



## ANAPHYLAXIS POLICY

### GLEN HUNTLY PRIMARY SCHOOL

<b>Policy last endorsed</b>	March 2021
<b>Next due review date</b>	November 2023
<b>To be reviewed by School Council for ratification</b>	November 2023
<b>Next review date if endorsed</b>	November 2025

#### PURPOSE

To explain to Glen Huntly Primary 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 Glen Huntly Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management. Policy last endorsed March 2021 Next review date November 2023

The purpose of this policy is to ensure Glen Huntly Primary School manages students at risk of anaphylaxis and that the school is able to meet its legislative requirements, and to ensure all staff can respond correctly and safely to an anaphylactic reaction as required.

#### SCOPE

This policy applies to:

- All staff, including casual relief staff
- All students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

#### SUMMARY

- Under [Ministerial Order 706 – Anaphylaxis Management in Victorian schools](#) (the Order), schools are required to develop a school-level anaphylaxis management policy.
- The department has developed [Anaphylaxis Guidelines](#) to assist schools to meet their duty of care to students at risk of anaphylaxis as well as other legislative requirements. It is recommended that schools refer to these guidelines and comply with all mandatory directions.
- The Principal must ensure that school staff are appropriately trained in anaphylaxis management. Under the Order, all staff must participate in a twice yearly anaphylaxis

briefing, with the first to be held at the start of the school year. Relevant school staff must also participate in face-to-face or online anaphylaxis training.

- Hero HQ is the provider of anaphylaxis supervisor training in Victorian schools. For more information about how to access anaphylaxis training, refer to [staff training](#).

## DETAILS

Anaphylaxis is a severe, rapidly progressive allergic reaction that is life threatening. 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.

### **Anaphylaxis Guidelines**

[Anaphylaxis Guidelines](#) (the Guidelines) have been developed to assist schools to meet their duty of care to students at risk of anaphylaxis as well as to comply with their obligations under the [Education and Training Reform Act 2006 \(Vic\)](#) (the Act) and the Order.

The Guidelines include information on anaphylaxis including:

- legal obligations of schools in relation to anaphylaxis
- school anaphylaxis management policy
- staff training
- individual anaphylaxis management plans
- risk minimisation and prevention strategies
- school management and emergency responses
- adrenaline autoinjectors for general use
- a communication plan
- a risk management checklist.

### **Ministerial Order 706 – School requirements**

Schools must have their own local anaphylaxis management policy.

The Department of Education is committed to protecting children and young people at risk of anaphylaxis. Under the Act, in order to meet the [Minimum Standards and School Registration](#), all schools, government and non-government, are required to have a local anaphylaxis management policy covering certain matters that are set out in the Order.

An [Anaphylaxis Policy Template](#) that meets these requirements is available for school use on the [School Policy Templates Portal](#).

At Glen Huntly Primary School, staff must undertake regular training

The Order sets out the minimum requirements for anaphylaxis management training in schools and the Guidelines provide further detail on training requirements.

Under the Order school staff must undertake training in anaphylaxis management if they:

- conduct classes attended by students with a medical condition relating to allergy and the potential for anaphylactic reaction, or
- are specifically identified and requested to do so by the school principal, based on the Principal's assessment of the risk of an anaphylactic reaction occurring while a student is under that staff member's care, authority or supervision.

Schools are encouraged to consider whether volunteers at the school and regular casual relief teachers should also undertake training.

The Order states that these school staff must:

- successfully complete an anaphylaxis management training course (either online in the last 2 years or face-to-face in the last 3 years) and
- participate in the school's twice yearly briefings conducted by the school anaphylaxis supervisor or another member of staff nominated by the Principal who has completed an approved anaphylaxis management training course in the past 2 years.

### **Online training course**

It is recommended that all school staff undertake the free Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training course which has been developed by ASCIA in conjunction with the department for all school staff, to increase the quality and consistency of training. The online course is free and can be accessed on [ASCIA's website](#).

### **Competency to use an adrenaline auto-injector**

To successfully complete this training staff will also be required to show that they are able to appropriately and competently use an adrenaline auto-injector.

This capability must be tested within 30 days of completion of the online training course.

School staff that complete the online training course will be required to repeat that training and the adrenaline auto-injector competency assessment every 2 years.

### **Verifying competency**

Glen Huntly Primary School should nominate two staff members from each campus to become school anaphylaxis supervisors who undertake competency checks on all staff that have successfully completed the online training course. To become a school anaphylaxis supervisor and undertake these competency checks, nominated school staff should undertake face-to-face training to skill them in providing competency checks to assess their colleagues' ability to use an adrenaline autoinjector (EpiPen and Anapen) and become school anaphylaxis supervisors. Training in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC is available from Hero HQ who have been appointed as the department's anaphylaxis training provider for Victorian government schools.

