



## **ANAPHYLAXIS POLICY**

### **BLACKBURN LAKE PRIMARY SCHOOL**

Florence Street Blackburn 3130

#### **PURPOSE**

To explain to Blackburn Lake Primary School (BLPS) 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 BLPS 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, external providers 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**

BLPS 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
- abdominal pain and/or vomiting (these are signs of severe allergic reactions to insect bites or stings)

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of the tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse

- student appears pale or floppy

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 BLPS 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 BLPS 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 BLPS and where possible, before the student's first day.

Parents and carers must:

- obtain an Australasian Society of Clinical Immunology and Allergy (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 ASCIA Action Plan for

Anaphylaxis. 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 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 camps and excursions, or at special events (including fetes and concerts)

BLPS 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 displayed with their ASCIA Action Plan for Anaphylaxis in the child's primary classroom, the first aid room and the staff room, and stored together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name. Generic adrenaline autoinjectors will also be stored in the David Jewell Centre (DJC) PE office, art room, yard duty bum bags and mobile first aid kits.

### **Risk Minimisation Strategies**

To reduce the risk of a student suffering from an anaphylactic reaction at BLPS, 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
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- a general use EpiPen will be stored in the First Aid Room, DJC, PE office, art room, yard duty bum bags and mobile first aid kits.
- 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**

BLPS 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.

Adrenaline autoinjectors for general use will be stored in the First Aid Room, DJC- PE office, art room, yard duty bum bags and mobile first aid kits.

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

- the number of students enrolled at BLPS 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 the First Aid Coordinator and stored in the first aid room, in all CRT folders, the Assistant Principal's office, the Principal's office and the General office.

For camps, excursions and special events, the Co-ordinator of the event will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, ensuring their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, are present at the event.

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 at classroom, first aid room or staffroom or with their EpiPen if on excursion. First Aid Room, DJC, PE office, art room, yard duty bum bags and mobile first aid kits as noted above</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.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <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 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 the BLPS website so that parents and other members of the school community can easily access information about BLPS anaphylaxis management procedures.

This policy will be included in volunteer/CRT, external providers induction packs. In addition, Policy folders will be given to team leaders at the beginning of each year. This policy will also be on the school's website and it is expected that all volunteers, and external providers make themselves aware of this policy.

The principal is responsible for ensuring that all relevant staff are aware of this policy and BLPS procedures for anaphylaxis management. Casual relief staff, volunteers and external providers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a reminder to be aware of the policy.

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 that 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. BLPS uses the following training course: ASCIA anaphylaxis e-training

Two staff members, identified by the principal will be the School's Anaphylaxis supervisors and attend the following course: Verifying use of Adrenaline Auto injector Devices 22303Vic (Provided through the Asthma Foundation).

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 (preferably one of the 'anaphylaxis supervisors').

Briefings 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 enrolls at BLPS who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parent/s/carers and ensure that appropriate staff are 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**

- Policy and Advisory Library:
  - o Anaphylaxis
  - Allergy & Anaphylaxis Australia: Risk minimisation strategies
  - ASCIA Guidelines: Schooling and childcare
  - Royal Children’s Hospital: Allergy and immunology

#### **REVIEW CYCLE AND EVALUATION**

Policy last reviewed	June 2022
Approved by	Principal
Next scheduled review date	June 2023

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.