**POLICY:** ANAPHYLAXIS MANAGEMENT

## PURPOSE:

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. 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 medications.

To reduce the risk of anaphylaxis occurring, the following measures will be put in place: knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

## SYMPTOMS:

Sights 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.

## AIMS:

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction

## IMPLEMENTATION:

- The school will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education.

- Food banning is not recommended in the Anaphylaxis Guidelines. A 'no-sharing' food approach is encouraged at the school.
- Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline auto-injector for use in an emergency. These adrenaline auto-injectors are designed so that anyone can use them in an emergency. Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.
- *The principal will ensure that an Individualised Anaphylaxis Care Plan* is developed, in consultation with the student's parents, of any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- The *Indivdualised Anaphylaxis Care Plan* will be in place as soon as practicable after the student enrols.

## INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS:

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 auto-injector for the student that is not expired
- participate in annual reviews of the student's plan.

Each student's *Individualised Anaphylaxis Care Plan* must include:

- information about the student's medical condition that relates to allergy/ies 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 PLANS:

A student's *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.
- A copy of each student's *Individualised Anaphylaxis Care Plan* will be stored with their *ASCIA Action Plan for Anaphylaxis* in the First Aid room, together with the student's adrenaline auto-injector. Adrenaline auto-injectors are labelled with the student's name.
  Copies of the plans are visible in various locations around the school so that the plan is easily accessible by school staff in the event of an incident. Appropriate locations include the student's classroom, the school office, specialists' learning spaces, MMC, canteen and yard duty folder.

## RISK MINIMISATION STRATEGIES:

The school will implement prevention strategies to minimise risks, which may include:

- liaise with parents about food related activities
- use non-food treats
- foods eaten by student will be supplied by parents
- be aware of the possibility of hidden allergies in food and other substances in classes (e.g. egg or milk cartons, empty peanut butter jars)
- ensure all cooking utensils are washed and cleaned thoroughly
- regular discussions about the importance of washing hands, eating their own food and not sharing food
- casual relief teachers to be informed of the student's allergy and *Individual Anaphylaxis Care Plan*
- canteen staff to be informed of student's allergy and an ASCIA Action Plan displayed in canteen
- canteen staff should 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.
- the principal may determine that the canteen staff has up to date training in an Anaphylaxis management training course
- the canteen will agree to not stock peanut and tree nut products, including chocolate/hazelnut spreads
- the student will not purchase items from the canteen unless parent authorises
- yard duty teachers will carry a folder identifying students with medical conditions and emergency cards. All staff will be aware of the Emergency Response Procedures and how to notify the office of the anaphylactic reaction.
- students with anaphylactic responses to insects should be encouraged to stay away from flowering plants
- parents will be consulted if the student is attending a camp to either supply the food or an alternative menu will be supplied as authorised by the parent. The camp cook should 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.
- local emergency services and hospitals are to be contacted prior to the camp and contact details of emergency services are distributed to all staff
- an adrenaline auto-injector for general use is to be taken on camp even if there are no students at risk of anaphylaxis, as a backup device in the event of an emergency

## ADRENALINE AUTO-INJECTORS FOR GENERAL USE:

- A supply of adrenaline auto-injector(s) for general use, will be maintained 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 auto-injectors for general use will be stored in the First Aid room and labelled "general use".

## STAFF TRAINING:

- The principal will ensure:
    - teachers and other school staff who conduct classes which are attended by students who are at risk of anaphylaxis must have up to date training in an anaphylaxis management training course
    - an approved online anaphylaxis management training course in the last two years.
- Staff are also required to attend a briefing on anaphylaxis management at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last two years. Each briefing will address:
    - this policy
    - the causes, symptoms and treatment of anaphylaxis
    - the identification of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located

- how to use an adrenaline auto-injector, including hands on practice with a trainer adrenaline auto-injector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline auto-injectors that have been provided by parents or purchased by the school for general use.
- A record of staff training courses will be maintained through the school's online Emergency Management Plan.

## 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 *Individualised Anaphylaxis Care 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 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 attending the special event, together with their *Individualised Anaphylaxis Care Plans* and adrenaline auto-injectors, where appropriate.

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

| Step | Action |
|---|---|
| 1. | • Lay the person flat<br>• Do not allow them to stand or walk<br>• If breathing is difficult, allow them to sit<br>• Be calm and reassuring<br>• Do not leave them alone<br>• Seek assistance from another staff member or reliable student to locate the student's adrenaline auto-injector or the school's general use auto-injector, and the student's *Individualised Anaphylaxis Care Plan*, stored in the First Aid room<br>• 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)<br>• Remove from plastic container<br>• Form a fist around the EpiPen and pull off the blue safety release (cap)<br>• Place orange end against the student's outer mid-thigh (with or without clothing)<br>• Push down hard until a click is heard or felt and hold in place for 3 seconds<br>• Remove EpiPen<br>• Note the time the EpiPen is administered<br>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration<br>**OR**<br>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.<br>• Pull off the black needle shield<br>• Pull off grey safety cap (from the red button)<br>• Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)<br>• Press red button so it clicks and hold for 3 seconds<br>• Remove Anapen®<br>• Note the time the Anapen is administered<br>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration |
| 3. | • Call an ambulance (000) |

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| 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 auto-injectors 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 auto-injector 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.

## COMMUNICATION PLAN:

- All staff, including 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 receive a copy of the Communication Plan listing all students who have an Anaphylaxis Management Plan and Anaphylaxis Management Strategies.
- The principal will complete an Annual Risk Management Checklist as published by DoE.

## FURTHER INFORMATION RESOURCES:

***Related polices are:*** Anaphylaxis Management Plans, Communication Plan, Anaphylaxis Management Strategies, Annual Risk Management Checklist, Asthma Management Policy, Asthma Action and Care Plans.

## POLICY REVIEW AND APPROVAL:

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| Policy last reviewed | 24/3/2026 |
| Consultation | Consultation with school council and approved by School Council |
| Approved by | James Bell, principal |
| Next scheduled review date | March 2027 |