Alternatively, schools can opt to undertake fee-based face-to-face training in one of the accredited anaphylaxis training courses that meet the requirements of the Order:

- course in First Aid Management of Anaphylaxis 22578VIC
- course in Allergy and Anaphylaxis Awareness 10710NAT.

**Please note:** First aid training does not meet the training requirements of the Order.

### **Anapen workshop training**

On 1 September 2021 the Anapen adrenaline (epinephrine) autoinjector was introduced into Australia for the treatment of anaphylaxis and schools will need to ensure relevant staff are trained to use them.

For more information about the Anapen Workshop Training, refer to [staff training](#).

### **Twice-yearly anaphylaxis briefing requirements**

In addition to the training outlined above, an in-house anaphylaxis school briefing must be conducted twice a year. It is recommended that all school staff attend this briefing.

This briefing should preferably be led by the school anaphylaxis supervisor or another member of staff who has current anaphylaxis training. The person leading the twice-yearly anaphylaxis school briefing should have successfully completed an anaphylaxis management training course in the previous 2 years.

An [Anaphylaxis management briefing presentation \(PPTX\)](#) has been developed by the Department for schools use.

### **Overview of how schools manage students with anaphylaxis**

Following is information which summarises how schools manage students with anaphylaxis.

#### **ASCIA action plans**

A copy of the students ASCIA Action Plan for Anaphylaxis (prepared by a medical or nurse practitioner) *must be obtained from the parent or carer and held by the school*. The plan outlines the student's known severe allergies and the emergency procedures to be taken in the event of an allergic reaction.

**It is the parent/carer(s) responsibility to provide the school with a copy of their child's ASCIA Action Plan for Anaphylaxis 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.**

Current ASCIA action plans are the General and EpiPen 2021 versions, and the 2022 Anapen version. However, prior versions (2021, 2020 and 2018) are still valid for use in 2022 and 2023.

#### **Individual anaphylaxis management plan**

An individual anaphylaxis management plan should be completed by the Principal or their nominee in consultation with the parents/carer and be informed by the ASCIA Action Plan for Anaphylaxis provided by the parent.

The individual anaphylaxis management plan should specify the emergency care to be provided at the school, location of the adrenaline autoinjector (EpiPen and Anapen), emergency contact details, allergic risks in the school environment and actions to minimise these risks.

The plan should be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the student's medical condition (relating 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.

### **Emergency response**

In the event of an anaphylactic reaction, the emergency response procedures specified in the school anaphylaxis management policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's individual anaphylaxis management plan. Drills to test the effectiveness of these procedures should be undertaken regularly.

The [Anaphylaxis Guidelines](#) also contain information on responding to an anaphylactic reaction.

### **Prevention strategies**

The school anaphylaxis management policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction.

### **Communication plan**

The school anaphylaxis management policy must include a communication plan. The Principal is responsible for ensuring that the communication plan is developed to provide information to all school staff, students and parents (and volunteers and casual relief staff) about anaphylaxis and the school's anaphylaxis management policy and must include strategies for advising school staff and students about how to respond to an anaphylactic reaction of a student in various environments.

### **Annual risk management checklist**

The Principal must 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, and to monitor their compliance with their legal obligations and the [Anaphylaxis Guidelines](#). Please refer specifically to Item 12 of the Guidelines:

<https://www2.education.vic.gov.au/pal/anaphylaxis/guidance/12-annual-risk-management-checklist>

### **Purchase of additional adrenaline auto-injection devices**

Schools with students at risk of anaphylaxis must purchase a spare or 'backup' adrenaline auto-injection device(s) as part of school first aid kit(s), for general use. Schools can purchase an adrenaline auto-injection device at local chemists. (Schools must regularly check the expiry date of the backup device).

Schools must determine the number of backup adrenaline auto-injector devices to be purchased for general use, taking into account the number of diagnosed students attending the school and the likely availability of a backup device in various settings, including school excursions and camps.

There are currently two adrenaline autoinjector devices approved by the Therapeutic Goods Administration for use in Australia, these are the EpiPen and the Anapen. Both devices can be used. However, the Principal will need to determine the type of adrenaline autoinjector to purchase for general use. For more information about which autoinjector to purchase for general use, refer to [Adrenaline autoinjectors for general use](#).

### **Camps and special event participation**

Schools should ask parents/carers to complete a [Medical information form – day excursions \(DOCX\)](#). Consideration must be given to the food provided at camps and special events to prevent anaphylactic incidents. Risk minimisation strategies relating to food provision at camps at school events should form part of the school anaphylaxis management policy and individual anaphylaxis management plans.

