



WILLIAMSTOWN PRIMARY SCHOOL

Anaphylaxis Policy

1. BACKGROUND

School Statement

Williamstown Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

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.

2. PURPOSE

- To explain to Williamstown 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 Williamstown Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

3. DEFINITIONS

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.

School means Williamstown Primary School.

4. PROCEDURES FOR IMPLEMENTATION

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 Williamstown 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 Williamstown 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 practical after a student enrolls at Williamstown 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

The 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 Sick Bay, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Adrenaline autoinjectors for general use are available in the Sick Bay and are labelled "general use".

Risk Minimisation Strategies

Williamstown Primary School will use the checklist and recommendations in the Anaphylaxis Guidelines to implement Risk Minimisation and Prevention Strategies in-school and out-of-school settings which include, but are not limited to:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in the canteen;
- during recess and lunchtimes;
- before and after school; and
- events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

Some of the preventions strategies that will be implemented by the School to assist anaphylaxis management include:

- providing professional development for all staff including the identification and response to anaphylaxis and the proper use of an EpiPen®/Anapen®.
- identifying susceptible children and knowing their allergens
- informing the community about anaphylaxis via the newsletter
- not allowing food sharing and restricting food to that approved by parents/carers

- keeping the lawns well mown and ensuring children always wear shoes
- requiring parents/carers to provide an Emergency Management Plan developed in consultation with a health professional and an EpiPen®/Anapen® if necessary, both of which will be maintained in the Sick Bay for reference as required
- ensuring the School keeps a spare, in date EpiPen®/Anapen® for adult and child use in a central location

School staff who are responsible for the care of children at risk of anaphylaxis have a duty to take steps to protect children from risks of injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff, and volunteers. Members of staff are expected to:

- Know the identity of children who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®/Anapen®.
- Know the School's first aid emergency procedures and their role is in relation to responding to an anaphylactic reaction.
- Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
- Know where the child's EpiPen®/Anapen® is kept. Remember that the EpiPen®/Anapen® is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the student's Anaphylaxis Management Plan.
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that children wash their hands after handling food.
- Raise student and School community awareness about severe allergies and the importance of their role in fostering a School environment that is safe and supportive for their peers.

The School will ensure that an up-to-date list of all children at risk of anaphylaxis is maintained at all times. During on-site normal School activities, the child's Individual Anaphylaxis Management Plan and ASCIA Action Plan is located in the Sick Bay.

Adrenaline autoinjectors for general use

Williamstown 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 first-time reaction at School. Adrenaline autoinjectors for general use will be stored in the Sick Bay 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 Williamstown 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.

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 senior first aide officer and stored in the 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 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 • Use the classroom phone or a personal mobile phone to raise the alarm that a reaction has occurred. The teacher will also send a red 'emergency' card with two children to the office area to raise an alarm which triggers getting an Adrenaline Autoinjector to the child and other emergency response protocols. • 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 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 and then contact Security Services Unit on 9589-6266. |

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].

Excursions and Camps - Each individual camp and excursion requires risk assessment for each individual child attending who is at risk of anaphylaxis. Therefore, emergency procedures will vary accordingly but in general the child's Individual Anaphylaxis Management Plan will be followed and emergency management response procedures will be followed.

Post-Incident Review - In the event of an anaphylactic reaction which has involved a child in the School's care and supervision, a post-incident review will take place with all parties including a thorough review of the management processes that were implemented.

Communication Plan

This policy will be available on Williamstown Primary School's website so that parents and other members of the School community can easily access information about Williamstown Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Williamstown Primary School 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 Williamstown 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, 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*. All staff will be briefed once each semester by a staff member who has up-to-date anaphylaxis management training on:

- the School's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of children diagnosed at risk of anaphylaxis and where their medication is located
- how to use an auto adrenaline injecting device
- the School's first aid and emergency response procedures
- the location of, and access to, the Adrenaline Autoinjectors that have been purchased by the School for general use or provided by parents

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, including specialist classes.
- Administration staff, Education Support 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.

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 (the School Anaphylaxis Supervisor). 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 Williamstown Primary School 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.

References:

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

5. REVIEW AND POLICY HISTORY

This policy is due for formal review in January 2020 although it may be changed at any time as required after discussion with School Council and the Principal or if guidelines change.

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.

Policy History

| Version Approval Date | Summary of changes | VRQA Requirement | DET Mandated Policy | School Council Input |
|-----------------------|----------------------|------------------|---------------------|----------------------|
| January 2012 | New Policy | N/A | N/A | N/A |
| September 2014 | Update | | | |
| May 2015 | Update | | | |
| August 2016 | Update | | | |
| October 2016 | Update | | | |
| May 2017 | Update | | | |
| August 2017 | Update | | | |
| February 2018 | Update | | | |
| February 2019 | Comprehensive Review | Yes | No | Not required |
| February 2020 | Update | Yes | No | Not required |