



Anaphylaxis Policy

**Reviewed by
School Council Policy
Sub Committee:** **June 2021**

Next Review: **June 2022**

Our purpose is to empower resilient learners to think critically, actively problem solve, be respectful and positively contribute to their world.

At Grey Street that means that we are all active and resilient learners, who learn in different ways. We challenge and support each other with our learning through setting goals, working persistently, problem solving, using feedback and reflecting on our progress. We value a culture of collaboration and mutual support that is focused on achieving success for all staff, students and members of the school community.

At Grey Street Primary School we are committed to maintaining a safe and inclusive environment for everyone, everywhere, all of the time.

Purpose

To explain to Grey Street 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 Grey Street Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

Scope

This policy applies to:

- all staff, including causal 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

Grey Street 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 medications.

Symptoms

Sights and symptoms of a mild to moderate allergic reactions can include:

- swelling of the lips, face and eyes
- hives or welts



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- 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 Grey Street Primary School who are diagnosed as being at risk of suffering from an anaphylactic reaction by a medical practitioner, must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Grey Street 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 Grey Street 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 is 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 allergy 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.



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- 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 Plans

A student's Individual Anaphylaxis 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

Depending on the age of the students in your school community who are at risk of anaphylaxis, the severity of their allergies and the content of their plan, some students may keep their adrenaline auto injector on their person, rather than in a designated location. It may also be appropriate to keep copies of the plans in various locations around the school so that the plan is easily accessible by school staff in the event of an incident. Appropriate locations may include the student's classroom, sick bay, the school office or in the materials provided to staff on yard duty.

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in their classroom, together with the student's adrenaline auto injector. Adrenaline auto injectors must be labelled with the student's name.

Adrenaline auto injectors for general use

Grey Street 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.

Adrenaline auto injectors for general use will be stored in the First Aid room 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 Example School at risk of anaphylaxis.
- the accessibility of adrenaline auto-injectors supplied by parents.



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- the availability of a sufficient supply of auto-adrenaline injectors for general use in different locations at the school, as well as at camps, excursions and events .
- 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 the School Nurse and stored at in the First Aid room. 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.



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

The School Anaphylaxis Supervisor is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Grey Street 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.

Staff training

Staff at Grey Street Primary School will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the principal identifies, 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.

Grey Street Primary School uses the following training course - ASCIA eTraining course.

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per 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 identifies of students with a medical condition that relates to allergy 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 Grey Street 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.



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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 reviewed with no changes in June 2021 and is scheduled for review in June 2022.

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.