



## ANAPHYLAXIS POLICY

### PURPOSE

To explain to Kismet Park 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 Kismet Park 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

Kismet Park 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 Kismet Park 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 Kismet Park 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 Kismet Park 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 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 auto-injectors**

Auto-injectors are kept in the First Aid/sick bay room cupboard, clearly marked.

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at sickbay, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

A copy of each student's Individual Management Plan is supplied to their classroom teacher and responsible teaching team members (including specialists).

If a parent specifically requests that the child carry his/her own auto-injector with them at all times, the school will grant permission for this to occur if the child is of an age where they are able to appropriately recognise their own signs and symptoms of an Anaphylactic Reaction and are able to self-medicate. A second auto-injector must be supplied in addition by the parent to be kept in the sick bay to be used in the event of a backup being required.

## **Risk Minimisation Strategies**

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

- staff and students are regularly reminded to wash their hands after eating
- students are discouraged from sharing food
- external garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- student at risk of Anaphylaxis are asked to wear gloves when picking up papers or rubbish in the playground;
- school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- parents are informed via a letter at the beginning of each year about allergens that must be avoided in classes of children at risk of anaphylaxis
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- food supplied for class parties or birthdays must be presented in commercially packaged wrappings with a clear list of ingredients visible
- general use adrenaline auto-injectors will be stored in the sickbay/first aid room
- Staff will plan ahead for any school activities involving known allergens to ensure that appropriate strategies are put into place to reduce the risk of a child at risk of anaphylaxis being exposed to the allergen.

## **Adrenaline auto-injectors for general use**

Kismet Park Primary School will maintain a supply of adrenaline auto-injector(s) 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 at the sickbay and labelled "school Adrenaline Auto-injectors".



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

- the number of students enrolled at Kismet Park Primary School 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
- 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
- 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 the First Aid Coordinator and displayed in the following locations:

- Classrooms including specialists locations
- Sick bay
- Staffroom
- Canteen
- Library
- Office area (Principals 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 auto-injectors, where appropriate. Any child attending an off-site excursion or camp must supply a second back up adrenaline auto-injector to take on the excursion. If the child does not supply a second adrenaline auto-injector they will not be permitted to attend the excursion or camp. The school's general use adrenaline auto-injectors are not to be taken off site at any time and must remain on school premises. The child's adrenaline auto-injector must travel in the same bus/vehicle as the child at risk of anaphylaxis. The child's adrenaline auto-injector must be accessible and must accompany the child in their excursion/camp group at all times during the event.

Each adrenaline auto-injector will be signed out of the sickbay cupboard by the teacher in charge of the child at risk of anaphylaxis on the day of the excursion. The adrenaline auto-injector will be signed back into the school sick bay cupboard immediately when the child returns to school.

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>● 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 sickbay</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> <p><b>OR</b></p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"><li>● Pull off the black needle shield</li><li>● Pull off grey safety cap (from the red button)</li><li>● Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)</li><li>● Press red button so it clicks and hold for 10 seconds</li><li>● Remove Anapen®</li><li>● Note the time the Anapen is administered</li></ul> <p>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</p>
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.



Schools can use either the EpiPen® and Anapen® on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

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 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 Kismet Park Primary School's website and in the COMPASS App so that parents and other members of the school community can easily access information about Kismet Park Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Kismet Park 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 and volunteers are aware of this policy and Kismet Park Primary School's procedures for anaphylaxis management. All classroom specific medical alerts / details of Anaphylactic students in individual classes are found in the CRT folder found in each classroom ready for the CRT's review. The school, as far as it is practicable, will employ Casual Relief staff fully trained in the recognition and management of anaphylaxis.

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 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, administration 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.

Kismet Park uses the following training course: [ASCIA anaphylaxis e-training VIC](#). Kismet Park Primary's anaphylaxis supervisors are trained in the 22579VIC course (Verifying the Use of Adrenaline Injector Devices formerly 22303VIC) and the prerequisite training 10710NAT (Course in Allergy and Anaphylaxis awareness).

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 schools Anaphylaxis Supervisor / First Aid Coordinator who has successfully completed an anaphylaxis management course.

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
- 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 Kismet Park 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.

A record of staff training courses and briefings will be recorded in the school's online Emergency Management Plan and maintained on the school offices secure administration U:/drive.

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

- The Department's Policy and Advisory Library (PAL):
  - [Anaphylaxis](#)
  - [Allergy & Anaphylaxis Australia](#)
  - ASCIA Guidelines: [Schooling and childcare](#)
  - Royal Children's Hospital: [Allergy and immunology](#)
- Kismet Park Primary School policies and documents:
  - [First Aid Policy](#)
  - [Administration of Medication Policy](#)
  - [Asthma Policy](#)
  - [Health Care Needs Policy](#)



## POLICY REVIEW AND APPROVAL

Policy last reviewed	September 2022
Approved by	Acting Principal
Next scheduled review date	This policy will be reviewed in 2023 or as required to comply with legislation. Noting that this policy has a mandatory review cycle of 1 year.

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.

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This policy is based on the Department's template and does not require school council approval.