

# Rowville Primary School

## Anaphylaxis Policy



### PURPOSE

To explain to Rowville 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 Rowville Primary School is compliant with Ministerial Order 706 and the Department of Education and Training guidelines for anaphylaxis management.

- 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 in the school community.
- 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 staff and other relevant members of the school community have adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

### Definitions

**Anaphylaxis** is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines). The most common allergens in school-aged children are peanuts, eggs, tree nuts (e.g. hazelnuts), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis at Rowville Primary School is knowledge of those students who have been diagnosed as at risk, awareness of triggers (allergens) and prevention/minimisation of exposure to these triggers. Partnerships between schools and parents/carers are important in ensuring that certain foods or items are kept away from a student at risk of anaphylaxis while at school. Adrenaline given through an auto injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

### Individual Anaphylaxis Management Plans

- Students at risk of anaphylaxis are identified upon enrolment.
- Members of staff at risk of anaphylaxis are identified upon employment.
- The principal will ensure that an individual anaphylaxis management plan for the student is developed, in consultation with the parent/s, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- The principal will ensure that an individual anaphylaxis management plan is developed for a staff member who is at risk of anaphylaxis.
- The individual anaphylaxis management plan will be put in place as soon as practicable after the student enrolls or staff member is employed and, where possible, before their first day of school.
- The individual anaphylaxis management plan sets out the following:
  - information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner);
  - strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including adventure programs and excursions;
  - the name of the person/s responsible for implementing the strategies;
  - information on where the student's medication will be stored;
  - the student's emergency contact details.
- The student's individual management plan will be stored with the adrenaline auto-injector.
- The student's individual management plan will be reviewed, in consultation with the student's parents/carers:
  - annually and as applicable;

- if the student's condition changes;
- immediately after a student has an anaphylactic reaction at school.

### Emergency Procedures Plan (ASCIA Action Plan)

It is the responsibility of the parent/carer to:

- Provide the school with a named, in date adrenaline auto-injector for their child.
- Provide a colour emergency procedures ASCIA Action Plan (Appendix B) that is current and contains the following information:
  - Confirmed allergens (based on diagnosis from a medical practitioner);
  - Emergency procedures to be taken in the event of an allergic reaction;
  - Emergency contact name(s) and phone number/s;
  - Signature of a medical practitioner and date signed;
  - A recent, colour photograph of the student.
- Provide an additional adrenaline auto-injector from home for activities outside the school such as excursions and beyond boundaries adventure programs and to notify the teacher in charge of such.
- Provide the school with updated details if their child's medical condition changes and, if relevant, provide an updated ASCIA Action Plan.
- Provide the school with an up to date photo for the ASCIA Action Plan when the plan is reviewed.

The school will notify the parent when:

- The ASCIA action plan is due for renewal
- A student's adrenaline auto-injector is due to expire
- A student's adrenaline auto-injector has expired and requires immediate replacement.

### Training

School staff (teachers and education support officers) will complete training as per schedule below to meet the anaphylaxis training requirements of Ministerial Order 706. Volunteers and other members of the school community will undertake training as determined by the Principal.

Completed by	Course	Provider	Valid for
All school staff	Undertaken in May/June 2019 when current training expires: <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	2 years
School Anaphylaxis Supervisor (DET requirement is two staff per school or campus)	<i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>	ASCIA	3 years

### Communication Plan

- All staff will be provided with information at the beginning of each school year in relation to students at risk of Anaphylaxis or upon enrolment of a new student.
- All staff must have up to date anaphylaxis management training.
- ASCIA anaphylaxis e-training for Victorian Schools was introduced in April 2016 and will be undertaken by staff once every 2 years.

- This training will be undertaken for volunteers and other relevant members of the school community as determined by the Principal.
- All staff will be briefed once bi-annually by a Rowville Primary School staff member who has up to date School Anaphylaxis Supervisor training. This requires the completion of 2203VIC Course in Verifying the Correct Use of Adrenaline Auto-injector Devices (every 3 years) and the ASCIA anaphylaxis e-training for Victorian Schools (every 2 years).
- Staff will raise awareness of anaphylaxis by discussion with students in relation to:
  - always take food allergies seriously – severe allergies are no joke
  - don't share your food with friends who have food allergies
  - wash your hands after eating
  - know what your friends are allergic to
  - if a schoolmate becomes sick, get help immediately
  - be respectful of a schoolmate's adrenaline auto-injector
  - don't pressure friends to eat food that they are allergic to
  - it is important to be aware that some students at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.
- An ASCIA Action Plan (with a photo) will be completed for each student at risk and is placed in first aid room, canteen, relevant classrooms, Stephanie Alexander Kitchen, yard duty folders and staff room with approval of parent/carer.

