

**Help for non-English speakers**

If you need help to understand the information in this policy please contact Kensington Primary School

**PURPOSE**

To explain to Kensington 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 Kensington 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**

Kensington 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 Kensington 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 or Assistant Principal of Kensington 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 KPS 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.

### Location of Anaphylaxis Management Plans and ASCIA Action Plans

The School will maintain a complete and up to date list of students identified as having an allergy related medical condition. Individual *Anaphylaxis Management Plans* and *ASCIA Action Plans* will be:

- displayed in the students' classroom;
- placed in the front of each teacher's Classroom Folder
- displayed on the notice board in the Sick Bay;
- filed in the student's red insulated medication pouch located at the school office and taken on excursions and camps by staff attending.
- Filed in a Master Student Medical Folder located in the Office
- CRT Folders
- Specialist Medical Alert Folder

### Storage of adrenaline autoinjectors

- Medication supplied by the parent, as prescribed by the medical practitioner, will be stored in the main school office in individual student red insulated medical pouches labelled with the student's name and grade.
- EpiPens purchased by the school for general use will be stored in the Business Manager's office in red insulated medical pouches labelled as general use school EpiPens. These must be signed out and in by the teacher in charge of excursions and camps.

### **Risk Minimisation Strategies in the School Setting**

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

- staff and students are regularly reminded to wash their hands after eating
- students eat recess and lunch inside and are supervised by staff.
- students are reminded not to share food
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- gloves must be worn when picking up papers or rubbish in the playground;
- year groups will be informed of allergens that must be avoided in advance of planned events and teachers to discuss potential risks with parents prior to the event.
- 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.

### **Risk Minimisation strategies in specific settings**

In Classrooms and Specialist rooms	
1.	The student's <i>Individual Anaphylaxis Management Plan</i> will be located in each teacher's Classroom Folder. The <i>ASCIA Action Plan</i> will be displayed near the classroom door. The Adrenaline Autoinjector is kept in the Office.
2.	Teachers to liaise with parents about food-related activities ahead of time.
3.	<b>Food is not to be used as treats in the classroom.</b>  Parents of students with food allergy will be asked to provide a treat box with alternative treats. Treat boxes should be clearly labelled with the student's name.
4.	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.
5.	All staff to 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).
6.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc... are washed and cleaned thoroughly after preparation of food and cooking.
7.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
8.	The delegated Anaphylaxis Supervisor will inform staff members of the names of any students at risk of anaphylaxis, the location of each student's <i>Individual Anaphylaxis Management Plan</i> and adrenaline autoinjector, and each individual person's responsibility in managing an incident.  The Assistant Principal will inform casual relief teachers that students at risk of anaphylaxis are listed in the CRT folder. CRTs will be informed if they have concerns about any student's medical presentation to contact the Office immediately via internal phones and to seek assistance from their buddy grade teacher/s.

In the Yard	
1.	School Staff on yard duty: <ul style="list-style-type: none"> <li>• must be trained in the administration of the adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if needed.</li> <li>• Must carry a first aid bag, that has photos of students with anaphylaxis.</li> </ul>
2.	The adrenaline autoinjector and each student's Individual <i>ASCIA Action Plan</i> are easily accessible from the yard, and staff should be aware of their exact location - School Office.
3.	The School has a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard.

### Risk Minimisation Strategies in out of School Setting

Excursions / Sporting Events / Special Events	
1.	School Staff supervising a special event must be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2.	A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector must accompany any student at risk of anaphylaxis on excursions and other out of school events. These students are not to be under the supervision of parent volunteers.
3.	The adrenaline autoinjector and a copy of the Individual <i>ASCIA Action Plan</i> for each student at risk of anaphylaxis will be stored in each student's medication bag carried by School Staff.
4.	For each excursion etc, 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/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.  All School Staff members present during the excursion 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.
5.	Parents may be requested to accompany their child on excursions. This will be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.

