RATIONAL

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Essendon North Primary School (ENPS) believes that the safety and wellbeing of students who are at risk of anaphylaxis is a community wide responsibility. It is a joint obligation of the school and parents/carers to minimize an anaphylactic incident.

ENPS is committed to:

- Providing, 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
- Actively involving parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student
- Ensuring all staff members have adequate knowledge of allergies, anaphylaxis and training in dealing with emergency procedures
- Facilitating communication to optimise the safety and wellbeing of students at risk of anaphylaxis.

PURPOSE

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring while the student is in the care of the school
- Ensure all staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen
- To raise the community’s awareness of anaphylaxis and its management through education and policy implementation.

IMPLEMENTATION

The Anaphylaxis Act 2008 and the 2013 Anaphylaxis Guidelines for Victorian Schools requires all schools to have an Anaphylaxis policy in place. This policy is required whether or not there is a student diagnosed at risk of anaphylaxis enrolled at the school. It applies to students enrolled at Essendon North Primary School, their parent/guardians, staff as well as other relevant members of the community, including volunteers and visiting specialists.

Medical Information About Anaphylaxis

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life-threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency requiring a rapid response.

Causes

Certain foods and insect stings are the most common causes of anaphylaxis. According to current medical information, eight foods cause 95 per cent of food allergic reactions in Australia and can be common causes of
anaphylaxis:
- Peanuts
- Tree nuts (i.e. hazelnuts, cashews, almonds, walnuts, pistachios, macadamias, brazil nuts, pecans, chestnuts and pine nuts)
- Eggs
- Cow’s milk
- Wheat
- Soy
- Fish and shellfish (e.g. oysters, lobster, clams, mussel, shrimp, crab and prawns)
- Sesame seeds.

Other common allergens include some insect stings, particularly bee stings but also wasp and jumper jack ant stings, tick bites, some medications (e.g. antibiotics and anaesthetic drugs) and latex.

**Signs and Symptoms**
Mild to moderate allergic reaction can include:
- Swelling of the lips, face and eyes
- Hives or welts
- Tingling mouth
- Abdominal pain and/or vomiting.

Anaphylaxis (severe allergic reaction) can include:
- 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).

Symptoms usually develop within 10 minutes to several hours after exposure to an allergen, but can appear within a few minutes.

Students may not be able to express the symptoms of anaphylaxis. A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device, an EpiPen.

**Treatment**
Adrenaline given through an EpiPen or Anapen auto injector to the muscle of the outer thigh is the most effective first aid treatment for anaphylaxis. An ambulance is to be called immediately following administration or concurrently if more than one adult is available at the scene.

**ROLES AND RESPONSIBILITIES**

It is the role and responsibility of ENPS to:

1. Develop, implement and review their School Anaphylaxis Management Policy.
2. Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as at risk of anaphylaxis, at enrolment or at the time of diagnosis (whichever is earlier).

3. Request that parents/carers provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan for Anaphylaxis, which has been signed by the student's medical practitioner and that contains an up-to-date photograph of the student (see Appendix 1).

4. Meet with parents/carers to develop an Individual Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation. The risk minimisation plan should be customised to the particular student, assessing and participating with school activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate/overseas trips).

5. If using an external canteen/food provider, schools must ensure that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications for food-handling practices. This may include careful label reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies. A documented process for using external canteen/food providers is to be followed.

6. Ensure that parents/carers provide the school with the student's autoinjector and that it is not out-of-date.

7. Develop a communication plan to provide information to all staff, students and parents/carers about anaphylaxis and the school's anaphylaxis management policy.

8. Ensure there are procedures in place for providing volunteers and casual relief staff with the following information:
   The school's Anaphylaxis Management Policy, the causes, symptoms and treatment of anaphylaxis, the identities of students at risk of anaphylaxis, their role in responding to an anaphylactic reaction by a student in their care, the location of the students' Individual Anaphylaxis Management Plans, the location of adrenaline autoinjectors for individual students and for general use.

9. Ensure that all school staff are briefed at least twice a year by a staff member who has up-to-date anaphylaxis management training on:
   - the school's anaphylaxis management policy
   - the causes, symptoms and treatment of anaphylaxis
   - the identities of students diagnosed at risk and location of their medication
   - how to use an adrenaline auto-injecting device, including hands-on practice with a trainer adrenaline auto-injecting device (which does not contain adrenaline)
   - the school's first aid and emergency procedures.

10. Allocate time, such as during staff meetings, to discuss, practise and review the school's Anaphylaxis Management Policy. Practise using the trainer adrenaline autoinjectors as a group.

11. Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
12. Ensure that the student's Anaphylaxis Management Plan is reviewed when ever the first of the following occur:
   - annually in consultation with parents
   - when the student's medical condition changes
   - reviewed immediately after a student has an anaphylactic reaction at school.