## **ADDITIONAL POLICY INFORMATION**

### **School Statement**

Glen Huntly Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education.

#### ***Symptoms of Anaphylaxis:***

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
  
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

Signs and symptoms of anaphylaxis, a severe allergic reaction, can any include ONE of the following:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy (young children)
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)

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.

Early mild anaphylaxis may be treated with an antihistamine tablet if prescribed on the individual's Anaphylaxis Management Plan. It is the parents'/carers' responsibility to inform the school of this situation, with signed permission to administer the medication to their child, that the medication is for their child only and to provide the prescribed antihistamine medication.

### **Individual Anaphylaxis Management Plans**

All students at Glen Huntly Primary 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 Glen Huntly 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 Glen Huntly 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 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.

Glen Huntly Primary 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 our 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.

For when 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 in the student's classroom together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.*

For when students will 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 in the East and West Site Staffroom as well as the student's classrooms. Students are encouraged to keep their adrenaline autoinjectors on their person. Adrenaline autoinjectors for general use are available in the School Office (East Site) and the West Site Staffroom. These are labelled "general use".*

Further information regarding School Operations relating *Anaphylaxis Management Plans and their location and storage*, please refer to:

<https://www2.education.vic.gov.au/pal/anaphylaxis/guidance/7-individual-anaphylaxis-management-plans>

### **Where should the plans be kept?**

A copy of each student's individual anaphylaxis management plan should be stored with:

- the student's ASCIA Action Plan for Anaphylaxis
- the student's adrenaline autoinjector.

Copies should be kept 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, the canteen, the sick bay, the school office, staffrooms and in yard duty bags.

### **Risk Minimisation Strategies**

To reduce the risk of a student suffering from an anaphylactic reaction at Glen Huntly 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
- 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 office and in West Site Staffroom 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**

Glen Huntly Primary School 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 at the Office on the East Site and in the West Site Staffroom 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 Glen Huntly Primary 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.
- Severe reactions may require repeat injections, so more than one autoinjector may be required for a single anaphylactic reaction (see point 4 below)

### 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 Assistant Principal and stored in the Office, East Site Sickbay and west Site Staffroom. 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 the East Site and West Site Staffrooms.</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.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <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.

[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 [Frequently asked questions — Anaphylaxis](#)].

### **Communication Plan**

This policy will be available on Glen Huntly Primary School's website so that parents and other members of the school community can easily access information about Glen Huntly Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Glen Huntly 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 Glen Huntly 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. This information will be made available in the CRT Folder that is provided to each CRT when at Glen Huntly Primary School.

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
- Our Assistant Principal conducts training using the Department of Education resources for all teaching staff take part each year in training 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.

Glen Huntly Primary School uses the following training course: Total First Aid Training HLTAID003

[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 (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 two years including i.e. Assistant Principal. 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 Glen Huntly 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.

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.

## **DEFINITIONS**

### **Anaphylaxis**

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen.

Common allergens include:

- eggs
- peanuts
- tree nuts such as cashews
- cow's milk
- fish and shellfish
- wheat
- soy
- sesame
- insect stings and bites
- medications.

### **EpiPen and Anapen**

An EpiPen and an Anapen are autoinjectable devices that deliver the drug epinephrine. They are used when someone is experiencing a severe allergic reaction.

## **RELATED POLICIES:**

- [Allergies](#)
- [Asthma](#)
- [Duty of Care](#)
- [Health Care Needs](#)

## **RELATED LEGISLATION:**

- [Children's Services and Education Legislation Amendment \(Anaphylaxis Management\) Act 2008 \(Vic\):](#)
  - On 14 July 2008, the Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008 came into effect amending the Children's Services Act 1996 and the Education and Training Reform Act 2006 requiring that all licensed children's services and schools have an anaphylaxis management policy in place.
- Ministerial Order 90 (repealed on 22 April 2014)

- [Ministerial Order 706](#) (updated on 3 December 2015):
  - Ministerial Order 706 – Anaphylaxis Management in Victorian schools outlines points that schools need to ensure are included in their anaphylaxis management policy. A revised Ministerial Order 706 came into effect on 3 December 2015.

#### **FURTHER INFORMATION AND RESOURCES**

- Policy and Advisory Library:
  - [Anaphylaxis](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children’s Hospital: [Allergy and immunology](#)
- Health Care Needs Policy

#### **REVIEW CYCLE AND EVALUATION**

This policy was last updated on November, 2023 and is scheduled for review in November, 2025.