



# ANAPHYLAXIS POLICY

## PURPOSE

To explain to Glenallen 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 Glenallen 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

Glenallen 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 medications.

#### *Symptoms*

Sights and symptoms of a mild to moderate allergic reactions 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 Glenallen 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 Glenallen School nurse 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 Glenallen 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 is 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 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 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 Individual Anaphylaxis 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 at Sick Bay together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in student's classroom Medical Management folder.

A copy of each student's ASCIA Action Plan for Anaphylaxis are in all instructional areas, staffroom, sick bay and sub school corridors so that they are easily accessible by school staff in the event of an incident. Whilst some students keep their adrenaline autoinjector in their school bag, medication for those that do not will be stored and labelled with their name in Sick Bay.

Adrenaline autoinjectors for general use are available in the wall mounter First Aid Kit in the sub school First Aid Kits and in the Sick Bay and are labelled "emergency epipen".

### **Risk Minimisation Strategies**

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

- A Nut Awareness Policy, which asks all staff and students not to bring any whole nut or nut products to school.
- Students are discouraged from sharing food.
- Students in the same classroom as a student with an Anaphylaxis are asked not to bring to school the food that the student is allergic to.
- Each student's ASCIA Action Plan for Anaphylaxis with student photo are in all instructional areas, sick bay and sub school corridors.
- Staff and students are regularly reminded to wash their hands after eating.
- All staff are expected to complete the ASCIA Anaphylaxix e-training (theory and practical) every 2 years
- A presentation is given to the staff twice yearly to present each student who has Anaphylaxis, their allergies and their management.
- General use autoinjectors are available in the wall mounted First Aid Kit in each sub school and in the Sick Bay and are labelled "emergency epipen".
- One general use autoinjector will be included in excursion each First Aid kits
- Two general use autoinjectors will be included in the Camp First Aid kit.
- Information regarding Anaphylaxis and Allergies is put in the parent's newsletter to keep families informed.

### **Adrenaline autoinjectors for general use**

Glenallen 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 wall mounted First Aid Kit in the sub school First Aid Kits and in the Sick Bay and are labelled "emergency epipen".

The Principal (or Nominee) is responsible for arranging the purchase of adrenaline auto-injectors for general use, and will consider:

- the number of students enrolled at Glenallen School at risk of anaphylaxis
- the accessibility of adrenaline auto-injectors supplied by parents
- the availability of a sufficient supply of auto-adrenaline injectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline auto-injectors, and the need for general use adrenaline auto-injectors 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 school nurse and stored on the school network <J:\Administration\Medical\2022 Medical Memos>

All instructional areas, sick bay and sub school corridors display the ACSIA managements of students. 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.	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 all instructional areas, sub school corridors and sick bay. 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"> <li>• Remove from plastic container</li> <li>• Form a fist around the EpiPen and pull of 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> <p><b>OR</b></p> Administer an Anapen® 500, Anapen® 300, or Anapen® Jr. <ul style="list-style-type: none"> <li>• Pull off the black needle shield</li> <li>• Pull off grey safety cap (from the red button)</li> <li>• Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)</li> <li>• Press red button so it clicks and hold for 10 seconds</li> <li>• Remove Anapen®</li> <li>• Note the time the Anapen is administered</li> </ul> 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 Glenallen School's website so that parents and other members of the school community can easily access information about Glenallen School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Glenallen School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

As part of the Induction Program, the Assistant Principal is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Glenallen 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.

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The Principal is responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

### **Staff training**

Staff at Glenallen School will receive appropriate training in anaphylaxis management, consistent with the Department'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.

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. Glenallen School has one Registered Nurse and two ES1-2 staff who are accredited Anaphylaxis Supervisors (Training courses 22579VIC & 10710NAT) and will supervise each briefing, which will address:

- this policy
- the causes, symptoms, and treatment of anaphylaxis
- the identifies 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 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 Glenallen School who is at risk of anaphylaxis, the Principal and Registered Nurses 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 the Registered Nurses.

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](#)

Our school policies

- [J:\Glenallen School Manual\Policies\Medical policies\Current\Health Care Needs Policy .doc](#)
- [J:\Glenallen School Manual\Policies\Medical policies\Current\Nut Allergy Awareness Policy.doc](#)

## POLICY REVIEW AND APPROVAL

Policy last reviewed	9/05/2022
Approved by	Principal – Michael Cole
Next scheduled review date	May 2023

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.