



ANAPHYLAXIS POLICY

PURPOSE

To explain to Mallacoota P-12 College 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 Mallacoota P-12 College 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

Mallacoota P-12 College 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 auto-injector for use in an emergency. These adrenaline auto-injectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Mallacoota P-12 College 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 Mallacoota P-12 College 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 Mallacoota P-12 College 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.

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

- **ASCIA Action Plan for Anaphylaxis**

Copies of the ASCIA plans are kept in the front office, staff room, classroom (early years) and Home Economics room.

- **Storage and Location of Adrenaline Auto injectors at School**

The student's individual Anaphylaxis Kits are located in the following areas:

- Prep – Year 6 – in the student's classroom, clearly labelled with first aid symbol in a nominated and standardized position across all classrooms (hanging on side of teacher's desk).
- Year 7 – 12 – in front office in an insulated bag at room temperature/or with student (as directed by Student's Individual Management Plan)

Do not refrigerate and protect from light.

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the College Office for Secondary students and in the child's classroom for Primary students, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Risk Minimisation Strategies

School staff have a duty of care to protect a student in their care from risks of injury that are reasonably foreseeable. Implementation of appropriate prevention strategies will minimise the risk of incidents of anaphylaxis occurring.

For each student at risk of anaphylaxis, a list of risk minimisation/prevention strategies will be identified, incorporated into the student anaphylaxis management plan and implemented by the College. These strategies cover the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- during recess and lunchtimes
- before and after school (eg. whilst attending breakfast club or after school activities)
- camps, excursions and overnight trips, or at special events conducted, organized or attended by the school (eg. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions)

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

- 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
- gloves must be worn when picking up papers or rubbish in the playground (consider alternate activity for students with allergies);
- Breakfast Club staff are trained in appropriate food handling to reduce the risk of cross-contamination
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- a general use EpiPen will be stored at the main office for ease of access.
- 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.

Adrenaline autoinjectors for general use

Mallacoota P-12 College will maintain a supply of adrenaline auto-injector 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 auto-injectors for general use will be stored at the General office and labelled “general use”.

The principal is responsible for arranging the purchase of adrenaline auto-injectors for general use, and will consider:

- the number of students enrolled at Mallacoota P-12 College at risk of anaphylaxis
- the accessibility of adrenaline auto-injectors supplied by parents
- the availability of a sufficient supply of auto-injectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline auto-injectors, and the need for general use adrenaline auto-injectors 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 and stored in the front office, staff room, classroom (early years) and Home Economics room. The student’s individual Anaphylaxis Kits are located in the following areas:

- Prep – Year 6 – in the student’s classroom, clearly labelled with first aid symbol in a nominated and standardized position across all classrooms (to be determined upon review of site).
- Year 7 – 12 – in front office in an insulated bag at room temperature/or with student (as directed by Student’s Individual Management Plan)

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 auto-injectors, 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 front office, staff room, classroom (early years) and Home Economics room (if student has been diagnosed with anaphylaxis) ● 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.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <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
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 auto-injectors 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.

[Note: 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 – Anaphylaxis](#)].

Communication Plan

This policy will be available on Mallacoota P-12 College website so that parents and other members of the school community can easily access information about Mallacoota P-12 College anaphylaxis management procedures. The parents and carers of students who are enrolled at Mallacoota P-12 College 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, including casual relief staff, canteen staff and volunteers are aware of this policy and Mallacoota P-12 College 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*.

The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents/guardians about anaphylaxis and the school's Anaphylaxis Management Policy.

Copies of the policy are made available to all staff members via public display.

New staff are given copies of the policy and asked to sign off that they have read and understood the policy.

Additionally, information regarding students with anaphylaxis will be communicated in the following ways:

- The School administration staff will publish a list of known anaphylactic students.
- ASCIA Action Plans for Anaphylaxis and Individual Anaphylaxis Management Plans are available at locations as stated in this policy.
- All staff will receive briefings conducted by the nominated anaphylaxis trainers (see Staff Training section below).
- CRT's (Casual relief teachers) are provided with a class list which will include any relevant medical alerts including life threatening allergy.
- Volunteers will be briefed by their supervisor about any students of concern in their care (including students at risk of anaphylaxis). Volunteers are not to be left in sole charge of a group of students; they must always have access to college staff and support in case of an emergency.

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, including CRTs
- Educational Support Staff who have responsibility for students with a medical condition that relates to allergy and the potential for anaphylactic reaction (e.g. music instructors /reading support staff)
- 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.

Mallacoota P12 College uses the [ASCIA Anaphylaxis e-training for Victorian Schools](#).

The principal will ensure all staff will be briefed twice per calendar year at staff Meetings by the nominated anaphylaxis trainers or Principal's delegate (who must successfully complete an Anaphylaxis Management training course). This briefing will include:

- The College Anaphylaxis Management Policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of students diagnosed as at risk of anaphylaxis and where their medication is located



- How to use an adrenaline auto-injecting device (Adrenaline Auto-injector), including hands on practice with a trainer adrenaline auto injector.
- The College's First Aid and Calling an Ambulance procedures
- The location of and access to, Adrenaline Auto-injectors that have been provided by parents/guardians and are not carried by the student
- The location of Adrenaline Auto-injectors for general use

Regular small-group training will be provided to ensure all staff have access to hands-on practice with an Adrenaline Auto-injector trainer. A catch-up session for staff who are absent will be made available at the discretion of the Principal.

When a new student enrolls at Mallacoota P-12 College who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the students' parents and ensure that appropriate staff are trained and briefed as soon as possible.

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.

COMMUNICATION

This policy will be communicated to our school community in the following ways :

- Included in staff induction processes
- Discussed at staff briefings or meetings, as required
- Included as annual reference in school newsletter
- Made available in hard copy from school administration upon request

FURTHER INFORMATION AND RESOURCES

- [Allergy & Anaphylaxis Australia: Risk minimisation strategies](#)
- [ASCIA Guidelines: Schooling and childcare](#)
- [Royal Children's Hospital: Allergy and immunology](#)

Related school policies:

- Medication
- Health Care Needs
- First Aid

Related Department policies on the Policy and Advisory Library (PAL):

- [Allergies](#)
- [Anaphylaxis](#)
- [Asthma](#)
- [Blood Spills and Open Wounds Management](#)
- [Blood-borne viruses](#)
- [Continence Care](#)
- [Diabetes](#)
- [Doctors in Secondary Schools](#)



- [Epilepsy and Seizures](#)
- [First Aid for Students and Staff](#)
- [Head Lice](#)
- [Health Care Needs](#)
- [Infectious Diseases](#)
- [Medication](#)
- [Syringe Disposals and Injuries](#)
- [Victorian School Nursing Program](#)

POLICY REVIEW AND APPROVAL

Policy last reviewed	23/04/2021
Approved by	Principal - 5/05/2021
Next scheduled review date	May 2022