

Avondale Primary School

ANAPHYLAXIS POLICY



Statement of Commitment to Child Safety

Avondale Primary School is a child safe organisation which welcomes all children, young people and their families.

We are committed to providing environments where our students are safe and feel safe, where their participation is valued, their views respected, and their voices are heard about decisions that affect their lives. Our child safe policies, strategies and practices are inclusive of the needs of all children and students.

Avondale Primary school's approach to creating and maintaining a child safe school environment is guided by our school philosophy and values. At Avondale Primary School our vision is 'to create a community that strives for excellence through high quality learning, engagement and wellbeing for all.'

We have no tolerance for child abuse and take proactive steps to identify and manage any risk of harm to students in our school environments.

We promote positive relationships between students and adults and between students and their peers. These relationships are based on trust and respect.

When child safety concerns are raised or identified, we treat these seriously and respond promptly and thoroughly.

Particular attention is given to the child safety needs of Aboriginal students, those from culturally and linguistically diverse backgrounds, international students, students with disabilities, those unable to live at home, children and young people who identify as lesbian, gay, bisexual, trans and gender diverse, intersex and queer (LGBTIQ+) and other students experiencing risk or vulnerability. Inappropriate or harmful behaviour targeting students based on these or other characteristics, such as racism or homophobia, are not tolerated at our school, and any instances identified will be addressed with appropriate consequences.

Child safety is a shared responsibility. Every person involved in our school has an important role in promoting child safety and wellbeing and promptly raising any issues or concerns about a child's safety.

We are committed to regularly reviewing our child safe practices, and seeking input from our students, families, staff, and volunteers to inform our ongoing strategies.



Help for non-English speakers

If you need help to understand the information in this policy please contact the school office on 9318 1755.

PURPOSE

To explain to Avondale 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 Avondale Primary 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

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

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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 medications.

Symptoms

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 auto injector for use in an emergency. These adrenaline auto injectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Avondale 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 Avondale Primary School is responsible for developing a management 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 Avondale 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

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- 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 auto injector 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 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, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- a 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 auto injectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the First Aid Room next to the Administration office together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name and photograph.

Adrenaline autoinjectors for general use are available in the First Aid room and stored in the red yard duty bags and black excursion first aid kits.

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Risk Minimisation Strategies

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

- All staff are to be informed of students with allergies and their management plan at the beginning of each school year and then updated as needed throughout the year
- First Aid Coordinator is to provide information to all staff, including canteen, office staff, ES staff and teaching staff so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures
- Ensure that there are procedures in place for informing CRTs of students at risk of anaphylaxis and the steps required for prevention and emergency response, including updating information in class CRT folders on a regular basis
- Communication of school anaphylaxis policy and strategies to minimise risk and promote allergy awareness provided to families through Compass and newsletter. Notices will be sent home to all families reminding them of the policy and seeking their support to reduce certain foods being sent to school e.g. peanut butter sandwiches
- A general use adrenaline autoinjector will be stored at First Aid Room in the main office and in the red yard duty bags 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.
- Emergency Response Procedure included as part of risk assessment for all excursions, camps and whole school events. This includes the identification of local emergency services and hospitals prior to camp. Parents are also encouraged to provide two adrenaline autoinjectors along with the Action Plan and any other required medications whilst child is on camp
- All staff to carry mobile phones during excursions and be aware of locations of the emergency medical kits containing adrenaline autoinjector during whole school events. Students with anaphylaxis to be placed in groups where the teacher in charge carries their adrenaline autoinjector and spare adrenaline autoinjector
- Review the student's Anaphylaxis Management Plan annually or if the student's circumstances change in consultation with parents/carers.
- Staff and students are regularly reminded to wash their hands after eating
- For the safety of children with food allergies we have a "no food sharing" approach. Teachers will make students aware of our school's "no food sharing approach" and discourage students from bringing 'nut products' to school, on excursions and camps. Students are also discouraged from bringing in food to celebrate birthdays or other events e.g. Easter eggs or candy canes. In the event that these are brought to school, students are requested to take these home and seek parent permission before eating.
- Non food rewards encouraged
- School canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination. Parents of students with allergies are requested to add this information to any lunch orders ordered.
- Students do not eat while travelling on buses. Students with anaphylaxis to travel with their adrenaline autoinjector and on the same bus as the spare adrenaline autoinjector. Clear advice communicated with families prior to camp on what foods are to be avoided
- Camp facility made aware of any students with anaphylaxis and separate meals provided

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- While on camp, children who have a severe insect sting allergy are encouraged to avoid being outdoors at certain times of the day, wear shoes at all times and use insect repellents
- Encourage students to keep drinks covered when outside
- Any fundraising undertaken by the school will be recommended by the principal and approved by school council, taking into consideration the allergies students have in the school at the time and other risk factors including safe packaging and product labelling.
- Children with allergies considered when planning fundraising events, cultural days or breakfast mornings e.g. face painting
- As part of the curriculum, students may be involved in kitchen science lessons involving food products and/or chemicals. Parents will be well informed prior to the sessions and PLCs to take into consideration the activities planned
- Care to be taken with art and craft activities that many contain allergens e.g. play dough. Check that nut oils have not been used in manufacture.
- Be aware of children with food allergies when deciding on counters to be used in mathematics lessons e.g. Smarties
- Activities such as mask making where students may place masks on their faces should be discussed with parents prior to the event, as products used may contain food allergens
- Ensure containers used by students at risk of anaphylaxis do not contain allergens e.g. egg white or yolk on an egg carton
- Teachers will build an awareness of allergies and prevention methods within their classrooms. PLCs to consider children at risk of anaphylaxis when planning rotational activities for year level
- Be aware that some animal feed contains allergens e.g. fish in fish food
- Students at risk of food or insect sting anaphylaxis are excused from picking up rubbish in the yard
- Rubbish bin covers to avoid attracting stinging insects
- Parents of children at risk of anaphylaxis are informed that sunscreen is provided for use by children at school and they may wish to provide their own. Students allergic to Band-aids are also asked to provide their own for use in Sick Bay.
- Removal of insect nests that may appear in the school when students are not present
- Selection of plants that are less likely to attract stinging insects when putting in new plants

