

Anaphylaxis Policy

Purpose

To explain to Hesket Primary School's 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 Hesket Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

Scope

- 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

Hesket 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 Hesket 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 Hesket 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 enrols at Heskett 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

All autoinjectors (including school emergency injector) are stored in the staffroom in containers clearly labelled with the child's name.

A copy of each student's Individual Anaphylaxis Management Plan is stored with their ASCIA Action Plan for Anaphylaxis in all classrooms, specialist areas, first aid room and with each auto injector.

Risk Minimisation Strategies

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

- students are discouraged from sharing food
- student cooking with known allergens is avoided
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- a general use EpiPen will be stored in the staffroom for ease of access.
- 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.

Adrenaline autoinjectors for general use

Hesket Primary School will maintain a supply of EpiPen 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 in the staffroom 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 Hesket 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 school. 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:

	xperiences an anaphylactic reaction at school or during a school activity, school staff must:
Step	Action
1.	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 medication cupboard in the staffroom. (Clearly labelled)
	 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
	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
	OR
	Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.
	 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
	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.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

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

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

Communication Plan

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

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

All school staff employed at the beginning of each calendar year will undertake anaphylaxis management training by a registered training provider.

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.

Hesket Primary School uses the following training course, First Aid Management of Anaphylaxis -22578VIC

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 or School Anaphylaxis Supervisor. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures

• the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrols at Hesket 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.

A record of staff training courses and briefings will be maintained through the school's online Emergency Management Plan]

Further Information and Resources

- School Policy and Advisory Guide:
 - o **Anaphylaxis**
 - o Anaphylaxis management in schools
- Allergy & Anaphylaxis Australia: Risk minimisation strategies
- ASCIA Guidelines: <u>Schooling and childcare</u>
- Royal Children's Hospital: <u>Allergy and immunology</u>

Evaluation

Policy Last Reviewed: 31.5.23

Approved by: Principal

Next Scheduled Review Date: 31.5.24

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

Annual Risk Management Checklist

(to be completed at the start of each year)

School name:			
Date of review:			
Who completed	Name:		
this checklist?	Position:		
Review given to:	Name:		
	Position:		
Comments:			
General information	on		
_	rent students have been diagnosed as being at risk of nd have been prescribed an adrenaline autoinjector?		
	<u> </u>		
2. How many of t person?	these students carry their adrenaline autoinjector on their	1	
3. Have any stud at school?	ents ever had an allergic reaction requiring medical intervention	☐ Yes	□ No
a. If Yes, how	many times?		
4. Have any stud	ents ever had an anaphylactic reaction at school?	☐ Yes	□ No
a. If Yes, how	many students?		
b. If Yes, how	many times?		
	ember been required to administer an adrenaline autoinjector to	☐ Yes	□ No
a student?			
a. If Yes, how	many times?	<u> </u>	
	is a government school, was every incident in which a student naphylactic reaction reported via the Incident Reporting and stem (IRIS)?	☐ Yes	□ No

SECTION 1: Training		
7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either:	☐ Yes	□ No
online training (ASCIA anaphylaxis e-training) within the last 2 years, or		
 accredited face-to-face training (22300VIC or 10313NAT) within the last 3 years? 		
8. Does your school conduct twice-yearly briefings annually?	☐ Yes	□ No
If no, please explain why not, as this is a requirement for school registration.		
9. Do all school staff participate in a twice-yearly anaphylaxis briefing?	☐ Yes	□ No
Ifn, please explain why not, as this is a requirement for school registration.		
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	☐ Yes	□ No
 a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)? 		
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	☐ Yes	□ No
SECTION 2: Individual Anaphylaxis Management Plans		
11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan, which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	☐ Yes	□ No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	☐ Yes	□ No
13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out-of-class settings?		
a. During classroom activities, including elective classes	☐ Yes	□ No
b. In canteens or during lunch or snack times	☐ Yes	□ No
c. Before and after school, in the school yard and during breaks	☐ Yes	□ No
d. For special events, such as sports days, class parties and extra-curricular activities	☐ Yes	□ No
e. For excursions and camps	☐ Yes	□ No
f. Other	☐ Yes	□ No

14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	☐ Yes	□ No
a. Where are the Action Plans kept?		
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	☐ Yes	□ No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off-site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	☐ Yes	□ No
SECTION 3: Storage and accessibility of adrenaline autoinjectors		
17. Where are the student(s) adrenaline autoinjectors stored?		
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	☐ Yes	□ No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	☐ Yes	□ No
20. Is the storage safe?	☐ Yes	□ No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	☐ Yes	□ No
22. Are the adrenaline autoinjectors easy to find? Comments:	☐ Yes	□ No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	☐ Yes	∐ No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	☐ Yes	□ No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	☐ Yes	□ No
26. Are there adrenaline autoinjectors currently in the possession of the school that have expired?	☐ Yes	□ No

28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	☐ Yes	□ No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	☐ Yes	□ No
30. Where are these first aid kits located?		
Do staff know where they are located?	☐ Yes	□ No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	☐ Yes	□ No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	☐ Yes	□ No
SECTION 4: Risk Minimisation strategies		
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	☐ Yes	□ No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If Yes, list these in the space provided below. If No, please explain why not, as this is a requirement for school registration.	☐ Yes	□ No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	☐ Yes	□ No
SECTION 5: School management and emergency response		
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	☐ Yes	□ No
37. Do school staff know when their training needs to be renewed?	☐ Yes	□ No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	☐ Yes	□ No
a. In the class room?	☐ Yes	□ No
b. In the school yard?	☐ Yes	□ No
c. In all school buildings and sites, including gymnasiums and halls?	☐ Yes	□ No
d. At school camps and excursions?	☐ Yes	□ No
 e. On special event days (such as sports days) conducted, organised or attended by the school? 	☐ Yes	□ No
39. Does your plan include who will call the ambulance?	☐ Yes	□ No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	☐ Yes	□ No

41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	☐ Yes	□ No
a. The class room?	☐ Yes	□ No
b. The school yard?	☐ Yes	□ No
c. The sports field?	☐ Yes	□ No
d. The school canteen?	☐ Yes	□ No
42. On excursions or other out-of-school events, is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	☐ Yes	□ No
43. Who will make these arrangements during excursions?		
44. Who will make these arrangements during camps?		
45. Who will make these arrangements during sporting activities?		
To: Will Make those diffulgements during operating detivities.		
46. Is there a process for post-incident support in place?	☐ Yes	□ No
47. Have all school staff who conduct classes attended by students at risk of		
anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:		
a. The school's Anaphylaxis Management Policy?	☐ Yes	□ No
b. The causes, symptoms and treatment of anaphylaxis?	☐ Yes	□ No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	☐ Yes	□ No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	☐ Yes	□ No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	☐ Yes	□ No
f. Where the adrenaline autoinjector(s) for general use is kept?	☐ Yes	□ No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	☐ Yes	□ No
SECTION 6: Communication Plan		
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?		
a. To school staff?	☐ Yes	□ No

b. To students?	☐ Yes	□ No
c. To parents?	☐ Yes	□ No
d. To volunteers?	☐ Yes	□ No
e. To casual relief staff?	☐ Yes	□ No
49. Is there a process for distributing this information to the relevant school staff?	☐ Yes	□ No
a. What is it?		
50. How will this information be kept up to date?		
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	☐ Yes	□ No
52. What are they?		

Evaluation

Policy Last Reviewed: 31.5.23

Approved by: Principal

Next Scheduled Review Date: 30.5.24

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