



# Learning and Leading through Languages

---

## **Anaphylaxis Management Policy at Bayswater South Primary School**



### **Help for non-English speakers**

If you need help to understand the information in this policy please contact Mr Zielinski the Assistant Principal.

### **PURPOSE**

To explain to Bayswater South 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 our 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**

Bayswater South 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 Bayswater South 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 Bayswater South 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 our 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 Individual Anaphylaxis Management 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 Individual Anaphylaxis Management 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 at the sick bay, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

An Adrenaline autoinjector for general use is available at the sick bay and is labelled "general use".

#### **Risk Minimisation Strategies**

To reduce the risk of a student suffering from an anaphylactic reaction at Bayswater South Primary School, we have put in place the following strategies which include, but are not limited to:

- Staff are required to undertake the DET approved training and attend twice yearly briefings.
- A colour-coded copy of student's ASCIA action plan with photo will be displayed in all classrooms, specialist classrooms, hall, library, art room, OSHC, canteen, LLC kitchen, staff room, office area and sick bay. A copy is also stored with student's adrenaline autoinjector in thermal lined bag in sick bay.
- All yard duty bags contain a lanyard with photos of students with a life-threatening condition, including anaphylaxis. Staff on yard duty carry a UHF two-way monitor so they can communicate with staff on sick bay duty.
- The school has implemented a 'Nut Minimisation Policy'.
- No sharing of food. Students are supervised at eating times, no potentially unsafe food or papers outside, including canteen sales. Teachers will decide the best eating

arrangements for their classes, taking into consideration the health and safety of all students.

- Students with anaphylactic allergies are to ONLY eat food brought from home or specifically approved by parent.
- Canteen staff and volunteers are to be educated on safe food handling and risk of cross contamination to foods said to be 'safe' and have appropriate certification.
- The canteen will not stock products that contain nuts. This DOES NOT include products that state 'May contain traces of nuts'.
- Only eating foods parents/carers have said are okay to eat. Parents/carers to note on any food orders that this student has anaphylactic allergies, and what the allergens are.
- Hand wash will be available for all students, and its use encouraged before and after eating.
- Use non-food related treats and rewards where possible. If food treats are used and if unsafe for the student to eat, an alternative will be offered, that has been provided by parents/carers.
- When students bring unexpected treats to share with the class, if unsafe for the student to eat, an alternative may be offered, that has been provided by parents/carers.
- When notification of a class party is given, a reminder of student allergies will be included. If necessary parents/carers to provide safe foods for the student.
- Students are not to share wind instruments, such as recorders, due to possible cross contamination. Any instrument that has come into contact with a student's mouth must be cleaned, by the teacher, prior to use by another student.
- Staff to be aware of student allergies when planning activities. Particularly use of egg cartons (traces of egg), milk cartons (traces of milk), containers that have stored food (traces of food), bird seeds (may contain peanut), animal feed (nut, egg, dairy, fish), papier mache glues (may contain flour), balloons (latex), play doh (peanut oil or flour), oil (may contain nuts), chicken hatching (traces of egg on wet feathers), food used as counters (nut, dairy, egg).
- Staff to refer to the 'Student Medical Conditions' in the current first aid folder, on *Office 365*, and to contact parents/carers of a student with anaphylaxis prior to any food related activity, to ascertain whether the student is able to participate, and discuss any modifications that will allow this student to participate e.g. using soy based products, egg replacement, gluten free flours etc.
- Oil to be nut free. Separate utensils, preparation area, and cooking, to be used for students with anaphylaxis. If appropriate, student may join in the experiment or cooking but not eating. Hands to be washed before and after cooking or gloves worn (latex free).
- Students at risk of food anaphylaxis or insect sting anaphylaxis should not pick up papers in the yard by hand. An alternative will be offered such as sweeping.
- The teacher-in-charge will need to conduct an 'Anaphylaxis Risk Assessment' and plan an emergency response, including whether to take on the excursion or camp the general use adrenaline autoinjector the school has purchased. Food, if supplied as part of the excursion or camp, and access to emergency services need to be considered and planned for.

- Prior to any student with a medical condition attending camp, a meeting MUST take place to ensure parents/carers, staff and student are aware of the responsibilities, meal requirements and emergency care necessary for students to safely attend camp.
- The DET 'Student Activity Locator' to be filled out on online.
- Student medication must be taken on all excursions. A bum bag will be provided for the student to wear so that their adrenaline autoinjector, ASCIA action plan and Anaphylaxis Management Plan is with them at all times. When impractical e.g. sporting field or swimming, the adrenaline autoinjector must remain with an adult supervising the students.

### Adrenaline autoinjectors for general use

Bayswater South Primary School will maintain an adrenaline autoinjector 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.

The adrenaline autoinjectors for general use will be stored at the sick bay 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 our 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.
- The weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

### 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 First Aid Officer and stored at the sick bay and available on Office 365. 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> </ul>

	<ul style="list-style-type: none"> <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 at the sick bay.</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> <p><b>OR</b></p> <p>Administer an Anapen® 500 (12 years and older), Anapen® 300, or Anapen® Jr.</p> <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> <p>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</p>
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.

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

- The principal, or nominee, will ensure any CRTs/visiting teachers/specialists are made aware of students with anaphylaxis, and show them where Adrenaline Autoinjectors are stored. CRTs will be referred to colour-coded ASCIA action plans with student's photo, and the 'Anaphylaxis Emergency Procedures' on or near the door to all rooms. Also inform CRT we are a 'Nut Minimisation School', and no food treats to be given to any student.

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
- School staff who conduct specialist classes, all canteen staff, admin staff, first aiders and regular CRTs, 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.

Bayswater South Primary School uses the ASCIA eTraining course with 22579VICVIC, or 22578VIC or 10710 NAT.

[Note, for details about approved staff training modules, refer to chapter 5 of the [Anaphylaxis Guidelines](#)]

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 or the School Anaphylaxis Supervisor. 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 the adrenaline autoinjectors, including hands on practice with trainer adrenaline autoinjectors.
- 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.

A record of staff training courses and briefings will be maintained on Office 365 and through the school's online Emergency Management Plan

When a new student enrolls at Bayswater South 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.

## 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](#)
- [\[Insert links to related local polices, i.e. Health Care Needs.\]](#)

## POLICY REVIEW AND APPROVAL

Policy last reviewed	February 2023
Approved by	Mr Bret Mottrom, Principal
Next scheduled review date	February 2024

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.