

Moonee Ponds West Primary School



Anaphylaxis Policy

PURPOSE

This policy also ensures that Moonee Ponds West Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

Under Ministerial Order 706 any school that has enrolled a student/s at risk of anaphylaxis must by law have a School Anaphylaxis Management Policy in place.

The Guidelines for Managing Anaphylaxis in all Victorian Schools are designed to support schools in developing and implementing a best practice School Anaphylaxis Management Policy. (See resources)

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

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.

SCOPE

Moonee Ponds West Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

This policy will be available on the Moonee Ponds West Primary School website so that parents/carers and other members of the school community can easily access information about our anaphylaxis management procedures. The parents and carers of students who are enrolled at Moonee Ponds West Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

Anaphylaxis

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Sights 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
- 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.

POLICY IMPLEMENTATION

Individual Anaphylaxis Management Plans

All students at Moonee Ponds West Primary 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 Moonee Ponds West Primary School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Moonee Ponds West Primary 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:

The policy will be reviewed as part of the review cycle, in line with DET policy and directives. Due to be reviewed in 2019.



- 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
- if the student's medical condition, in so far 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

Depending on the age of the students at Moonee Ponds West Primary School who are at risk of anaphylaxis, the severity of their allergies and the content of their plan, some students may keep their adrenaline autoinjector on their person, rather than in a designated location. Copies of the plans are available in the sick bay, school office and relevant classrooms, or in the materials provided to staff on yard duty, so that the plan is easily accessible by school staff in the event of an incident.

If students will not keep their adrenaline autoinjectors on their person:

- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the office, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.
- When students keep their adrenaline autoinjectors on their person:
- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the office. Students are encouraged to keep their adrenaline autoinjectors on their person. Adrenaline autoinjectors for general use are available at First Aid Room, front office or in the materials provided to staff on yard duty and are labelled "general use".

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- provide the school with a current adrenaline autoinjector for the student that is not expired
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- 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
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- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the office. Students are encouraged to keep their adrenaline autoinjectors on their person. Adrenaline autoinjectors for general use are available at First Aid Room, front office or in the materials provided to staff on yard duty and are labelled "general use".

Risk Minimisation Strategies

Moonee Ponds West Primary School has risk minimisation strategies in place to reduce the possibility of a student suffering from an anaphylactic reaction at school. We will consider strategies for all school activities, including:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in kitchen classroom
- during recess and lunchtimes
- before and after school
- camps and excursions, or at special events conducted, organised 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 Moonee Ponds West Primary School, we have put in place risk management strategies. The strategies Moonee Ponds West Primary School will adopt the following, (depending on the age of students and types of allergies that they may suffer from):

- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food
- Ensure that tables and surfaces are wiped down regularly and that students wash their hands after handling food
- students are discouraged from sharing food
- gloves must be worn when picking up papers or rubbish in the playground
- kitchen garden 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 school canteen, office and in the yard duty bag for ease of access
- Raise student and school community awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers
- Inform parents if classroom teachers will provide food and ensure every effort is made to avoid foods containing allergens
- Remind parents to only provide food for their child

Adrenaline autoinjectors for general use

Moonee Ponds 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 front 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 Moonee Ponds West Primary School at risk of anaphylaxis
- the accessibility of adrenaline auto-injectors 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 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 by the front office and stored at the front 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 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 per action plan in Appendix 1.

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 page 41 of the [Anaphylaxis Guidelines](#)

Communication Plan

The principal (or nominee) will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

Information will be posted to Compass as:

- A 'flag' - managed through the students medical information via CASES21A chronicle template that include the details of the students anaphylaxis plan, storage details for the Epipen (if required) and the expiration date.
- A poster using a standard template which is displayed around the school.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

The principal (or nominee) will advise casual relief staff The principal (or nominee) and/or School Anaphylaxis Supervisor is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and of students at risk of anaphylaxis, and will inform them of their role in responding to an anaphylactic reaction by a student in their care. 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.

The class teacher will advise volunteers of students at risk of anaphylaxis will inform them of their role in responding to an anaphylactic reaction by a student in their care.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis and where their medication is located
- how to use an autoadrenaline injecting device
- the school's first aid and emergency response procedures

All staff, including casual relief teachers, ES and volunteers are also made aware of this policy and students in their care at risk of anaphylaxis through the schools communications policy and relevant induction procedures.

Staff training

Staff at Moonee Ponds West Primary School will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*. (See Appendix 2)

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.

Moonee Ponds West Primary School uses the following training course - ASCIA eTraining course (with 22303VIC, or 22300VIC or 10313NAT

Note, for details about approved staff training modules, see page 13 of the Anaphylaxis Guidelines.

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 12 months, including principal or School Anaphylaxis Supervisor. 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, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Moonee Ponds 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.

FURTHER INFORMATION AND RESOURCES

Related School Policies

- First Aid Policy
- Administration of Medication Policy
- Asthma Management Policy
- Duty of Care Policy
- Working with Children Policy
- Excursions and Camping Policy
- Child Safe Policy

Related DET 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](#)

DEFINITIONS:

Allergy:

the immunological process of reaction to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergic reaction:

a reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse, or cessation of breathing.

Anaphylaxis:

a severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly lungs or circulation systems.

Anaphylaxis "Action Plan":

a medical management plan prepared and signed by a doctor; it must provide the child's name and allergies, and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) action plan.

Anaphylaxis "Management Plan":

a plan completed by the Principal or nominee on the basis of information from the student's medical practitioner provided by the parent/carer. This plan outlines strategies to avoid allergens and minimise risks to the student.

Children with Anaphylaxis:

those children whose allergies have been medically diagnosed, and who are at risk of anaphylaxis.

Anaphylaxis management training:

training provided by a person designated by the Principal which includes recognition of allergic reactions, treatment and practise with an EpiPen® trainer. Training should also include strategies for anaphylaxis prevention.

ASCIA: Australasian Society of Clinical Immunology and Allergy.

EpiPen® kit:

a container, for example an insulated lunch pack. The kit should contain a current EpiPen®, a copy of an anaphylaxis action plan, and telephone contact details for the child's parents/primary care giver, the doctor/medical service and the person to be notified in the event of a reaction if the parent/primary carer cannot be contacted. The kit should also contain a container (such as a tooth brush holder) to store a used EpiPen® until safe disposal can be arranged.

Intolerance:

Often confused with allergy, intolerance indicates that the body is unable to absorb or breakdown nutrients. Lactose intolerance, which is due to a lack of intestinal enzyme, lactase, is an example of non-allergic cow milk tolerance. Lactase digests the milk sugar, lactose. The large quantities of undigested lactose act as a laxative. The immune system is not involved.

Appendix 1: School Action Plan Template

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

Step	Action
	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 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
	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) 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
	Call an ambulance (000)
	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.
	Contact the student's emergency contacts.

The policy will be reviewed as part of the review cycle, in line with DET policy and directives. Due to be reviewed in 2019.



Appendix 2: Checklist for Anaphylaxis training requirements of MO706

School staff must complete one of the following options to meet the anaphylaxis training requirements of MO706 (indicate which of these options your school will adopt) and record the dates that training has occurred:

Option	Completed by	Course	Provider	Cost	Valid for
Option 1	All school staff	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
	AND 2 staff per school or per campus (School Anaphylaxis Supervisor)	<i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years
Option 2	School staff as determined by the principal	<i>Course in First Aid Management of Anaphylaxis 22300VIC</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years
Option 3	School staff as determined by the principal	<i>Course in Anaphylaxis Awareness 10313NAT</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years

Please note: General First Aid training does **NOT** meet the anaphylaxis training requirements under MO706.