Camps and Remote Settings	
1.	Prior to engaging a camp owner/operator's services the School must make enquiries as to whether: <ul style="list-style-type: none"> <li>a) it can provide food that is safe for anaphylactic students</li> <li>b) mobile coverage is available</li> </ul> If a camp owner/operator cannot provide this confirmation to the school, then the school should consider using an alternative service provider.
2.	The school <b>will not sign</b> 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.
3.	School staff will 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.
4.	Prior to the camp taking place school staff will consult with the student's parents to develop the students Individual <i>Anaphylaxis Management Plan for Camp</i> to ensure that it is up to date and relevant to the circumstances of the particular camp.
5.	The student's adrenaline autoinjector, Individual <i>Anaphylaxis Management Plan for Camp</i> , including the <i>ASCIA Action Plan for Anaphylaxis</i> and a mobile phone must be taken on camp.
6.	School staff participating in the camp will:

	<ul style="list-style-type: none"> <li>• be clear about their roles and responsibilities in the event of an anaphylactic reaction.</li> <li>• check the emergency response procedures that the camp provider has in place and ensure that these are sufficient in the event of an anaphylactic reaction and</li> <li>• ensure all school staff participating in the camp are clear about their roles and responsibilities.</li> </ul>
7.	The school will take an adrenaline autoinjector 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.
8.	All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans and plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
9.	Confirm details of local emergency services and hospitals well before the camp. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
10.	Students with anaphylaxis attending camp will carry their adrenaline autoinjector from home with them at all times on camp. Assigned staff will carry the student's school based autoinjector and accompany the student's group at all times.
11.	Cooking and art and craft games should not involve the use of known allergens.
12.	All students attending camp will not be allowed to bring food from home except where specifically requested e.g. lunch on the first day. This will minimise the risk of allergens in cabins.

### Annual Risk Management Checklist

(Refer to Appendix A)

The first aide officer, Christine Cardwell, will complete an annual Risk Management Checklist to monitor compliance with the Ministerial Order 706, DET guidelines and their obligations. The annual checklist can be downloaded from <http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxischl.aspx>

### ADRENALINE AUTOINJECTORS FOR GENERAL USE

Kensington 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 in the School 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 Kensington 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 Principal's delegate (currently Christine Cardwell, First Aid Officer). 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>• Seek assistance from another staff member or reliable student or the Office to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the Office, in Medical Folder.</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 3 seconds</li> <li>• Remove Anapen®</li> <li>• Note the time the Anapen is administered</li> <li>• Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</li> </ul>
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.	After the event contact Emergency Services Management, Department of Education and Training 03 9589 6266 (available 24hrs 7 days a week)

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.

#### Post Incident and Review Process

After an anaphylactic reaction has taken place involving a student in the school's care and supervision, the following processes will be undertaken:

- A review of the circumstances that led to the anaphylactic reaction will be performed to determine if any aspects of the Anaphylaxis Policy have been breached or require amendment
- The adrenaline auto-injector must be replaced by the parent as soon as possible and the Principal will ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur

prior to the replacement adrenaline auto-injector being provided;

- If the adrenaline auto-injector for general use has been used this should be replaced as soon as possible and the Principal should ensure there is an interim plan in place should another anaphylactic reaction occur prior to the replacement adrenaline auto-injector for General Use;
- The student's Individual *Anaphylaxis Management Plan* should be reviewed in consultation with the student's parents;
- 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.

## **COMMUNICATION PLAN**

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

The Principal /AP is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and KPS'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 (contact the Office immediately / seek support from buddy grade) and the identity of students at risk.

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

At the beginning of each school year, the school will notify all parents in a class where a student is known to have an Anaphylaxis Action Plan. Parents will be request not to send food containing the known allergens.

## **Staff training**

The Principal /AP 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

All school staff including teachers, administration staff, education support staff and any other members of school staff as required by the Principal based on a risk assessment, are required to undertake and complete the ASCIA anaphylaxis e-training for schools Victoria.

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 including 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 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-injector that have been provided by parents or purchased by the school for general use.

When a new student enrolls at KPS who is at risk of anaphylaxis, the Principal/AP 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 maintained through the school's OHS Training Planner spreadsheet saved on the KPS share drive / admin.

The Principal /AP 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](#)

## **POLICY REVIEW AND APPROVAL**

This policy was last updated in June 2023 and is scheduled for review in July 2024

The Principal, Assistant Principal and Anaphylaxis Supervisor 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.

<b>Policy last reviewed and updated</b> (Includes changes to Anapen administration)	School Council Policy sub-committee June 2023 Anaphylaxis Supervisor delegate, Christine Cardwell.
<b>Approved by</b>	Principal, Bridget McLaughlin
<b>Next scheduled review date</b>	July 2024 This policy has a mandatory review cycle of 1 year.