

Definitions

ASCIA – Australasian Society of Clinical Immunology and Allergy

CPS – Coatesville Primary School

DET - Department of Education and Training

Purpose

To inform CPS parents, carers, staff and students about the processes and procedures in place to support students diagnosed as being at risk of anaphylaxis. This policy also ensures that CPS is compliant with Ministerial Order 706 and DET guidelines for anaphylaxis management.

Scope

This policy applies to:

- all staff, including casual relief staff and volunteers; and
- 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

CPS will fully comply with Ministerial Order 706 and the associated guidelines published by DET.

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 but are not limited to:

- swelling of the lips, face and eyes;
- hives or welts; and
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include but are not limited to:

- 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; and
- abdominal pain and/or vomiting.

Symptoms can appear within a few minutes but may develop for up to 2 hours after exposure to an allergen.

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 auto-injector for use in an emergency. These adrenaline auto-injectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at CPS who are diagnosed by a medical practitioner as being at risk of an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of CPS 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 CPS 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 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 auto-injector for the student that has not expired; and
- 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, 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; and
- 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.
- 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 auto-injectors

Adrenaline auto-injectors for individual students, or for general use, will be stored in the first aid room and be able to be accessed quickly.

Adrenaline auto-injectors are stored in an unlocked and easily accessible place (away from direct light and heat but not in a refrigerator or freezer).

Each adrenaline auto-injector is clearly labelled with the student's name and stored with a copy of the student's ASCIA Action Plan for Anaphylaxis.

Adrenaline auto-injectors for general use (junior and adult dosage) are clearly labelled and distinguishable from those for students at risk of anaphylaxis.

Each Yard Duty bag contains a school adrenaline auto-injector which can be used in emergency situations.

Trainer adrenaline auto-injectors (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion.

Risk Minimisation Strategies

Minimisation of the risk of anaphylaxis is everyone's responsibility: the school (including the Principal and all school staff), parents/carers, students and the broader school community.

Parents/carers must:

- communicate their child's allergies and risk of anaphylaxis to the school upon enrolment;
- continue to communicate with school staff and provide up to date information about their child's medical condition;
- provide the School with an ASCIA Action Plan for Anaphylaxis;
- participate in yearly reviews of their child's Individual Anaphylaxis Management Plan; and
- ensure that their child has an adrenaline auto-injector that is current and not expired, at all times.

Risk minimisation and prevention strategies should be considered for all relevant 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;
- at the canteen and the garden area;
- during recess and lunch times; and
- before and after school.

Banning of food or other products is not used as a risk minimisation and prevention strategy.

Students need to be aware of their allergens in order to self-manage.

School staff members have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. Set out below are a range of specific strategies, as a minimum, that should be considered by school staff, for the purpose of developing prevention strategies for in-school and out-of-school settings.

More information about peanut and nut banning can be found in the ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, available from the ASCIA website at: www.allergy.org.au.

Classrooms

Keep a copy of the student's Individual Anaphylaxis Management Plan and how to administer an adrenaline auto-injector, in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the adrenaline auto-injector is kept in another location.

Liaise with parents/carers about food-related activities ahead of time.

Never give food from outside sources to a student who is at risk of anaphylaxis.

Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.

Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).

Ensure all cooking utensils, preparation dishes, plates, knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.

Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food

Casual relief teachers and specialist teachers are provided with the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline auto-injector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident e.g. seeking a trained staff member.

Volunteers are always under the supervision of a trained member of staff.

Canteen

Canteen staff should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc

Canteen staff, including volunteers, will be briefed about students at risk of anaphylaxis.

Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.

Tables and surfaces will be wiped down with warm soapy water regularly.

Yard Duty

Yard duty bags carry information about students who are at risk of anaphylaxis and the yard duty bags contain a fluorescent (fluoro) alert card. An auto-injector is also attached to the yard duty bag. In an emergency, the fluorescent alert card is sent to the office and/or first aid room and immediately prioritised.

When a student is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the adrenaline auto-injector, i.e. EpiPen®, to be able to respond quickly to an anaphylactic reaction if needed.

The adrenaline auto-injector and each student's Individual Action Plan are easily accessible from the yard, and staff should be aware of their exact location (First Aid Room). Remember that an anaphylactic reaction can occur in as little as a few minutes.

