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## Anaphylaxis Policy

### **Purpose**

To explain to Werribee 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 Werribee 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**

Werribee 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 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 Werribee 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 or his nominee of Werribee 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 Werribee 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**

Copies of all students Anaphylaxis plans are kept in the following locations around the school: sick bay, classroom roll, principal's office and general office.

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at sick bay, classroom roll, Principal's office and general office. Student's adrenaline auto injector will be stored in the sick bay in a labelled container, unless prior arrangements for a different location have been received in writing by the Principal or his nominee. Adrenaline auto injectors must be labelled with the student's name.

If a parent has obtained permission from the Principal in writing for their child's auto injector to be kept in the classroom, a copy of the Anaphylaxis Management Plan and ASCIA Action Plan will be stored with their auto injector. Adrenaline auto injectors for general use are available at Sick Bay, they're labelled "general use".

#### **Risk Minimisation Strategies**

The school will use the checklist and recommendations in the Anaphylaxis Guidelines to implement Risk Minimisations and Prevention Strategies in-school and out-of-school settings which include but are not limited to the following:

- 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, cultural days, fetes, concerts, events at other schools, competitions or incursions).

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

- providing professional development for all staff including the identification and response to anaphylaxis and the proper use of an Adrenaline Auto Injector
- staff and students are regularly reminded to wash their hands after eating;
- students are discouraged from sharing food
- gloves must be worn when picking up papers or rubbish in the playground;
- selected staff/volunteers are trained in appropriate food handling to reduce the risk of cross-contamination
- identifying susceptible students and knowing their allergens
- informing the community about anaphylaxis via the newsletter
- a general use auto injectors will be stored in the sickbay.

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**

Werribee Primary School will maintain a supply of adrenaline auto injector(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.

It is the parent's responsibility to supply the school with an in date auto injector for use at school. The school will notify the parents at least two weeks prior to expiry. If the parent's fail to supply a new auto injector by the expiry date the student will be asked to stay home until a new auto injector is supplied.

Adrenaline auto injectors for general use will be stored in the sickbay and labelled "general use".

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

- the number of students enrolled at Werribee 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 the sickbay.
- the limited life span 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 Janeane Davidson Administration and stored in sickbay, classroom roll, Principal and general office. 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"> <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 auto injector or the school's general use auto injector, and the student's Individual Anaphylaxis Management Plan, stored in sickbay.</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	<ul style="list-style-type: none"> <li>Administer an AAI Snr or AAI Jr (if the student is under 20kg)</li> <li>Remove from plastic container</li> <li>Form a fist around the AAI and pull off the blue safety release (cap)</li> <li>Place 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 AAI</li> <li>Note the time and date the AAI is administered</li> <li>Retain the used AAI to be handed to ambulance paramedics along with the time of administration</li> </ul>
3	<ul style="list-style-type: none"> <li>Call an ambulance (000)</li> </ul>
4	<ul style="list-style-type: none"> <li>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 auto injectors are available.</li> </ul>
5	<ul style="list-style-type: none"> <li>Contact the student's emergency contacts.</li> </ul>

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.

[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 [Frequently asked questions – Anaphylaxis](#)

#### Communication Plan

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

Casual Relief Teachers will be given a folder on arrival stating which students have medical conditions, including students at risk of anaphylaxis. Including policies relating to those conditions in the class they will be taking.

ES staff are required to attend the twice yearly briefings as well as completing their online Anaphylaxis Training.

All volunteers will be informed at their induction on how to access school medical policies on the website. Volunteers are required to immediately contact sick bay or a staff member in the event of an emergency.

The principal or nominee is responsible for ensuring that all relevant staff, including casual relief staff, volunteers are aware of this policy and Werribee Primary School's procedures for anaphylaxis management.

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

- All School staff are required to complete the ASCIA Anaphylaxis E-Learning Online Training as well as attend the twice yearly briefings.

Werribee Primary School uses the following training course e.g. ASCIA eTraining course (with 22303VIC, or 22300VIC or 10313NAT).

[Note, for details about approved staff training modules, refer to chapter 5 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 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 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 Werribee Primary School who is at risk of anaphylaxis, the principal or nominee will develop an Anaphylaxis Management Plan and Communication Plan in consultation with the student's parents.

The principal or nominee 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:

- 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 in October 2020 and is scheduled for review in October 2021.

The Principal and Anaphylaxis Supervisor 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.