



# Anaphylaxis Policy

## Rationale

Allergic reactions are common in children. However, severe life threatening allergic reactions are uncommon and deaths are rare. Protecting our community from the effects of severe allergic reactions is a fundamental responsibility of School Council and Preston West Primary School staff.

Anaphylaxis (anaphylactic shock) is the most severe, rapidly progressive form of allergic reaction that is potentially life threatening. Anaphylaxis may result from foods, fish, latex, asthma, insects, medications or cleaning materials and each of these must be managed carefully.

Preston West Primary School understands and complies with Ministerial Order 706: Anaphylaxis Management in Victorian Schools 2014 and the guidelines relating to anaphylaxis management as published and amended by the department when directed.

## What is anaphylaxis?

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life-threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency requiring a rapid response.

Mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes;
  - hives or welts;
  - tingling mouth; and
  - abdominal pain and/or vomiting (these are signs of a severe allergic reaction to insects).
- Anaphylaxis (severe allergic reaction) can include:
- difficult/noisy breathing;
  - swelling of tongue;
  - swelling/tightness in throat;
  - difficulty talking and/or hoarse voice;

- wheeze or persistent cough;
- persistent dizziness or collapse; and
- pale and floppy (young children).

Symptoms usually develop within 10 minutes to several hours after exposure to an allergen, but can appear within a few minutes.

## **Implementation guidelines**

### **Individual Anaphylaxis Management Plans**

#### **Parents**

It is the responsibility of the Parents to:

- Parents of students with diagnosed severe allergies are to inform the school on enrolment.
- Inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- Provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and provide the School with an Adrenaline Autoinjector (EpiPen) that is current and not expired for their child in a clearly named insulated lunch pack.
- Anaphylaxis Management Plans will include information about the type of allergies and strategies to reduce the risk of exposure to known allergens.
- Parents will actively participate in development of an Anaphylaxis Management Plan for their child annually with the Principal's delegate.
- **Students without a current EpiPen & ASCIA Action Plan for Anaphylaxis will NOT be permitted to attend school excursions or camps.**

## **School**

**It is the responsibility of the Principal's delegate and the staff to ensure that;**

- ASCIA Action Plan is developed and displayed for all students at risk of Anaphylaxis.
- ASCIA Action Plans for Anaphylaxis are displayed in sick bay, main office, teacher offices, student's classrooms and specialist classrooms.
- ASCIA Action Plans for Anaphylaxis for all at risk students are also stored with their EpiPens and any other appropriate medications in the administration office in a clearly labelled bag. Staff are informed of the the location of the student's EpiPen and ASCIA Action Plan.
- The Area Coordinators and grade level teams are required to inform any CRT staff of the students at risk and their management plans.
- The school has 2 up to date generic EpiPens stored at the office. These will be used as a backup to the EpiPen provided by the parents.
- One school EpiPen is to be available at school at all times and the 2nd School EpiPen is to be taken on excursions, camps and out of school activities.
- The generic school EpiPens are replaced annually by the Principal's delegate at the school's expense when they expire.
- Anaphylaxis Management Plans are reviewed annually or if a student's medical condition changes insofar as it relates to the allergy, if a student has an anaphylactic reaction at school or when students attend off site activities such as camps or excursions or at special events conducted, organised or attended by the school.
- The class teacher or excursion organiser makes contact with the parents prior to offsite activities to review Anaphylaxis Management Plans [this may be done by phone]
- Anaphylaxis Management Plans are stored at the back of the main office and in the First Aid Emergency Asthma and Anaphylaxis Plans yellow folder.
- The school notifies parents who have children on Anaphylaxis Management Plans 1 month before the EpiPen is due to expire.
- Students who are on Anaphylaxis Management Plans when attending school events outside the school grounds must have their EpiPen with them.
- Class teachers or a designated first aid teacher will be responsible for EpiPens and ASCIA Action Plans when students are attending events out of the school grounds.
- These kits and plans will also be collected and kept with the student's supervising staff in the case of an Emergency Evacuation Procedure.

- Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at School, or away from School. Work with parents to provide appropriate food for their child if the food the School/class is providing may present a risk for him or her.
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Work with parents to provide appropriate treats for students at risk of anaphylaxis.
- 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 aware of the risk of cross-contamination when preparing, handling and displaying food.
- Raise student awareness about severe allergies and the importance of their role in fostering a School environment that is safe and supportive for their peers.
- Preston West Primary will raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. This will be done by providing information in the school newsletter.

### **Staff training and emergency response**

- Know and understand the School Anaphylaxis Management Policy.
- All staff are to be trained in recognising symptoms of Anaphylaxis and the use of EpiPens.
- All Staff to be trained in school procedures for preventing and managing an Anaphylactic attack.
- Staff are briefed at least twice yearly on issues relating to anaphylaxis and the school procedures that are in place and the identities of any Anaphylactic students in the school and where their medication is stored
- Staff role play and practise for an anaphylactic incident twice yearly.
- Student Anaphylaxis Identification Action cards are placed in each yard duty bag for students who have Anaphylaxis Management Plans
- In the event of an Anaphylactic emergency the school's emergency response procedures, together with first aid procedures and the student's ASCIA Action Plan must be followed
- Students treated with an EpiPen must always attend hospital for medical assessment.
- Parents of students who have an Anaphylactic reaction must be contacted immediately.

## Prevention Strategies

- Liaison with parents about food-related activities ahead of time.
- Non-food treats will be used where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- 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).
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- The First aid coordinator/ Area Coordinator will 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 Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.
- 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).
- Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis.
- Prior to any excursion taking place school staff should consult with the student's parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

### How to administer an EpiPen®

1. Remove from plastic container.
2. Form a fist around EpiPen® and pull off the blue safety cap.

3. Place orange end against the student's outer mid-thigh (with or without clothing).
4. Push down hard until a click is heard or felt and hold in place for 10 seconds.
5. Remove EpiPen®.
7. Massage injection site for 10 seconds.
8. Note the time you administered the EpiPen®.
9. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

#### How to administer an AnaPen®

1. Remove from box container and check the expiry date.
2. Remove black needle shield.
3. Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap.
4. Place needle end against the student's outer mid-thigh.
5. Press the red button with your thumb so it clicks and hold it for 10 seconds.
6. Replace needle shield and note the time you administered the Anapen®.
7. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

#### If an Adrenaline Autoinjector is administered, the School must

1. **Immediately** call an ambulance (000/112).
2. Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3. Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere.

4. In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).

5. **Then** contact the student's emergency contacts.

6. **For government schools - later**, contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

#### **First-time reactions**

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the School Staff should follow the school's first aid procedures.

This should include immediately contacting an ambulance using 000.

It may also include locating and administering an Adrenaline Autoinjector for General Use.

#### **Post-incident support**

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and Parents. In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident counselling, provided by the school nurse, guidance officer, student welfare coordinator or School psychologist.

#### **Review**

After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision, it is important that the following review processes take place.

1. The Adrenaline Autoinjector must be replaced by the Parent as soon as possible.

2. In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.

3. If the Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible.

4. In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided.
5. The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents.
6. The School's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.

### Raising student awareness

Peer support is an important element of support for students at risk of anaphylaxis.

.Class teachers can discuss the topic with students in class, with a few simple key messages, outlined in the following:

#### Student messages about anaphylaxis

1. Always take food allergies seriously – severe allergies are no joke.
2. Don't share your food with friends who have food allergies.
3. Wash your hands after eating.
4. Know what your friends are allergic to.
5. If a school friend becomes sick, get help immediately even if the friend does not want to.
6. Be respectful of a school friend's Adrenaline Autoinjector.
7. Don't pressure your friends to eat food that they are allergic to.

