



BURWOOD EAST SPECIAL DEVELOPMENTAL SCHOOL

ANAPHYLAXIS POLICY



Help for non-English speakers

If you need help to understand the information in this policy, please contact school on 03 9803 4590.

PURPOSE

To explain to Burwood East Special Developmental School's 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 Burwood East Special Developmental School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

If you do not understand any aspect of this policy, or you would like to talk about any concerns you have, please contact our school on 03 9803 4590 or burwood.east.sds@education.vic.gov.au

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

Burwood East Special Developmental 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 medications.

Symptoms

Signs and symptoms of a mild to moderate allergic reactions 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



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- 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 Burwood East Special Developmental School who are diagnosed as being at risk of suffering from an anaphylactic reaction by a medical practitioner must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal of Burwood East Special Developmental School is responsible for developing a plan in consultation with the student's parents/carers and first aid staff.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Burwood East Special Developmental 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 is 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 allergy 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



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- 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

General adrenaline autoinjectors will be located:

- Front office

ASCIA Actions Plans will be located:

- In the student's classroom (a copy prominently displayed)
- Allergies folder in Assistant Principal's office
- Student's confidential file
- Teacher's excursion file
- First aid cupboard in the front office
- Crown Buses (if student uses their service)

Individual Anaphylaxis Management Plans will be located:

- In the Student's classroom
- Allergies folder in Assistant Principal's office
- Student's confidential file
- Teacher's excursion file
- First aid cupboard in the front office with their ASCIA Action Plan for Anaphylaxis with the student's adrenaline autoinjector
- Crown Buses (if student uses their service)



Risk Minimisation Strategies

Classrooms	
	A copy of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan will be kept in an easily accessible location in the classroom.
	Staff and students are regularly reminded to wash their hands after eating
	Students are discouraged from sharing food
	Garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
	Year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
	Liaise with parents about food-related activities ahead of time.
	Staff to use non-food treats and/or rewards where possible.
	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.
	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).
	Staff to ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
	Staff to have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. Liaise with parents about food-related activities ahead of time.

School Yard	
	Sufficient School Staff on yard duty must be trained in the administration of the adrenaline autoinjector (i.e. Epipen Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
	The adrenaline autoinjector and each student's Individual Anaphylaxis Management Plan to be stored nearby in the unlocked, front office location.
	All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the staff room or administration or front office of an anaphylactic reaction in the yard.
	Yard duty staff must be able to identify, by face, those students at risk of anaphylaxis.
	Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with parents to encourage students to wear appropriate long-sleeved garments, as well as closed shoes when outdoors.
	Regular monitoring of playground and equipment to ensure cleanliness and that area is free of food debris.
	No food to be consumed in the playground during recesses.



Special events (e.g. excursions, sporting events, incursions, class parties, etc.)	
1.	Sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2.	The adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis should remain close to the student and School Staff must be aware of its location at all times.
3.	School staff should avoid using food in activities or games, including as rewards.
4.	For special occasions, school staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
Travel to and from School by bus	
1.	School staff will 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. The adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student.

Camps	
1.	The school will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This will be developed in consultation with parents of students at risk of anaphylaxis prior to the camp dates.
2.	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. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
3.	The student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone will be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency will be considered, e.g., a satellite phone.
4.	Prior to the camp taking place, school staff will consult with the student's parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
5.	School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction.
6.	Contact with local emergency services and hospitals will occur prior to the camp to advise full medical conditions of students at risk, location of camp and location of any off camp activities.
7.	The adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis will remain close to the student and School Staff must be aware of its location at all times.
8.	Students with anaphylactic responses to insects to always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
9.	Staff to consider the potential exposure to allergens when consuming food on buses and in cabins.
10.	A general use adrenaline autoinjector will be taken on all camps and be carried by a staff member at all times.



Eternal programs e.g. ASDAN

The School will involve parents, the student and the employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending any external programs. Staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the adrenaline autoinjector in case the student shows signs of an allergic reaction whilst at the external program.

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

The adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis should remain close to the student and School Staff must be aware of its location at all times.

A general use adrenaline autoinjector will be stored in the front office.

Adrenaline autoinjectors for general use

Burwood East Special Developmental School will maintain a supply of adrenaline autoinjectors 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 front 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 Burwood East Special Developmental School at risk of anaphylaxis
- The accessibility of adrenaline autoinjectors supplied by parents
- The availability of a sufficient supply of auto-adrenaline injectors 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.
- 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 school First Aid staff and is located in the Allergies folder in the assistant principal's 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 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 to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, in the classroom or front office. ● 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 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 of 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 <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.

If in doubt, it is better to use an adrenaline autoinjector 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. Refer to 'Frequently asked questions' on the [Resources tab](#) of the Department's Anaphylaxis Policy



Communication Plan

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

The Principal, Assistant Principal or Leading teachers are responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy for Burwood East Special Developmental School procedures for anaphylaxis management.

- The Principal will identify school staff, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the School who will receive anaphylaxis management training as required.
- The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#)

All School Staff will participate in a briefing, to be held twice yearly, at the beginning and middle of the school year by the school First Aid staff on:

- The School's Anaphylaxis Management Policy;
- The causes, symptoms and treatment of anaphylaxis;
- The identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, where their medication is located, individual Anaphylaxis Management Plans;
- How to use an adrenaline autoinjector,
- The school's general first aid and emergency response procedures
- The location of, and access to, adrenaline autoinjector that have been provided by parents or purchased by the School for general use.
- Volunteers and casual relief staff working with students at risk of anaphylaxis are informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the assistant Principal or school nurse.
- Information about the School's Anaphylaxis Management Policy and students at risk of anaphylaxis are included in the school's induction process.
- Parents are informed of the School's Anaphylaxis Management Policy during the School's enrolment process.
- The School's Anaphylaxis Management Policy is available to all School Staff via Google Drive and hard copies in the staffroom.
- Food removal will only occur following the recommendation of a relevant medical specialist and the provision of documentation.

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

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.



Burwood East Special Developmental School staff will participate in appropriate training and education as per the requirements for Education settings in Victoria. Staff members will complete accredited anaphylaxis training every three years, as well as a refresher course; provide CPR with EpiPen annually. Staff members will successfully complete the education/theory component, as well as demonstrate competency using aut injector device.

Burwood East Special Developmental School uses the following training course. ASCIA eTraining course (with 22579VIC Course in Verifying the Correct Use of Adrenaline Injector Devices for First Aid staff. They also organise and participate in training for other school staff by HERO HQ/ Training Course: e.g.HLTAID001 and HLTAID011 & 22556VIC.

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 [insert role, i.e. First Aid Staff. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identifies of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located
- how to use an 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 Burwood East Special Developmental School who is at risk of anaphylaxis, the Principal and First Aid staff 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 in the First Aid cupboard and e.g. through the school's online Emergency Management Plan.

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](#)
- Health Care Needs policy <https://www.besds.vic.edu.au/>



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POLICY REVIEW AND APPROVAL

Policy last reviewed	October 2022
Approved by	Principal 21/10/2022
Next scheduled review date	October 2023

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.