

Beumaris Primary School

ANAPHYLAXIS POLICY

PURPOSE

To explain to Beumaris Primary School 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 Beumaris Primary School 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/carers.

POLICY

School Statement

Beumaris Primary School 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 medications.

Symptoms

Sights and symptoms of a mild to moderate allergic reactions 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 Beaumaris Primary who are diagnosed as being at risk of suffering from an anaphylactic reaction by a medical practitioner must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Beaumaris Primary School 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 Beaumaris Primary School 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 autoinjector for the student that is 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 allergy 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 Plans

A student's Individual Anaphylaxis 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 will be stored with their ASCIA Action Plan for Anaphylaxis in the first aid room, together with the student’s adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student’s name.

Risk Minimisation Strategies

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan displayed in an easily visible location within the classroom.
2.	Liaise with parents/carers about food-related activities ahead of time.
3.	If food treats are used in class for celebrations, it is recommended that parents/carers of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the named student.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	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.
6.	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).
7.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
8.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
9.	A designated staff member will inform casual relief teachers, and volunteers of 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 i.e. seeking a trained staff member.

10. Classroom emergency procedure:

- teacher in charge to stay with anaphylactic student
- ask another staff member or student to notify administration staff by phone of the name and location of the student. Student's own Adrenaline auto injector to be taken to the classroom from the First Aid Room
- OR: send another member of staff to retrieve Adrenaline Autoinjector for General Use from staff room (in the yard duty bags)
- admin staff or teacher in charge to ring ambulance stating a student has suffered an anaphylactic reaction
- admin staff or teacher in charge to contact the student's emergency contacts
- send a staff member to the ambulance entry point to meet ambulance and direct to student location.

Canteens

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, should be briefed about students at risk of anaphylaxis.

Display the "At Risk Sheet" in the canteen as a reminder to School Staff and volunteers.

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

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.

Make sure that tables and surfaces are wiped down with warm soapy water regularly.

The canteen is not to stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.

School yard, before and after school (supervised times only), during recess and lunchtimes.

1. The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. **(Remember that an anaphylactic reaction can occur in as little as a few minutes).**
2. Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. All yard duty staff carry emergency cards in yard-duty bags. All staff on yard duty must be 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.
3. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
4. Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with parents/carers to encourage students to closed shoes and long-sleeved garments when outdoors.
5. Keep lawns and clover mowed and outdoor bins covered.
6. Students should keep drinks and food covered while outdoors.

7. Yard Duty emergency procedure:

- teacher in charge to stay with anaphylactic student
- ask another staff member or student to notify administration staff of the name of the student and take them to the location of the student
- Student's own Adrenaline Auto injector to be taken to the location from the First Aid Room.
- OR: send another member of staff to retrieve Adrenaline Autoinjector for General Use from staff room (yard duty bag) or first aid room (green first aid excursion bag).
- Admin staff or Teacher in charge to ring ambulance stating a student has suffered an anaphylactic reaction.
- Admin staff or Teacher in charge to contact the student's emergency contacts.
- Send a staff member to the Ambulance entry point to meet ambulance and direct to student location.

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

1. School Staff should avoid using food in activities.

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

3. 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.

4. Party balloons should not be used if any student is allergic to latex.

Field trips/excursions/sporting events

1. School staff should avoid using food in activities.

2. The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and teaching staff must be aware of their exact location.

3. For each field trip, excursion etc., a risk assessment should be undertaken by the teacher in charge, 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.

4. Take an Adrenaline Autoinjector for General Use on an excursion, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency.