*Volunteers and casual relief staff:*

- Casual relief staff will be informed of students at risk of anaphylaxis in their care through an individual management plan and student medical alerts sheet provided in CRT folder on their arrival to the school.
- At other times while the student is under the care or supervision of the school, including excursions, yard duty, beyond boundaries adventure program and special event days, the principal must ensure that supervising staff and volunteers (if applicable) have up to date anaphylaxis management training.
- The school's first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

**Management of Adrenaline Auto-injectors**

Anaphylaxis supervisors will:

- Ensure that ASCIA Action Plans are displayed in first aid room, canteen, relevant classrooms, Stephanie Alexander Kitchen, yard duty folders and staff room;
- Ensure there is an up to date register of students at risk of anaphylaxis which is distributed to all staff and on display in classrooms, staffroom, Stephanie Alexander Kitchen, canteen and first aid room and CRT folders;
- Ensure that students' emergency contact details are up to date;
- Organise staff training on how to recognise and respond to an anaphylactic reaction, including administering an adrenaline auto-injector;
- Check that the adrenaline auto-injector is not cloudy or out of date at the beginning or end of each term;
- Inform parents/carers a month prior in writing if the adrenaline auto-injector needs to be replaced;
- Ensure that the adrenaline auto-injector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place and that it is appropriately labelled;
- In conjunction with the Principal or Assistant Principal, arrange post-incident support (e.g. counselling) to students and staff, if appropriate;
- Work with staff to conduct regular reviews of prevention and management strategies;
- Ensure that each adrenaline auto-injector is signed in and out in the register when taken from the storage location for Beyond Boundaries Adventure programs, excursions, sports days etc.;

*Location of adrenaline auto-injector:*

- Once the adrenaline auto-injector is received it is stored in an individual container displaying the student's name, grade and expiry date;

- A copy of the students ASCIA Action Plan and Individual Management Plan are kept with the adrenaline auto-injector;
- The container is then stored in a locked location in the general office which is clearly marked;
- The room will be locked after school hours.

#### *Adrenaline auto-injectors for general use:*

The principal will purchase adrenaline auto-injector(s) for general use (purchased by the school) and as a back up to those supplied by parents.

The principal will determine the number of additional adrenaline auto-injector(s) required. In doing so, the principal will take into account the following relevant considerations:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of adrenaline auto-injectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of adrenaline auto-injectors for general use in specified locations at the school, including in the school yard, excursions, camps and special events conducted or organised by the school;
- adrenaline auto-injectors for general use have a limited life, usually expiring within 12-18 months and will need to be replaced at the school's expense, either at the time of use or expiry, whichever occurs first.

### **Risk Management Strategies**

#### *Within The School*

- During fruit time and the ten minute eating time within the classroom for lunch. Students are encouraged to eat food bought from home only. The teacher will have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- We refrain from bringing in food from outside sources and we recommend non-food treats where possible.
- Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.
- Relief teachers will be provided with a CRT folder containing a copy of the ASCIA Action Plan and management plan.
- Staff will liaise with parents about food-related school activities ahead of time.
- For special occasions school staff should consult with parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
- Yard duty staff will carry emergency cards in yard-duty bags and mobile phones (where available).
- Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis. Students at risk of anaphylaxis from outdoor related activities, such as rubbish pick up, shall be excused from taking part.

#### *Overseas Travel*

Where an excursion or camp is occurring overseas, the school will involve parents in discussions regarding risk management well in advance of the activity occurring.

### **Emergency Response**

*Steps taken in response to an anaphylactic reaction by a student/staff member in the classroom, school buildings and grounds*

- Contact the office via phone and/or provide individual Alert Card stored in each yard duty folder and relay the following information:
  - "students or staff members full name" is having an anaphylactic shock

- exact location in the school
- The casualty is not to be left alone at any time.
- Office/First Aid staff member will immediately transport the adrenaline auto-injector to the relevant area.
- Follow the student/staff member's ASCIA Action Plan that sets out the emergency procedures to be taken in the event of an allergic reaction
- Office staff will call an ambulance (000), call the emergency contact/s and notify the Principal.
- Reassure the student experiencing the allergic reaction.
- Watch the student closely in case of a repeat reaction. Ask another staff member to move other students away and reassure them elsewhere.
- In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan) are present, a second injection (of the same dosage) may be administered after 5 minutes if available.
- Contact DET Incident Support and Operations Centre on 1800 126 126 (available 24 hours a day, 7 hours a week) and report incident.

