

Anaphylaxis Policy

St Paul's College takes a zero-tolerance approach to child abuse and is fully committed to ensuring that its strategies, policies, procedures and practices meet all **Child Safety Standards as specified in Ministerial Order No. 870 (2015)**

1. Purpose

To inform St Paul's College parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that St Paul's College is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

2. 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.

3. Policy

School Statement

St Paul's College will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

• swelling of the lips, face and eyes

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- 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 St Paul's College who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal or nominee 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 enrols at St Paul's College and where possible, before the student's first day.

Parents and carers must

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the classroom, school grounds, 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

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- 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

Depending on the age of the students in the school community 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. It may also be appropriate to keep copies of the plans in various locations around the school so that the plan is easily accessible by school staff in the event of an incident. Appropriate locations may include the student's classroom, sick bay, the school office or in the materials provided to staff on yard duty.

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at [insert location]. Whilst some students may keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name at [insert location], together with adrenaline autoinjectors for general use.

Risk Minimisation Strategies

The risk minimisation strategies that the school will put in place to reduce the possibility of a student suffering from an anaphylactic reaction at school will include:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in kitchens/canteens
- during recess and lunchtimes
- before and after school
- camps and excursions, or at special events conducted, organised or attended by the school (e.g. 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 St Paul's College, we have put in place the following strategies:

- staff and students regularly reminded to wash their hands after eating;
- students discouraged from sharing food
- garbage bins to remain covered with lids to reduce the risk of attracting insects
- gloves to be worn when picking up papers or rubbish in the playground

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- relevant school staff trained in appropriate food handling to reduce the risk of crosscontamination
- class groups (parents) 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, first aid room and in the yard duty bag 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.

(See also Appendices to this policy)

Adrenaline autoinjectors for general use

St Paul's College will maintain a supply of adrenaline autoinjectors 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 (see above) and labelled "general use".

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

- the number of students enrolled at St Paul's College 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 school nurse and stored at [location – note, should be the same location that the plans are stored]. 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.	 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 [insert location] 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)

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	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.

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.

Post-Incident Action

It is expected that after an incident has occurred and has been resolved, that staff members involved will complete the following steps:

- i. Completion of an INJURY OR INCIDENT REPORT form available in the First Aid room or from the School office
- ii. Collection of the student's personal effects for return to the school (if the student was transported by ambulance to hospital)
- iii. Debrief with students directly involved as witnesses to the event and refer to counselling if indicated
- iv. Debrief with staff involved and refer to counselling if indicated
- v. Communication with the Principal or nominee regarding the particulars of the incident, actions taken and outcomes
- vi. At a later date, Principal or nominee to discuss with parents/carers the reaction that occurred and advise parents to seek medical attention to prevent similar reactions occurring in future
- vii. Principal and/or delegated staff to review the student's Individual Management Plan with the agreement of parents/carers
- viii. Implement updated risk prevention strategies (where applicable)

The expiry date of all EpiPens should be checked regularly to ensure they are ready for use. EpiPens for General Use are available for purchase at any chemist. No prescription is necessary.

Anaphylaxis Communication Plan

This and other Anaphylaxis policies will be available on St Paul's website so that parents and other members of the school community can easily access information about the school's anaphylaxis management procedures. The parents and carers of students who are enrolled at St Paul's College and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff, kitchen staff and volunteers are aware of the school's policies and procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are

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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.

Anaphylaxis Annual Risk Management Checklist

The Principal or nominee will complete an Anaphylaxis Annual Risk Management Checklist to monitor compliance with their obligations. This checklist is designed to step schools through each area of their responsibilities in relation to the management of anaphylaxis in schools.

Roles and Responsibilities of Leadership

- Develop, implement and review the Anaphylaxis Management Policy
- Identify students with severe allergies or those diagnosed as being at risk of anaphylaxis
- Ensure that parents/carers provide an ASCIA Action Plan for Anaphylaxis signed by a medical practitioner with an attached current photograph of the student
- Meet with parents/carers to develop an Individual Anaphylaxis Management Plan for the student which documents strategies for all in-school and out-of-school settings in order to minimise risk.
- Nominate staff responsible for implementation of the ASCIA Action Plan
- Check that external food providers demonstrate satisfactory training in the area of anaphylaxis and implications for food-handling practices
- Ensure that parents/carers provide an EpiPen and medication which is within date
- Develop an Anaphylaxis Communication Plan to provide information about the School's Anaphylaxis Management Policy to all members of the School community
- Have procedures in place to provide volunteers and casual relief staff with all relevant information including the identities of students at risk, the location of Action Plans and EpiPens as well as their roles in responding to an anaphylactic reaction by a student in their care
- Ensure that all staff are trained as required and briefed twice yearly in anaphylaxis management
- Allocate time during staff meetings to discuss, practise and review the School's Anaphylaxis Management Policy
- Ensure that the student's Anaphylaxis Management Plan is reviewed annually in consultation with parents/carers; if the student's medical condition changes; and if the student has an anaphylactic reaction at school
- Purchase and maintain the required number of EpiPens for General Use and as part of the School's first aid kits.

