



Anaphylaxis Policy

RATIONALE

Toorak Primary School (TPS) fully complies with Ministerial Order 706 and the Associated Guidelines published and amended by the Department of Education and Training (DET) from time-to-time.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an Adrenaline Autoinjector (i.e. EpiPen® / Anapen®) to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

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.

PURPOSE

- To provide, as far as practicable, 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 awareness about anaphylaxis and TPS's anaphylaxis management policy in the school community
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that all staff have adequate knowledge about allergies, anaphylaxis, and TPS's policy and procedures in responding to an anaphylactic reaction.

The key reference and support for the school regarding anaphylaxis is the DET Anaphylaxis Guidelines.

School Statement

Example 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.

GUIDELINES

1. Individual Anaphylaxis Management Plans

- The Principal will ensure that an individual management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and before their first day of school.
- An Individual Anaphylaxis Management Plan will set out the following:
 - Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
 - Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of TPS staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by TPS.
 - The Principal will be responsible for implementing the above strategies.
 - Information on where the student's medication will be stored.
 - The name, address and phone number of the student's parents and any emergency contact details.
 - An ASCIA Action Plan.

Note:

The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form of emergency procedure plans that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. This can be downloaded from <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>.

- The Principal and/or representative will then implement and monitor the student's Individual Anaphylaxis Management Plan. The Student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents in all the following circumstances:
 - annually
 - if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes, and/or
 - as soon as practicable after the student has an anaphylactic reaction at TPS.
- The class teacher will monitor when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by TPS (e.g. class parties, elective subjects, cultural days, fetes, incursions).
- It is the responsibility of the parent/guardian to:
 - provide the ASCIA Action Plan;
 - inform TPS if their child's medical condition changes, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated ASCIA Action Plan;
 - provide an up-to-date photo for the ASCIA Action Plan when the plan is provided to TPS and when it is reviewed; and
 - provide TPS with two Adrenaline Autoinjectors that are current and not expired for their child.

2. Prevention Strategies

- Individual Anaphylaxis Management Plans and ASCIA Action Plans will be placed in:
 - the students' classroom;

- the Medical Alert folder, with appropriate sections, in the Sick Bay;
 - the Anaphylaxis records in the Office; and
 - Before and After School care.
- Individual Anaphylaxis Management Plans will accompany Camp First Aid packs/Excursions First Aid packs.
 - The playground/yard duty first aid bag will contain a current photo of all students with anaphylaxis, the allergy, and the required action.
 - TPS shall maintain a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;

Classrooms

1. 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 Autoinjector is kept in another location.
2. Liaise with parents/guardians about food-related activities ahead of time.
3. Use non-food treats where possible, but if food treats are used in class it is recommended that parents/guardians of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
5. Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
6. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
7. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
8. A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, TPS's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident (i.e. seeking a trained staff member).

Tuck Shop

1. Tuck Shop volunteers should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to:
 - 'Safe Food Handling' in TPS Policy and Advisory Guide, available at: <http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx>
2. Prominently display the volunteer responsible for Tuck Shop with training in Safe Food Handling.
3. Display the student's name and photo in the canteen as a reminder to TPS Staff.
4. Food banning is not generally recommended. Instead, a 'Nut Free Zone' on classroom doors - sharing' with the students with food allergy approach is recommended for food, utensils and food containers.
5. Prominently display the volunteer in charge of the Tuck Shop Notice Board.

Yard

1. If TPS has a student who is at risk of anaphylaxis, TPS Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location.
3. TPS has a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard.

Special events (e.g. sporting events, incursions, class parties, etc.)

1. If TPS has a student at risk of anaphylaxis, TPS Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.

Field trips/excursions/sporting events

1. If TPS has a student at risk of anaphylaxis, TPS Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2. A TPS Staff member or team of TPS Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3. The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis will be stored in the Excursion bag with TPS Staff.
4. For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
All TPS Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
5. Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student who is at risk of anaphylaxis.

