



WANGARATTA WEST PRIMARY SCHOOL No. 4642

ANAPHYLAXIS MANAGEMENT

Policy

OVERVIEW

Anaphylaxis is an acute, rapidly progressive allergic reaction to certain food items and insect stings. The condition develops in approximately 1-2% of the population, occurring in approximately 1 in 20 children and in 2 in 100 adults. The most common foods causing life threatening anaphylaxis are peanuts, tree nuts, shellfish, eggs and cow's milk. Less common triggers include seafood, sesame seeds, soy, fish, wheat, bee or other insect stings, and some medications.

Anaphylaxis is the most severe form of allergic reaction and is potentially life-threatening. It usually occurs rapidly after exposure to a food, insect or medicine to which a person may already be allergic. Anaphylaxis must always be treated as a medical emergency and requires immediate treatment with adrenaline. The key prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnership between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Signs and symptoms of a mild-moderate allergic reaction include hives, swelling around the mouth, face, eyes, vomiting, runny or blocked nose, abdominal pain, diarrhoea. Signs and symptoms of severe life threatening allergic reactions (anaphylaxis) include difficult/noisy breathing, swelling of tongue, swelling / tightness in throat, difficulty talking and/or hoarse voice, wheeze or persistent cough, persistent dizziness and or collapse.

PURPOSE

This policy has been developed to:

- comply with applicable legislative and Ministerial Order requirements²;
- provide, 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;
- raise community awareness about anaphylaxis and the school's anaphylaxis management policy;
- actively seek information to identify a student with severe life threatening allergies at enrolment;
- engage with parents/carers of students at risk of anaphylaxis in assessing risks and developing risk minimisation and management strategies for the student;
- ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's minimisation strategies and management of an anaphylactic reaction; and
- set out the procedures in responding to an anaphylactic reaction.

The policy is consistent with the values of Wangaratta West Primary School (the **School**) of providing a safe and healthy school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis.

¹ Source: Australasian Society of Clinical Immunology and Allergy (ASCIA).

² Currently sub-clause (c) of section 4.3.1(6) of the *Education and Training Reform Act 2006 (Vic)* and Ministerial Order No. 706 (the **Ministerial Order**).

GUIDELINES

An individual management plan must be developed by a medical practitioner, in consultation with the student's parents, for any student who has been diagnosed as being at risk of anaphylaxis.

Management of students with anaphylaxis is a joint responsibility of parents and the School staff.

Parents must keep the School fully informed, in writing, of current medical issues related to their child and participate in the development of the individual management plan.

The School recognises and acts on its responsibility for informing the School community of the condition and seeking co-operation from parents and students in minimising the risk to these students.

Staff training and briefings are undertaken as required by Department of Education and Training (**Department**) regulations (refer to the linked document entitled 'Anaphylaxis Guidelines for Victorian Schools³).

IMPLEMENTATION

The School will fully comply with Ministerial Order 706 and guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time.

Individual Anaphylaxis Management Plan

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed by a medical practitioner, in consultation with the student's parents, for any student attending the School who has been diagnosed as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable:

- after the student enrolls where the risk of anaphylaxis is pre-existing, and in all cases before the student's first day of school; or
- after the student is diagnosed as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will set out the following⁴:

- information about the student's medical condition that relates to allergy and the potential for an anaphylactic reaction, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner);
- an emergency procedures action plan in a format approved by the Australasian Society of Clinical Immunology and Allergy (**ASCI**) (**ASCI Action Plan**), provided by the parents of the student and that:
 - sets out the emergency procedures to be taken in the event of an allergic reaction; and
 - is signed by a medical practitioner who was treating the child on the date the practitioner signs the ASCI Action Plan;

³ <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>

⁴ A template of an Individual Anaphylaxis Management Plan can be found at Appendix 3 of the Anaphylaxis Guidelines for Victorian Schools (refer to footnote 3).

⁵ As defined in clause 5.9 of the Ministerial Order.

- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School staff⁵, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School;
- a current colour photograph of the student;
- the name and phone number of the student's parents and medical practitioner;
- the student's emergency contact details; and
- information on where the student's adrenaline autoinjector and/or medication will be stored. School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

Copies of each student's Individual Anaphylaxis Management Plan will be kept in the following locations: The student's classroom, the office/sickbay and the staffroom.

The school will review the student's Individual Anaphylaxis Management Plan, in consultation with the student's parents, in all of the following circumstances:

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for an anaphylactic reaction, changes;
- immediately after the student has an anaphylactic reaction at school; and
- prior to the student participating in any off-site activities, such as camps and excursions, or at special events conducted, organised or attended by the School (e.g. class parties, fetes, incursions).

It is the responsibility of the parents of a student diagnosed at risk of anaphylaxis to:

- provide the School with the ASCIA Action Plan;
- ensure the ASCIA Action Plan is updated by a medical practitioner and re-issued every 12 months as recommended by ASCIA;
- inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for an anaphylactic reaction, changes and, if relevant, provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when the plan is provided to the School and when it is reviewed;
- provide the school with an adrenaline autoinjector⁶ (such as an EpiPen or AnaPen) and other medication (e.g. asthma reliever medication) for the student that is current and not expired for their child and replace any adrenaline autoinjector or other medication before its expiry date;
- implement their own risk minimisation strategies on school grounds where food is consumed after school hours or during school events; and
- provide alternative safe eating treats for their child to enjoy during class birthday and other classroom celebrations.

Risk Minimisation and Prevention Strategies

The school will put in place and implement the risk minimisation and prevention strategies contained in Attachment 1 of this policy for all in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks,

⁶ As defined in clause 5.3 of the Ministerial Order.

- at the canteen;
- before and after school; and
- during recess and lunchtimes;
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

The school will not ban certain types of foods (e.g. nuts) as it is not practicable to do so. However, the school will request that:

- parents do not send those items to school if at all possible; and
- the canteen eliminates or reduces the likelihood of such allergens.

Further, the school will reinforce the rules about not sharing foods provided from home.

School Management and Emergency Response Procedures to an Anaphylactic Reaction

In the event of an anaphylactic reaction, the emergency response procedures must be followed, together with the school's general first aid and emergency response procedures and the student's ASCIA Action Plan.

When a student diagnosed at risk of anaphylaxis is 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 conducted, organised or attended by the school, the Principal will ensure that there is a sufficient number of School staff present who have successfully completed an Anaphylaxis Management Training Course in the previous three years (see 'Staff Training' below).

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 at sickbay • 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 |

| | |
|----|---|
| | <ul style="list-style-type: none"> Note the time the EpiPen is administered Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration |
| 3. | Call an ambulance (000) |
| 4. | Contact the student's emergency contacts. |
| 5. | 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. |
| 6. | Transfer person to hospital. |

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](#)].

Classroom incident

If anaphylactic reaction occurs in the classroom School staff may use classroom phones/personal mobile phones to contact Administration to advise a reaction has occurred and to get an Adrenaline Autoinjector to a student.

Administration staff to call an ambulance.

Administration staff to wait for ambulance at school entrance.

Playground incident

If anaphylactic reaction occurs in the yard School staff may use mobile phones or walkie talkies whilst on yard duty to contact Administration to advise a reaction has occurred and to get an Adrenaline Autoinjector to a student.

Administration staff to call an ambulance.

Administration staff to wait for ambulance at school entrance.

Excursions and Camps

Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. A team of School Staff trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:

- the location of Adrenaline Autoinjectors
- 'how' to get the Adrenaline Autoinjector to a student; and
- 'who' will call for ambulance response, including giving detailed location address

REVIEW CYCLE

This policy was last updated in March 2021 and is due for review in March 2022.