

## ANAPHYLAXIS POLICY

### PURPOSE

To explain to Jennings Street 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 Jennings Street School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management. This policy aims to provide, as far as practicable, a safe and supportive environment at Jennings Street School in which students at risk of anaphylaxis can participate equally in all aspects of their schooling.

### 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

Jennings Street 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 auto injector for use in an emergency. These adrenaline auto injectors are designed so that anyone can use them in an emergency.

### **Individual Anaphylaxis Management Plans**

All students at Jennings Street 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 Jennings Street 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 Jennings Street 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 auto injector 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
- 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 auto injectors**

Consistent with the Jennings Street School Administration of Medication Policy, a copy of each student's Individual Anaphylaxis Management Plan and their ASCIA Action Plan for Anaphylaxis together with the student's adrenaline auto injector will be stored in a red bum bag in the student's classroom inside the locked First Aid cupboard. Keys to the First Aid cupboard are supplied to staff in the classroom. Adrenaline auto injectors must be labelled with the student's name. Anaphylaxis medication will be accessed in order to travel with the supervising staff member throughout the school day.

While the student and supervising staff member(s) are moving around the school, medication will be easily identified and transported within a classroom emergency medication highly visible backpack held by the supervising staff member. Each backpack will include the medical management plans and the appropriate medication for all students in the classroom. The medication must be returned to the locked First Aid cupboard while in the classroom.

A copy of each student's Individual Anaphylaxis Management Plan and their ASCIA Action Plan for Anaphylaxis will also be located in various locations around the school so that the plan is easily accessible by school staff in the event of an incident. These locations include:

- the student's classroom and specialist classrooms (on walls and in the red CRT folder)
- on walls in the First Aid Room (ASCIA Action Plan only)
- a medical forms folder in the school canteen (ASCIA Action plan only)
- on walls in the staffroom break space (ASCIA Action Plan only)
- bus transport, and
- original plans and documentation are stored in the "Medical Forms" folder in the administration office
- a general use EpiPen will be stored in the First Aid Room and in the Business Manager's office for ease of access
- Generic posters ASCIA How to give EpiPen® or EpiPen®Jr adrenaline auto injectors and Anaphylaxis First Aid are displayed on the walls in the classrooms of students at risk of anaphylaxis and specialist classrooms, kitchens and the canteen.

## **Risk Minimisation Strategies**

To reduce the risk of a student suffering from an anaphylactic reaction at Jennings Street School, the following strategies are in place:

- Student's with anaphylaxis medical conditions are identified on the front of the CRT Folder in each classroom including specialist classrooms. This CRT Folder is accessible to all staff including relief staff
- The "Medical Management Plans" section identified within CRT Folders identify students at risk of anaphylaxis. The Anaphylaxis Action Plans and procedures are contained within. The Anaphylaxis Action Plan is also displayed on the classroom entrance wall. It is also contained within the medication bum bag in the medication backpack which is stored in the locked cupboard in the classroom. The Medical Emergency Protocols are displayed on the wall next to the telephone in each classroom
- regular discussions with staff and students about the importance of washing hands after eating
- regular discussions with students about the importance of eating their own food and not sharing food
- tables and surfaces in classrooms, specialist classrooms and the canteen are wiped down with appropriate cleaning solutions regularly and always after any food has been eaten
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- Parents/carers are informed about food-related activities ahead of time
- Although JSS is not considered a 'nut free' environment we can request on a case by case basis that families avoid sending in nut products if their child is in the same room as a child with a diagnosis of anaphylaxis
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts
- Never give food from outside sources to a student who is at risk of anaphylaxis
- school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination and are able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading etc.
- ensure all cooking utensils, preparations dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking
- a copy of the ASCIA How to give EpiPen® or EpiPen®Jr adrenaline auto injectors poster is displayed in the canteen as a reminder to canteen staff of students at risk of anaphylaxis
- Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons). Note: year level/specialist teachers must consider the risk-minimisation strategies of the student diagnosed at risk, even if that student is not in their class
- Whilst in the playground, or on an excursion, staff will carry the classroom medication backpack containing the student's adrenaline auto injector, the student's ASCIA Action Plan for Anaphylaxis and Individual Anaphylaxis Management Plan, to enable staff to respond quickly to an allergic reaction if needed



- Prior to engaging a camp owner/operator’s services Jennings Street School will make enquiries as to whether the operator can provide food that is safe for anaphylactic students and that the camp cook is satisfactorily trained in food allergen management and its implications for food handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- Jennings Street School will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This will be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp’s commencement
- Prior to the camp taking place school staff will consult with the student’s parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.