Camps and remote settings

1. Prior to engaging a camp owner/operator's services TPS must make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to TPS, then TPS should consider using an alternative service provider.
2. TPS will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food that is safe for students at risk of anaphylaxis.
3. TPS Staff will consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur.
4. The student's two Adrenaline Autoinjectors, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp.

5. Prior to the camp commencing the classroom teacher will consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up-to-date and relevant to the circumstances of the particular camp.
6. TPS Staff participating in the camp will be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all TPS Staff participating in the camp are clear about their roles and responsibilities.
7. TPS will take an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency.
8. TPS will purchase two Adrenaline Autoinjectors for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.

3. TPS Management and Emergency Response

- In the event of an anaphylactic reaction, the Emergency Response Procedures as stated below must be followed, together with TPS's general first aid and the student's ASCIA Action Plan.
- When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of TPS, outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by TPS, the Principal must ensure that there are sufficient number of TPS Staff present who have been trained in accordance with the DET guidelines and as detailed below in this policy.

4. EMERGENCY RESPONSE PROCEDURE

- In the home room/classroom
 - In the case of an ANAPHYLACTIC attack in the student's home/classroom

A supervising teacher trained in the administration of Adrenaline Autoinjectors will:

 - Administer the Adrenaline Autoinjector
 - Ring 000 (ask for an ambulance to attend, staying on the phone for instructions from the professionals)
 - Send the blue card to the office (a blue card is attached to the photos of the students. The blue card will alert office staff to attend). A designated student carries the card to the office.
 - Office staff will bring school Adrenaline Autoinjector and mobile phone to assist and ring parents from the mobile (mobile will be used to contact parents)
 - HOW TO Administer the Adrenaline Autoinjector is displayed in the rooms.
 - In students' home/classrooms, THEIR Adrenaline Autoinjector is stored in a yellow cool store bag out of reach of the students but easily accessible to the staff. All stored in a cupboard marked "First Aid" on the wall.
 - This will be returned to the sick bay each night during the heat of summer as they are sensitive to heat.
 - Two back-up Adrenaline Autoinjectors are stored in the sick bay cupboards.
- In all other rooms

A supervising teacher trained in the administration of Adrenaline Autoinjectors will:

 - In the case of an ANAPHYLACTIC attack
 - Send the blue card to the office
 - Office staff will bring school Adrenaline Autoinjector and mobile phone to assist
 - Administer Adrenaline Autoinjector
 - Ring 000 (ask for an ambulance to attend, staying on the phone for instructions from the professionals) and then ring parents
- In the yard

- The yard duty bag contains laminated cards with the names and photographs of Anaphylactic students
- **In the case of an ANAPHYLACTIC attack**
A supervising teacher trained in the administration of Adrenaline Autoinjectors will:
- **Send the Lanyard to the office.**
- **Administer Adrenaline Autoinjector**
- **Ring 000** (ask for an ambulance to attend, staying on the phone for instructions from the professionals)
- **Ring student's parents (from office phone if contact had not been made)**

- Out-of-school (i.e.: camps/excursions/sporting events)

- The Excursion/Camps bag contains laminated cards with the names and photographs of Anaphylactic students, noting triggers and contact details of parents
- **In the case of an ANAPHYLACTIC attack**
A supervising teacher trained in the administration of Adrenaline Autoinjectors will:
- **Ring 000/112** (ask for an ambulance to attend, staying on the phone for instructions from the professionals)
- **Ring student's parents**
- TPS staff will bring school Adrenaline Autoinjector as back up in Excursion/Camps bag

5. Impact at TPS

- An anaphylactic reaction can be traumatic for the student and others witnessing the reaction. In the event of an anaphylactic reaction, students and staff may benefit from post-incident counselling, provided, for example, by the school psychologist.
- Some students with anaphylaxis may not wish to be singled out or seen to be treated differently.

