

2020 Anaphylaxis Guidelines



Updated annually

General Information

Training

It is the duty of all staff in the school to read and be aware of the anaphylaxis guidelines which are updated annually. The school provides all staff with First Aid and Anaphylaxis training as required under the DET and Anaphylaxis guidelines. Staff are required to provide evidence of their on-line training in the form of the certificate to the Office Anaphylaxis Coordinator. (Jen Harvey).

Once the on-line training is completed the supervisors are required to assess each staff member's competency in using the adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools. Staff will also undertake twice yearly briefings with the schools trained Anaphylaxis School Supervisors. (Jen Harvey and Christine Burns).

Student Individual Anaphylaxis Management Plans

Each student who has been diagnosed by a doctor as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan, which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner. This plan has been shared with the parent.

The current students are: (updated as required)

- Prep – Milla Dunne
- Year 1 – Tmmy Nuhji
- MIPOD – Ebony Sylvester

Students have autoinjectors in their school bags. They do not carry them.

Each action plan has a recent photo of the student.

The Individual management plans set out strategies to minimise the risk of exposure to allergens. The plan has been discussed with the Anaphylaxis Coordinator from the children's hospital.

2019 Individual Anaphylaxis Management Plan

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (2017 **ASCIA Action Plan for Anaphylaxis**) provided by the parent.

It is the parent's responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

Parents are also required to provide a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform OSHC if their child's medical condition changes.

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| School | Grovedale West Primary School | Phone | 52414774 |
| Student | | | |
| DOB | | Year level | |
| Severely allergic to: | | | |
| Other health conditions | | | |
| Medication at school | | | |
| EMERGENCY CONTACT DETAILS (PARENT) | | | |
| Name | | Name | |
| Relationship | | Relationship | |
| Home phone | | Home phone | |
| Work phone | | Work phone | |
| Mobile | | Mobile | |

2019

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| Address | | Address | |
| EMERGENCY CONTACT DETAILS (ALTERNATE) | | | |
| Name | | Name | |
| Relationship | | Relationship | |
| Home phone | | Home phone | |
| Work phone | | Work phone | |
| Mobile | | Mobile | |
| Address | | Address | |
| Medical practitioner contact | Name | | |
| | Phone | | |
| Emergency care to be provided at school | | | |
| Storage location for adrenaline autoinjector (device specific) (EpiPen®) | | | |
| ENVIRONMENT | | | |
| To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc. | | | |
| Name of environment/area: Classroom | | | |
| Risk identified | Actions required to minimise the risk | Who is responsible? | Completion date? |

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| Food in classroom | Where possible the Prep children identified eating food that may cause a reaction should wash their hands after eating (eg: muesli bars) | Teachers / assistants | Ongoing monitoring |
| | Families in the learning space are advised by newsletter of the prevalence of anaphylaxis in the level. | Teachers | Beginning of the year. |
| | No food sharing in class | teachers | Ongoing |
| | The school will minimise risk where possible. | Teachers / assistants | Ongoing monitoring |
| Name of environment/area: School Yard | | | |
| Risk identified | Actions required to minimise the risk | Who is responsible? | Completion date? |
| Grassed areas | The educational program is adaptive and it is not possible to plan ahead for all learning experiences as to where the learning will be held. Mila will attend the Office to have the Zyrtec administered. | Teacher Office | As required |
| | Yard duty staff to be trained in First aid management of anaphylaxis, and emergency plan in place | Staff | |
| Name of environment/area: Special events | | | |
| Risk identified | Actions required to minimise the risk | Who is responsible? | Completion date? |
| Food | The school will advise the parents if food is to be provided at special class events. A list of ingredients will be available. Parents may select to permit their child to have the food or provide a similar out of school prepared healthy choice to minimise risk. | Teacher | As required |
| Kids Kitchen | The menu and ingredients for the Kid's Kitchen events will be available in the Office. Parents who have children with allergies have been advised that they must check the ingredients before ordering. If the ingredients are not suitable the parents can provide a similar healthy option that suits their child. It can be dropped at the office and delivered to the child. Changes will not be made to the Kids Kitchen menu in order to minimise risk. | Kids Kitchen Committee Parent | As required |
| Milkshake Day | Icy poles and milkshakes are available for purchase. To minimise the risk the parents are able to provide the school with a suitable alternative. The parents are requested to place a | Parent / teachers | As required |

