



ANAPHYLAXIS POLICY

PURPOSE

To explain to Mount Beauty 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 Mount Beauty 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

Mount Beauty 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 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 Mount Beauty 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 Mount Beauty Primary School is responsible for developing an Individual Management 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 Mount Beauty Primary School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA (Australasian Society of Clinical Immunology and Allergy) 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.

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 autoinjectors

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

Whilst some students may keep their adrenaline autoinjector on their person, a copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis, in the First Aid cupboard, together with adrenaline autoinjectors for general use.

Risk Minimisation Strategies

Anaphylactic reactions are usually preventable by implementing strategies for avoiding contact with allergens. The key to prevention of anaphylaxis in schools is ensuring the school has:

- Knowledge and awareness of students diagnosed at risk of anaphylaxis and their known allergens (triggers). Parent/carers should communicate their child's allergies and risk of anaphylaxis to the school and provide up to date information as soon as possible.
- A plan in place regarding the prevention of exposure to known triggers – refer MBPS Anaphylaxis Management Plan (Appendix 1).
- Strong partnerships with parents/carers of at-risk students.
- A school wide education program in place that fosters allergy awareness and safety among all students.
- A communication plan that provides information to all staff, volunteers, students and parents/carers about anaphylaxis and the school's anaphylaxis management policy.

Food bans

Mount Beauty Primary School *does not* ban or attempt to prohibit the entry of particular foods into the school, such as peanuts and tree nuts, because:

- This is difficult to enforce.
- The banning of a particular food may produce a false sense of security for students with allergies and their parents when a "nut or egg free" environment is promoted.
- There is a lack of evidence to support the effectiveness of such measures - refer Australasian Society of Clinical Immunology and Allergy (ASCI).
- The banning of a particular food does not help educate students with allergies about how to manage their condition through avoidance strategies nor does it help educate students without allergies about allergic and anaphylactic reactions.

While MBPS does not ban or prohibit the entry of particular foods, prevention strategies are in place for all curriculum or extracurricular activities as part of MBPS's Prevention Strategies (refer Appendix 2).

Food sharing

While students are discouraged from sharing food, MBPS *recognises that a ban is impractical to enforce*.

- There is also a potential risk that a no food sharing policy approach will send food sharing 'underground' and could make students reluctant to advise a teacher if they feel unwell after 'breaking a school rule' and sharing food.
- A no food sharing policy approach does not align with the principle that schools support students to develop independence in managing their own health care needs.
- Any claim that food sharing is banned at a school may lead to a false sense of security by students with severe allergies and their parents and to complacency about strategies to minimise exposure to known allergens for students with severe allergies.

Education

MBPS is committed to fostering allergy awareness and safety among all students together with supporting all students to develop independence in managing their own health care needs.

As part of MBPS's Health Education Program, all students are provided with the knowledge and understanding of what allergies are and how to help friends who have them, including being able to recognise a severe allergic reaction (anaphylaxis) and act appropriately when it occurs.

MBPS uses a range of age appropriate learning and teaching styles and provides clear, planned curriculum opportunities for students to understand and explore areas linked to allergy safety education.

Prevention Strategies

Appendix 2 of this policy outlines the prevention strategies put in place by MBPS.

Risk Management

The following are in place to ensure effective management and emergency response to anaphylaxis:

- All staff will be provided with a list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction at the beginning of the year or if any changes are noted by the parent/carer.
- Students' individual Anaphylaxis Management Plans and ASCIA Action Plan for Anaphylaxis will be kept in the First Aid cupboard, with copies in the staffroom, accessible to all staff.
- Student Epipens will be labelled with the student's name and stored, with a copy of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis, in the First Aid cupboard
- When a student is attending activities off-site, the teacher in charge will carry the student's Epipen. The Principal will ensure that there are sufficient staff trained in the use of Epipens.
- The school will have an Epipen for general use, this will be kept in the First Aid Cabinet located outside the First Aid room.
- The trainer Epipens will not be stored in the same location as the above injectors.
- The Principal will monitor the Epipens and organise replacement if they are out of date, are cloudy or have substances floating in them.

- If a student displays symptoms of anaphylaxis, a staff member will immediately locate and administer the EpiPen following the instructions in the student’s Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis, and the school’s general first aid and emergency response procedures. The school will immediately call an ambulance (000) and a staff member will remain with the student, with the exception of extenuating circumstances.

Adrenaline autoinjectors for general use

Mount Beauty Primary School will maintain a supply of adrenaline autoinjectors 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 each First Aid Kit, located in the First Aid cupboard 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 Mount Beauty Primary School 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.

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 nominated First Aid officer and stored in the First Aid cupboard and 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"> • 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 in the First Aid cupboard. • 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)

	<ul style="list-style-type: none"> • 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 <p>OR</p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"> • Pull off the black needle shield • Pull off grey safety cap (from the red button) • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) • Press red button so it clicks and hold for 3 seconds • Remove Anapen® • Note the time the Anapen is administered <p>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</p>
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 being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

Schools can use either 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 dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

[Note: If in doubt, it is better to use an adrenaline autoinjector 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 Mount Beauty Primary School's website so that parents and other members of the school community can easily access information about Mount Beauty Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Mount Beauty Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The principal will:

- Be responsible for ensuring that information is provided to all staff, students and parents/carers about anaphylaxis and the School's Anaphylaxis Management Policy.
- Inform the school community about anaphylaxis via the school newsletter and the anaphylaxis management policy will be available on the school website.

- Arrange for all school staff to be briefed at least twice per year by a staff member who has up to date anaphylaxis management training.
- Brief volunteers, casual relief staff and all new staff (including administration and office staff, sessional teachers, specialist teachers) of the above information and their role in responding to an anaphylactic reaction and the identity of students at risk.
- Ensure the emergency procedures plans (ASCIA Action Plan for Anaphylaxis) for students at risk of anaphylaxis are displayed in classrooms and phone points around the school.
- This policy will be included in volunteer/CRT induction packs.

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.

Teachers and other school staff who conduct classes with students at risk of anaphylaxis, or give instruction to students at risk of anaphylaxis will have up to date training in an anaphylaxis management training course.

- At other times, while the 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 an anaphylaxis management training course.
- The principal will identify the school staff to be trained based on the annual risk assessment checklist (Appendix 3).
- When a new student enrolls at Mount Beauty 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.

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.

Mount Beauty Primary School uses the following training course - ASCIA eTraining course (with 22579VIC, or 22578VIC or 10710 NAT).

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 and nominated First Aid officer. 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 Mount Beauty 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

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

REVIEW CYCLE AND EVALUATION

Policy last reviewed	19 th August, 2024
Approved by	Principal
Next scheduled review date	August 2025

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.