

BACKGROUND

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.

The key to prevention of anaphylaxis episodes in schools is:

- prior knowledge of those students who have been diagnosed at risk;
- awareness of triggers (allergens); and
- prevention of exposure to those triggers.

Partnership between school and parents is important in ensuring that certain foods or items are kept away from the student while at school.

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.

In the event of an anaphylactic episode, First Aid trained staff will administer Adrenaline via an EpiPen, or equivalent, to the muscle of the outer thigh is the most effective first aid treatment of anaphylaxis.

PURPOSE

To explain to Belle Vue Park PS parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis.

- 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 schooling
- to raise awareness about anaphylaxis and the school's anaphylaxis management plan in the school community
- to engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and the management strategies for the student
- to ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

This policy also ensures that Belle Vue Park PS is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

SCHOOL STATEMENT

Belle Vue Park PS will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

All students at Belle Vue Park PS 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 Belle Vue Park PS is responsible for developing a plan in consultation with the student's parents/carers. The Principal will ensure that parents of students, who have been diagnosed by a medical practitioner as being at risk of anaphylaxis, understand that their medical practitioner must provide an up-to-date individual anaphylaxis management plan to the school as early as possible.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Belle Vue Park PS and where possible, before the student's first day.

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.

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.

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 the school's anaphylaxis management policy/plan.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in classroom, in the school yard, on school excursions and special event days.

The CRT coordinator (or designated person) will ensure CRTs are informed of students at risk and what their role is in responding to an anaphylactic reaction by a student in their care.

This includes

- being alerted to the relevant anaphylaxis information in class rolls, and
- if replacing a specialist teacher, having access to the specialist timetable, which identifies classes with anaphylactic students.
- All staff will be briefed once each semester by the school nurse (or staff member with up-to-date anaphylaxis management training) on
- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the students diagnosed at risk of anaphylaxis and the location of medication
- the correct use of the auto adrenaline injecting device
- the school's first aid and emergency response procedures.

STAFF TRAINING AND EMERGENCY RESPONSE

Teachers who conduct classes with students at risk of anaphylaxis and other school staff, will have up-to-date training in First Aid Anaphylaxis Management.

At other times, while a student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal will ensure that there is a sufficient number of staff present who have up-to-date training in First Aid Anaphylaxis Management.

The principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes, administration staff, Integration aides; first aiders and any other member of school staff as required by the principal based on a risk assessment.

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Belle Vue Park PS uses the following training course HLTAID003 Level 2 First Aid and 22300VIC First Aid Management of Anaphylaxis delivered by Accredited First Aid Courses.

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 the Assistant Principal.

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 Belle Vue Park PS 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.

ADRENALINE AUTOINJECTORS FOR GENERAL USE

Belle Vue Park PS maintains a supply of an adrenaline autoinjector 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.

- The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use.
- The general use (emergency) auto adrenaline injecting devices (Epipen, or similar) is kept in a labelled box in the resource room for quick and easy access by staff;

MANAGEMENT OF STUDENT'S WITH ANAPHYLAXIS

- Staff are routinely briefed about students at risk of anaphylaxis;
- Auto adrenaline injecting devices (Epipen or similar) labelled with the student's name and instructions for use are kept with the student in their school bag;
 - A photo of students at risk of anaphylaxis is displayed throughout the school - each classroom / roll has a record of anaphylactic children.
 - Each student's ASCIA plan is located in the sick bay; classroom; resource room and staff room and is readily accessible;
 - The designated first aid officer is responsible for checking the expiry dates of the auto adrenaline injecting devices and will notify parents prior to expiry;
 - Each at risk student's action plan is updated annually by the student's medical practitioner;
 - Each classroom roll has a copy of information of each student at risk of anaphylaxis;
 - Each yard duty first-aid pack contains a photo about students at risk of anaphylaxis;
 - Each yard duty folder contains individual cards with the students' photos and names.
 - In the event of an anaphylactic emergency during recess or lunch time, the appropriate card is sent to the sick bay so that the school designated first aid officer can execute a rapid response;
 - in the event of a suspected anaphylactic emergency, an ambulance will be called;
 - the school will liaise with parents/carers about food related activities;
 - on school camps, excursions and sporting events, the auto adrenaline injecting device will remain close to the student.
 - Consideration is given in planning ahead for food and meals for students at risk of anaphylaxis;
 - all students at risk of anaphylaxis must provide an auto adrenaline injecting device and ASCIA action plan for school camp.