**Adrenaline auto injectors for general use**

Jennings Street School will maintain a supply of adrenaline auto injectors 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 auto injectors for general use (one Epipen yellow, one Epipen Jr green) will be stored in the First Aid Room and a further backup of each auto injector in the Business Manager’s Office. Auto injectors will be labelled “general use”.

The principal is responsible for arranging the purchase of adrenaline auto injectors for general use, and will consider:

- the number of students enrolled at Jennings Street 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 administration staff and stored in the Medical Forms folder in the administration office. 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 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

	<ul style="list-style-type: none"> <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 auto injector or the school’s general use auto injector, and the student’s Individual Anaphylaxis Management Plan, stored with the student’s adrenaline auto injector located in their red bum bag inside the First Aid cupboard within the classroom.</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>
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 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. Refer to page 41 of the [Anaphylaxis Guidelines](#)].

**Communication Plan**

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

The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff including ES staff, casual relief staff, volunteers, students and



parents/carers about this policy and Jennings Street 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.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Volunteers and casual relief staff will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction of a student in their care by the class teacher or team leader.

All staff will be briefed once, each semester by a staff member who has up to date anaphylaxis management training.

## **Staff training**

Staff at Jennings Street 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.

Jennings Street School have appointed two teaching staff to become School Anaphylaxis Supervisors. These staff have completed the following training courses:

- ASCIA Anaphylaxis e-training for Victorian Schools (valid for 2 years)
- 10313NAT Course in Anaphylaxis Awareness Asthma Foundation Victoria (valid for 3 years)
- 223030VIC Course in Verifying the Correct Use of Adrenaline Auto injector Devices (valid for 3 years)

Jennings Street School uses the following training course ASCIA Anaphylaxis e-training for Victorian Schools course for all staff. An appropriately qualified School Anaphylaxis Supervisor will also assess a person's competency in the administration of an adrenaline auto injector. The ASCIA Anaphylaxis e-training for Victorian Schools course is valid for 2 years.

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years such as the School Anaphylaxis Supervisor. The briefings are to be conducted using the Anaphylaxis Management Briefing Presentation (see *Anaphylaxis – Facilitator notes for twice annual briefings.docx* and *Anaphylaxis – Twice yearly briefing presentation.pptx*) developed by the Department of Education and Training. A facilitator guide and speakers notes have also been developed. 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 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.

When a new student enrolls at Jennings Street 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.

## FURTHER INFORMATION AND RESOURCES

- 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](#)
- *Medical Emergency & Life Threatening Illness Protocols*
- *First Aid Policy*
- *Individual Student Action Plans*
- *JSS Individual Health Support Plans*
- *Administration of Medication*
- *Student Medical Care*
- *Anaphylaxis – Facilitator notes for twice annual briefings.docx*
- *Anaphylaxis – Twice yearly briefing presentation.pptx*





## REVIEW CYCLE AND EVALUATION

This policy was last updated in March 2021 and must be reviewed annually.

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.

<b>Date Implemented</b>	25 October 2016
<b>Author</b>	Rosemary Hayes
<b>Approved By</b>	Principal and Policy Subcommittee
<b>Approval Authority (Signature &amp; Date)</b>	
<b>Date Reviewed</b>	15/3/2021
<b>Responsible for Review</b>	Policy Subcommittee of School Council
<b>Review Date</b>	31 <sup>st</sup> March 2022
<b>References</b>	

- 25.10.2015 – v0 – date of implementation
- 14.06.2017 – v1 – altered to reflect changes around transportation of emergency medication in a bum bag and back pack
- 21.11.2017 – v2 – updated Anaphylaxis Action Plan to version 2017
- 29.05.2018 – v3 – updated policy in line with DET Anaphylaxis Guidelines and the DET Anaphylaxis Policy template
- 21.08.2018 – v4 – corrected typo's as per DET policy (update 20 June 2018) and included use of auto injector in line with [Anaphylaxis Guidelines](#) (see Note: on page 6); insert reference to generic Anaphylaxis First Aid posters being located in the Canteen; removed the Anaphylaxis Action Plan from this document.
- 12.2.2020 – v5 - no content changes – updated review box and footer
- 15.3.2021 – v6 - Grammar corrections, removal of reference to classroom treats