



St Kilda Primary School

Anaphylaxis Policy

PURPOSE

To explain to St Kilda 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 St Kilda 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

St Kilda 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 medications.

Signs and symptoms

Signs 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 St Kilda Primary 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 principal of St Kilda 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 St Kilda 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 prior to attending St Kilda Primary School
- 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 the anaphylaxis action plan provided by 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 Management 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

The individual ASCIA Anaphylaxis Action Plans will be displayed in the staff room, the front of each class roll, attached to each enrolment record, in camp/excursion/swimming first aid packs and accompany the adrenaline autoinjectors in sick bay (which are stored in named red boxes in an unlocked, labelled cupboard in the sick bay). Children with anaphylaxis will also be identified in the CRT booklet for their class.

Risk Minimisation Strategies

Classroom

- The majority of food being consumed is supervised by an adult in the classroom.
- Children across the school are not to share or swap food.
- Classes that include children with specific anaphylaxis (eg egg) will be designated as 'no egg classes' Students in these classes are not permitted to bring in or order food with egg products from any external food provider.
- Students and adults are encouraged to wash their hands before and after eating.
- Reinforce in class risk reduction strategies in place to parents and students through regular reminders, of serious food allergy, no nuts at school, eating in one place over the lunchbox and keeping surfaces clean.
- In Art ensuring all materials are allergen free.
- In Music, no sharing of wind instruments.

Snack and lunchtime

- Food consumed in the classroom under supervision.
- 4 circulating staff supervising in play areas who carry mobile phones and photo flash cards of at risk children.
- Children are excused from picking up papers duty.

Special events

- Whenever school activities (such as cultural celebrations, special events etc.) involve other children bringing food products or home baked food to school to share with others, the child's parents/carers of children with food related anaphylaxis will supply a safe alternative.
- Any food provided for whole school or class celebrations will have a complete list of ingredients provided.
- Reinforce in class risk reduction strategies in place to parents and students through reminders before the events

Outdoor grounds and school yard

- Regular inspection of outdoor school grounds and outer building structures to identify and eradicate any wasp colonies.
- Formal grounds inspection to occur every 3 months.
- Encourage staff to observe, monitor and report any concerns regarding the outdoor school environment.

Camps or excursions

- Clear delegation of roles in an emergency response identified.
- Staff will create a camp specific care plan formulated prior to scheduled event.

- All care plans and medication will be taken to the event.
- Any camp venues will be informed of any allergies and work with staff to provide food alternatives.

Adrenaline autoinjectors for general use

St Kilda Primary 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.

4 adrenaline autoinjectors for general use will be stored at sick bay and labelled 'General use'.

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

- the number of students enrolled at 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 in sick bay, staff room, Manabi Office, Sakura Office area, library and Main 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 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"> ● 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 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.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none"> ● Remove from plastic container ● Form a fist around the EpiPen and pull off the blue safety release (cap) ● Place orange end against the student's outer mid-thigh (with or without clothing) ● Push down hard until a click is heard or felt and hold in place for 3 seconds ● Remove EpiPen ● Note the time the EpiPen is administered

	<ul style="list-style-type: none"> Retain the used EpiPen 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.

[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 page 41 of the [Anaphylaxis Guidelines](#)].

Communication Plan

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

The School Nurse, Principal and Daily Organiser are responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and SKPS' 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.

Staff training

The principal will ensure that staff at SKPS will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

Staff who conduct classes that students who are at risk of anaphylaxis, and any other member of school staff as required by the principal, in consultation with the school nurse, 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. At SKPS staff will complete the training in Term 3. New staff will be asked to complete the training when they start at SKPS

Two School Anaphylaxis Supervisors will be nominated and complete 22303VIC approved anaphylaxis training course every three years in addition to ASCIA e-training for Victorian schools. The School Anaphylaxis supervisors will undertake formal staff verification in the use of an adrenaline auto-injectors and deliver the mandatory twice yearly briefings.

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. Each briefing will address:

- this policy

- the causes, symptoms and treatment of anaphylaxis
- the identities 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 practise 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 SKPS who is at risk of anaphylaxis, the Principal will ask the School Nurse to 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

- 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](#)
- Appendix 1: ASCIA Anaphylaxis and Allergy Action Plans
- Appendix 2: SKPS Anaphylaxis Management Plan
- Appendix 3: SKPS Anaphylaxis Risk Checklist

REVIEW CYCLE AND EVALUATION

This policy was last updated Feb 2021 and is scheduled for review in Feb 2022

The principal and the school nurse 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.