

### PURPOSE

To explain to Seaford Park 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 Seaford Park Primary 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

Seaford Park 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.

*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.



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Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

*Treatment* involves the administration of 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 Seaford Park 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 Seaford Park 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 Seaford Park Primary 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 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

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- 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.

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 in the first aid room, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name. A spare autoinjector is kept by the school and is labelled, 'General Use'.

A copy of the students' ASCIA Action Plan will also be displayed in the classroom relevant to that student, the school's First Aid Room, Canteen, Art Room, Music Room and Staffroom.

### **Risk Minimisation Strategies**

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

- A risk assessment of the potential for accidental exposure to allergens for a student with anaphylaxis will be completed at the commencement of each school year and procedures implemented to minimise the risk of an anaphylactic reaction.
- Educating children, parents and staff by promoting across the school that Nuts or Nut Products should not be brought to school.
- To promote the practice where the child at risk eats only the food that is supplied or permitted by the parent/carers, and does not share food with, or accept food from any other person. In addition, all students will be educated about the importance of washing their hands directly before and after eating.

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- A copy of the students' ASCIA Action Plan will be displayed in the classroom relevant to that student, the school's First Aid Room, Canteen, Art Room, Music Room and Staffroom.
- Each teacher who has a child at risk of anaphylaxis in their class (including specialist staff and ES staff) will be given a confidential information pack that contains the school's Anaphylaxis Management Policy, the student's Individual Anaphylaxis Management Plan and information on the location of the auto injectors.
- CRT Information Books contain the names and photo of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline auto injector and the School's Anaphylaxis Policy.
- An anaphylaxis information booklet will inform volunteers about the School's Anaphylaxis Policy, names and photos of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline auto injector.
- Anaphylactic Alert cards with each child's photograph and name will be kept in the yard duty first aid bags and be carried by the yard duty teacher at all times.
- Anaphylactic Alert cards will also be located in each student's classroom.
- Training has been provided to all school staff in the administration of the adrenaline auto injector to enable staff to respond quickly to an anaphylactic reaction if needed. All new staff will be provided with training as soon as it is possible.
- Teachers in charge of excursions will ensure that students suffering from anaphylaxis will have their adrenaline auto injectors in the first aid bag when travelling out of school and the teacher directly in charge of their group carries their auto injector, so it is close at hand if needed.
- On school camp the students' adrenaline auto injectors, Individual Anaphylaxis Plans, including the ASCIA Action Plans and a mobile phone will be taken.
- Prior to camps excursions or special events the relevant school staff and the students' parents will review the students' Individual Anaphylaxis Plan to ensure that it is up to date and relevant to the circumstances of the extra-curricular activity.

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

Seaford Park 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.

Adrenaline autoinjectors for general use will be stored in the 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 Seaford Park Primary 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.

### 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 Chris Sellers 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 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> <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 in the first aid room</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>



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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.

[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 – Anaphylaxis](#)].

In the event of a student requiring treatment for an anaphylactic reaction our emergency response plan is:

### Classroom:

1. The teacher in charge will notify the main office by using their mobile telephone or the internal phone system. A PCO will then coordinate emergency procedures.
2. One trained staff member will go to the student with their adrenaline autoinjector and the school back up auto injector.
3. A second staff member from the office area will put on a fluoro vest and wait for the ambulance out the front of the school.
4. Other staff are mobilised to ring the bell and move students away from the student having the anaphylactic response.
5. The class teacher uses their mobile telephone to call 000 and report that a student has experienced an anaphylactic/severe allergic reaction and that an adrenaline autoinjector has been administered. The 000 operator will talk staff through monitoring the student until the ambulance arrives.
6. The time the auto injector was administered will be noted (preferably written on the student's forearm) and staff watch and note any signs of anaphylaxis returning. The 000 operator will advise if the back-up auto injector should be used.
7. The child's parents are informed by a member of staff in the office area.
8. The school Principal or nominee will contact Emergency Services Management, Department of Education and Training on 95986266 as early as is practical.

### School Yard:

1. The teacher in charge will notify the main office by using their mobile telephone.
2. A PCO will then coordinate emergency procedures.
3. One trained staff member will go to the student with their adrenaline autoinjector and the school back up autoinjector.
4. A second staff member from the office area will put on a fluoro vest and wait for the ambulance out the front of the school.
5. Other staff are mobilised to ring the bell and move students away from the student having the anaphylactic response.
6. The yard duty teacher uses their mobile telephone to call 000 and report that a student has experienced an anaphylactic/severe allergic reaction and that an adrenaline autoinjector has been administered. The 000 operator will talk staff through monitoring the student until the ambulance arrives.
7. The time the auto injector was administered will be noted (preferably written on the student's forearm) and staff watch and note any signs of anaphylaxis returning. The 000 operator will advise if the back-up auto injector should be used.
8. The child's parents are informed by a member of staff in the office area.
9. The school Principal or nominee will contact Emergency Services Management, Department of Education and Training on 95986266 as early as is practical.

### School Camps, Excursions, Special Event and/or Sports Days

1. The students' adrenaline auto injectors will be kept in a first aid bum bag that is worn by the staff member who will be closest to the student requiring the auto injector. This staff member must sign out the auto injector before removing it from the First Aid room.
2. A general use adrenaline auto injector will be taken and located in the First Aid Kit if it can be immediately accessed in the case of an emergency. If the First Aid Kit cannot be immediately accessed a teacher may be required to carry it on their person.
3. The trained staff member will administer the adrenaline auto injector in the event of an anaphylactic emergency with the support from another trained staff member who will call 000.
4. The time that the student was given the injection will be noted and staff will continue to monitor their progress with the assistance of the 000 operator.
5. The teacher in charge of the school camp and/or excursion must have a mobile phone and will coordinate all emergency procedures.
6. Another staff member will wait for and direct the ambulance when they arrive.
7. The teacher in charge will contact the child's parents and organise for other students and community members to move away from the child experiencing an anaphylactic response.

8. Later the teacher in charge of camp will contact the Principal or nominee and let them know what has happened and they will then notify Emergency Services Management, Department Education on 9598 6266.

### **Review procedures for after an anaphylactic reaction has taken place.**

- The review includes replacing all adrenaline auto injectors that have been used either by the parents and/or school. If no adrenaline auto injectors are left in the school the Principal should ensure there is an interim Individual Management Plan in place.
- The students' Management Plan should be reviewed in consultation with the parents.
- The schools Anaphylaxis Policy should be reviewed.

### **Communication Plan**

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

The School Anaphylaxis Supervisor is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Seaford Park 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, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The principal is responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

### **Staff training**

At Seaford Park Primary School all staff complete the ASCIA Anaphylaxis e-training for Victorian Schools every two years. There are two Anaphylaxis Supervisors (Chris Sellers and Georgia Younger). They implement and verify that staff know how to identify anaphylactic symptoms and are aware of student management plans. After staff have completed the e-training module, the Anaphylaxis Supervisors conduct competency checks to ensure that all staff are able to act in accordance with DET guidelines and Ministerial Order 706.



The Anaphylaxis Supervisors also brief staff twice per calendar year. The first briefing is held at the beginning of the school year. Briefings must cover the following information:

- this policy
- signs and 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 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.

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. Training will be provided to relevant school staff as soon as practicable after the student enrolls, and preferably before the student's first day at school.

The principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of school staff present who have successfully completed an anaphylaxis management training course.

### FURTHER INFORMATION AND RESOURCES

- Policy and Advisory Library: [Anaphylaxis](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
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### REVIEW CYCLE AND EVALUATION

This policy was last updated in September 2020 and is scheduled for review in September 2021.

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.