13. Ensure the Anaphylaxis Risk Management Checklist is completed annually.

14. Purchase and maintain an appropriate number of adrenaline auto injector devices for general use to be part of the school's first aid kit.

**It is the role and responsibilities of all school staff to:**

1. Know and understand the School Anaphylaxis Management Policy.

2. Know the identity of students who are at risk of anaphylaxis.

3. Understand the causes, symptoms, and treatment of anaphylaxis.

4. Attend annual training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector.

5. Keep a copy of each student's ASCIA Action Plan for Anaphylaxis, or know where to find one quickly, and follow it in the event of an allergic reaction.

6. Know the school's first aid emergency procedures and their role in relation to responding to an anaphylactic reaction.

7. Know where students' adrenaline autoinjectors are kept. (Remember that the adrenaline autoinjector is designed so that anyone can administer it in an emergency.)


9. Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties). Work with parents/carers to provide appropriate food for their child if the food the school/class is providing may present a risk for him or her.

10. Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies provided in this document (see Appendix 2). Work with parents/carers to provide appropriate treats for anaphylactic students.

11. Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.

12. Be aware of the risk of cross-contamination when preparing, handling and displaying food.

13. Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
14. Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

**It is the role and responsibilities of the School First Aid Coordinator:**

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<tr>
<td>1</td>
<td>Work with principals to develop, implement and review the school's Anaphylaxis Management Policy and every student's Anaphylaxis Management Plan.</td>
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<tr>
<td>2</td>
<td>Attend annual training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector (i.e. EpiPen®/Anapen®).</td>
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<td>3</td>
<td>Provide or arrange annual training to other staff members to recognise and respond to anaphylactic reaction, including administration of an adrenaline autoinjector.</td>
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<td>4</td>
<td>Keep an up-to-date register of students at risk of anaphylaxis.</td>
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<td>5</td>
<td>Work with Principals, parents/carers and students to develop, implement and review each Individual Anaphylaxis Management Plan to:</td>
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<td></td>
<td>• Ensure that students’ emergency contact details are up-to-date</td>
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<td>• Ensure that the ASCIA device-specific Action Plan for Anaphylaxis matches the supplied autoinjector</td>
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<td></td>
<td>• Check that the adrenaline autoinjector is not out-of-date, such as at the beginning or end of each term. For those students with an EpiPen®, check the adrenaline is not cloudy through the EpiPen® window</td>
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<td></td>
<td>• Inform parents/carers in writing a month prior to the expiry date if the adrenaline autoinjector needs to be replaced.</td>
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<td>• Ensure that adrenaline autoinjectors are stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that this storage area is appropriately labelled</td>
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<td>• Ensure that a copy of each Individual Anaphylaxis Management Plan is stored with the Students' adrenaline autoinjector.</td>
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<td>6</td>
<td>Work with staff to conduct ongoing risk prevention, minimisation, assessment and management strategies as required.</td>
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<td>7</td>
<td>Work with staff to develop strategies to raise school staff, student and community awareness about severe allergies.</td>
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<td>8</td>
<td>Provide or arrange post-incident support (e.g. counselling) to students and staff, if appropriate.</td>
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**It is the role and responsibilities of the Parents/Carers to:**

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<tr>
<td>1</td>
<td>Inform the school, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed at the time, of being at risk of anaphylaxis.</td>
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</table>
### MINIMISATION OF ANAPHYLAXIS AT ENPS

Minimisation of anaphylaxis is everyone’s responsibility. Parents and carers should communicate their child's allergies and risk of anaphylaxis to the school at the earliest opportunity. Parents and carers should continue to communicate with the school staff and provide up to date information, provide the school staff with an Individual Anaphylaxis Management Plan and ensure that their child has a adrenaline autoinjector at all times.

**Prevention**

ENPS recognises the importance of all staff responsible for the student/s at risk of anaphylaxis, undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an EpiPen.

Training will be provided to all staff members. The School’s First Aid procedures and students emergency procedures plan (ASCIA-Action Plan) will be followed in responding to an anaphylactic reaction.

All staff will be briefed each semester by a staff member who has up to date anaphylaxis management training on:

- The school’s anaphylaxis management policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of students diagnosed at risk of anaphylaxis and where their medication and EpiPen is located
The plan must set out the following:

- How to use an EpiPen
- The school’s first Aid and emergency response procedures

Risk minimization and prevention strategies should be put in place for in-school and out-of-school settings and include the following:

- During classroom activities (including class rotations, specialist and elective classes)
- Between classes and other breaks
- During recess and lunchtimes
- Before and after school
- Special events including special food days, incursions, sports, cultural days, fetes or class parties
- Excursions and camps.

It is a joint responsibility of both the parents/carers and the school to take reasonable steps to:

a) Prevent an anaphylactic incident

b) If such an incident occurs, to respond to such incident in a timely, informed and appropriate manner

**Limit of Allergen Foods**

The key to prevention of anaphylaxis is the school’s knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnership between the school and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead the school recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a student having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the school.

