

ANAPHYLAXIS POLICY



Help for non-English speakers

If you need help to understand the information in this policy please contact Pakenham Consolidated School on 5941 1511 or email Pakenham.cs@education.vic.gov.au

PURPOSE

To explain to Pakenham Consolidated 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 Pakenham Consolidated 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

Pakenham Consolidated 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 Pakenham Consolidated 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 Pakenham Consolidated 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 Pakenham Consolidated School and where possible, before the student's first day.

Parents and carers must:

- obtain the relevant ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide the original or a coloured copy to the school as soon as practicable. The school must sight the original ASCIA Action Plan if a copy is supplied.
- 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 prescribed adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan, as required.

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.

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 the student's Individual Anaphylaxis Management Plan will be provided to their Classroom Teachers, Parent/Carer and available to any Staff on request.
The prescribed student's adrenaline autoinjector will be housed with a copy of the student's current ASCIA Anaphylaxis plan and stored in accordance with the student's Individual Anaphylaxis Management Plan.*

Risk Minimisation Strategies

Food Allergies

Canteen (Contractor)

- Canteen staff trained to minimise cross contamination of food during its preparation and processing.
- Canteen staff to use their discretion in stocking items of potential allergens.
- Canteen Staff alerted to the food allergy by the child's parent and PCS.
- Canteen orders from children with a food allergy notated with "Food Allergy – Nuts" in large print on the paper bag, above or below the student's name to alert or remind new Canteen Staff or Volunteers.
- Canteen Staff to be familiar with the Education Department policy relating to Canteen guidelines and healthy foods guidelines and any updates in this policy.
- Canteen Menu to include the foot note or similar.

"Please Note: If your child has a food allergy, please remind canteen staff by stating the student's allergy in writing on the lunch paper bag in bold print (i.e. **PEANUT ALLERGY**). All reasonable care is taken at all times".

Class Parties/Student Birthdays

- Parent/Carers to supply a container housing safe food items to be consumed as a substitute for classroom activities (i.e. classroom parties, birthday party cake, treats, etc) that involve food consumption.
- Parents/Carers of the class with a student at risk of anaphylaxis provided with an information sheet/notice discouraging bringing food to school containing the allergen of concern.
- Advise/consult parent/carer of the birthday food being provided by third provider and receive consent

General

- Educate class about food allergies
- Encourage students and parents NOT to bring high risk food to school, if possible.

- Discourage food sharing between all children
- Encourage hygiene practise (i.e. frequent hand washing)
- Discourage food swapping between all children.
- Allow student to make own food items
- Allow student to touch and unwrap their own food products
- Staff will participate in accredited eLearning Anaphylaxis Courses
Students will use tongs or disposable gloves for picking up rubbish

Visual Arts/Crafts/Hobbies

Do not use items that may contain traces of the identified allergen even if washed thoroughly (i.e. food containers)

Performing Arts

- Do not use props or staging materials that may contain traces of the identified allergens.
Do not use costumes or make up that may contain traces of the identified allergens

Curriculum – Cooking

- Ensure food items do not conflict with child's known allergens
- Prevent cross contamination of foods during preparation, cooking and distribution processes.

Insect Allergies

- Play in areas with few plants in flower to lessen contact with flying insects.
- Use an insect repellent, if appropriate.
- Wear clothing that covers all exposed skin where possible.
- Wear shoes at all times outdoors.
- Reduce bee attracting plants in vicinity (i.e. class room)
- Don't house cut flowers or plants in flower in an indoor area where a child with an allergy resides.
- Don't reside near sugar drinks that attract Wasps if allergic to their venom.
- Don't play near insect nests or areas likely to house or expose an insect nest

Latex/Related Allergies

- Use non-latex glove as an alternative
- Avoid use of party balloons
- Avoid contact with latex products
- Avoid contact with dressing strips with latex adhesive or components

Insect Sting Allergies

- Avoid being outdoors at certain times of the day where possible
- Using personal insect repellent that contains DEET (Diethyltoluamide, N, N-diethyl-3-methylbenzamide)
- Wear clothing that covers exposed skin

- Care around bodies of water that attract bees/insects
- Chlorinated pools attract bees
- Keep water bottle/open drinking vessels covered
- Don't provoke bees/wasps' nest or ant mounds or insects
- Consider garden plants that are not pollinated by insect of concern.

Adrenaline autoinjectors for general use

Pakenham Consolidated School will maintain a supply of adrenaline autoinjectors for general use, as a back-up to those provided by parents/carers for specific students, and for students/staff/visitors that may experience a first-time anaphylaxis reaction.

School Adrenaline autoinjectors for general use will be housed in the:

- *First Aid Room*
- *Wellbeing Centre Kitchen (Breakfast Club)*
- *Learn Explore And Play (LEAP) Building (houses Out of School Hours Care OSHC)*

The Principal or delegate is responsible for the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Pakenham Consolidated 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 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
- 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 response procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan, as is appropriate.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by our First Aid Officer and stored in 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 Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

FIRST AID PLAN FOR Anaphylaxis

For use with adrenaline (epinephrine) injectors - refer to the device label for instructions

Translated versions of this document are on the ASCIA website www.allergy.org.au/anaphylaxis#ta5

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS



Swelling of lips, face eyes



Hives or welts



Tingling mouth



Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION

- For insect allergy flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline injector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before severe allergic reactions (anaphylaxis)

ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS



Difficult or noisy breathing



Swelling of tongue



Swelling or tightness in throat



Wheeze or persistent cough



Difficulty talking or hoarse voice



Persistent dizziness or collapse



Pale and floppy (young children)



Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION

- 1 LAY PERSON FLAT - do NOT allow them to stand or walk
 - If unconscious or pregnant, place in recovery position - on left side if pregnant
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright



- 2 GIVE ADRENALINE INJECTOR as shown on the device label



- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Further adrenaline may be given if no response after 5 minutes
- 6 Transfer person to hospital for at least 4 hours of observation



IF IN DOUBT GIVE ADRENALINE INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally



Adrenaline injectors are given as follows:

- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

ALWAYS give adrenaline injector FIRST, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this first aid plan for the person with the allergic reaction.

© ASCIA 2021 This document has been developed for use as a poster, or to be stored with general use adrenaline injectors.

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 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 First Aid Room. • 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.	<p>Administer an EpiPen (School Adrenaline Autoinjector) or EpiPen Jr</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) • 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 <p>OR</p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"> • Pull off the black needle shield • Pull off grey safety cap (from the red button) • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) • Press red button so it clicks and hold for 10 seconds • Remove Anapen® • Note the time the Anapen is administered • Retain the used Anapen 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.

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.

Communication Plan

This policy will be available on Pakenham Consolidated School's website so that parents and other members of the school community can easily access information about Pakenham Consolidated School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Pakenham Consolidated 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 are aware of this policy and Pakenham Consolidated School's procedures for anaphylaxis management.

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 school 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, admin 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.

Pakenham Consolidated School uses the following training course:

- ASCIA anaphylaxis e-training VIC 2021-2 (theory component)
- Anaphylaxis Supervisor (practical component)

[Note, for details about approved staff training modules, refer to chapter 5 of the [Anaphylaxis Guidelines](#)]

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (Term 1 & Term 3), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years [i.e. 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 Pakenham Consolidated 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 maintained PCS OHS Training Planner.

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](#)

POLICY REVIEW AND APPROVAL

Policy last reviewed	August 2023
Approved by	Katrina Stewart - Principal
Next scheduled review date	August 2024

The Principal or delegate 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.