

Bundoora Primary School Policy Manual	MANAGEMENT POLICY Anaphylaxis Management	Last ratified by School Council in: 28th March 18
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If further information is required, please refer to the DET Guidelines.

1. VISION

- 1.1** For Bundoora Primary School parents, carers, staff and students to understand the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Bundoora Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.
- 1.2** 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.

2. ACTION

2.1 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, cows' milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

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 10 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.

2.2 Individual Anaphylaxis Management Plans

All students at Bundoora 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

Bundoora 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 Bundoora Primary School and, where possible, before the student's first day.

Parents and carers must:

- obtain an Australian Society of Clinical Immunology and Allergy (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 Action 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 Action 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;
- the name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Action 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 any 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.

2.3 Bundoora Primary School will not ban specific foods, such as nuts, as it is not practicable to do so and is not a strategy recommended by the Department of Education and Training or The Royal Children's Hospital.

Parents/carers of students in a class with a child who suffers a food related allergic reaction, will be requested not to send the offending foods to school.

The sale of foods containing common allergens will be reduced or eliminated from the canteen.

All staff will continue to reinforce the rules about students not sharing food and not eating foods that parents/carers have not provided or consented to the consumption of.

3.0 LOCATION OF PLANS AND AUTOINJECTORS (EpiPens)

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

At Bundoora Primary School, autoinjectors are kept in the school's First Aid room. Each student is to have their own personal autoinjector labelled with their name and a copy of their ASCIA Action Plan. In the event of an emergency, staff contact the office staff to request that the autoinjector be delivered to the student. Autoinjectors must be taken with students on excursions and camps. It is the responsibility of each child's parents/carers to replace used or expired autoinjectors.

Risk Minimisation Strategies

Bundoora Primary School will take every precaution to ensure that all students are safe from the allergens that may cause an anaphylactic reaction whilst at school.

Staff should consider strategies to be employed at any time, including:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and during other breaks
- in the canteen
- during recess and lunchtimes
- before and after school
- camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects, cultural days, fetes, concerts, events at other schools, competitions or incursions).

To reduce the risk of a student suffering from an anaphylactic reaction at Bundoora 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.*
- *Rubbish bins at school are to remain covered with lids to reduce the risk of attracting insects.*
- *Gloves must be worn when picking up papers or rubbish in the playground.*
- *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.
- General use EpiPens will be stored in the school canteen, in the office and in the yard duty bag for ease of access.

Appendix F of the Department of Education and Training’s [Anaphylaxis Guidelines](#) includes further detailed risk mitigation strategies.

Adrenaline autoinjectors for general use

Bundoora Primary School will supply an 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 our First Aid Room 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 Bundoora Primary School at risk of anaphylaxis;
- the accessibility of adrenaline autoinjectors supplied by parents/carers;
- the availability of a sufficient supply of adrenaline 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 School Administration Staff and displayed in our First Aid Room. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis who are attending the special event. The staff member will also be responsible for ensuring that Individual Anaphylaxis Management Plans and adrenaline autoinjectors accompany the students to the camp, excursion or event.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must follow this procedure:

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 First Aid Room • 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 of the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline 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 of 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 page 41 of the [Anaphylaxis Guidelines](#)].

Communication Plan

This policy will be available on Bundoora Primary School's website so that parents/carers and other members of the school community can easily access information about Bundoora Primary's anaphylaxis management procedures. The parents and carers of students, who are enrolled at Bundoora Primary School and are identified as being at risk of anaphylaxis, will also be provided with a copy of this policy.

The Principal and Administration Staff are responsible for ensuring that all relevant staff, including casual relief staff and volunteers, are aware of this policy and Bundoora Primary School's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy.

Staff training

Staff at Bundoora Primary School will receive appropriate training in anaphylaxis management, consistent with the Department of Education and Training's *Anaphylaxis Guidelines*.

Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the Principal identifies, must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or;
- an approved online anaphylaxis management training course in the last two years.

Bundoora Primary School uses the ASCIA eTraining course.

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

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 previous 12 months, including the Principal or School Anaphylaxis Supervisor.

Each briefing will address:

- this policy;
- the causes, symptoms and treatment of anaphylaxis;
- the identities of students with medical conditions that relates to allergies and the potential for anaphylactic reaction, and where their medications are 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/carers or purchased by the school for general use.

When a new student, who is at risk of anaphylaxis, enrolls at Bundoora Primary School, the Principal will develop an interim plan in consultation with the student's parents/carers and ensure that appropriate staff are trained and briefed as soon as possible.

FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

4.0 REVIEW

The *Anaphylaxis Management Policy* will be reviewed regularly, as part of the school's policy review process.

This policy was last updated on March 2018 and is scheduled for review in March 2019.

Bundoora
Primary School