Roles and Responsibilities of Staff

- Be aware of, and comply with, the School's Anaphylaxis Management Policy and Communication Plan
- Be familiar with the identity of students at risk of anaphylaxis
- Understand the causes, symptoms and treatment of anaphylaxis
- Participate in online and inhouse training every two years in recognising and responding to an anaphylactic reaction including administration of an Epipen

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- Have a copy of each student's ASCIA Action Plan for Anaphylaxis visible in the First Aid Centre/home room and follow this in the event of an allergic reaction
- Be aware of where the student's EpiPen is kept
- Know and follow the prevention and risk management strategies in the student's Action Plan
- Raise student awareness about severe allergies and their role in creating a safe and supportive school environment for their peers

Staff training

The principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

• School staff who conduct or assist in classes attended by students who are at risk of anaphylaxis

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.

St Paul's College uses the following training course [insert detail, e.g. ASCIA eTraining course (with 22303VIC, or 22300VIC or 10313NAT].

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:

- school policies and procedures on anaphylaxis
- 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 enrols at St Paul's College who is at risk of anaphylaxis, the Principal or nominee 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.

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 on the school grounds, 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

- DET School Policy and Advisory Guide:
 - o Anaphylaxis
 - o Anaphylaxis management in schools
- Allergy & Anaphylaxis Australia: <u>Risk minimisation strategies</u>
- ASCIA Guidelines: <u>Schooling and childcare</u>
- Royal Children's Hospital: <u>Allergy and immunology</u>

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Review cycle and evaluation

This policy was last updated in June 2019 and is scheduled for review in 1 year.

The Principal or nominee e.g. school nurse will complete the 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.

TH May 2018 Endorsed by Board of Management: Date

Review date:

Updated June 2019

See:

Appendices 1 - Suggested wording of letter to parents re student with severe allergy

Appendices 2 - Anaphylaxis risk management across all areas of school programs

Suggested wording of letter to parents

Dear Parents/Carers

This letter is to inform you that one of our students xxxxxxxxx has a severe allergy to xxxxxxxxxxx.

At St Paul's College the focus will be placed on raising awareness of the risks associated with anaphylaxis, and on implement practical, age-appropriate strategies to minimize exposure to known allergens. We will remind our students of the following:

- Sharing things is part of being a good friend but there are some things that should never be shared, such as toothbrushes, hairbrushes, medicines, and in some cases food, if your friend has food allergic reactions
- Food allergies are serious never try to trick someone into eating food they are allergic to; never tease or bully others about their allergies
- Children with food and other allergies stay safe by only eating foods provided from home
- Other safety rules besides not sharing food are washing hands before and after eating; not playing with toys when eating; getting adult help if others say they feel sick

Blanket food bans or attempts to totally eliminate food allergens in schools and early childhood education/care centres are not recommended by ASCIA or the Department of Education and Early Childhood due to the presence of hidden allergens and the difficulty of monitoring and enforcing such a ban.

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However, in order to help keep the classroom safe please be mindful about sending foods that contain peanuts/eggs or xxxxxxxx to school with your child. If your child has eaten these foods prior to coming to school, please wash your child's hand and face thoroughly before school.

Your careful vigilance in minimising exposure to peanuts and eggs will help this young student to avoid requiring emergency medical treatment.

If you have any questions please contact us. I thank you for your cooperation in helping to make our school a safe environment for all of our students.

