

ANAPHYLAXIS POLICY



Help for non-English speakers

If you need help to understand the information in this policy please contact Glendal Primary School.

PURPOSE

To explain to Glendal 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 Glendal 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

Glendal 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 Glendal 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 Glendal 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 Glendal 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 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 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 Health Centre, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Risk Minimisation Strategies

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

- staff and students are regularly reminded to wash their hands after eating
- students are not permitted to share food, including for birthday and special events
- food is never used as an extrinsic reward
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- gloves must be worn and tongs must be used when picking up papers or rubbish in the playground
- parents/carers of relevant year groups will be informed of allergens at the beginning of the school year
- general use adrenaline autoinjectors will be stored in the Health Centre, Hall and Science Buildings 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.

Statistics show that peanuts and nuts are the most common trigger for an anaphylactic reaction and fatality due to food anaphylaxis. To minimise the risk of a first-time reaction to peanuts and nuts, the use of peanuts, nuts, peanut butter or other peanut or nut products during in-school and out-of-school activities is strongly discouraged. It is recommended that school activities don't place pressure on the student to try foods, whether they contain a known allergen or not. More information about peanut and nuts can be found in the ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, available from the ASCIA website at: www.allergy.org.au.

Risk minimisation and prevention strategies should be considered for all relevant 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;

- during recess and lunchtimes;
- before and after school; and
- special events including excursions, in-school visits, sports and cultural days, camps or concerts.

School staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The development and implementation of appropriate prevention strategies to minimise the risk of incidents of anaphylaxis is an important step to be undertaken by school staff.

Set out below are a range of specific risk minimisation strategies which will be considered by school staff, for in-school and out-of-school settings.

In-School Settings

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2.	Liaise with parents/carers about food-related curriculum activities ahead of time. Gain permission for food consumption and handling (via Compass).
3.	Do not use food treats/rewards at school, including for celebrations such as birthdays.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
6.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
7.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks, etc. are washed and cleaned thoroughly after preparation of food and cooking.
8.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
9.	Casual relief teachers, specialist teachers and volunteers will be informed about any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident, i.e. seeking a trained staff member.

Yard

1.	If a school has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen or Anapen) to be able to respond quickly to an anaphylactic reaction if needed.
2.	The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes).
3.	Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the school's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4.	Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents/carers to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6.	Keep lawns and clover mowed and outdoor bins covered.
7.	Students should keep drinks and food covered while outdoors.

Special Events (e.g. Sporting Events, In-School Visits, etc.)

1.	If a school has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2.	School staff should avoid using food in activities or games, including as rewards.
3.	For special occasions, school staff should consult parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student.
4.	Parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.
5.	Party balloons should not be used if any student is allergic to latex.

Out-of-School Settings

It is recommended that school staff determine which strategies set out below for various out-of-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment.

Travel to and From School by Bus

1. School staff should consult with parents/carers of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from School on the bus. This includes the availability and administration of an Adrenaline Autoinjector. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Autoinjector on their person at School.

Excursions/Sporting Events

1. If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2. A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3. School staff should avoid using food in activities or games, including as rewards.
4. The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and School Staff must be aware of their exact location.
5. For each field trip, excursion, etc., a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
6. The school should consult parents/carers of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents/carers provide a meal (if required).
7. Parents/Carers may wish to accompany their child on excursions. This should be discussed with parents/carers as another strategy for supporting the student who is at risk of anaphylaxis.

8. Prior to the excursion taking place school staff should consult with the student's parents/carers and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps and Remote Settings

1. Prior to engaging a camp owner/operator's services the school should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the school should consider using an alternative service provider.
2. The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3. Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4. Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents/carers of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5. School staff should consult with parents/carers of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. **If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.**
6. If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, we should also consider alternative means for providing food for those students.
7. Use of substances containing allergens should be avoided where possible.
8. Products that 'may contain' traces of nuts may be served at camps, but not to students who are known to be allergic to nuts.
9. The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.

10.	Prior to the camp taking place school staff will consult with the student's parents/carers to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
11.	School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.
12.	Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
13.	Schools should consider taking an Adrenaline Autoinjector for general use on a school camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency.
14.	The school will purchase at least two Adrenaline Autoinjectors for General Use to be kept in the Health Centre and include this as part of the Emergency Response Procedures.
15.	The Adrenaline Autoinjector should remain in the Health Centre and school staff must be aware of its location at all times.
16.	The Adrenaline Autoinjector should be carried in the school first aid kit; however, the school will consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.
17.	Students with anaphylactic responses 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.
18.	Cooking and art and craft games should not involve the use of known allergens.
19.	Consider the potential exposure to allergens when consuming food on buses and in cabins.

Overseas Travel

Review and consider the strategies listed under 'Excursions/Sporting Events' and 'Camps and Remote Settings'. Where an excursion or camp is occurring overseas, schools should involve parents/carers in discussions regarding risk management well in advance.

Investigate the potential risks at all stages of the overseas travel such as:

- travel to and from the airport/port;
- travel to and from Australia (via aeroplane, ship, etc.);
- various accommodation venues;
- all towns and other locations to be visited;
- sourcing safe foods at all of these locations; and
- risks of cross contamination, including -
 - exposure to the foods of the other students;
 - hidden allergens in foods;
 - whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction; and
 - whether the other students will wash their hands when handling food.

Assess where each of these risks can be managed using minimisation strategies such as the following:

- translation of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan;
- sourcing of safe foods at all stages;
- obtaining the names, address and contact details of the nearest hospital and Medical Practitioners at each location that may be visited;
- obtaining emergency contact details; and
- sourcing the ability to purchase additional autoinjectors.

Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.

The school will plan for appropriate supervision of students at risk of anaphylaxis at all times, including that:

- there are sufficient School Staff attending the excursion who have been trained in accordance with Chapter 12;
- there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;
- there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and
- staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

The school will re-assess its Emergency Response Procedures, and if necessary adapt it to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:

- dates of travel;
- name of airline, and relevant contact details;
- itinerary detailing the proposed destinations, flight information and the duration of the stay in each location;
- hotel addresses and telephone numbers;
- proposed means of travel within the overseas country;
- list of students and each of their medical conditions, medication and other treatment (if any);
- emergency contact details of hospitals, ambulances, and Medical Practitioners in each location;
- details of travel insurance
- plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans;
- possession of a mobile phone or other communication device that would enable the school staff to contact emergency services in the overseas country if assistance is required.

Adrenaline autoinjectors for general use

Glendal 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 the Health Centre, Science Building and Hall and are 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 Glendal Primary School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents/carers
- 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
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

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 in the Health Centre. 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 Health Centre • 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 • 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 • 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.

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.

Communication Plan

This policy will be available on Glendal Primary School's website so that parents and other members of the school community can easily access information about Glendal's anaphylaxis management procedures. The parents and carers of students who are enrolled at Glendal 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 and volunteers, are aware of this policy and Glendal'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, 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 school staff are appropriately trained in anaphylaxis management, including those who conduct classes attended by students who are at risk of anaphylaxis.

Staff 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, the ASCIA eTraining course (see 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 the School Nurse or an Assistant Principal. 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 Glendal 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 an Assistant Principal.

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](#)

POLICY REVIEW AND APPROVAL

Policy last reviewed	August, 2024.
Approved by	The 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.