

Dorset PS Primary School No.5132

ANAPHYLAXIS POLICY

PURPOSE

To inform Dorset PS parents, carers, staff and students of the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Dorset PS 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

Dorset PS will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Anaphylaxis

Many people within the wider community have allergies that are potentially life-threatening and may result in anaphylaxis. Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. Exposure can occur by eating foods which contain allergens, or by coming into physical contact with traces of allergens.

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 EpiPen for use in an emergency. These EpiPens are designed so that anyone can use them in an emergency.

Risk Minimisation Strategies

- Nuts of any kind or products which contain nuts are not permitted to be eaten at school
- Shellfish of any kind or products which contain shellfish are not permitted to be eaten at school
- Students are not permitted to buy food from the canteen on the behalf of others
- Parents will inform staff of allergens that must be avoided in advance of class parties, events or birthdays.
- Each child with a diagnosed risk of anaphylaxis will have an alert card with a photograph located on display in the staff room, classroom and with EpiPen documenting the allergen risk.

- Each child with a diagnosed risk of anaphylaxis will have their name on a coloured alert card that is located in every teacher's first aid bag carried while on yard duty.
- **Students will not be allowed to share food or snacks at any time.**
- Staff will be made aware that sunscreens, play-doh and cooking oil may contain nut products.
- Staff will be made aware that bee, wasp and insect stings may cause allergic reactions in children.
- Staff will be made aware that eggs and some dairy products may cause allergic reactions in children.
- Classroom teachers of those children diagnosed with a risk of anaphylaxis will be aware of the risks during cooking sessions and will provide alternative ingredients.
- **Hand washing for all staff and students will occur regularly, particularly after eating food or cooking.**
- School canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination.

All anaphylactic allergies must be reported to the school by parents and carers.

All students with anaphylactic allergies require an Individual Anaphylaxis Management Plan.

Individual Anaphylaxis Management Plans

All students at Dorset PS 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 Dorset PS 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 Dorset PS 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 EpiPen 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 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
- 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 EpiPens

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the sickbay, together with the student's EpiPen. EpiPens must be labelled with the student's name.

EpiPens for general use

Note: for guidance on the appropriate number of general use EpiPens for your school, refer to page 34 of the Department's [Anaphylaxis Guidelines](#).

Dorset PS will maintain a supply of EpiPens(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. EpiPens for general use will be stored at the sickbay and labelled “general use”.

The principal is responsible for arranging the purchase of EpiPens for general use, and will consider:

- The number of students enrolled at Dorset PS at risk of anaphylaxis
- The accessibility of EpiPens supplied by parents
- The availability of a sufficient supply of EpiPens for general use in different locations at the school, as well as at camps, excursions and events.
- The limited life span of EpiPens, and the need for general use EpiPens 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 sickbay. 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 EpiPens, 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 auto-injector or the school’s general use auto-injector, and the student’s Individual Anaphylaxis Management Plan, stored at the sickbay. • 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 EpiPen 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 Dorset PS’s website so that parents and other members of the school community can easily access information about Dorset PS’s anaphylaxis management procedures. The parents and carers of students who are enrolled at Dorset PS and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

All staff of Dorset PS are responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Dorset PS’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.

Staff training

Staff at Dorset PS will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*. Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the principal identifies, 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.

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years. Each briefing will address:

- This policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- How to use an adrenaline auto-injector, including hands on practice with a trainer adrenaline auto-injector
- The school's general first aid and emergency response procedures
- The location of, and access to, adrenaline auto-injectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Dorset PS 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.

FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

REVIEW CYCLE AND EVALUATION

This policy was last updated in March 2019 and is scheduled for review in September 2020.

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.