ANAPHYLAXIS COMMUNICATION PLAN

This policy will be available on Belle Vue Park PS's website so that parents and other members of the school community can easily access information about Belle Vue Park PS's anaphylaxis management procedures. The parents and carers of students who are enrolled at Belle Vue Park PS 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 Belle Vue Park PS'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*.

Belle Vue Park Primary School has taken steps to ensure effective communication of students at risk of anaphylaxis.

1. Anaphylaxis action plans are located in the sick bay and include students' photos.
2. Anaphylaxis action plans including photos are located in attendance rolls in all classrooms.
3. Staff undergo regular First Aid Anaphylaxis Management including symptoms and emergency response.
4. All staff with a student at risk of anaphylactic responses in their classroom, will be briefed at the beginning of the year, to ensure their awareness of the issues related to these students.
5. Parents/carers of anaphylactic students will be contacted each year to ensure we have the most up-to-date anaphylactic management plan available.

Classroom including specialists,

- Every teacher with an anaphylactic student in their classroom is provided with individual anaphylactic management plans (including photographs) for that student;
- This information is disseminated to other specialist teachers, integration aide/s, wellbeing officers, specialist service staff (i.e. educational psychologist; speech therapist) and any other teacher or staff member who facilitates learning opportunities for the student i.e. math's groups or literacy groups. This enables staff to be aware of potential risks.
- Individual management plans will be placed in all classroom rolls and displayed in all specialist rooms. Specialists will have the names of all children who have Anaphylaxis.

CRTs

- Photocopies of anaphylaxis management plans are placed in classroom rolls.
- The Grade level coordinator will draw attention to any child who is at risk of anaphylaxis.
- Specialist teachers have a booklet with the names of all anaphylactic children.

RISK MINIMISATION STRATEGIES

To reduce the risk of the possibility of a student suffering from an anaphylactic reaction at school, Belle Vue Park PS implements the following strategies for all school activities, including:

- 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 are to be worn when picking up papers or rubbish in the playground;
- school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination;
- 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 at the school canteen, office and in the yard duty bag 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 during classroom activities (including class rotations, specialist and elective classes)
 - between classes and other breaks
 - in canteens
 - during recess and lunchtimes
 - before and after school
 - camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

EMERGENCY MANAGEMENT

In the event of an anaphylactic episode:

In the classroom:

- the teacher in charge will contact the office by sending two students to notify administration staff of the emergency;
- If possible, as long as the student is trained, the student will administer their personal auto adrenaline injecting device (EpiPen);
- If the student is unable to administer the EpiPen, First Aid Anaphylaxis Management trained staff will administer to them.
- Administration staff will dial 000 Emergency Services to assist and guide staff with monitoring the student and advising when to administer the auto adrenaline injecting device (EpiPen, or similar) if necessary and;
- A mobile phone will be used if the child is not located in the office area

In the school playground:

- all yard duty teachers carry a first aid bag, which will contain photographs of anaphylactic students
- in the event of an anaphylactic episode, the yard duty teacher will contact the office and will provide

the name of the student so their personal auto adrenaline injecting device can be taken to the scene directly

- after contacting the office, the yard duty teacher will call 000 for ambulance/emergency advice;

At Excursions/Sports/Camp:

- the School will inform the camp of any students with anaphylaxis to ensure that appropriate arrangements are made for students participating at camp
- the auto adrenaline injecting device will accompany students at risk of anaphylaxis to all excursions, sports events and camps
- the injecting device will be kept within close proximity of the student
- in the event of an anaphylactic episode, the supervising teacher will administer the auto adrenaline injection
- the supervising teacher will ring 000 for medical assistance
- if the episode takes place at another school or establishment, first aid assistance will be sought
- for school camps: Parents will be fully informed of the relevant considerations such as:
 - the remoteness of the camp (distance to nearest hospital)
 - mobile telephone coverage. (In some locations, coverage is not reliable)

EMERGENCY RESPONSE INSTRUCTIONS

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 First Aid Coordinator and Administration Office and stored as noted in **ANAPHYLAXIS COMMUNICATION PLAN** above.

