

Anaphylaxis Policy



HELP FOR NON-ENGLISH SPEAKERS

If you need help to understand the information in this policy, please contact Huntingdale Primary School on 03 9544 2318 or huntingdale.ps@education.vic.gov.au.

PURPOSE

To explain to Huntingdale 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 Huntingdale Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management and follows DE's Values of Accountability, Human Rights, Impartiality, Integrity, Leadership, Respect and Responsiveness

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

Huntingdale Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education.

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 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 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

- Student anaphylaxis plans will be displayed in the Health Centre and the main office.
- They are displayed in classrooms and located in the classroom folders.

- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the Health Centre, together with the student's adrenaline autoinjector in a box clearly labelled with their name.
- Adrenaline autoinjectors for general use are available in the Health Centre and are labelled "general use".

Risk Minimisation Strategies

- To reduce the risk of a student suffering from an anaphylactic reaction at Huntingdale Primary School, we have put in place the following strategies:

General

- Staff and students are regularly reminded to wash their hands after eating.
- Students are discouraged from sharing food.
- Garbage bins at school are to remain covered with lids to reduce the risk of attracting insects.
- Gloves must be worn when picking up papers or rubbish in the playground.
- Year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays.
- A general use Adrenaline autoinjector will be stored in the Health Centre.
- Asking families that food containing nuts **should not** be brought to school.
- 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/spray 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

- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.
- 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.
- 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 students 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 always aware of its location.
- 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
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

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 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 Adrenaline autoinjector or Adrenaline autoinjector Jr</p> <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the Adrenaline autoinjector 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 Adrenaline autoinjector • Note the time the Adrenaline autoinjector is administered • Retain the used Adrenaline autoinjector 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 3 seconds • Remove Anapen® • Note the time the Anapen is administered • Retain the used Anapen 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.
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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.

Staff training

- The Principal will ensure that all school staff are appropriately trained in anaphylaxis management, 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.

Huntingdale uses one of the following training courses:

- Online training — *ASCIA Anaphylaxis e-training for Victorian Schools* with Anaphylaxis Supervisors completing *Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC*.
- Face-to-face training – *Course in First Aid Management of Anaphylaxis 22578VIC*.
- Face-to-face training – *Course in Anaphylaxis Awareness 10710NAT*.

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 certified first aid and anaphylaxis training company. 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 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.

A record of staff training courses and briefings will be maintained by the principal and the school's online Emergency Management Plan.

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.

COMMUNICATION

- The Principal is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Huntingdale 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](#).

This policy will be:

- Available publicly on our school's website
- Included in the staff 'Key Documents Folder' on Google Drive
- Discussed at staff briefings/meetings as required
- Reminders in our school newsletter
- Hard copy available from school administration upon request

FURTHER INFORMATION AND RESOURCES

This policy should be read in conjunction with the [Anaphylaxis](#) policy on the Department's Policy and Advisory Library (PAL) and the following resources:

- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

POLICY REVIEW AND APPROVAL

Policy reviews	May 2016 May 2019 12 November 2021 May 2023 May 2024 May 2025
Approved by	Principal
Next scheduled review date	May 2026

The principal will delegate a staff member to 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.