • Teacher may ask the parent to attend the party as a 'parent helper' • Child at risk of anaphylaxis should not share food brought in by other students. Ideally they should bring own food. • Child can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cup cakes stored in freezer in a labelled sealed container 	Parents & teachers	
Name of environment/area: Extra Curricular			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Incursions	<ul style="list-style-type: none"> • Prior discussion with parents if incursions include any food activities. 	teachers	
School fundraising/ special events/cultural days	<ul style="list-style-type: none"> • Consider children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc. Notices may need to be sent to parent community discouraging specific food products. E.g. nuts 	Teachers Parents & Friends Group	
Excursions, Sports carnivals, Swimming program	<ul style="list-style-type: none"> • Teachers organising/attending excursion or sporting event should plan an emergency response 	teachers	

	<p>procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylactic reaction occurs. This includes distribution of laminated cards to all attending teachers, detailing the following:</p> <ul style="list-style-type: none"> • Location of event, including Melway reference or nearest cross street. <p><i>Procedure for calling ambulance, advising life threatening allergic reaction has</i></p>		
<p>School camps</p>	<p>Parent involvement at primary school camps is often requested. Many primary schools invite the parent of the child at risk of anaphylaxis to attend as a parent helper. Irrespective of whether child is attending primary school or secondary college, parents of child at risk should have face to face meeting with school staff/camp coordinator prior to camp to discuss safety including the following:</p> <ul style="list-style-type: none"> • School's emergency response procedures, should clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction. • All teachers attending the camp should carry laminated emergency cards, detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life threatening allergic reaction has occurred and adrenaline is required. • Staff to practise with adrenaline autoinjector training devices (EpiPen® and AnaPen® Trainers) and view DVDs prior to camp. • Consider contacting local emergency services and hospital prior to camp and advise that xx children in attendance at xx 	<p>teachers</p>	

	<p>location on xx date including child/ren at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to camp site area i.e. consider locked gates etc in remote areas.</p> <ul style="list-style-type: none"> • Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged. • Parents should be encouraged to provide two adrenaline autoinjectors along with the Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp. • Clear advice should be communicated to all parents prior to camp on what foods are not allowed. • Parents of child at risk of anaphylaxis and school need to communicate about food for the duration of the camp. Parent should communicate directly with the provider of the food/chef/caterer and discuss food options/menu, cross contamination risks, safest food choices, bringing own food. • Parents may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised as well. <p>Discussions by school staff and parents with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be:</p> <ol style="list-style-type: none"> 1. Possibility of removal of peanut/tree nut from menu for the duration of the camp. 2. Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed i.e. egg, milk, wheat. A decision may 		
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	<p>be made to remove pavlova as an option for dessert if egg allergic child attending for example.</p> <p>3. Awareness of cross contamination of allergens in general i.e. during storage, preparation and serving of food.</p> <p>4. Discussion of menu for the duration of the camp.</p> <p>5. Games and activities should not involve the use of known allergens.</p> <p>6. Camp organisers need to consider domestic activities which they assign to children on camp. It is safer to have the child with food allergy set tables, for example, than clear plates and clean up.</p> <p>Allergy & Anaphylaxis Australia has launched a new publication titled <i>Preparing for Camps and Overnight School Trips with Food Allergies</i>. This comprehensive booklet consists of concise and easy-to-read information and ideas on preparing for school camp when you have students at risk of anaphylaxis.</p> <p>To purchase or for more information call 1300 728 000 or visit www.allergyfacts.org.au</p>		
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Name of environment/area: Playgrounds			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Sunscreen	<ul style="list-style-type: none"> Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own. 	teachers	
Students picking up papers	<ul style="list-style-type: none"> Students at risk of food or insect sting anaphylaxis should be excused from this duty. Non rubbish collecting duties are encouraged. 	teachers	
Name of environment/area: Other			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Part-time educators, casual relief teachers & religious instruction teachers Suggestions:	<ul style="list-style-type: none"> These educators need to know the identities of children at risk of anaphylaxis and should be aware of the school's management plans, which includes minimisation strategies initiated by the school community. Some casual staff have not received training in anaphylaxis management and emergency treatment. This needs to be considered when a teacher is chosen for a class with a child at risk of anaphylaxis and if this teacher is on playground/yard duty. Casual staff, who work at school regularly, should be included in anaphylaxis training sessions to increase the likelihood that they recognise an allergic reaction and know how to administer the adrenaline autoinjector. Schools should have interim educational tools such as autoinjector training devices and DVDs available to all staff. A free online training course for teachers and Children's Service staff is available whilst waiting for face to face training by a DEECD nominated anaphylaxis education 	Office staff	

	<p>provider. Visit ASCIA www.allergy.org.au.</p> <ul style="list-style-type: none"> This course can also be done as a refresher. 		
Staff should also:	<ul style="list-style-type: none"> Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other form of emergency communication i.e. walkie talkie. Consider increased supervision depending on size of excursion/sporting event i.e. if students are split into groups at large venue e.g. zoo, or at large sports venue for sports carnival. Consider adding a reminder to all parents regarding children with allergies on the excursion/sports authorisation form and encourage parents not to send in specific foods in lunches (e.g. food containing nuts). Discourage eating on buses. Check if excursion includes a food related activity, if so discuss with parent. Ensure that all teachers are aware of the locatin of the emergency medical kit containing adenaline autoinjector. 		
Medical Kits	<p>(Student's own and school's autoinjector for general use)</p> <ul style="list-style-type: none"> Medical kit containing ASCIA Action Plan for Anaphylaxis and adrenaline autoinjector should be easily accessible to child at risk and the adult/s responsible for their care at all times. On excursions ensure that the teacher accompanying the child's group carries the medical kit. For sporting events this may be more difficult, however, all staff and parent volunteers must always be aware of who has the kit and where it is. 	Office Staff	

	<p>Be aware - adrenaline autoinjectors should not be left sitting in the sun, in parked cars or buses.</p> <ul style="list-style-type: none"> Parents are often available to assist teachers on excursions in Children’s Services and primary schools. If child at risk is attending without a parent, the child should remain in the group of the teacher who has been trained in anaphylaxis management, rather than be given to a parent volunteer to manage. This teacher should carry the medical kit. 		
<p>Things to consider when purchasing an adrenaline autoinjector for general use for your school or children’s service</p>	<p>Many Schools/Children’s Services now have an adrenaline autoinjector for general use and the device specific Action Plan for Anaphylaxis in their first aid kit. If your facility has an autoinjector for general use, you need to consider availability of this device at School or Children’s Service for:</p> <ul style="list-style-type: none"> Excursions for school camp for specialist activities (i.e. a debating group, music group or sports team going off campus) even a walk to a local park <p>A risk assessment needs to be done to see which group (i.e. the group staying at the facility or the group going on an outing) should have the device for general use at any given time or on any given day. Considerations can include:</p> <ul style="list-style-type: none"> number of children attending outing number of children at risk location of the activity location of emergency services mobile phone access <p>food on location etc.</p>	<p>Office Staff</p>	