Adrenaline auto injectors for general use

Avondale Primary will maintain a supply of adrenaline auto injector(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 auto injectors for general use will be stored in the sick bay, red yard duty bags, and Excursion First Aid bags 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 Avondale 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

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- 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
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase

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.

ON SITE: 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 in the First Aid Room, main office, on classroom doors and in CRT folders.

CAMPS/ EXCURSIONS: For camps, excursions and special events, a designated Level 2 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 auto injectors, where appropriate.

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

Step	Action
1.	<ul style="list-style-type: none"> • Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline auto injector or the school's general use auto injector, and the student's Individual Anaphylaxis Management Plan, stored at the first aid room and Administration 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 <p>See Appendix for Responding to an Anaphylaxis Incident Procedures</p>
2.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none"> • 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 <p>OR</p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p>

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	<ul style="list-style-type: none"> • Pull off the black needle shield • Pull off grey safety cap (from the red button) • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) • Press red button so it clicks and hold for 10 seconds • Remove Anapen® • Note the time the Anapen is administered <p>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</p>
3.	Call an ambulance (000) and advise call centre that a suspected life threatening allergic reaction has occurred
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline auto injectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

Schools can use either the EpiPen® and Anapen® on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

If in doubt, it is better to use an adrenaline auto injector 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.

Communication Plan

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

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

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Staff training

All staff at Avondale Primary will receive appropriate training in anaphylaxis management. The Principal will ensure that:

This includes:

- school staff who conduct classes attended by students who are at risk of anaphylaxis, including specialist classes
- admin staff
- education support staff
- canteen manager

This will involve successful completion of:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- the ASCIA eTraining anaphylaxis management online course and practical demonstration 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 including First Aid Officer/ Anaphylaxis Supervisor.

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 Avondale Primary School who is at risk of anaphylaxis, the Principal and First Aid Coordinator 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 anaphylaxis management training courses and the dates of the twice yearly briefings will be maintained by the First Aid Coordinator and recorded as part of the school's online Emergency Management Plan. This record will include the names of staff who have undertaken the training course and the date the training is due for renewal, as well as the names of the staff who attended the twice yearly briefing.

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.

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In addition to this Avondale Primary School ensures that a Level 2 trained staff member accompanies all excursions, camps and other offsite school activities.

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](#)
- [Health Care Needs Policy](#)

COMMUNICATION

This policy will be communicated to our school community in the following ways:

- available publicly on our school's website
- included in staff induction processes and staff training
- accessible to staff on Google Drive Online Staffroom and discussed at staff briefings/meetings as required
- discussed at parent information sessions and enrolment process
- reminders in our school newsletter
- hard copy available from school administration upon request

POLICY REVIEW AND APPROVAL

Policy reviewed	March 2024
Consultation	First Aid Coordinator OHS Working Group School Improvement Team
Approved by	Principal: Jill Benham
Next scheduled review date	March 2025

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.

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RESPONDING TO AN ANAPHYLAXIS INCIDENT

1. ASSESS student for symptoms

- tingling tongue/mouth
- abdominal pain/ vomiting
- swelling of lips, face, eyes, tongue
- hives or welts
- wheezing or coughing
- difficulty or noisy breathing

2. CALL Office, **REMAIN** with patient and send student to nearest teacher (classroom or yard duty) to **RAISE** alarm.

A member of school staff must remain with the student who is displaying symptoms of anaphylaxis at all times. Office staff will call for an ambulance (if required) on a mobile phone and take mobile phone to the patient with medication and adrenaline autoinjector.

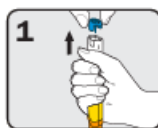
3. LAY the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit

4. Member of office staff will immediately **LOCATE** the student's adrenaline autoinjector and the student's ASCIA Action Plan for Anaphylaxis and bring to patient.

Second adrenaline autoinjector to be collected and sent to the emergency just in case a further device is required to be administered. This may be from a RED yard duty bag in Learning Community 4 or Sick Bay.

5. ADMINISTER adrenaline autoinjector following the instructions in the student's ASCIA Action Plan for Anaphylaxis and any instructions from emergency services. Note the time that adrenaline autoinjector was administered and set aside.

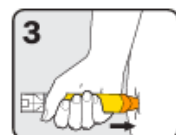
6. WAIT for ambulance. The student must be taken to the ambulance on a stretcher if adrenaline has been administered. Second adrenaline autoinjector may be administered under direction of emergency services.



Form fist around EpiPen® and
PULL OFF **BLUE** SAFETY RELEASE



Hold leg still and **PLACE ORANGE**
END against 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®

Instructions are also on device labels.
For video instructions scan this QR code:

