

Anaphylaxis Policy

Background

Huntingdale 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.



Help for non-English speakers

If you need help to understand the information in this policy, please contact the school office.



Purpose

To:

- Provide a safe and healthy school environment at Huntingdale Primary School that takes into consideration the needs of all students, including those who may suffer from anaphylaxis.
- 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.
- Manage anaphylaxis effectively and efficiently as possible at school.
- Ensure open communication of children's anaphylaxis between parents and the school.
- Raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- Ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.
- Ensure the school is compliant with asthma policies and procedures as outlined in DET's Ministerial Order 706.
- Maintain the DET values of integrity, impartiality and accountability.

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.

Implementation

- The principal has the overall responsibility of implementing this policy, but will delegate certain roles to suitably qualified staff.
- This policy works in conjunction with the school's First Aid Policy.

Individual Anaphylaxis Management Plans

All students and staff at Huntingdale 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 Huntingdale 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 Huntingdale 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 **colour copy** to the school as soon as practicable
- Immediately inform the school in writing (via email and Operoo) 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

- Student anaphylaxis plans will be displayed in the Health Centre and the main office.
- They are also found up in classrooms and in the classroom folders
- Students' anaphylaxis medication is kept in the Health Centre in clearly marked boxes and will be checked quarterly/termly to ensure it is in date. Parents will be informed when the medication needs replacing.

Risk Minimisation Strategies

General

- Huntingdale Primary School will ask that food containing nuts **should not** be brought to school.
- Foods which are discouraged include nuts or products including, but not limited to, Nutella, peanut butter, fruit & nut bars, or other products containing nuts in the ingredients. This does not include foods that contain the warning "may contain traces of nuts".
- Despite all reasonable efforts to restrict nuts and nut products at Huntingdale Primary School, exposure to nuts or nut products may still occur and parents, staff and at-risk students must always remain vigilant to avoid exposure to unsafe foods.
- The Office Manager will 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 Auto injector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident i.e. seeking a trained staff member.



- Information regarding anaphylaxis will be written on the daily CRT schedule.
- The school will practice from time to time an emergency drill for an anaphylaxis event.

Classroom Activities

- Students will have access to hand sanitiser in rooms
- Teachers will have access to antiseptic wipes to clean surfaces such as tables to prevent any outbreaks.
- Students who have anaphylaxis plans will have them on display in the classroom and in school rolls.
- In classrooms is a red card “Epipen Required in (class name)”
- Any activities using foods/cooking must have a signed permission form by parents, which includes updated anaphylaxis information.
- Teachers will liaise with parents about food-related activities ahead of time.
- Teachers will use non-food treats where possible, but if food treats are used in class it is recommended that 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.
- Staff will not give food from outside sources to a student who is at risk of anaphylaxis unless the ingredients are clearly labelled.
- 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.
- Staff will 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).
- Staff will ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
- Teachers will have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

Recess/Lunch, Before and After School/in between breaks

- Students are discouraged from sharing foods at recess, lunchtimes and during other breaks. Food should only be eaten inside the classrooms.
- Staff will be aware that anaphylaxis medication is located in the Health Centre.
- Staff will be aware of all students who have anaphylaxis.
- A red card “Epipen Required on oval/sealed area” will be contained in duty bags.
- Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff will liaise with parents to encourage students to wear closed shoes and long-sleeved garments when outdoors.
- The school will keep lawns and clover mowed and outdoor bins covered.
- Students should keep drinks and food covered while outdoors.
- The school will liaise with the Before and After School Care provider as necessary and support them as needed with children with anaphylaxis.

Special Events

- At special events which involve food (e.g., Intercultural Weeks) any food product should have a full list of ingredients so it can be evaluated whether students with anaphylaxis can consume these.
- Any activities using foods/cooking must have a signed permission form by parents, which includes updated anaphylaxis information.
- At special sporting events (e.g., Cross country trials, Sports Nights), as part of the First Aid Kit, an epipen will be available and a folder of all student medical plans.



- A charged mobile telephone will accompany all outside events in case of emergency.
- School Staff should avoid using food in activities or games, including as rewards.
- For special occasions, School Staff should consult 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 should 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.
- Party balloons should not be used if any student is allergic to latex.

Camps, Overseas Events and Excursions

- A risk assessment (including anaphylaxis) will be completed for all camps and excursions.
- Anaphylaxis medication and plans will be taken on school excursions, camps, sports days and overseas travel.
- A charged mobile telephone will accompany all events in case of emergency.
- Parents will be required to fill in a permission form for each event, which includes updated anaphylaxis information.
- Prior to engaging a camp owner/operator's services the School should 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 the School, then the School should consider using an alternative service provider.
- The camp cook 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.
- If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
- Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food, which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
- The school will liaise with camp providers about students with anaphylaxis so that an alternative food menu can be developed or request the parents to send meals/snacks for the student.
- Prior to the camp taking place School Staff should consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
- Parents may wish to accompany their child on camps and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
- School Staff participating in the camp should 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 School Staff participating in the camp are clear about their roles and responsibilities.
- The school will take an Adrenaline Auto injector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
- The Adrenaline Auto-injector should remain close to the student and School Staff must be aware of its location at all times.
- 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.
- Cooking, 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. Students will be told not to share food in these settings.

Adrenaline autoinjectors for general use

Huntingdale 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 in the Health Centre 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 Huntingdale Primary School at risk of anaphylaxis
- The accessibility of adrenaline autoinjectors supplied by parents
- The availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- The limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

Emergency Response

- In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school’s general first aid procedures, emergency response procedures and the student’s Individual Anaphylaxis Management Plan.
- A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the Office Manager and stored in the emergency response bag and the health centre.
- 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 in the Health Centre• 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.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <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 <p>OR</p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none">• Pull off the black needle shield• Pull off grey safety cap (from the red button)• Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)• Press red button so it clicks and hold for 10 seconds• Remove Anapen®• Note the time the Anapen is administered <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® or Anapen® on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

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](#)).

During- school based- classrooms, yard, special events, before and after school

- In the event of an anaphylaxis emergency the teacher dials extension 101, 103 or 102. If on yard duty, the teacher will use the yard duty mobile located in the yard duty bag to call 9544 2318. If taking a class outside the classroom the teacher will need to use own mobile to ring 9544 2318. If teacher cannot contact the office, she/he will give a red card to a student to take to the office, explaining to the student that this is the only time they must interrupt any adult in the office to give them the red card.



- The Office Manager will then enact the anaphylaxis emergency plan.
- All non-teaching staff (e.g., Principal, Office Staff and Assistants) will be on hand to assist.
- A minimum of two First Aid and Anaphylaxis trained staff will attend to the sick student. (e.g., Principal/Office Manager)
- Another staff member will be on hand to call the parents and/or emergency services/DET Emergency Management (e.g., Business Manager)
- Another staff member will attend to the welfare of the staff at the scene and ensure their welfare. (e.g., Chaplain or Teaching Assistant)
- Another teacher will take other students to an alternate space in the school to supervise and assist them. (e.g., Assistant Principal or another teacher)
- If an incident happens in the yard, students may be called inside to be supervised by their classroom teachers.
- In extreme and life-threatening cases an ambulance will be called. The school's emergency management plan will be enacted.
- The School's Out of Hours School Care (Team Kids) will have their own anaphylaxis emergency response system.

During- excursions/camps/overseas/other events

- Two First Aid/anaphylaxis trained person will take the lead in situations and administer help to the student.
- One staff member will inform the camp/excursion provider that an incident is taking place and ask for support, telephone DET Emergency Management and the school. They should take any notes of the situation which can be used later in the debrief. They should liaise with the school during and after the event.
- The school may send extra staff to the excursion/camp site, if practical, to offer support to staff and supervise students.
- A staff member back at school, preferably a Principal Class Officer, should liaise with the parents and keep them informed of the situation.
- In all circumstances an ambulance should be called to assist the student and provide extra medical advice. Staff should follow instructions given by ambulance officers.
- Another staff member will attend to the remaining students and take them away from the scene.

After

- All instances of anaphylaxis emergencies will be reported on CASES21 and Edu Safe.
- A debrief of the emergency situation will take place and changes to this plan made if needed.
- 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 social worker, student welfare coordinator or school psychologist.

Communication Plan

- The principal will be responsible for ensuring that anaphylaxis is communicated to the school community. This includes:
 - This policy being available on the school website
 - Student anaphylaxis plans being displayed in the Health Centre and the classroom.
 - Informing the community about anaphylaxis via the school newsletter.



- 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. Posters of anaphylaxis management will be in the Health Centre.
- Student anaphylaxis medication will be kept in the Health Centre in clearly marked boxes.
- Volunteers and casual relief staff for students at risk of anaphylaxis will be informed and their role in responding to an anaphylactic reaction by a student in their care.
- Any updates to anaphylaxis plans will be communicated by the Office Manager to staff as soon as possible and documentation updated.
- Letters to parents of anaphylactic children about updating their child's EpiPen® / Anapen®

Staff Training

- All staff will be trained in Anaphylaxis Awareness (10313 NAT) which will be paid for by the school.
- 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.
- In addition, staff will participate in a briefing to occur twice a year (with the first briefing to be held at the beginning of the school year) on:
 - The school's anaphylaxis management policy
 - The causes, symptoms and treatment of anaphylaxis
 - The identities of students with a medical condition that relates to an allergy and the potential for anaphylactic reaction and where the medication is located
 - How to use an auto adrenaline injecting device such as EpiPen® / Anapen®, including hands on practice with a trainer adrenaline auto injecting device
 - The school's general first aid and emergency response procedures
 - The location of and access to adrenaline auto injector(s) that have been provided by parents or purchased by the school for general use.
- When a new student enrolls at Huntingdale 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](#)



Annual Risk Management Checklist

- The Office Manager will complete the Anaphylaxis Risk Management Checklist (Page 67 of DET Anaphylaxis Guidelines).

Evaluation

- Monthly sick bay reports
- EduSafe reports

This policy will be reviewed as part of the school's 3 year cycle or as needed to comply with DET policy changes.

Document Status

Reviewed	School Council Ratification	Next Review
May 2016	14 June 2016	14 June 2019
May 21 2019- Education & Future Directions sub-committee	19 June 2019	June 2021
12 November- Principal		November 2022