

# SANDRINGHAM PRIMARY SCHOOL

## Anaphylaxis Policy



### Help for non-English speakers

If you need help to understand this policy, please contact Sandringham PS office,  
Ph: 95981488 or email [sandringham.ps@education.vic.gov.au](mailto:sandringham.ps@education.vic.gov.au)

### Purpose

To explain to Sandringham 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 Sandringham 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 and carers.

### Policy

#### **School Statement**

Sandringham 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 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 Sandringham Primary School 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 Sandringham 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 Sandringham 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 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**

Sandringham Primary School has the following procedures in place for an emergency response to a student having an anaphylactic reaction:

**Adrenaline autoinjectors** will be stored on top of the pigeon holes under the window in the first aid office in clearly labelled containers.

Students will not carry the adrenaline autoinjectors on themselves in the school grounds and if they attend after school care they will have one adrenaline autoinjector in their school bag, they are not permitted to self-administer this

Insulated storage bags provided by the school will be used to keep the adrenaline stable.

A complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction

Student's **Individual Anaphylaxis Management Plans** and **ASCIA Action Plans** can be located:

- **in a classroom** - Individual Anaphylaxis Action Plans are prominently displayed on a wall, preferably near the internal phone. Management plans are in the Emergency folders
- **in the school yard** - Each yard duty bag contains an emergency response cards for each student with anaphylaxis, including the student's picture, name, allergy and action required. A laminated card with each student at risk of anaphylaxis is also attached to the exterior of the yard duty bag with the student's photo, name, class and type of allergy
- **in all school buildings** - Individual Anaphylaxis Action Plans are displayed in the canteen and student's home classroom. They are also in the anaphylaxis folder above where the Epipens are stored in the first aid office. Inside the cupboard doors above the sink are pictures of each student, their name, allergy and the action required in an emergency. Medical Alert posters with photos of each student at risk of allergies or anaphylaxis, their allergy and the action required in an emergency, are displayed in the staffroom, office, performing arts room, art room, Chinese language room, hall, library and canteen. A copy of this is also in each CRT folder. Management plans are located in the first aid office and in the student's classroom
- **school excursions, incursions or special events conducted** - Small laminated versions of the ASCIA action plans are located with the adrenaline autoinjectors for excursions.

- **on school camps** - Teachers will be responsible for having a current ASCIA action plan (laminated) and the individual management plans devised for the camp.

## **Risk Minimisation Strategies**

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

### **In the classroom**

- staff and students are regularly reminded to wash their hands after eating if they have food remnants on them
- students are not permitted to share food
- Food is to be consumed at tables and any spills are to be cleaned immediately with spray and wet cloth or vacuumed
- students who have spilt food allergens on their clothes will be sent to wash it off or change their clothes if required before going outside to play
- copies of the students' ASCIA action plan will be displayed in home rooms and specialist classrooms
- Medical alert charts with the students' names, allergies and action required will be displayed in the staffroom and canteen
- Casual relief staff will be given a folder containing information regarding the anaphylactic students and the location of adrenalin auto- injectors and management plans and the teacher's responsibilities in an emergency (Anaphylactic communication plan)
- The school will request that students try to avoid bringing foods that are allergens to school in lunchboxes and for class parties, especially if there is a child in the class with an allergy/anaphylaxis
- There is to be no food sharing and no distribution/handling of foods for students with allergies unless previously approved by the parents. Foods that say "may contain traces of nuts will not be used unless permitted by the parents. Parents of any anaphylactic student will be notified prior to learning activities or events involving food.
- Food rewards are not be used in classrooms.

### **In the Canteen**

- Canteen staff to be briefed on students at risk of anaphylaxis and ASCIA action plans to be displayed in the canteen
- Canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- Students will have designated places to eat outside the classroom (outside canteen on green seats)
- Students with food allergies or at risk of anaphylaxis will have their lunch orders clearly marked with an allergy alert
- No nut products will be used in the canteen
- Due to a student with a severe allergy to dairy, no flavoured milk or yoghurts will be sold at the canteen.

