

# ANAPHYLAXIS POLICY



## Brunswick East Primary School

We acknowledge the "Wurundjeri people" of the Kulin Nation as the traditional custodians of the land we live, work, and travel upon. We respect their elders, both past and present.

We stand up for inclusion and diversity in schools,



### Help for non-English speakers

If you need help understanding this policy's information, please contact Brunswick East Primary School at 93873361.

## PURPOSE

To explain to Brunswick East Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed at risk of anaphylaxis. This policy also ensures that Brunswick East Primary School 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.

## POLICY

### School Statement

Brunswick East 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 the 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 anyone can use them in an emergency.

### **Individual Anaphylaxis Management Plans**

All students at Brunswick East Primary School whom a medical practitioner diagnoses as being at risk of an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal of Brunswick East 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 Brunswick East 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 the following:

- information about the student's medical condition that relates to allergies and the potential for an 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 schoolyard, 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 an 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.

#### Location of plans and adrenaline autoinjectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the staffroom and the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

#### Risk Minimisation Strategies

Adrenaline autoinjectors must be labelled with the student's name. Risk Minimisation Strategies Severe allergies to foods and insects are two of the most common causes of anaphylaxis. Removing all food allergens from schools is not possible nor practical. Removing all insects that students could be allergic to is also impossible. Therefore, minimising the risk of exposure to known allergens is the recommended strategy for reducing the risk of anaphylaxis in schools.

The Department of Education does not recommend banning food or other products as a risk minimisation and prevention strategy. This is because:

- it can create complacency among staff and students.
- it does not eliminate the presence of hidden allergens; and
- it is difficult to "ban" all triggers (allergens) as these can include commonly-used ingredients such as eggs, dairy, wheat and sesame seeds.

Therefore, the school does not ban specific types of foods/ingredients that are known allergens to students.

To minimise risk, the school will:

- Inform all parents/carers via email at the beginning of each semester of foods that are known allergens to students at risk of anaphylaxis within each Learning Community and request that parents/carers, to the extent that this is practical:
  - o Avoid using these foods/ingredients when providing food for special events or activities, such as cake stalls at Friday markets, for birthday celebrations in learning communities.

o Promote understanding of allergies within the school community and communicate this with their children.

- Educate students about allergies and anaphylaxis.
- Review health information collected at enrolment or updated at other times.
- Supervise students' eating in the classroom at the end of lunch break and during snack times, to avoid sharing food or eating utensils. Students will not be permitted to take food out into the yard during recess and lunchtime.
- Identify any students at risk of anaphylaxis who will be participating in learning activities where food is to be used. Ensure that foods containing known allergens are not used and are replaced with suitable foods where appropriate.
- Keep the grass mown to reduce the risk of bee or other insect stings and bites.
- Promptly remove bee and wasp nests as soon as the school becomes aware of their presence
- Ensure students wear appropriate clothing and shoes when outdoors.
- Require that all food for sharing at school, such as class celebrations, Friday Markets, Twilight Market, etc., have all ingredients listed.
- Review the risk minimisation strategies annually and immediately in case a student has an anaphylactic emergency.

For school excursions, supervising staff will:

- Identify any students attending the excursion who have been diagnosed as being at risk of anaphylaxis and, if so, their known allergens.
- Consider anaphylaxis risk management strategies when planning an excursion, including how the emergency medication will be managed.
- For each student with a known allergy attending the excursion, have their personal ASCIA Action Plan for Anaphylaxis and adrenaline autoinjector readily available. Ensure adrenaline autoinjectors and other medications are stored correctly: out of direct heat and light, but not on the ice.
- Ensure their anaphylaxis training is current, including that they know when and how to give an adrenaline autoinjector

#### **Adrenaline autoinjectors for general use**

Brunswick East Primary School will maintain a supply of adrenaline autoinjector(s) for general use as a backup 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 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 Assistant Principal and stored in the staffroom

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"> <li>• Lay the person flat</li> <li>• Do not allow them to stand or walk</li> <li>• If breathing is difficult, allow them to sit</li> <li>• Be calm and reassuring</li> <li>• Do not leave them alone</li> <li>• Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector, the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan stored in the staffroom.</li> <li>• If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5</li> </ul>
2.	<p>Administer an EpiPen or EpiPen Jr</p> <ul style="list-style-type: none"> <li>• Remove from plastic container</li> <li>• Form a fist around the EpiPen and pull off the blue safety release (cap)</li> <li>• Place the orange end against the student's outer mid-thigh (with or without clothing)</li> <li>• Push down hard until a click is heard or felt, and hold in place for 3 seconds</li> <li>• Remove EpiPen</li> <li>• Note the time the EpiPen is administered</li> <li>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul> <p><b>OR</b></p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"> <li>• Pull off the black needle shield</li> <li>• Pull off the grey safety cap (from the red button)</li> <li>• Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)</li> <li>• Press the red button so it clicks and hold for 10 seconds</li> <li>• Remove Anapen®</li> <li>• Note the time the Anapen is administered</li> <li>• Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</li> </ul>
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 is at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

Schools can use 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 adrenaline autoinjector dose depending on the student's weight. 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 Brunswick East Primary School's website so that parents and other members of the school community can easily access information about Example School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Brunswick East 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 Brunswick East 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

The Principal will ensure that school staff are appropriately trained in anaphylaxis management:

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.

Brunswick East primary School uses the following training course ASCIA eTraining course with the 22578VIC course.

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 Principal or 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 an 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 Brunswick East 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 through the school’s online Emergency Management Plan.

A record of all staff anaphylaxis management training courses and the dates of the twice-yearly briefing sessions should be maintained as evidence of compliance with the training requirements of Ministerial Order 706 – Anaphylaxis Management in Victorian Schools. The record should include the names of staff who have undertaken the training course, the date the training is due for renewal, and the names of the staff who attended the twice-yearly briefing.

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 schoolyard, at camps and excursions, or on special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

#### FURTHER INFORMATION AND RESOURCES

- The Department’s Policy and Advisory Library (PAL):
- [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children’s Hospital: [Allergy and immunology](#)

#### POLICY REVIEW AND APPROVAL

Policy last reviewed	February 2024
Approved by	Principal
Next scheduled review date	February 2025

The Principal will complete the Department’s Annual Risk Management Checklist for anaphylaxis management to assist with evaluating and reviewing this policy and the support provided to students at risk of anaphylaxis.