The student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. Yard duty staff carry fluoro alert cards in yard-duty bags. All staff on yard duty are made aware of the School's Emergency Response Procedures.

The staff member will use their mobile phone to call the office for immediate attention in the event of an anaphylactic reaction.

Special events (e.g. sporting events, incursions, class parties, etc.)

School staff should avoid using food in activities or games, including as rewards.

For special occasions, school staff should consult parents/carers in advance to either develop an alternative food menu or request the parents to send a meal for the student.

Parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.

Out-of-school settings

The class teacher will bring the student's auto-injector pen to the event. If another teacher is supervising the student, the class teacher will be responsible for briefing the supervising teacher and delivering the auto-injector pen to the supervising teacher. If the child is not provided with an auto-injector pen then they will not be able to attend sport or excursions.

Planning for appropriate supervision of students at risk of anaphylaxis at all times will ensure:

- there are sufficient school staff attending the excursion who are First Aid trained;
- there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;
- there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and
- staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

Special events: Excursions/sporting carnivals

School staff supervising the special event must be trained in the administration of an adrenaline auto-injector and be able to respond quickly to an anaphylactic reaction if required.

A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector must accompany any student at risk of anaphylaxis at special events.

The adrenaline auto-injector and a copy of the Individual Anaphylaxis Action Plan for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.

For each special event all staff are made aware of the Anaphylaxis Management Plans and copies of Individual Action Plans are carried by all staff.

All school staff members present during the event need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.

The school should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents/carers provide a meal (if required).

Prior to special events, school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps and remote settings

Prior to engaging a camp owner/operator's services the school will make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator

cannot provide this confirmation to the school, then the school will consider using an alternative service provider.

The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.

The school will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.

The school will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.

School staff will consult with parents/carers of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.

If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it will also consider alternative means for providing food for those students.

Use of substances containing allergens will be avoided where possible.

The student's adrenaline auto-injector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.

Prior to the camp taking place school staff will consult with the student's parents/carers to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.

School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.

The school will take an adrenaline auto-injector for general use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.

The school has adrenaline auto-injectors for general use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.

The adrenaline auto-injector should remain close to the student and school staff must be aware of its location at all times.

The adrenaline auto-injector should be carried in the school first aid kit.

Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.

Cooking and art and craft games should not involve the use of known allergens.

Adrenaline auto-injectors for General Use

CPS will maintain a supply of adrenaline auto-injectors 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 auto-injectors for general use will be stored in the sick bay, yard duty bags and First Aid bags and labelled “general use”.

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

- the number of students enrolled at CPS at risk of anaphylaxis;
- the accessibility of adrenaline auto-injectors supplied by parents;
- the availability of a sufficient supply of auto-injectors for general use in different locations at the school, as well as at camps, excursions and events; and
- 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 a school nominated Level 2 First Aid Officer and stored at the school Sick Bay. 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 auto-injectors, 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 auto-injector or the school’s general use auto-injector, and the student’s Individual Anaphylaxis Management Plan, stored at the 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</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 <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 10 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.	<ul style="list-style-type: none"> Call an ambulance (000) Ask the other staff member to contact the office.
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 auto-injectors 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.

If in doubt, it is better to use an adrenaline auto-injector 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.

Communication Plan

This policy will be available on CPS's website so that parents and other members of the school community can easily access information about our anaphylaxis management procedures.

Casual relief teachers are made aware of this policy through their CRT folder

The Principal is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and CPS's 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

Staff at CPS will receive appropriate training in anaphylaxis management, consistent with DET's Anaphylaxis Guidelines.

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per 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 auto-injector, including hands on practice with a trainer adrenaline auto-injector;

- the school's general first aid and emergency response procedures; and
- the location of, and access to, adrenaline auto-injectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at CPS who is at risk of anaphylaxis, the principal and/or their nominee 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.

Further Information and Resources

School Policy and Advisory Guide:

[Anaphylaxis](#)

[Anaphylaxis management in schools](#)

Allergy & Anaphylaxis Australia: Risk Minimisation Strategies

ASCIA Guidelines

Royal Children's Hospital: [Allergy and immunology](#)

Related legislation

1.1 Education and Training Reform Act 2006

Policy Review and Approval

Policy last reviewed	April 2023
Approved by	Principal
Next scheduled review date	2024 (Annual review)