



A School With A View

ANAPHYLAXIS POLICY

PURPOSE

To explain to Boronia Heights 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 Boronia Heights 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

Boronia Heights 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 10 minutes and up to 2 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 auto injector for use in an emergency. These adrenaline auto injectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Boronia Heights 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 Boronia Heights 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 Boronia Heights 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 auto injector 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 auto injectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the Office, together with the student's adrenaline auto injector. Adrenaline auto injectors must be labelled with the student's name. A copy of each student's Individual Anaphylaxis Management Plan and ASCIA Action Plan will be given to casual relief staff in a folder upon signing into the school. An alert will also be on COMPASS when taking the roll as a reminder.

Risk Minimisation Strategies

Classroom

Risk	Strategy
That staff or visitors will not be aware of student with anaphylaxis	<p>Keep a copy of the Students Action Plan in a prominent position in the classroom, staffroom, sick bay and casual relief teacher folders.</p> <p>Casual relief teachers, student teachers and so on to be informed of students at risk of anaphylaxis, prevention strategies in place and the school's emergency procedures, by the assistant principal.</p> <p>Copies of all Action Plans to be kept in the front of the class Roll Folder and casual relief folders as well as a medical symbol on Compass when the roll is taken to alert there is a medical need.</p>
When there are class parties or treats	<p>Liaise with parents ahead of time in relation to food-related activities. Inform parents of foods that may cause allergic reactions in students at risk and request to avoid them where possible.</p> <p>Request that treats for other students in the class do not contain the substance to which the student is allergic.</p> <p>Use non-food treats where possible, but if food treats are used in class, it can be recommended that parents provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student they are for.</p> <p>Balloons should not be used if a student is allergic to latex.</p>

	<p>Never give food from outside sources to a student who is at risk of anaphylaxis.</p> <p>Products labelled 'may contain traces of nuts' should never be served to students allergic to nuts.</p>
Classroom cooking activities	Be aware of the possibility of hidden food allergens in cooking products.
Art classes	Be aware of the possibility of hidden food allergens in food cartons; e.g. egg and milk cartons.
At snack times	<p>Have regular discussions with students about the importance of washing hands, eating their own food and not sharing.</p> <p>Classroom teacher to develop strategies, with principal/First Aid Officer to minimise the risk of a student having an anaphylactic reaction within the classroom, especially at eating times.</p>

In The Yard

Risk	Strategy
Risk of anaphylactic reaction for students who are allergic to insect bites.	<p>Students with anaphylactic responses to insect bites should be encouraged to stay away from flowering plants.</p> <p>Consideration to be given to plants.</p> <p>Encourage students to wear long sleeves where possible.</p> <p>Keep lawns mowed.</p>
Risk of a student having a reaction while in the playground.	<p>Ensure sufficient staff on yard duty are trained in the administration of the EpiPen to be able to respond quickly if needed.</p> <p>Ensure that the EpiPens are easily accessible and all staff are aware of the locations of the EpiPens.</p> <p>Ensure staff are aware of procedures for getting assistance while in the yard; ie, carrying mobile phones to make calls if necessary. Never leave the student alone or move them.</p> <p>Teachers should not leave a student who is experiencing an anaphylactic reaction in the yard. The teacher must send for help and remain with the student at all times.</p> <p>Yard duty staff must be able to identify those students at risk of anaphylaxis (photos of students to be kept in the yard duty folders).</p> <p>Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants.</p>

	<p>Consideration should be given to the placement of plants and sources of water in the playground so that students at risk of anaphylaxis from insect stings can avoid these areas without being unfairly restricted in their movements. Keep lawns and clover mowed and outdoor bins covered.</p> <p>The student should keep drinks and food covered while outdoors.</p>
Risk of Casual relief teachers not being able to identify students at risk	Photos of students are in the Yard Duty folders and in casual relief teacher folder.