2019

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| | reminder note in the diary for the teacher if this is occurring. | | |
| Excursions | Details of the excursion will be provided. Where food is available a list the ingredients will be made available. The parent may be asked to supply suitable food where alternatives are not possible. | Provider to advise the school. Parent to read the information. | As required |

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| <p>This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):</p> <ul style="list-style-type: none"> • annually • if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes • as soon as practicable after the student has an anaphylactic reaction at school • when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions). <p>I have been consulted in the development of this Individual Anaphylaxis Management Plan.</p> <p>I consent to the risk minimisation strategies proposed.</p> <p>Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines</p> | |
| Signature of parent: | |
| Date: | |
| I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. | |
| Signature of principal (or nominee): | |
| Date: | |

Storage and Accessibility of adrenaline autoinjectors

- The student(s) adrenaline autoinjectors are stored in the 'buddy bags' in the office. They are easily accessible and not locked away. Their anaphylaxis management plans are included. The children's names are clearly labelled.
- Personal autoinjectors are stored in the child's bag with their anaphylaxis management plan.
- All teacher know that they are stored in the Office and are shown where. This is communicated to staff at the beginning of the year and during training sessions.
- The bags are stored at room temperature and are in an area out of sunlight.
- General use autoinjectors are purchased by the school and kept updated. They are available in the office and must be signed in and out. When out of date Jen Harvey contacts the parents for replacement or replaces the school purchased injectors.
- The general use autoinjectors are stored at the office and is clearly marked as a general use autoinjector.
- When an autoinjector is taken out of a child's bag it must be signed in and the out.
- Jen Harvey (Office) checks each autoinjector date at the beginning of each year.

Risk Minimisation Strategies

| Risk Event or Environment | Existing risk management strategies or existing controls | Likelihood | Consequence | Current risk rating | New risk management strategies or treatments | Who is responsible? | Target risk rating |
|---------------------------|---|------------|-------------|---------------------|--|---|--------------------|
| Kids Kitchen | <p>Recipes provided</p> <p>Food trained Coordinators</p> <p>Parents informed</p> <p>The school does not have a canteen.</p> <p>All helpers informed of food handling requirements</p> | Possible | Severe | Low | <ul style="list-style-type: none"> Continue reminding staff Continue monitoring food handling coordinators | <p>Principal</p> <p>Teachers</p> <p>Coordinator of Activity</p> | Low |
| Hygiene | <p>Children washing hands</p> <p>Hand wash available in every classroom</p> | Possible | moderate | Low | <ul style="list-style-type: none"> Maintain | Teachers | Low |
| School Grounds | <p>Regular mowing</p> <p>Monitoring of bees and insects.</p> <p>Regular grounds maintenance</p> | Possible | Severe | Low | <ul style="list-style-type: none"> Maintain | <p>Principal</p> <p>Maintenance tam</p> | Low |
| Sharing of food | <p>Children are not permitted to share food</p> | Possible | severe | Low | <ul style="list-style-type: none"> Maintain | Teachers, | Low |

| Risk Event or Environment | Existing risk management strategies or existing controls | Likelihood | Consequence | Current risk rating | New risk management strategies or treatments | Who is responsible? | Target risk rating |
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| Camps / Excursions | When food is provided recipes are required. Parents of at risk students are informed of available food. Providers are informed of students at risk | Possible | severe | Low | <ul style="list-style-type: none"> Maintain | Teachers Camp Coordinator | Low |
| Art / Craft | All products have a materials safety audit Teacher awareness of student needs. | Possible | severe | Low | <ul style="list-style-type: none"> Maintain | Teacher | Low |
| Science | All products have a materials safety audit Teacher awareness of student needs. | Possible | Severe | Low | <ul style="list-style-type: none"> Maintain | Teacher | Low |