For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"> • Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student’s adrenaline autoinjector or the school’s general use autoinjector, and the student’s Individual Anaphylaxis Management Plan, stored at refer ANAPHYLAXIS COMMUNICATION PLAN above. • If the student’s plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5

2.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

During recess and lunch times in the school playground areas

1. When an anaphylactic episode is noted by the yard duty staff member;
2. The yard duty staff member must identify the student and verify with them they have an individual anaphylactic management plan;
3. Contact the office immediately (send two students with red emergency card to staff room or administration office) to advise the need for assistance and to collect the Emergency EpiPen;
 - a. Locate the student's anaphylaxis management plan contained in the yard duty bag;
 - b. If feasible, take the student to the sick bay with their anaphylaxis management plan;
4. If the child cannot be moved, administer the emergency EpiPen treatment;
5. If available, using a mobile phone, have another staff member dial 000 for emergency medical assistance;
 - a. If not other staff member available, dial 000 and put the call on loud speaker;
 - b. Clearly explain that the student child is suffering a suspected anaphylactic reaction and that an EpiPen (or similar) has been administered;
 - i. Provide the address of the school when requested;
 - ii. If the EpiPen has not been administered, advise Emergency Services and follow their instructions;

During instruction time (in classrooms or specialists)

1. When an anaphylactic episode is noted by the classroom teacher or other staff member;
2. The teacher and/or staff member must identify the student and verify with them they have an individual anaphylactic management plan;
3. Seek help from the teacher or staff member in the adjoining classroom, if available;
4. Contact the office immediately (send two students with red emergency card to staff room or administration office) to advise the need for assistance and to collect the Emergency EpiPen;
 - a. Locate the student's anaphylaxis management plan contained in the roll or on display in the room;
 - b. If feasible, take the student to the sick bay with their anaphylaxis management plan;

5. If the child cannot be moved, administer the student's EpiPen treatment;
 - a. Retain the emergency EpiPen if required;
6. If available, using a mobile phone, have another staff member dial 000 for emergency medical assistance;
 - a. If no other staff member is available, dial 000 and place the call on loud speaker;
 - b. Clearly explain that the student is suffering a suspected anaphylactic reaction and that an EpiPen (or similar) has been administered;
 - i. Provide the address of the school when requested;
 - ii. If the EpiPen has not been administered, advise Emergency Services and follow their instructions;
7. Administration office will notify relevant staff to provide support and will contact the parent/career to advise them of the anaphylactic episode;
8. This information will be provided to parents at the start of each school year via the newsletter and is posted on the school website.
9. If necessary, a separate note may be sent home to other families in the classroom year level, to advise them that a student in the class has known allergens which may cause an anaphylactic reaction.

ANAPHYLAXIS MANAGEMENT

Schools are encouraged not to ban nut products, but rather are asked to raise awareness of the risks associated with anaphylaxis and to implement practical age-appropriate strategies to minimise exposure to known allergens.

Parents are free to pack the foods of their choice for their children to eat at school, however they are asked to be mindful that at Belle Vue Park Primary School there are students and/or staff members who are anaphylactic, a condition that can cause death.

Teachers and staff at Belle Vue Park Primary reinforce that food is not shared and that students should maintain good hygiene by washing hands before and after eating.

Where it is known that students have brought nut products to school and there is an anaphylactic student in the classroom, the teacher will take all necessary precautions to minimise risk.

Parents can help the school maintain a safe environment by ensuring nut products are placed in a sealed container or sealed plastic bag if they are sent to school with their child.

Belle Vue Park Primary does not use food as treats or rewards.

Any food such as cakes or other foods may be sent to school to celebrate birthdays, however in all occasions, a full list of ingredients must be provided.

On special occasions when food is freely available, teachers will ensure that a safe environment is maintained for all students.

Prior to commencing units of work that involve cooking, teachers will discuss the individual needs of student/s-at-risk with their parents/carers.

Parents who have any concerns, or require clarification about this policy are urged to speak to the child's classroom teacher or contact the school administration office for further information.

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](#)

REVIEW CYCLE AND EVALUATION

This policy was last updated on 18/11/2020 and is scheduled for review in November 2020.

The principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.