Excursions

Risk	Strategy
Locating the EpiPen	The student's EpiPen, Action Plan and a mobile phone to be taken by the teacher in charge. Staff need to be aware of the location of the EpiPen, Action Plan and mobile phone at all times.
Remote Location	<p>Request that parents provide a second EpiPen for students attending camps.</p> <p>Inform local hospital in advance that you will have students who suffer anaphylaxis on a school camp.</p> <p>Contact local Ambulance station to get an estimated time of how long they would take to get to your location.</p>
Parent Helpers Not Being Aware	<p>All staff and parents present during the excursion need to be informed by the teacher in charge of students at risk of anaphylaxis before departure.</p> <p>The students with anaphylaxis to be put under the supervision of a staff member who has been trained in how to identify an anaphylactic reaction and how to administer the EpiPen.</p>
Insects	Students with an anaphylactic response 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.
General	<p>Staff involved in the activity must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.</p> <p>Parent of students with anaphylaxis may wish to accompany their child on the excursion.</p> <p>Be aware of local emergency services.</p> <p>Consider risks that you may encounter; e.g. items that the student may touch or encounter as part of the out-of-school activity.</p>

	Staff who have been trained in the recognition of anaphylaxis and administration of the adrenaline auto injector must accompany the student on excursions. All staff present need to be aware if there is a student at risk of anaphylaxis.
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Camps

Risk	Strategy
Locating the EpiPen	The student's EpiPen, Action Plan and a mobile phone to be taken by the teacher in charge. Staff need to be aware of the location of the EpiPen, Action Plan and mobile at all times.
Remote Location	Request that parents provide a second EpiPen for students attending camps. Inform local hospital in advance that you will have students who suffer anaphylaxis on a school camp. Contact local ambulance station to get an estimated time of how long they would take to get to your location.
Parent Helpers Not Being Aware	All staff and parents present during the excursion need to be informed by the teacher in charge of students at risk of anaphylaxis before departure. The students with anaphylaxis to be put under the supervision of a staff member who has been trained in how to identify an anaphylactic reaction and how to administer the EpiPen.
Insects	Students with an anaphylactic response 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.
General	Staff involved in the activity must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. Parents of students with anaphylaxis may wish to accompany their child on the excursion. Be aware of local emergency services. Camps must be advised in advance of any students with food allergies. Staff should liaise with parents/carers to develop alternative menus. Use of substance containing allergens should be avoided where possible. Consider risks that you may encounter; e.g. items that the student may touch or encounter as part of the out-of-school activity.

	Know local emergency services, how to contact them and the time it will take to do so. Liaise with them before the camp.
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Bus Travel

Risk	Strategy
Locating EpiPen	EpiPen is to be carried on the bus that the child is on. It is not to be placed in the luggage hold of the bus, as this could pose a delay in locating it and administering it to the child. Child to travel on bus with staff who are appropriately trained in anaphylaxis management.

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

- 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
- 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.

Adrenaline auto injectors for general use

Boronia Heights Primary School will maintain a supply of adrenaline auto injectors 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 auto injectors for general use will be stored at main office and labelled “general use”.

The principal is responsible for arranging the purchase of adrenaline auto injectors for general use, and will consider:

- the number of students enrolled at Boronia Heights Primary School at risk of anaphylaxis
- the accessibility of adrenaline auto injectors supplied by parents
- the availability of a sufficient supply of auto injectors for general use in different locations at the school, as well as at camps, excursions and events

- the limited lifespan of adrenaline auto injectors, and the need for general use adrenaline auto injectors 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 Tracey Holden & Sharon La Morticella in the office and stored at the sick bay. 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 auto injectors, 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 auto injector or the school's general use auto injector, and the student's Individual Anaphylaxis Management Plan, stored at sick bay • 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 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 5 minutes, if other adrenaline auto injectors 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 to 5 as above.

[Note: If in doubt, it is better to use an adrenaline auto injector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life-threatening than over-treatment of a mild to moderate allergic reaction. Refer to page 41 of the [Anaphylaxis Guidelines](#)].

Communication Plan

This policy will be available on Boronia Heights Primary School website so that parents and other members of the school community can easily access information about Boronia Heights Primary School anaphylaxis management procedures. The parents and carers of students who are enrolled at Boronia Heights 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 Boronia Heights 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 as well as a copy of students at risks and plans in a folder on arrival to the school, and be made aware of 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:

All staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last 3 years, or
- an approved online anaphylaxis management training course in the last 2 years.

ASCIA eTraining course (with 22303VIC, or 22300VIC or 10313NAT).

[Note, for details about approved staff training modules, see page 13 of the [Anaphylaxis Guidelines](#)]

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 Tracey Holden, Sharon La Morticella and Sue Dalrymple who are our e-training supervisors and First Aid Officers. 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 auto injector, including hands-on practice with a trainer adrenaline auto injector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline auto injectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Boronia Heights 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.

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

This policy was last updated in May 2020 and is scheduled for review in February 2021.

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.