

BRUNSWICK EAST PRIMARY SCHOOL

ANAPHYLAXIS POLICY

PURPOSE

To explain to Brunswick East Primary School (BEPS) 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 BEPS 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

BEPS 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 BEPS 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 or nominee of BEPS 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 BEPS 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 markets and concerts.

BEPS 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

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the staffroom, together with the student's adrenaline autoinjector. 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. It is not possible, nor practical, to remove all food allergens from schools. It is also not possible to remove all insects that students could be allergic to.

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:
 - 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.
 - Promote understanding of allergies within the school community and communicate this with their children.
- Educate students about allergies and anaphylaxis.
- Review health information when it is collected at enrolment or updated at other times.
- Supervise students' eating in the classroom at the end of lunch break and during snack times, so as to avoid sharing food or eating utensils. Students will not be permitted to take food out into the yard during recess and lunchtimes.
- Identify any students at risk of anaphylaxis who will be participating in learning activities where food is to be used and 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 closed toed shoes when outdoors.
- Require that all food intended for sharing at school, for such things as class celebrations, Friday Markets, Twilight Market, etc., have all ingredients listed.
- Review the risk minimisation strategies annually and immediately in the event of a student having 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 emergency medication will be managed.
- For each student with a known allergy who is 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 ice.
- Ensure their anaphylaxis training is current, including that they know when and how to give an adrenaline autoinjector.

Adrenaline autoinjectors for general use

BEPS 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 staff room in Kits 1-4 and labelled "general use".

The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use. They 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 Assistant Principal and stored in the staffroom and on the First Aid notice board. 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:

In the school yard

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 to call the office using the school phone contained in the bum bag to notify them that a student's anaphylaxis medication and plan are required.• The medication and ASCIA Action plan are collected from the Learning community tubs and taken to the student• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction use the generic autoinjector stored in the bum bag and 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
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.

Within the school:

Step	Action
6.	<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 to collect the student's anaphylaxis medication and plan from the Learning community tub in the staffroom.• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction use the generic autoinjector stored in the staffroom, Kits 1-3
7.	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
8.	Call an ambulance (000)
9.	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.
10.	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.

If in doubt, it is better to use an adrenaline autoinjector than not use it.

Communication Plan

This policy will be available on BEPS's website so that parents and other members of the school community can easily access information about the school's anaphylaxis management procedures. The parents and carers of students who are enrolled at 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 and volunteers are aware of this policy and BEPS'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 the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis

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.

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. 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 BEPS who is at risk of anaphylaxis, the Assistant 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](#)

REVIEW CYCLE AND EVALUATION

The Assistant 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.

Drafted by	Brunswick East Primary School	Version Final
Principal signature		Scheduled review date March 2021

