

ANAPHYLAXIS POLICY

PURPOSE

To explain to Norwood Secondary College (NSC) 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 NSC 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 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

Norwood Secondary College 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 NSC 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 NSC 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 NSC 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 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
- 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 autoinjectors

A copy of each student's Individual Anaphylaxis Management Plan are stored with their ASCIA Action Plan for Anaphylaxis at the First Aid room, together with the student's adrenaline autoinjector. These are clearly accessible in the First Aid room, contained in Australian Pacific Training Solutions grab bags, attached to a wall hanging by Velcro. Each grab bag is clearly labelled with student's name, phone and class. In addition, on the adjacent wall, each Individual Anaphylaxis Management Plan is clearly displayed. This is also the case in the Staffroom and Food Technology preparation room.

Risk Minimisation Strategies

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

Classrooms

Classrooms	
1.	All teachers, including replacement teachers are provided with an electronic device in order to access class lists and mark rolls. Every roll includes photos of students and clearly indicates whether a student is Anaphylactic and/or has a 'serious medical condition'. The teacher can then access the following information: the known allergen, symptoms, action to be taken, required medication, including EpiPen.
2.	The staff member in charge of daily operations should inform casual relief teachers to check their class lists on Compass for the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline autoinjector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.
3.	A general use EpiPen is stored in the First Aid Room, adjacent to the General Office
4.	Upon receipt of an Anaphylaxis Plan, the First Aid Officer should liaise with parents/carers to ensure sufficient information about food-related activities
5.	Food Technology teachers should check class lists prior to practical classes for students with food allergies. Contact should be made with parents/carers if further information is required. Special care should be taken in these classes. Provide a separate set of cooking utensils for students when required, that are kept separate from general class utensils. Helpful information is available at: www.allergyfacts.org.au/images/pdf/foodtech.pdf
6.	All Food Technology staff should be aware of the exact location of the Specialist Equipment Tub. This needs to be easily accessible for both staff and students for all practical classes.
7.	In Food Technology classes, have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
8.	Teachers should first check class lists for students who have food related anaphylaxis, prior to using food treats. Contact should be made with parents/carers if there is any doubt about ensuring all treats provided in the classroom are safe for all students
9.	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.
10.	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)
11.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks, etc are washed and cleaned thoroughly after preparation of food and cooking.

Canteens

Canteens	
1.	Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to: 'Safe Food Handling' in the School Policy and Advisory Guide at: www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx Helpful resources for food services available at: www.allergyfacts.org.au
2.	Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the principal determines in accordance with clause 12.1.2 of the Order, these individuals have up to date training in an anaphylaxis management training course as soon as practical after a student enrolls.
3.	Display a copy of the student's ASCIA Action Plan for Anaphylaxis in the canteen as a reminder to canteen staff and volunteers.
4.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5.	Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6.	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7.	Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.).
8.	Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Yard

Yard	
1.	To ensure that there are sufficient school staff on yard duty who are trained in the administration of the adrenaline autoinjector (i.e. EpiPen®) and be able to respond quickly to an allergic reaction if needed.
2.	The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis is easily accessible from the yard, and staff will be aware of their exact location in the First Aid room, which is also accessible via the General Office.
3.	All yard duty staff wear fluorescent vests to maximise visibility to students if assistance is required. In an emergency response situation, a teacher would remain with the student and immediately send other students to the General Office with a clear message. Staff will be briefed and made aware of the school's emergency response procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4.	In order to increase the probability that yard duty staff are able to identify, by face, those students at risk of anaphylaxis there are student Anaphylaxis Management Plans and/or names and photos of all students who may have an anaphylactic response clearly located in all staffrooms.
5.	A general use EpiPen is stored in the First Aid Room, adjacent to the General Office
6.	Lawns are to be kept mowed and outdoor bins are to be covered to increase protection for students who have severe allergies to insects.
7.	Gloves are to be worn when picking up papers or rubbish in the yard.

Excursions/Sporting Events

+Excursions/sporting events	
1.	There will be sufficient school staff supervising students who are trained in the administration of an adrenaline autoinjector and who are also able to respond quickly to an anaphylactic reaction if required.
2.	A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector will accompany any student at risk of anaphylaxis on excursions and at sporting events.
3.	When an excursion/sporting event is planned there are 'Event' protocols where an Event booklet is printed from Compass, first aid kits are taken and EpiPen grab bags for students at risk of anaphylaxis are also taken.
4.	School staff should avoid using food in activities or games, including as rewards.
5.	The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
6.	For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All school staff members present during the field trip or excursion 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.
7.	The school should consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required).
8.	Prior to the excursion taking place 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

- 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

NSC will maintain a supply of 2 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 at the First Aid room and labelled "Norwood Secondary College general use".

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

- the number of students enrolled at Example School 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 attendant (Sandy Stranger) and stored at the First Aid room. For camps, excursions and special events, the first aid attendant 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 autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
	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 the First Aid room If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
	Administer an EpiPen 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
	Call an ambulance (000)
	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.
	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 [Frequently asked questions — Anaphylaxis](#)].

Communication Plan

This policy will be available on NSC's website so that parents and other members of the school community can easily access information about NSC's anaphylaxis management procedures. The parents and carers of students who are enrolled at NSC 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, canteen staff and volunteers are aware of this policy and NSC'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, 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 that the following school staff are appropriately trained in anaphylaxis management:

School staff who conduct classes attended by students who are at risk of anaphylaxis

School staff who conduct specialist classes, all canteen staff, admin staff, first aiders and any other member of school staff as required by the principal based on a risk assessment.

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.
- NSC ensures that 2 staff members (First Aid Attendant and the Director of Staff Development) undertake the 22303VIC training for *Verifying the correct use of Adrenaline Autoinjector Devices*. All staff then undertake the ASCIA e-training course at the following link: <https://etrainingvic.allergy.org.au>

Details about approved staff training modules, refer to chapter 5 of the [Anaphylaxis Guidelines](#)]

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 including [the Director of Staff Development and the First Aid Attendant]. 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 enrolls at NSC who is at risk of anaphylaxis, the principal 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.

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:

- [Anaphylaxis](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- See Health Care Needs Policy

REVIEW CYCLE AND EVALUATION

This policy was last updated on August 2020 and is scheduled for review in August 2021.

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.