



## Anaphylaxis Policy



### Help for non-English speakers

If you need help to understand the information in this policy, please contact Nossal High School on 03 8762 4600 or [nossal.hs@education.vic.gov.au](mailto:nossal.hs@education.vic.gov.au).

### PURPOSE

To explain to Nossal High School 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 Nossal High School 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

Nossal High School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

#### Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and 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 autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

### **Individual Anaphylaxis Management Plans**

All students at Nossal High School 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 Nossal High 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 Nossal High 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 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**

Individual Anaphylaxis Management Plans and ASCIA Action Plans will be stored with the students' EPI-Pens in the photocopy room of the school's General Office. Each pen and plan will be in an individual first aid pack identified with the student's name. An Epi-pen for general use will be located

in the following places:

- Attendance office
- Science Preparation Room
- Food Technology Room
- PE Office
- Supplies cupboard in the first-aid room
- 2x large first aid kits
- First aid cupboard in the General Office

### **Risk Minimisation Strategies**

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

#### *In classrooms*

- Staff will be able to identify students with the potential for an anaphylactic response via indicators displayed on Compass attendance rolls and also on confidential "Medical Alerts" sheets located in each staff room and office
- Staff will liaise with parents about food-related activities well ahead of time. Use non-food treats where possible. Products labelled "may contain traces of nuts" should never be served to students allergic to nuts. Products labelled "may contain milk or egg" should never be served to students with a milk or egg allergy and so on.
- Never give students food from outside sources to a student who is at risk of anaphylaxis
- Be aware of the possibility of hidden allergens in food and other substances used in cooking/food technology, science and art classes
- Ensure all cooking utensils, preparation dishes, plates and cutlery are washed and cleaned thoroughly after preparation of food and cooking. Parents of students with a food allergy should be consulted before the student takes part in a food technology class
- CRTs should be briefed on the identities of any students at risk of an anaphylactic reaction, as well as the location of the adrenaline autoinjectors. They should also be briefed on the importance of seeking the support of a trained staff member in managing an incident.

#### *Canteen*

- Canteen staff should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.
- The canteen should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.

#### *In the grounds*

- Develop and publicise the school's emergency response procedure so that the appropriate medical information and medication can be retrieved quickly if a reaction occurs in the grounds
- Ensure adequate numbers of staff are on yard duty at any one time and that they are trained in the administration of an adrenaline autoinjector and be able to respond to an allergic reaction if needed
- Keep grass and clover mowed and bins enclosed/covered

#### *Special events, excursions, camps and tours*

- Ensure staff supervising at the event/activity are trained in the administration of an adrenaline autoinjector and be able to respond to an allergic reaction if needed
- Where students or staff who have the potential to be at risk of an anaphylactic reaction are part of a group taking part in an event/activity, an adrenaline autoinjector should be taken as part of the first aid kit along with a copy of the individual's ASCIA Action Plan for Anaphylaxis. A mobile phone must also accompany the group.

- Staff should avoid food in activities or games, including as rewards.
- For events/activities involving food, staff should consult with parents in advance to either develop an alternative food menu where necessary or request parents send a meal for students.
- If students or staff from other schools are participating in an event/activity at the school, consider requesting information from the participating schools about anybody who will be attending who are at risk of anaphylaxis. Visiting students or staff should bring their own adrenaline autoinjector with them.
- Work experience - the school will endeavour to notify employers of any students who are at risk of an anaphylactic reaction.
- Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.
- The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- The school must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
- Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.

### **Adrenaline autoinjectors for general use**

Nossal High 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 (labelled "general use") use will be stored at:

- Attendance office
- Science Preparation Room
- Food Technology Room
- PE Office
- Supplies cupboard in the first-aid room
- 2x large first aid kits
- First aid cupboard in the General Office

The Principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Nossal High 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 the First Aid officer and stored at:

- Attendance office
- Science Preparation Room

- Food Technology Room
- PE Office
- Supplies cupboard in the first-aid room
- 2x large first aid kits
- First aid cupboard in the General Office
- In the print room of the general office
- In all staff offices and general staffroom
- In the evacuation trolley

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"> <li>• Lay the person flat</li> <li>• Do not allow them to stand or walk</li> <li>• If breathing is difficult, allow them to sit</li> <li>• Be calm and reassuring</li> <li>• Do not leave them alone</li> <li>• 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 [insert location]</li> <li>• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li> </ul>
2.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <ul style="list-style-type: none"> <li>• Remove from plastic container</li> <li>• Form a fist around the EpiPen and pull off the blue safety release (cap)</li> <li>• Place orange end against the student's outer mid-thigh (with or without clothing)</li> <li>• Push down hard until a click is heard or felt and hold in place for 3 seconds</li> <li>• Remove EpiPen</li> <li>• Note the time the EpiPen is administered</li> <li>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul>
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.

### Communication Plan

This policy will be available on Nossal High School's website so that parents and other members of the school community can easily access information about Nossal High School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Nossal High 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 Nossal High 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](#).

### 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
- School staff who conduct specialist classes, all canteen staff, admin staff, first aiders and 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.

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. 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 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 Nossal High 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.

A record of staff training courses and briefings will be maintained through the school's online Emergency Management Plan.

The Principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

### FURTHER INFORMATION AND RESOURCES

The Department's Policy and Advisory Library (PAL):

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

### POLICY REVIEW AND APPROVAL

Policy last reviewed	Term 4 2022
Approved by	Principal
Next scheduled review date	Before term 1 2024

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.