| GWPS Risk Minimisation Guidelines | |
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| Communication with families | <ul style="list-style-type: none"> • The Policy is on the school's website • Families are informed via the newsletter of the school's anaphylaxis guidelines • A management plan is discussed with each parent of a student with Anaphylaxis |
| Casual relief and visiting teachers | <ul style="list-style-type: none"> • The teacher is provided with an overview of student needs by the Team Leader. • In classes where students have anaphylaxis the school endeavours to have regular replacement teachers. • A free online training course for school and childcare staff is available from the ASCIA website (www.allergy.org.au). This course can also be undertaken as refresher training. ASCIA anaphylaxis e-training for childcare is ACECQA approved. |
| Fundraising and Events | <ul style="list-style-type: none"> • Students with food allergies are considered in the planning for any event or activity • Notices are sent to parents advising of the event and the availability of food via the newsletter/COMPASS. • Where food is for sale, a list of ingredients is available for each food at the Office. • Parents are regularly contacted directly |
| Bees, wasps, and stinging insects | <ul style="list-style-type: none"> • Garbage bins are covered to stop attracting insects. • The area is kept mowed and maintained • Students are required to wear appropriate school clothing and covered shoes when outdoors. • Areas where water is stored are monitored for bees and insects • Children are reminded to not drink from open drink containers • Children with food and insect allergy are not asked to pick up litter by hand. |
| Latex | <ul style="list-style-type: none"> • Non-latex gloves (e.g. sick bay, first aid kits, canteens, kitchens) are used at the school. • The school does not use balloons. • Band-aids are only used if the child can have them. |
| Medication | <ul style="list-style-type: none"> • Parents are required to complete a medical administration form for any administration of medicine |

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| <p>Classroom</p> | <p>Food rewards</p> <p>When food rewards are being used, parents or guardians are given the opportunity to provide a clearly labelled 'treat box' for their child. Parents are notified via the newsletter or COMPASS note.</p> <p>Class parties or birthday celebrations</p> <ul style="list-style-type: none"> • The school does not permit food for student birthdays • Anything that involves food is discussed with parents or guardians of the child with allergy well in advance. • A notice is sent home to all parents prior to any event, discouraging specific food products (e.g. nuts) where appropriate. • The child at risk of anaphylaxis should not share food brought in by other children. They can bring their own food. <p>Cooking</p> <ul style="list-style-type: none"> • We engage parents or guardians and older children in discussions prior to cooking sessions and activities using food. • We remind all children to not share food they have cooked with others at school including during morning tea and lunch breaks. • Recipes and food content descriptors are provided <p>Science experiments</p> <ul style="list-style-type: none"> • If food is to be used in Science, parents will be informed <p>Art and craft classes</p> <ul style="list-style-type: none"> • We ensure that containers used by students at risk of anaphylaxis do not contain allergens (e.g. egg white or yolk on an egg carton). • Activities such as face painting or mask making (when moulded on the face of the child), would be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg. • When using play dough teachers are required to check that nut oils have not been used in their manufacture. |
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| | <ul style="list-style-type: none"> • Food will not be used for activities such as counting in maths. <p>Class rotations</p> <ul style="list-style-type: none"> • All teachers are required to consider children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class. The Team Leader needs to inform / remind the team of the student needs. |
| Kids Kitchen | <p>Strategies used to reduce the risk of an allergic reaction are:</p> <ul style="list-style-type: none"> • Nuts are not used in the Kids Kitchen. Staff (including volunteer helpers) have been educated on food handling procedures and risk of cross contamination of foods. • Parents are informed of the food, recipes and any other needs vi the newsletter • Recipes are available from the Office. • Children with food allergy have distinguishable lunch order bags. This is managed by one person. • The student anaphylaxis forms with a photo are in the kids Kitchen. |
| In the Playground | <ul style="list-style-type: none"> • Students at risk of food allergy anaphylaxis should either be provided with gloves or an instrument to pick up the rubbish to avoid skin contact with potential allergens. <p>Sunscreen</p> <ul style="list-style-type: none"> • The school does not provide sunscreen to children. They are required to provide their own. |
| Kitchen Garden | <ul style="list-style-type: none"> • Consideration is given to the planting of food that is a possible allergen in the Kids Kitchen Garden |
| Class pets | <ul style="list-style-type: none"> • Some animal feed contains food allergens (e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food). • Children with egg allergy must not come into contact with raw egg. This will impact on having chickens in the classroom if a child with anaphylaxis is in the class. |

