

ANAPHYLAXIS MANAGEMENT POLICY



Help for non-English speakers

If you need help to understand the information in this policy, please contact the school office.

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PURPOSE

To explain to Richmond West 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 Richmond West 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.

DEFINITIONS

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.

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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.

POLICY IMPLEMENTATION

Richmond West Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Individual Anaphylaxis Management Plans

All students at Richmond West 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 Richmond West 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 Richmond West 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 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 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
- 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

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- 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 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

Depending on the age of the students at Richmond West Primary School who are at risk of anaphylaxis, the severity of their allergies and the content of their plan, some students may keep their adrenaline autoinjector on their person, rather than in a designated location. Copies of the plans are available in the sick bay, school office and relevant classrooms, or in the materials provided to staff on yard duty, so that the plan is easily accessible by school staff in the event of an incident.

If students will not keep their adrenaline autoinjectors on their person:

- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the front office, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

When students keep their adrenaline autoinjectors on their person:

- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the front office. Students are encouraged to keep their adrenaline autoinjectors on their person. Adrenaline autoinjectors for general use are available at First Aid Room, front office or in the materials provided to staff on yard duty and are labelled "general use".

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Risk Minimisation Strategies

Richmond West Primary School has risk minimisation strategies in place to reduce the possibility of a student suffering from an anaphylactic reaction at school. We will consider strategies for all school activities, including:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in kitchen classroom
- 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 and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

To reduce the risk of a student suffering from an anaphylactic reaction at Richmond West Primary School, we have put in place risk management strategies. The strategies Richmond West Primary School will adopt the following, (depending on the age of students and types of allergies that they may suffer from):

- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food
- Ensure that tables and surfaces are wiped down regularly and that students wash their hands after handling food
- students are discouraged from sharing food
- gloves must be worn when picking up papers or rubbish in the playground
- kitchen garden staff are trained in appropriate food handling to reduce the risk of cross-contamination
- a general use EpiPen will be stored at the school canteen, office and in the yard duty bag for ease of access
- Raise student and school community awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers
- Inform parents if classroom teachers will provide food and ensure every effort is made to avoid foods containing allergens
- Remind parents to only provide food for their child. Food from home is not to be shared or distributed at school to celebrate birthdays or other special events.

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Adrenaline autoinjectors for general use

Richmond West Primary School 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 at the front 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 Richmond West Primary School at risk of anaphylaxis
- the accessibility of adrenaline auto-injectors supplied by parents
- 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 front office and stored at the front 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 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 front office- 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</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

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	<ul style="list-style-type: none"> - 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 10 seconds - Remove Anapen® - Note the time the Anapen is administered - Retain the used Anapen 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.

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. (See also Appendix 1.)

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 [Anaphylaxis Guidelines](#)

Communication Plan

The principal (or nominee) will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

Information will be posted to Compass as:

- A 'flag' - managed through the student's medical information via CASES21A chronicle template that include the details of the student's anaphylaxis plan, storage details for the EpiPen (if required) and the expiration date.

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- A poster using a standard template which is displayed around the school.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

The principal (or nominee) will advise casual relief staff The principal (or nominee) and/or School Anaphylaxis Supervisor is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and of students at risk of anaphylaxis, and will inform them of their role in responding to an anaphylactic reaction by a student in their care. 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.

The class teacher will advise volunteers of students at risk of anaphylaxis will inform them of their role in responding to an anaphylactic reaction by a student in their care.

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 12 months, including principal or 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 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.

All staff, including casual relief teachers, ES and volunteers are also made aware of this policy and students in their care at risk of anaphylaxis through the school's communications policy and relevant induction procedures.

Staff training

Staff at Richmond West Primary School will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*. (See Appendix 2)

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.

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Richmond West Primary School uses the following training course - ASCIA eTraining course (with 22303VIC, or 22300VIC or 10313NAT

Note: for details about approved staff training modules, see page 13 of the Anaphylaxis Guidelines

When a new student enrolls at Richmond West 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.

A record of staff training courses and briefings will be maintained by administration staff and kept in the front office and through the school's online Emergency Management Plan.

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.

COMMUNICATION

This policy will be communicated to our school community in the following ways:

- Included in staff induction processes and staff training
- Available publicly on our school's website communications platform (COMPASS)
- Included in staff handbook/manual
- Discussed at staff briefings/meetings as required
- Included in transition and enrolment packs
- Discussed at parent information nights/sessions
- Discussed at student forums
- Reminders in our school newsletter
- Hard copy available from school administration upon request

FURTHER INFORMATION AND RESOURCES

Related School Policies

- Camps and Excursions Policy
- Duty of Care Policy
- First Aid Policy
- Health Care Needs Policy

DET 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](#)

Appendix 1: School Action Plan

Appendix 2: Checklist for Anaphylaxis training requirements of MO706

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POLICY REVIEW AND APPROVAL

This policy will be reviewed annually as part of the school's review cycle. 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.

Policy last reviewed	February 2022
Approved by	Principal
Consultation	NA
Next scheduled review date	February 2023

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Appendix 1:

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 at front office - 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 <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 10 seconds - Remove Anapen® - Note the time the Anapen is administered - Retain the used Anapen 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.

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Appendix 2:

School staff must complete one of the following options to meet the anaphylaxis training requirements of MO706 (indicate which of these options your school will adopt) and record the dates that training has occurred:

Option	Completed by	Course	Provider	Cost	Valid for
Option 1	All school staff	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all government schools	2 years
	AND	<i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>			3 years
Option 2	School staff as determined by the principal	<i>Course in First Aid Management of Anaphylaxis 22300VIC</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years
Option 3	School staff as determined by the principal	<i>Course in Anaphylaxis Awareness 10313NAT</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years

Please note: General First Aid training does **NOT** meet the anaphylaxis training requirements under MO706.