### **During Recess and Lunch**

- Staff will be trained and aware of our emergency management procedure in case of an anaphylactic reaction in the school yard

- General use adrenaline autoinjectors will be stored in yard duty bags as well as in the first aid office to ensure ease of access
- Staff will carry a mobile phone during yard duty
- Lawns will be mowed outside of school hours and rubbish bins will be covered to reduce the risk of attracting insects
- Gloves must be worn by students with allergies when picking up rubbish in the playground.

### **Special events including incursions, cultural days, competitions, fetes or class parties**

- There must be staff trained in anaphylaxis management and administration of adrenaline autoinjectors attending or supervising any special events run by the school.
- Staff will not use food in activities and games, including as rewards.
- For events where food will be served, teachers should consult with parents to determine low risk foods for the child, or give them the option of providing their own food.
- Latex products (such as balloons and some disposable gloves) should be avoided if there are students with a latex allergy

### **Excursions, Sporting events and 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 auto injectors, antihistamines and other medications are to be carried by the teacher in charge of the student at all times. A student at risk will be allocated to their teacher's group on excursions. That teacher will have access to the adrenaline autoinjector and ASCIA action plan at all time
- Back up adrenaline auto injectors should be taken on all excursions and camps
- A current ASCIA action plan and asthma plan (if relevant) must be provided for the camp. Parents must also provide both adrenaline autoinjectors, antihistamine and if relevant Ventolin for the camp. These must have an appropriate amount of medication and a valid used by date
- Staff must carry mobile phones on them at camp and have alternative communication plans in place if coverage is poor

### **Adrenaline autoinjectors for general use**

Sandringham Primary School 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 reaction at school for the first time.

Adrenaline autoinjectors for general use will be stored in the first aid office and labelled '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 Sandringham Primary 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
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

### 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 Claire Heaven and Lisa Welsh (school nurses) and stored at in the first aid office. 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"> <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>• Call the office form a mobile phone, 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 the first aid office and guide staff back to anaphylactic student.</li> <li>• As soon as you have hung up from the office call an ambulance on 000</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.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <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.	<p>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. This should be done under the instruction of the 000 operator</p>
4.	<p>Contact the student’s emergency contacts.</p>

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.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

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' on the [Resources tab](#) of the Department's Anaphylaxis Policy.

## **Communication Plan**

This policy will be available on Sandringham Primary School's website so that parents and other members of the school community can easily access information about Sandringham Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at our school and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal and Assistant Principal are responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Sandringham 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 information in their CRT folders, including the relevant student/s Anaphylaxis Action Plan, a list with photos of other students in the school with Anaphylaxis or Allergies and the Emergency Response procedure. They should be given a verbal briefing on the location of the students' autoinjectors in the first aid office. The information is also available in the red display folder in the classrooms.

The Principal and Assistant Principal are responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

Sandringham Primary School acknowledges that peer support is important for students at risk of anaphylaxis and student's awareness will be raised through posters displayed around the school and by discussions in the classrooms between the teachers and students (on issues such as not sharing your food with friends, washing your hands after eating, being aware of what foods your friends are allergic to and getting help immediately if their friend is unwell)

It will also raise awareness within the school community through information in the school newsletter and notices home.

### **Staff training**

The Principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

Classroom teachers, specialist teachers, education support staff, admin staff and school nurses will undertake the ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisors. This course is provided by ASCIA, is free for all Victorian schools and valid for 2 years.

**The School Nurses will be allocated the role of School Anaphylaxis Supervisors and they will complete the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC. This**

course is provided by the Asthma Foundation, is free to government schools and is valid for 3 years. In order to do this they must also complete the ASCIA e training course every 2 years and either

- 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.

[For details about approved staff training modules, see page 13 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 the school Anaphylaxis Supervisors (Claire Heaven and Lisa Welsh) who have 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 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 Sandringham Primary who is at risk of anaphylaxis, the principal or assistant principal will brief all staff at the next staff meeting and ensure a copy of the student's Anaphylaxis Action Plan is distributed to the class teacher, all specialist teachers and the canteen.

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.

A record of staff training courses and briefings will be maintained through the school's online Emergency Management Plan.

### Further Information and Resources

- The Department's Policy and Advisory Library (PAL):
- [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

### Policy Review and Approval

Policy last reviewed	February 2023
Approved by	Principal
Next scheduled review date	February 2024

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.