

ANAPHYLAXIS POLICY

Purpose:

To explain to Yarraville Special Developmental 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 Yarraville Special Developmental 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:

Yarraville Special Developmental 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.

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ymptoms 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 Yarraville Special Developmental 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 Yarraville Special Developmental 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 Yarraville Special Developmental 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 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

Example for when 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 in Classroom area Primary and Secondary, Student Medication File in Main Office, OHS 'Student Alert' noticeboard in staffroom, entry and exit doors to general play area, art room, Physical Education Hall, student's adrenaline autoinjector kept in locked cupboard in student's classroom. Adrenaline autoinjectors must be labelled with the student's name.

Risk Minimisation Strategies

Classrooms
1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Also ensure that the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2. Liaise with Parents about food-related activities ahead of time.
3. Use non-food treats where possible. But if food treats are used Parents of students with food allergy should provide a treat box. These need to be clearly labelled.
4. Never give food from outside sources to students who are 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).



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7. Ensure all cooking utensils, preparation dishes, plates, 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. All casual relief teachers, education support staff, specialist teachers and volunteers should be informed if a student with anaphylaxis is in the room. They should also be informed of the location of students Individual Anaphylaxis Management Plan, Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each person's responsibility in managing an incident. I.e. seeking a trained staff member.

Yard

1. The School must ensure that as we have students with anaphylaxis, sufficient School staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen) to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan/ASCIA Plan are in the bum bag carried in the yard by a staff member. All staff should be aware of this.
3. Staff must know that the student's medical information and medication is carried in a bum bag by a staff member on yard duty. That there is a mobile phone in yard duty First Aid bag so that the office can be notified immediately and in turn notify First Aid of an anaphylactic reaction in the yard.
4. All staff must be able to identify, by face, those students at risk of anaphylaxis.
5. Students with anaphylaxis responses to insects should be encouraged to stay away from water and flowering plant. Staff should liaise with Parents 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 do not take food or drinks outside.

Special events (e.g. sporting events, incursions, class parties, etc.)

1. If a School has a student at a 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. Staff should avoid using food in activities or games, including rewards.
3. If special occasions are being planned staff should consult with Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
4. Parents of other students should be asked in advance to avoid providing students with treats whilst they are at School or at a Special Event due to the risk of anaphylactic reactions from other students.
5. Party balloons should not be used if any student/s' attending are allergic to latex.

Out of School Settings

Travel to and from School by bus

1. Staff to consult with Parents of students at risk of anaphylaxis and the bus provider to minimise the risk of an anaphylactic reaction. This would include a policy of no food or drink to be shared or consumed whilst on the bus.



2. The availability of an Adrenaline Autoinjector and ASCIA Action Plan must be available and suitably qualified staff available to administer if required.

Field trips/excursions/sporting events

1. If the 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. Staff member/members 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. Staff should avoid using food in activities or games, including rewards.
4. The Adrenaline Autoinjector and ASCIA Action Plan for each student should be carried by a staff member with the student at all time.
5. For each field trip, excursion or sporting event 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 etc., size of venue, distance from medical assistance, structure of the excursions and staff-student ratio.
6. All staff member's present 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.
7. The school will consult with Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu or request Parents to provide a meals (if required).
8. Parents may wish to accompany their child, this needs to be discussed as another way to that allows the student to participate in the activity.
9. Prior to excursion staff should consult with Parents to ensure that the ASCIA Action Plan is up to date.

Camps and remote settings

1. Prior to booking a camp the School should make enquires as to whether it can provide food that is safe for anaphylactic students. If the camp cannot provide this confirmation, then the School will not use this provider but seek one that will.
2. The camp cook must be able to demonstrate satisfactory training in food allergen management and its implications on food handling practices. This should also include cross contamination issues and 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. The School must conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis in consultation with Parents and camp owner/operator prior to the camp.
5. School staff should consult with Parents 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.



<p>6. If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.</p>
<p>7. Use of substances containing allergens should be avoided where possible.</p>
<p>8. Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.</p>
<p>9. The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. All should be with the student/staff at all times. If mobile access is not available, an alternative method of communication in an emergency must be considered. E.g. satellite phone.</p>
<p>10. Prior to camp taking place School Staff will consult with the students' parents 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.</p>
<p>11. School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Also check the emergency response procedures that the camp provider has in place. Ensure these are adequate and that all staff are perfectly clear about their roles.</p>
<p>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 and camp staff as part of the emergency response procedures developed for the camp.</p>
<p>13. Schools should take an Adrenaline Autoinjector for General use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.</p>
<p>14. Schools should purchase an Adrenaline Autoinjector for the first aid kit and include this as part of the Emergency Response Procedures.</p>
<p>15. The Adrenaline Autoinjector should remain close to the student and all staff must be aware of its location at all times.</p>
<p>16. If appropriate older students may be allowed to carry their Adrenaline Autoinjector on camp, but remember School staff members still have a duty of care towards the student.</p>
<p>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 and flowering plants.</p>
<p>18. Cooking, art and craft games should not involve the use of known allergens.</p>
<p>19. Consider the potential exposure to allergens when allowing the consumption of food on buses and in cabins.</p>
<p>Work Experience</p>
<p>1. Schools should involve Parents, the student and the employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. Staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the Adrenaline Autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience.</p>

It is important to note that it is not recommended that banning of food or other products is used as a risk minimisation and prevention strategy. The reasons for this are as follow:

- It can create complacency amongst staff and students.
- It does not eliminate the presence of hidden allergens; and
- It is difficult to “ban” all triggers (allergens) because these are not necessarily limited to peanuts and nuts. Triggers and common allergens can also include eggs, dairy, soy, wheat, sesame, seeds, fish and shellfish.

Adrenaline autoinjectors for general use

Yarraville Special Developmental 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 in the principals office 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 Yarraville Special Developmental 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 Debra Cass and stored in the Main Office file labelled ‘Student Medication’. 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



	<ul style="list-style-type: none">• 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 Classroom area Primary and Secondary, Student Medication File in Main Office, OHS 'Student Alert' noticeboard in staffroom, entry and exit doors to general play area, art room, Physical Education Hall, student's adrenaline autoinjector kept in locked cupboard in the student's classroom. Adrenaline autoinjectors must be labelled with the student's name.• 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)• 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 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.

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 'Frequently asked questions' on the [Resources tab](#) of the Department's Anaphylaxis Policy.

Communication Plan

This policy will be available on Yarraville Special Developmental School's website so that parents and other members of the school community can easily access information about Example School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Yarraville Special Developmental 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, canteen staff and volunteers are aware of this policy and Yarraville Special Developmental 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, 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 the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- All staff at the school

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.

Yarraville Special Developmental School uses the following training course ASCIA eTraining course (with 22579VICVIC, or 22578VIC or 10710NAT).

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. 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 Yarraville Special Developmental 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 in the YSDS staff share folder on Google Drive / OHS / 2021/ OHS Training Planner.

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

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.

REVIEW CYCLE: This policy will be reviewed yearly as part of the school review cycle.

This policy was ratified in August 2021