5.	Prior to the excursion taking place the Teacher in charge of the excursion, should 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 particular excursion activity. To develop an alternative food menu; or request the parents/carers provide a meal (if required). Parents/carers may wish to accompany their child on field trips and/or excursions. This will be discussed with parents/carers as another strategy for supporting the student who is at risk of anaphylaxis.
6.	The teacher in charge must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction, for each excursion. <ul style="list-style-type: none"> • Who carries Adrenaline Autoinjector for General Use and administers. • Who rings emergency service • Who rings parents/carers

Camps

Prior to engaging a camp owner/operator's services the teacher in charge should ensure it can provide food that is safe for anaphylactic students and receive written confirmation to that effect.
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.
Schools must 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 teacher in charge should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents/carers of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
The teacher in charge should 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 the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
Use of substances containing allergens should be avoided where possible.
Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
The student's Adrenaline Autoinjector, 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 the teacher in charge of the camp should consult with the student's parents/carers to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.

<p>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.</p>
<p>Teacher in charge to contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.</p>
<p>Take an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency.</p>
<p>The Adrenaline Autoinjector should remain close to the student and school staff must be aware of its location at all times.</p>
<p>The Adrenaline Autoinjector for General Use should be carried in the school first aid kit; individual students are to carry their Adrenaline Autoinjector at all times whilst on camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.</p>
<p>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.</p>
<p>Cooking and art and craft games should not involve the use of known allergens.</p>
<p>Consider the potential exposure to allergens when consuming food on buses and in cabins.</p>
<p>The teacher in charge must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction:</p> <ul style="list-style-type: none"> • Who carries Adrenaline Autoinjector for General Use and administers. • Who rings emergency service • Who rings parents/carers

Adrenaline autoinjectors for general use

Beaumaris Primary School will maintain a supply of adrenaline autoinjectors for general use, as a back-up to those provided by parents/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 yard duty and excursion 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 Beaumaris Primary School at risk of anaphylaxis
- the accessibility of adrenaline auto-injectors supplied by parents/carers
- the availability of a sufficient supply of auto-adrenaline injectors for general use in different locations at the school, as well as at camps, excursions and events
- 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 the school office and stored in the first aid room. 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 autoinjectors, 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 autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in 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.
2.	Administer an adrenaline auto-injector - EpiPen or EpiPen Jr (if the student is under 20kg) <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.• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration.
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 Beaumaris Primary School's website so that parents/carers and other members of the school community can easily access information about Beaumaris Primary School's

anaphylaxis management procedures. The parents/carers of students who are enrolled at Beaumaris Primary and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

Display 'Be a MATE' posters around the school for the attention of students, parents/carers and the wider school community.

The School Anaphylaxis Supervisor is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Beaumaris Primary School'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; and a written copy in the CRT Information Booklet.

Staff training

Staff at Beaumaris Primary will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the principal identifies, 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.

Beaumaris Primary uses the following training course: ASCIA eTraining course with 22303VIC.

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 including principal or School Anaphylaxis Supervisor. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identifies of students with a medical condition that relates to allegory 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/carers or purchased by the school for general use.

When a new student enrolls at Beaumaris Primary School, who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents/carers and ensure that appropriate staff are trained and briefed as soon as possible.

A complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for an anaphylactic reaction (at February 2021)

Student Name	Class	Colour
Ellie Joiner	PL	Anaphylaxis
Fletcher Winfield	PH	Anaphylaxis
Chilli Ong	1D	Allergy
Owen Deng	1W	Allergy
Josh Cwikla	2F	Allergy

Mack Klesman	2P	Anaphylaxis
Edie Winfield	2P	Anaphylaxis
Fraser Ryan	3R	Anaphylaxis
Michaela Overett	3G	Anaphylaxis
Timmy Stevens	3J	Allergy
Leo Moreton	3J	Allergy
Hayley Ong	3AH	Allergy
Emerson Flynn	4S	Anaphylaxis
Charlotte Gude	4C	Anaphylaxis
Gemma Ong	4R	Anaphylaxis
Jonty Ryan	5J	Anaphylaxis
Riyan Prajapati	5J	Allergy
Winston Le	6R	Allergy

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](#)

REVIEW CYCLE AND EVALUATION

This policy was last updated May 2021 and is scheduled for review in May 2022.

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.