Source: Be a MATE kit, published by Anaphylaxis & Allergy Australia.

# EDUCATION AND TRAINING REFORM ACT 2006

## Ministerial Order No.706: Anaphylaxis Management in Victorian schools

The Minister for Education makes the following Order:

### **PART A: PRELIMINARY**

#### **1. Background**

- 1.1. Division 1 of Part 4.3 of the *Education and Training Reform Act 2006* sets out the requirements for initial and ongoing registration of Government and non-Government schools in Victoria.
- 1.2. Section 4.3.1(6) of the Act and Schedule 2 of the *Education and Training Reform Regulations 2007* set out the prescribed minimum standards for registration of schools.
- 1.3. Sub clause (c) of section 4.3.1(6) of the Act states that if a school has enrolled a student in circumstances where the school knows, or ought reasonably to know that the student has been diagnosed as being at risk of anaphylaxis, then the school must have an anaphylaxis management policy containing matters required by Ministerial Order.
- 1.4. Sections 4.3.2 to 4.3.5 of the Act enable the Victorian Registration and Qualifications Authority to take steps to satisfy itself as to whether or not a school complies and continues to comply with the prescribed minimum standards for registration, including the formulation and implementation of an appropriate anaphylaxis management policy in accordance with the Act, any relevant Ministerial Order, and any other applicable law or instrument.

#### **2. Purpose**

- 2.1. The purpose of this Order is to specify the matters that:
  - 2.1.1. schools applying for registration; and
  - 2.1.2. registered schools;must contain in their anaphylaxis management policy for the purposes of section 4.3.1(6)(c) of the Act.

#### **3. Commencement**

- 3.1. This Order comes into operation on 22 April 2014.
- 3.2. Ministerial Order 90 is repealed with effect from the date that this Order comes into operation.

#### **4. Authorising provisions**

- 4.1. This Order is made under sections 4.3.1, 5.2.12, 5.10.4 and clause 11 of Schedule 6 of the Act.

#### **5. Definitions**

- 5.1. Unless the contrary intention appears, words and phrases used in this Order have the same meaning as in the Act.
- 5.2. "Act" means the *Education and Training Reform Act 2006*.

- 5.3. "adrenaline autoinjector" means an adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis.
- 5.4. "adrenaline autoinjector for general use" means a 'back up' or 'unassigned' adrenaline autoinjector.
- 5.5. "anaphylaxis management training course" means:
- 5.5.1. a course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the *National Vocational Education and Training Regulator Act 2011* (Cth) that includes a competency check in the administration of an adrenaline autoinjector;
  - 5.5.2. a course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an adrenaline autoinjector;
  - 5.5.3. a course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline autoinjector; and
  - 5.5.4. any other course approved by the Secretary to the Department for the purpose of this Order as published by the Department.
- 5.6. "Department" means the Department of Education and Early Childhood Development.
- 5.7. "medical practitioner" means a registered medical practitioner within the meaning of the *Health Professions Registration Act 2005*, but excludes a person registered as a non-practicing health practitioner.
- 5.8. "parent" in relation to a child means any person who has parental responsibility for 'major long term issues' as defined in the *Family Law Act 1975* (Cth) or has been granted 'guardianship' for the child pursuant to the *Children, Youth and Families Act 2005* or other state welfare legislation.
- 5.9. "school staff" means any person employed or engaged at a school who:
- 5.9.1. is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part;
  - 5.9.2. is in an educational support role, including a teacher's aide, in respect of a student with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
  - 5.9.3. the principal determines should comply with the school's anaphylaxis management policy.

## **PART B: SCHOOL ANAPHYLAXIS POLICY REQUIREMENTS**

### **6. School Anaphylaxis Policy**

- 6.1. A school's anaphylaxis management policy must contain the following matters:
- 6.1.1. a statement that the school will comply with:

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This policy was last ratified by School Council: 13.05.2014

