



SORRENTO PRIMARY SCHOOL ANAPHYLAXIS POLICY

Tabled: October 2023

Review Date: October 2024

PURPOSE

To explain to Sorrento Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed at being at risk of suffering from anaphylaxis. This policy also ensures that Sorrento 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

Sorrento 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 reaction, can include:

- Difficulty/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 Sorrento 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 Sorrento 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 Sorrento 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 the 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 and 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 risks of exposure to known allergens while the students is under the 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 Plan

A student's Individual Anaphylaxis Action 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 circumstance:

- 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

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

Classrooms

1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Auto-injector is kept in another location.
2. Liaise with parents about food-related activities ahead of time.
3. Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy/ies provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4. Never give food from outside sources to a student who is at risk of anaphylaxis.
5. Treats for the other students in the class should not contain the substance to which the student is allergic.

6. 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.
7. 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).
8. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10. A designated staff member should inform casual relief teachers, specialist 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 Auto-injector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

Yard

1. If Sorrento Primary School has a student who is at risk of anaphylaxis, sufficient staff on yard duty must be trained in the administration of the Adrenaline Auto-injector (i.e. EpiPen®) to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Auto-injector 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).
3. 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.
4. Yard Care staff must also be able to identify, by face, those students at risk of anaphylaxis.
5. Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants.
6. Keep lawns and clover mowed and outdoor bins covered.
7. Students should keep drinks and food covered while outdoors.

Special Events

1. If Sorrento Primary School has a student at risk of anaphylaxis, sufficient staff supervising the special event must be trained in the administration of an Adrenaline Auto-injector to be able to respond quickly to an anaphylactic reaction if required.
2. School staff should avoid using food in activities or games, including as rewards.
3. For special occasions, staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
4. Parents 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.
5. Party balloons should not be used if any student is allergic to latex.

Travel to and from school by bus

1. Staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it

occur on the way to and from school on the bus. This includes the availability and administration of an Adrenaline Auto-injector. The Adrenaline Auto-injector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Auto-injector on their person at school.

EXCURSIONS/EVENTS

1. Sufficient staff supervising the special event must be trained in the administration of an Adrenaline Auto-injector and be able to respond quickly to an anaphylactic reaction if required.
2. A staff member or team of staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Auto-injector must accompany any student at risk of anaphylaxis on field trips or excursions.
3. Staff should avoid using food in activities or games, including as rewards.
4. The Adrenaline Auto-injector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and staff must be aware of their exact location.
5. For each excursion/event, 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/event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
6. All staff members present during the excursion/event 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; to develop an alternative food menu; or request the parents provide a meal (if required).
8. Parents may wish to accompany their child on excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
9. Prior to the excursion taking place staff should ensure that student's Individual Anaphylaxis Management Plan is up to date and relevant to the particular excursion activity.

Camps and Remote Settings

1. Prior to engaging a camp owner/operator's services the school should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the school should consider using an alternative service provider.
2. 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.
3. 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.
4. Schools 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 of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.

5. School Staff should consult with parents 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 these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.

6. 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.

7. Use of substances containing allergens should be avoided where possible.

8. 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.

9. The student's Adrenaline Auto-injector, 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.

10. Prior to the camp taking place staff should consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.

11. 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.

12. 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.

13. Schools should consider taking an Adrenaline Auto-injector 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.

14. Schools should consider purchasing an Adrenaline Auto-injector for general use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.

15. The Adrenaline Auto-injector should remain close to the student and school staff must be aware of its location at all times.

16. The Adrenaline Auto-injector should be carried in the school first aid kit; however, schools can consider allowing students, to carry their Adrenaline Auto-injector 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 Auto-injector.

17. 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.

18. Cooking and art and craft games should not involve the use of known allergens.

19. Consider the potential exposure to allergens when consuming food on buses and in cabins.

Adrenaline autoinjectors for general use

Sorrento Primary School will maintain a supply of adrenaline autoinjector(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 autoinjectors for general use will be stored at the First Aid Room and labelled for '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 Sorrento 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 designated First Aid Officer and stored at 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 Plan 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 at 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 to 5
2.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20Kg)</p> <ul style="list-style-type: none">• Remove from plastic container• Form a fist around the EpiPen and pull off the blue safety release (cap)

	<ul style="list-style-type: none"> • 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 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.
6.	Contact Emergency Management Department to report the incident on 1800 126 126 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

If the 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.

Communication Plan

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

The Principal, Casual Relief Staff Co-ordinator or School Anaphylaxis Supervisor(s) is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Sorrento 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.

Staff training

Staff at Sorrento Primary School 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

Sorrento Primary School uses the following training course: ASCIA e-training course (with 22303VIC, or 22300VIC or 10313NAT).

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member(s) who has successfully completed an anaphylaxis management course within the last two years including School Anaphylaxis Supervisor(s).

Each briefing will address:

- This policy
- The causes, symptoms and treatments 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 Sorrento 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.

FURTHER INFORMATION AND RESOURCES

- 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