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| Incursions | <ul style="list-style-type: none"> • Staff must check if food is part of any incursion |
| Excursions | <p>Teachers organising/attending excursions or sporting events are required to plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylaxis occurs.</p> <p>Staff should also:</p> <ul style="list-style-type: none"> • Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other forms of emergency communication (e.g. walkie talkie, satellite phone). • Consider increased supervision depending on the size of the excursion/sporting event (e.g. if students are split into groups at large venue such as a zoo or at large sports venue for a sports carnival). • Consider adding a reminder to all parents regarding children with allergies on the excursion/sports form and encourage parents not to send in specific foods in lunches (e.g. foods containing nuts). • Discourage eating on buses. • Check if excursion includes a food related activity, if so discuss with the parent or guardian. • Ensure that all staff are aware of the location of the emergency medical kit containing the adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis and ensure the child at risk of anaphylaxis is in the care of the person carrying the adrenaline autoinjector. |
| School Camps | <p>The parents of children at risk of anaphylaxis are required to have a face to face meeting with school staff/camp coordinator prior to the camp to discuss the following:</p> <ul style="list-style-type: none"> • School's emergency response procedures should clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction. • All teachers attending the camp should carry laminated emergency cards, detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life threatening allergic reaction has occurred and adrenaline is required. • Staff should demonstrate correct administration of adrenaline autoinjectors using training devices (EpiPen® and Anapen®) prior to camp. • Consider contacting local emergency services and hospital prior to camp and advise that xx children are in attendance at xx location on xx date including child/ren at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to camp site area (e.g. consider locked gates in remote areas). |

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| | <ul style="list-style-type: none"> • Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged. • Parents or guardians should be encouraged to provide two adrenaline autoinjectors along with the ASCIA Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp. The second adrenaline autoinjector should be returned to the parents/guardian on returning from camp. • Clear advice should be communicated to all parents or guardians prior to camp regarding what foods are not allowed. • Parents or guardians of children at risk of anaphylaxis and school staff need to communicate about food for the duration of the camp. • Parents or guardians should also communicate directly with the catering staff and discuss food options/menu, food brands, cross contamination risks to determine the safest food choices for their child. • Parents or guardians may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised. • Discussions by school staff and parents or guardians with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be: <ul style="list-style-type: none"> • Possibility of removal of nuts from menu for the duration of the camp (if nut allergic child attending camp). • Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed (e.g. egg, milk, wheat). A decision may be made to remove pavlova as an option for dessert if an egg allergic child is attending for example. • Awareness of cross contamination of allergens in general (e.g. during storage, preparation and serving of food). • Discussion of the menu for the duration of the camp including morning and afternoon teas and suppers. • Games and activities should not involve the use of peanut or tree nut products or any other known allergens. • Camp organisers need to consider domestic activities that they assign to children on camp. It is safer to have the child with food allergy set tables, for example, rather than clear plates and clean up. |
| Out of School Hours Care | <ul style="list-style-type: none"> • OSHC has an adrenaline autoinjector for general use in the first aid kit. • Children at risk of anaphylaxis with a prescribed adrenaline autoinjector have their adrenaline autoinjector with them when they attend OSHC. • The child's adrenaline autoinjector is stored in a position know to all staff and the students in addition to ensuring that the child's adrenaline autoinjector goes home with them. • Menu options are informed to the parent/guardian of the child with food allergy. |

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| | <ul style="list-style-type: none">• Parents/guardians are encouraged to provide a clearly labelled supply of safe snacks and treats for their child in the OHSC pantry |
| Animals | <ul style="list-style-type: none">• The school does not permit dogs in the school grounds• If a child has an allergy to dogs, the DELTA school dog does not go into that classroom.• Teachers are reminded that exposure to animals such as domestic dogs, cats, rabbits, rats, mice, guinea pigs and horses may trigger contact rashes, allergic rhinitis (hay fever) and sometimes asthma.• Animal feed may sometimes contain food allergens (e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food).• If a child has an egg allergy, they may still wish to participate in activities such as hatching chickens in class, with close supervision and washing of their hands following handling of chickens. |
| Yard Duty | <ul style="list-style-type: none">• All school based staff on duty at GWPS have training in anaphylaxis and are aware of the procedures in the event anaphylactic episode occurs with a student in the yard. |

School Management and Emergency Response

Training

All school based staff are provided with a training update by the Anaphylaxis and First Aid Coordinator. A checklist is maintained in the office.