ENPS request that food containing allergens should not be bought in to the classrooms of those students at risk of anaphylaxis.

For special occasions/class parties, teachers will consult with parents/carers in advance to ensure an alternative food menu can be provided and that parents of other students are requested not to bring food that may cause an allergic reaction.

**Individual Anaphylaxis Management Plans**

ENPS ensures that an Individual Anaphylaxis Management Plan is developed for each student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

This plan should be developed in consultation with the student's parents and the student's medical practitioner. This plan should be in place as soon as practicable after the student enrolls, and before the student's first day at the school.

The plan must set out the following:

- Information about the diagnosis, including the student's specific allergy/allergens
• Strategies to minimize 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 camps and excursions
• The name of the person responsible for implementing the strategies
• Information on where the student's medication will be stored
• The student's emergency contact details.

An ASCIA Action Plan must contain the following:

• An up to date photograph of the student
• The emergency procedures to be followed in the event of an allergic reaction by the student
• Signature of the student's medical practitioner endorsing the contents of the Plan.

The ENPS template for an Individual Anaphylaxis Management Plan is contained in Appendix 1 to this policy.

Copies of the Individual Anaphylaxis Management Plan are to be kept in various locations around the school so that it is easily accessible by staff in the event of an incident. Appropriate locations may include the student's classroom, the First Aid office/sick bay, the school office, and in the yard duty bag.

The plan should be reviewed in consultation with the student's parents/carers in all of the following circumstances:

• Annually
• If the student's medical condition changes
• Immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parents/carers to inform the school if their child's medical condition changes.

The name and photograph of each student at risk of anaphylaxis will be displayed in the following locations:
• First Aid office/Sick Bay
• Staffroom
• Student’s classroom
• Class roles
• Class CRT Folder

Storage of Medication

Medication is to be stored in the First Aid Office/Sick Bay and where possible in the classroom e.g. second EpiPen or Anapen (not accessible to students.)

RESPONSE TO ANAPHYLACTIC REACTION

Action for Anaphylaxis:
1. Give EpiPen or EpiPen Jnr
2. Call Ambulance, Call 000
3. Contact Parent/Guardian
4. Later contact Emergency Services Management, Department of Education and Training on 9589 6266 (available 24 hrs, 7 days a week)
How to Administer an EpiPen or EpiPen Jnr:
1. Remove from plastic container
2. Pull off grey cap
3. Place **BLACK** end against the outer mid-thigh
4. Push down hard until a click is heard or felt and hold in place for 10 seconds
5. Remove EpiPen and be careful not to touch the needle
6. Note the time you have administered EpiPen
7. Return EpiPen to its plastic container

In the rare situation where there is no marked improvement and severe symptoms are present, a second injection may be administered after 5 to 10 minutes if available.

**Post Incident and Review Process**

In the event of an anaphylactic reaction, staff and students may benefit from post-incident counseling, provided by the school’s nurse, student welfare coordinator or school psychologist.

In the event of an anaphylactic reaction, review and evaluation of possible causes (e.g. triggers) will be assessed. ENPS will review the student’s Anaphylaxis Management Plan and Action Plan (ASCIA) with the student, their parents/guardian and medical practitioner.

**Communication Plan**

ENPS Executive Team will be responsible for ensuring that a communication plan is developed to provide information to all staff, students, parents and the school community about anaphylaxis and the school’s anaphylaxis management 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 school camps and special event days.

The communication plan will include arrangements for staff briefing twice yearly on anaphylaxis management and identify the designated responsible staff member.

Casual relief staff will be informed of the students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care. Casual relief staff employed by the school are required to have current anaphylactic training.

**Raising Student Awareness**

Peer support is an important element of support for students at risk of anaphylaxis. Staff can raise awareness in school through fact sheets or posters displayed in hallways and classrooms.

Class teachers will discuss the topic with students in class, with a few simple key messages such as:

<table>
<thead>
<tr>
<th>Student messages about anaphylaxis</th>
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<tr>
<td>1. Always take food allergies seriously - severe allergies are no joke.</td>
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<tr>
<td>2. Don't share your food.</td>
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<td>3. Wash your hands after eating.</td>
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*Source: Be a Mate kit, published by Anaphylaxis and Allergy Australia*

**Related documents**
- Enrolment checklist
- Risk Minimisation Plan
- ASCIA action plan
- Brochure titled “Anaphylaxis—a life threatening reaction”, available through the Royal Children’s Hospital, Department of Allergy

**Contact details for resources and support**
- Royal Children’s Hospital, Department of Allergy - [www.rch.org.au](http://www.rch.org.au) 9345 5701
- Anaphylaxis Australia –[www.allergyfacts.org.au](http://www.allergyfacts.org.au) 1300 728 000

**EVALUATION**
The Anaphylaxis Policy will be reviewed in 2016 and in line with Ministerial Order 90.