#### *Special events days, incursions, camps and excursions*

It is the responsibility of the person in charge to ensure all staff and volunteers who attend special events days, incursions, camps and excursions are aware of students at risk of anaphylaxis. Staff/volunteers in charge of students at risk of anaphylaxis must have access to the student's ASCIA Action Plan, an adrenaline auto-injector and a mobile phone.

#### *Post Incident Support*

The Principal will provide support to members of the school community following a serious incident.

#### *Annual Risk Management Checklist*

The principal will complete the Department of Education and Training's Annual Risk Management Checklist to identify students at risk of anaphylaxis and to monitor compliance with their obligations.

#### **RELATED POLICIES AND FURTHER INFORMATION:**

- 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](#)
- Medication Policy
- Duty of Care Policy
- First Aid Policy
- Asthma Policy
- Appendix A: Individual Anaphylaxis Management Plan and ASCIA Action Plan

#### **EVALUATION:**

This policy will be reviewed as part of the school's three-year review cycle.

This policy was ratified on 28<sup>th</sup> October 2020 and will be reviewed in June 2022.

## Individual Anaphylaxis Management Plan

This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent.

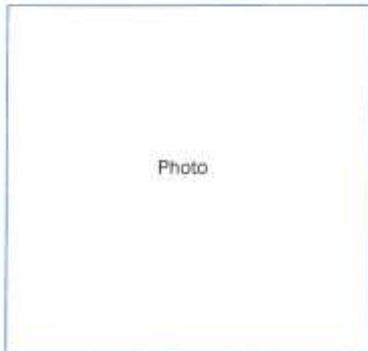
It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

<b>School</b>		<b>Phone</b>	
<b>Student</b>			
<b>DOB</b>		<b>Year level</b>	
<b>Severely allergic to:</b>			
<b>Other health conditions</b>			
<b>Medication at school</b>			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>EMERGENCY CONTACT DETAILS (ALTERNATE)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>Medical practitioner contact</b>	<b>Name</b>		
	<b>Phone</b>		
<b>Emergency care to be provided at school</b>			
<b>Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)</b>			
<b>ENVIRONMENT</b>			
To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.			
<b>Name of environment/area:</b>			



For use with EpiPen® Adrenaline Autoinjectors

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_



Confirmed allergens:

Asthma Yes  No

Family/emergency contact name(s):

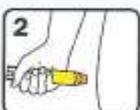
Work Ph: \_\_\_\_\_  
Home Ph: \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_

Plan prepared by:  
Dr: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

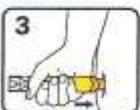
### How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



PLACE ORANGE END against outer mid-thigh (with or without clothing).



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.  
REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at:  
[www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

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## MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

### ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) .....
- Dose: .....
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede anaphylaxis**

Watch for any one of the following signs of anaphylaxis

## ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

### ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- 2 Give EpiPen® or EpiPen® Jr
- 3 Phone ambulance\* 000 (AU), 111 (NZ), 112 (mobile)
- 4 Phone family/emergency contact
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

#### If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.  
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

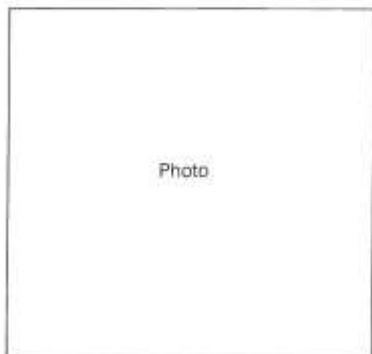
Additional information \_\_\_\_\_

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

For use with Anapen® Adrenaline Autoinjectors

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Confirmed allergens: \_\_\_\_\_

Asthma Yes  No

Family/emergency contact name(s): \_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_

Dr: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### How to give Anapen®



PULL OFF BLACK NEEDLE SHIELD.



PULL OFF GREY SAFETY CAP from red button.



PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing).



PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen® and DO NOT touch needle. Massage injection site for 10 seconds.

Instructions are also on the device label and at: [www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

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- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

### ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed) .....
- Dose: .....
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede anaphylaxis**

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## ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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### ACTION

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- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

**If in doubt, give adrenaline autoinjector**

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Anapen® 300 is generally prescribed for adults and children over 5 years.

Anapen® 150 is generally prescribed for children aged 1-5 years.

\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information \_\_\_\_\_

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