



# Anaphylaxis Management Policy

## Purpose

To explain to Sacred Heart Parish 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 Sacred Heart Parish Primary School is compliant with Ministerial Order 706.

## 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

Sacred Heart Parish 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 Sacred Heart Parish 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 Sacred Heart Parish 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 Sacred Heart Parish 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 fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

## **Location of plans and adrenaline autoinjectors**

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in their classroom, Sick Bay, Library, Hall, Staff Room & Art Room. There is also a copy of the child's plan inside his/her individual Allergy Buddy. The epipen remains in the child's classroom and can be accessed readily if needed.

## **Risk Minimisation Strategies**

To reduce the risk of a student suffering from an anaphylactic reaction at Sacred Heart Parish Primary School, we have put in place the following strategies

- staff and students are regularly reminded to wash their hands after eating;
- students are discouraged from sharing food
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- two general use EpiPens will be stored in sick bay
- 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.

Other minimisation strategies include:

<b>Setting</b>	<b>Considerations</b>
<b>Classroom</b>	<ul style="list-style-type: none"><li>● Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. If used, treat boxes should be clearly labelled.</li><li>● Never give food from outside sources to a student who is at risk of anaphylaxis.</li></ul>



	<ul style="list-style-type: none"> <li>• 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.</li> <li>• Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).</li> <li>• Tables should be regularly wiped down.</li> <li>• Casual/relief teachers should be provided with a copy of each student's ASCIA Action Plans, and made aware of the School's Management Policy.</li> </ul>
<p><b>Canteen/ Lunch service</b></p>	<ul style="list-style-type: none"> <li>• The school's food service provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling.</li> <li>• With permission from parents/guardians, canteen staff (including volunteers) should be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans. If practical, with permission from parents/guardians, the student's name, photo and the foods they are allergic to will be displayed in the canteen as a reminder to canteen staff.</li> <li>• Liaise with parents/guardians about food for the student.</li> <li>• Food banning is not recommended, however Sacred Heart Primary School chooses not to stock peanut and tree nut products (including nut spreads) as one of the school's risk minimisation strategies.</li> <li>• Products labelled 'may contain traces of peanuts/tree nuts' should not be served to the student known to be allergic to peanuts/tree nuts.</li> <li>• Canteen staff need to be aware of the potential for cross contamination when storing, preparing, handling or displaying food.</li> <li>• Surfaces to be wiped clean regularly</li> </ul>
<p><b>School Yard</b></p>	<ul style="list-style-type: none"> <li>• Sufficient School Staff on yard duty are trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.</li> <li>• The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff are aware of their exact location.</li> <li>• A communication Plan is in place, so that information and an autoinjector can be accessed quickly in case of a reaction occurring in the school yard. Also, so that backup staff can assist with the situation.</li> <li>• Students with anaphylactic responses to insects are encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear closed shoes and long-sleeved garments when outdoors.</li> <li>• Keeping Lawns and clover mowed, and outdoor bins covered.</li> <li>• Students encouraged to keep food and drink covered when outdoors.</li> </ul>
<p><b>On site Special events eg. Sports, incursions, class parties,</b></p>	<ul style="list-style-type: none"> <li>• For special occasions, class teachers will consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student.</li> <li>• Parents/guardians of other students need to be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies.</li> <li>• Party balloons should not be used if a student is allergic to latex.</li> </ul>





<p><b>school fair etc.</b></p>	<ul style="list-style-type: none"> <li>● Latex swimming caps should not be used by a student who is allergic to latex.</li> <li>● Staff know where the adrenaline autoinjector is located and how to access it if required.</li> <li>● Staff should avoid using food in activities or games, including rewards.</li> <li>● For sporting events, it may be appropriate to take the student's adrenaline autoinjector to the oval. If the weather is warm, the autoinjector should be stored in an Esky to protect it from the heat.</li> </ul>
<p><b>Off-site events – excursions, field trips</b></p>	<ul style="list-style-type: none"> <li>● The student adrenaline autoinjector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions.</li> <li>● One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector will accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis.</li> <li>● Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.</li> <li>● Staff should be aware of the location of hospitals and medical clinics in the vicinity of the excursion/ field trip.</li> <li>● The school will consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required).</li> <li>● Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student.</li> <li>● Consider the potential exposure to allergens when consuming food on buses.</li> </ul>
<p><b>Off-site school settings – camps and remote settings</b></p>	<ul style="list-style-type: none"> <li>● When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers.</li> <li>● Campsites/accommodation providers are advised in advance of any student with food allergies.</li> <li>● Staff liaise with parents/guardians to develop alternative menus or allow students to bring their own meals.</li> <li>● Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts.</li> <li>● Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided.</li> <li>● The student's adrenaline autoinjector and ASCIA Action Plan and a mobile phone must be taken on camp.</li> <li>● A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis.</li> <li>● Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.</li> <li>● Be aware of what local emergency services are in the area and how to access them.</li> </ul>



	<ul style="list-style-type: none"> <li>● The adrenaline autoinjector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school first aid kit.</li> <li>● 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 if possible.</li> <li>● Cooking and art and craft games should not involve the use of known allergens.</li> <li>● Consider the potential exposure to allergens when consuming food on buses and in cabins.</li> <li>● The same preventative measures that are used at school should also be applied if possible.</li> <li>● The schools may 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.</li> </ul>
--	---

## **Adrenaline autoinjectors for general use**

Sacred Heart Parish 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 in Sick Bay and labelled “Emergency”.

The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Sacred Heart Parish Primary School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

## **Emergency Response**

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school’s general first aid procedures, emergency response procedures and the student’s Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the Office Administrators and stored on the Drive.

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"> <li>● Lay the person flat</li> <li>● Do not allow them to stand or walk</li> <li>● If breathing is difficult, allow them to sit</li> <li>● Be calm and reassuring</li> <li>● Do not leave them alone</li> <li>● 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 Sick Bay and other locations around the school as noted above</li> <li>● If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li> </ul>
2.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none"> <li>● Remove from plastic container</li> <li>● Form a fist around the EpiPen and pull off the blue safety release (cap)</li> <li>● Place orange end against the student's outer mid-thigh (with or without clothing)</li> <li>● Push down hard until a click is heard or felt and hold in place for 3 seconds</li> <li>● Remove EpiPen</li> <li>● Note the time the EpiPen is administered</li> <li>● Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul>
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 — Anaphylaxis](#)].

## Communication Plan

This policy will be available on Sacred Heart Parish Primary School's website so that parents and other members of the school community can easily access information about Sacred Heart Parish Primary School's anaphylaxis management procedures. The parents and carers of students who are



enrolled at Sacred Heart Parish 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 Sacred Heart Parish 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, 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
- Admin staff, first aiders and any other member of school staff as required by the principal based on a risk assessment.

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.

Sacred Heart Parish Primary School uses the following training course \_ Accredited First Aid Courses RTO 20863

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including the Principal and/or Deputy 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 Sacred Heart Parish Primary School who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

The principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.





## Related Policies

- [Medication Procedures Policy](#)
- [First Aid Policy](#)

## Further information and resources

- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

## Review cycle and evaluation

This policy was last updated July 2020 and is scheduled for review in July 2021

