

Anaphylaxis Policy



Help for non-English speakers

If you need help to understand the information in this policy please contact the School Office on 03 8552 0583 or 03 98713275

Purpose

This policy explains to Avenues Education parents, carers, staff and students the processes and procedures in place to support students at risk of an anaphylaxis response. This policy also ensures that Avenues Education is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

Scope

This policy applies to the management of anaphylaxis when working with students on our Alfred Child and Youth Mental Health Service campus only. At our outreach education program locations, we have a shared duty of care with the Alfred and Eastern Health Child and Youth Mental Health Services where medication is administered by the respective health authority.

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

Avenues Education 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 Avenues Education who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. If it is indicated that a student has anaphylaxis on the referral form, parents/carers will provide an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner. Avenues Education Administration Team will create the school Anaphylaxis plan that aligns to the ASCIA plan. Appropriate staff will be briefed of the plan and the plan will be attached to the student's COMPASS profile. A copy of individual student's ASCIA Action Plan will be visible and easily accessible to all staff working with the student. The student will not engage in any of the Avenues Education programs until this plan has been received.

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
- Ensure their child brings a current autoinjector to each session
- 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
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- 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 excursions.

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.

Location of plans and adrenaline autoinjectors

When working with the student, the teacher will keep a copy of the student's Individual Anaphylaxis Management Plan with their ASCIA Action Plan for Anaphylaxis with them. Students are encouraged to keep their adrenaline autoinjectors on their person. Adrenaline autoinjectors for general use are available in the First Aid Box in the Teacher's Office and are labelled "general use".

Risk Minimisation Strategies

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

- staff and students are regularly reminded to wash their hands after eating;
- students are discouraged from sharing food
- a general use adrenaline autoinjector will be stored in the Teacher's Office.
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

Adrenaline autoinjectors for general use

Avenues Education will supply 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 kit in each Teacher's Office and labelled "general use".

The Principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the accessibility of adrenaline autoinjectors supplied by parents
- 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.

For excursions, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the excursion and ensure the student is carrying them together with their Individual 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 • 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</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 • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration <p>OR</p> <p>Administer an Anapen[®] 500, Anapen[®] 300, or Anapen[®] Jr.</p> <ul style="list-style-type: none"> • Pull off the black needle shield • Pull off grey safety cap (from the red button) • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) • Press red button so it clicks and hold for 3 seconds • Remove Anapen[®] • Note the time the Anapen is administered • Retain the used Anapen 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.

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.

Communication Plan

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

The Principal is responsible for ensuring that all relevant staff, including casual relief staff, are aware of this policy and Avenues Education's procedures for anaphylaxis management. Casual relief staff 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 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 all school staff are appropriately trained in anaphylaxis management.

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.

All staff at Avenues Education are trained First Aiders and complete the HLTAID011 (formerly HLTAID003) Provide First Aid every three years. This includes Anaphylaxis Training 22578VIC – Course in First Aid Management of Anaphylaxis.

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. 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 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.

When a new student is referred to Avenues Education who is at risk of anaphylaxis, the Administration team 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.

A record of staff training courses and briefings will be maintained electronically on staff share. Certificates will be saved electronically and evidence of anaphylaxis briefings can be found in staff meeting minutes.

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](#)
- School Health Care Needs Policy (found on School Website)

POLICY REVIEW AND APPROVAL

Policy last reviewed	15/07/2024
Approved by	Principal
Next scheduled review date	July 2025

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.