6. Review Procedure

- After an anaphylactic reaction has taken place that has involved a student in TPS's care and supervision, it is important that the following review processes take place;
- The Adrenaline Autoinjector must be replaced by the Parent as soon as possible and the Principal shall ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenalin Autoinjector being provided.
 - If the Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible and the Principal should ensure there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided.
 - The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents by the principal.
 - TPS's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of TPS staff.

7. Anaphylaxis Medication – Labelling/Storing

- Medication will be stored in accordance with the student's Individual Anaphylaxis Management Plan – medication should always remain readily available for the student in case it is required.
- A copy of the Individual Anaphylaxis Management Plan, complete with a current photo of the student, will be stored with the medication.
- Parents/Carers are to be wholly responsible for recording the expiry date of medications placed at the school and will be responsible for the timely replacement of the said medication.
- Nominated staff members will check the expiry date on school's medications each term.

8. Adrenaline Autoinjectors for General Use

- The Principal will purchase at least two Adrenaline Autoinjector(s) for General Use (purchased by TPS) and as a back up to those supplied by parents.

- The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:
 - the number of students enrolled at TPS who have been diagnosed as being at risk of anaphylaxis;
 - the accessibility of Adrenaline Autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis;
 - the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at TPS, including
 - in the school yard, and at excursions, camps and special events conducted or organised by TPS; and
 - the Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at TPS's expense, either at the time of use or expiry, whichever is first.

9. Communication plan

- The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students, and parents about anaphylaxis and TPS's anaphylaxis management policy.
- The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.
- Volunteers and casual relief staff supervising students will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Assistant Principal or Student Wellbeing Officer.
- All TPS staff will be briefed twice per year by a staff member who has up to date anaphylaxis management training on:
 - TPS's anaphylaxis management policy;
 - the causes, symptoms and treatment of anaphylaxis;
 - the identities of students diagnosed at risk of anaphylaxis and where their medication is located
 - how to use an auto adrenaline injecting device;
 - TPS's first aid and emergency response procedures; and
 - how to minimise exposure to allergens such as discouraging food sharing, requesting that birthday cakes do not contain nuts, all party food brought to school is labelled with all contained ingredients and keeping the lawns mowed.

10. Staff training

- The following TPS staff will be appropriately trained:
 - TPS staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
 - Any further TPS staff that are determined by the Principal based on a risk assessment - a risk assessment tool is available from DET Health Support Planning Policy.
- TPS staff will undertake the following training:
 - Undertake annual first aid training in responding to an Anaphylactic reaction, how to use an Adrenaline Auto-injector, including hands on practice with a trainer Adrenaline Auto-injector device
 - Participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
 - TPS's Anaphylaxis Management Policy;
 - the causes, symptoms and treatment of anaphylaxis;
 - the identities of students diagnosed at risk of anaphylaxis and where their medication is located
 - TPS's first aid and emergency response procedures; and
 - how to minimise exposure to allergens such as discouraging food sharing, requesting that birthday cakes do not contain nuts, all party food brought to school is labelled with all contained ingredients and keeping the lawns mowed.

- A member of TPS staff who has successfully completed an Anaphylaxis Training Course in the last 12 months must conduct the briefing.
- In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student.
 - Training will be provided to relevant TPS staff as soon as practicable after the student enrolls, and preferably before the student's first day at school.
- The Principal will ensure that while the student is under the care or supervision of TPS, including excursions, yard duty, camps and special event days, the Principal must ensure that there is a sufficient number of TPS staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

11. Annual Risk Management Checklist

- The Principal will complete an annual Risk Management Checklist to monitor compliance with the Ministerial Order 706, the DET guidelines and their obligations.
 - The annual checklist can be downloaded from <http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxisschl.aspx>

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](#)

RELATED POLICIES AND DOCUMENTATION

- First Aid Care Arrangements for Students
- First Aid and Ambulance Policy
- Duty of Care Policy
- Emergency Management Plan

EVALUATION

This policy will be reviewed every year. This policy was last ratified by School Council in August 2021.



Help for non-English speakers

If you need help to understand the information in this policy please contact Language Loop on 9280 1907.