Emergency response procedure - in the classroom

Teachers are responsible for ensuring that children have their autoinjector with them in their bag. The office ensures that the first aid buddy bags are stocked.

View the students' treatment requirements on their plan

- One teacher to stay with child while the autoinjector is accessed from the child's bag. (The classroom teacher will know where the bag is quickly and should be familiar with the plan)
 - ***The teacher should call the ambulance*** immediately from the classroom and advise a student to inform the office where possible)
 - Phone the office for additional assistance and have the office phone the parent. (The office person should bring the additional autoinjector in case it is required).
 - Administer the autoinjector as soon as available if the child's symptoms meet the anaphylaxis criteria.
 - If additional staff are available remove the other students from the classroom.
 - A staff member should stand at the gate to guide the ambulance
 - After the ambulance has left with the student, a debrief should be undertaken and a report written. The schools critical Incident Plan will be followed.
- ❖ Accessing the autoinjector from the classroom should be prompt as it will be in the child's school bag and the position known to the classroom teacher.

Emergency response procedure - in the Yard

- All staff should carry their mobile phone when on duty.
 - Call the emergency line at the Office to access the autoinjector (also send a reliable student for backup)
 - ***The teacher should call the ambulance*** from the yard so that they can communicate the condition of the patient while waiting for the ambulance and autoinjector to be delivered from the Office. Send a student to the office as an extra alert and to access an additional teacher for support.
 - ***Administer the autoinjector promptly***
 - A staff member should stand at the gate to guide the ambulance
 - The spare autoinjector should be collected by another teacher from the child's bag as a back-up.
 - Other teachers should remove students from the scene
 - After the ambulance has left with the student, a debrief should be undertaken and a report written. The schools critical Incident Plan will be followed.
- ❖ Accessing the autoinjector from the yard should take around 3 minutes if the person goes directly to the Office.

Emergency response procedure - in the gym and specialist classes

View the student's treatment requirements on the anaphylaxis plan on the wall. (or in their bag)

- Call the emergency line at the Office to access the autoinjector (also send a reliable student for backup)
- One teacher to stay with child while the autoinjector is accessed from the Office or from their bag if they have it with them.. (You may need to send a child to the office in addition to phoning)
- ***The specialist teacher should call the ambulance immediately.*** (If this is not possible the office should be advised to do this)
- Phone the office for additional assistance and have the office phone the parent. (They should bring the additional autoinjector in case it is required). They will check if the ambulance has been called.
- ***Administer the autoinjector promptly***
- If additional staff are available remove the other students from the classroom.
- A staff member should stand at the gate to guide the ambulance

- After the ambulance has left with the student, a debrief should be undertaken and a report written. The schools critical Incident Plan will be followed.
- Accessing the autoinjector from the gym and specialist classes should take around 2 minutes if the person goes directly to the office.

Emergency response procedure - at School Camps and Excursions

The Camp First Aid coordinator is responsible for ensuring that children have their autoinjector with them in their bag. The teacher should also have the first aid bag with them

- The Camp First Aid coordinator and all staff attending camp must be familiar with the child's requirements.
- One teacher to stay with child while the autoinjector is accessed from the child's bag or the first aid bag by another teacher or adult.
- ***The teacher or Coordinator to call the ambulance immediately*** or call for support for this to be done by another person. Another person should call the parent.
- ***Administer the autoinjector promptly***
- If additional staff are available remove the other students from the area.
- A staff member should stand at the gate to guide the ambulance
- After the ambulance has left with the student, a debrief should be undertaken and a report written. The schools critical Incident Plan will be followed.

- The child's bag and autoinjector should be with the child and the coordinator at all times or in close proximity.

Emergency response procedure - at special events

Teachers are responsible for ensuring that children have their autoinjector with them in their bag. The teacher should also have the first aid bag with them

- The excursion coordinator who has taken the children to the special event must be familiar with the child's requirements along with all teachers attending.
- One teacher to stay with child while the autoinjector is accessed from the child's bag or the first aid bag by another teacher or adult
- ***The teacher with the child should call the ambulance immediately*** or call for support for this to be done by another person. The teacher in charge will contact the school office to contact the parent.
- ***Administer the autoinjector promptly***
- If additional staff are available remove the other students from the area.
- A staff member should be available to guide the ambulance
- After the ambulance has left with the student, a debrief should be undertaken and a report written The schools critical Incident Plan will be followed.
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- The child's bag and autoinjector should be with the child and the coordinator at all times

Communication Plan

All school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years. All staff at GWPS are trained to understand anaphylaxis.