Anaphylaxis risk management across all areas of school programs

 the location of the student's EpiPen as well as the General Use EpiPen/s ii. Liaise with parents/carers about food related activities ahead of tin iii. Use non-food treats where possible. If food treats are used in class parents/carers may provide a clearly labelled box of safe treats. Treats for other students in the class should be treated with care to avoid cross contamination iv. Avoid giving food from outside sources to a student at risk of 	Setting	Considerations
 v. Products labelled 'traces of nuts' or 'may contain milk or eggs' should not be given to students with these allergies vi. Be aware of the possibility of hidden allergens in cooking, science and art classes (e.g. egg or milk cartons, peanut butter jars) vii. When cooking utensils are used in the classroom ensure they are cleaned thoroughly after food preparation viii. Discuss with students the importance of washing hands, eating the own food, and not sharing food with others ix. A designated staff member should inform casual relief teachers, specialist teachers and volunteers, of students at risk of anaphylax the location of ASCIA Action Plans and EpiPens, and their responsibility in managing an incident i.e. seeking a trained staff member x. The staff member with the student should send a second staff member (generally an assistant), to communicate to the office that there is an anaphylactic emergency and to obtain the student's ASCIA Action Plan and EpiPen. The staff member should remain with the student experiencing a reaction xi. Staff are to follow the procedures on the student's ASCIA Action Plan. If paramedics deem that the student is to be taken to hospit 	Classrooms	 the location of the student's EpiPen as well as the General Use EpiPen/s ii. Liaise with parents/carers about food related activities ahead of time iii. Use non-food treats where possible. If food treats are used in class, parents/carers may provide a clearly labelled box of safe treats. Treats for other students in the class should be treated with care to avoid cross contamination iv. Avoid giving food from outside sources to a student at risk of anaphylaxis v. Products labelled 'traces of nuts' or 'may contain milk or eggs' should not be given to students with these allergies vi. Be aware of the possibility of hidden allergens in cooking, science and art classes (e.g. egg or milk cartons, peanut butter jars) vii. When cooking utensils are used in the classroom ensure they are cleaned thoroughly after food preparation viii. Discuss with students the importance of washing hands, eating their own food, and not sharing food with others ix. A designated staff member should inform casual relief teachers, specialist teachers and volunteers, of students at risk of anaphylaxis, the location of ASCIA Action Plans and EpiPens, and their responsibility in managing an incident i.e. seeking a trained staff member x. The staff member with the student should send a second staff member (generally an assistant), to communicate to the office that there is an anaphylactic emergency and to obtain the student's ASCIA Action Plan and EpiPen. The staff member should remain with the student experiencing a reaction xi. Staff are to follow the procedures on the student is to be taken to hospital, an assistant should accompany the student in the ambulance, and

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School grounds	 i. Students with anaphylactic responses to insects should wear shoes at all times ii. Staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recesses and lunch) iii. The EpiPen should be stored in the designated location e.g. First Aid room/staffroom, where it is easily accessible from the yard iv. Teaching staff on duty need to send in a second staff member (generally an assistant), to communicate to the office that there is an anaphylactic emergency and to obtain the student's ASCIA Action Plan and EpiPen. The staff member on duty should remain with the student experiencing the reaction v. Staff are to follow all procedures on the student's ASCIA Action Plan. If paramedics deem that the student is to be taken to hospital, an assistant should accompany the student in the ambulance, and take with them the student's medical authority form.
On-site events (e.g. sporting events, class parties)	 For special occasions, teachers should consult with parents/carers in advance to develop an alternative food menu or request alternative food be supplied Parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and be informed of the School's allergen minimisation strategies Party balloons should not be used if a student is allergic to latex Latex swimming caps should not be used by a student allergic to latex Staff must be informed where EpiPens are located e.g. First Aid room/staffroom as well as the location of ASCIA Action Plans with student's name and photo Staff are to follow all procedures on the student's ASCIA Action Plan. If paramedics deem that the student is to be taken to hospital, an assistant should accompany the student in the ambulance, and take with them the student's medical authority form
Off-site school settings - excursions, adventure days, camps	 The student's EpiPen, ASCIA Action Plan and means of contacting emergency assistance must be taken on all excursions and camps One of more staff members who have been trained in the recognition of anaphylaxis and the use of the EpiPen should accompany the student on excursions and camps. All staff present during the excursion or camp need to be aware of a student at risk of anaphylaxis Staff are to follow the procedures on the student's ASCIA Action Plan. If paramedics deem that the student is to be taken to hospital, an assistant should accompany the student in the ambulance, and take with them the student's medical authority form The School should consult parents/carers in advance to discuss issues that may arise; to develop an alternative food menu; or to supply a meal (if required) The EpiPen should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in a portable first aid kit Students with allergies to insect venoms should always wear closed shoes when outdoors