- They have received a copy of the Anaphylaxis Policy and guidelines
- The training has enabled them to understand the causes, symptoms and treatment of anaphylaxis
- All staff have been advised of the names of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where it is stored.
- All staff have been trained in how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?
- The staff are informed of the school's general first aid and emergency response procedures for all in-school and out-of-school environments?
- The staff are informed of where the adrenaline autoinjector(s) for general use is kept?
- The staff are informed of where the adrenaline autoinjectors for individual students are located including if they carry it on their person?

| Communication | |
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| The Grovedale West Primary School, anaphylaxis Guidelines outline the school requirements. The school increase awareness about severe allergies among students for all in-school and out-of-school environments via a several processes – see below | |
| School staff | Informing teachers about students at start of year during briefing What's On Twice yearly briefing |
| Students | Advised to wash hands Classroom explanations |
| Parents | Newsletter articles Reminders on COMPASS about food Recipes available |
| Volunteers | Food handling guidance and or training Informed on induction |
| Casual Staff | Team leaders refers them to the student overviews available in the office and provide an overview of any specific needs. |



Anaphylaxis Policy

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| Scope | <p>This policy applies to:</p> <ul style="list-style-type: none"> • 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 | <p>Grovedale West Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.</p> <p>Anaphylaxis</p> <p>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.</p> <p><i>Symptoms</i></p> <p>Signs and symptoms of a mild to moderate allergic reaction can include:</p> <ul style="list-style-type: none"> • swelling of the lips, face and eyes • hives or welts • tingling in the mouth. <p>Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:</p> <ul style="list-style-type: none"> • 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. • 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 each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the school office together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.
- Students also have their action plan and auto injector in their school bag.
- Adrenaline autoinjectors for general use are available at the front office and are labelled "general use".

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Grovedal West Primary 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;*
- *Kids Kitchen volunteers are informed of the 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 school 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

Grovedale West 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 at 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 Example 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 office staff and stored at the 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 |

| | |
|----|---|
| | <ul style="list-style-type: none"> • 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 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 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 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.

** 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 page 41 of the [Anaphylaxis Guidelines](#)].*

Communication Plan

This policy will be available on Grovedale West Primary School's website so that parents and other members of the school community can easily access information about grovedale West Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Grovdale West Primary 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, including casual relief staff, canteen staff and volunteers are aware of this policy and Grovedale West Primary School'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 and where required, the identity of students at risk.

The principal 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 year the school community is advised of the schools anaphylaxis needs through the newsletter.
- Student are informed to wash their hands when eating.
- Where a child is seen eating food that may cause difficulties for children at school, parents are reminded through the newsletter of the needs or directly informed.
- Staff are provided with an overview of each student needs at the beginning of the year and are alerted to the Action Plans for each student P-6
- Updates are provided through the year during the allocated training sessions.
- Team Leaders are required to inform Emergency Teachers of any cohort Anaphylaxis or allergy needs.

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

| | |
|--|---|
| | <ul style="list-style-type: none"> • All teachers and Education Support staff and any other member of school staff as required by the principal based on a risk assessment. <p>Staff who are required to undertake training must have completed:</p> <ul style="list-style-type: none"> • 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. <p>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 the Physical Education teacher and Office Anaphylaxis Coordinator. Each briefing will address:</p> <ul style="list-style-type: none"> • 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. <p>When a new student enrolls at Grovedale West Primary 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.</p> <p>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.</p> |
| | <p>FURTHER INFORMATION AND RESOURCES</p> <ul style="list-style-type: none"> • School Policy and Advisory Guide: <ul style="list-style-type: none"> ○ Anaphylaxis ○ Anaphylaxis management in schools • Allergy & Anaphylaxis Australia: Risk minimisation strategies |

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|---------------------|---|
| | <ul style="list-style-type: none">• ASCIA Guidelines: Schooling and childcare• Royal Children’s Hospital: Allergy and immunology |
| Review cycle | This policy was last updated on 07/02/2020 and is scheduled for review in February 2021 |