

# Anaphylaxis Management Policy

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**Purpose:**

To fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Victorian Government, Department of Education from time to time.

To define management procedures that are implemented to identify and monitor students who have pre-existing medical conditions.

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**Scope:**

School Coordinator and all staff

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**Implemented by:**

Designated First Aid Officer

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**Approved by:**

KVS Board

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## Definition

**Anaphylaxis** is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis.

Symptoms of anaphylaxis are potentially life threatening and include any 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 and/or collapse
- Pale and floppy (in young children)

## Individual Anaphylaxis Management Plans

The School Coordinator will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's Parents, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.

The Individual Anaphylaxis Management Plan will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings 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 strategies;
- information on where the student's medication will be stored;
- the student's emergency contact details; and
- an ASCIA (Australasian Society of Clinical Immunology & Allergy) Action Plan.

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's Parents in all of the following circumstances:

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at School; and

- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (e.g. camps, Out 'n' Abouts).

The School's Anaphylaxis Management Policy must state that it is the responsibility of the Parents to:

- provide the ASCIA Action Plan;
- inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
- provide the School with an Adrenaline Autoinjector that is current and not expired, for their child.

## Prevention Strategies

KVS will put into place the following strategies to minimise the risk of an anaphylactic reaction by a student that has a diagnosed allergy:

### Classroom

- Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom
- Use non-food treats
- Never give food from outside sources or treats from other children in the class to a student with anaphylaxis
- Never serve products with 'may contain...' labels to students with an allergy to that item
- Be aware of hidden allergens in food and other substances used in cooking, science and art classes
- Provide sets of utensils and crockery that are washed and stored separately for each student with an anaphylaxis allergy
- The student's Key Mentor is responsible for advising relief teachers, specialist teachers and volunteers of any student with an anaphylactic allergy and the action plan that is in place should an anaphylactic reaction occur.

### Outdoors

- A staff member who has been trained in the administration of the Adrenaline Autoinjector will be available to respond to an outdoor anaphylactic reaction, at all times
- The Adrenaline Autoinjector will be kept in a location that is known by all staff and easily accessible from the outdoor play areas
- The school will have a Communication Plan in place so that the student's medical information and medication can be retrieved quickly if a reaction occurs outdoors
- All staff must be able to identify, by face, those students at risk of anaphylaxis
- Lawns will be kept mowed

## Special Events and Out-of-School Settings

The School Coordinator will speak with parents to determine a plan to minimise the risk of anaphylaxis while traveling to and from school by bus, and during excursions and camps, which may include some or all of the following:

- A staff member who has been trained in the administration of the Adrenaline Autoinjector will accompany the group at all times and carry with him/her the student's ASCIA Action Plan and Autoinjector
- A risk assessment will be undertaken of the venue and possible exposure to the allergen
- An appropriate food menu will be arranged, or meals will be provided by the parents
- Parents may wish to accompany their child on the excursion

## School Management

The KVS School Coordinator will ensure that the following procedures are established and known by all staff in relation to students who may experience an anaphylactic reaction to an allergen:

- Each student will have an Individual Anaphylaxis Management Plan, including an up-to-date photo, developed in conjunction with parents and on the basis of a written diagnosis from a medical practitioner (this plan will be reviewed annually, or after an anaphylactic response)
- All staff members will be able to identify, by face, any student who has an Individual Anaphylaxis Management Plan
- All staff will be briefed upon enrolment and thereafter, twice-annually, regarding the student's Individual Anaphylaxis Management Plan, the response strategies that it contains, and the location of the Adrenaline Autoinjector (this will also include training in how to recognise and respond to an anaphylactic reaction, and how to administer an Adrenaline Autoinjector)
- The Designated First Aid Officer will be responsible for monitoring the expiry date of the Adrenaline Autoinjectors supplied by the family and any additional Adrenaline Autoinjectors supplied by the school
- The School Coordinator will ensure that the Designated First Aid Officer maintains current anaphylaxis management training at all times (i.e. in the last twelve months)
- All staff will know their responsibilities in relation to risk minimisation for class activities, excursions and camps

- All occurrences of an allergic reaction which require the administration of first aid, including use of an Adrenaline Autoinjector will be recorded as a First Aid Incident in Sentral.

## Emergency Response

### Self-Administration of the Adrenaline Autoinjector

During the development of the student's Individual Anaphylaxis Management Plan, the decision will be made whether a student will carry their own Adrenaline Autoinjector. It is important to note that students who ordinarily self-administer their Adrenaline Autoinjector may not physically be able to do so due to the effects of the reaction, and in such situations, school staff will administer the Adrenaline Autoinjector to the student.

If a student self-administers an Adrenaline Autoinjector, one School Staff member should supervise and monitor the student, and another Staff member should contact an ambulance.

Even if a student carries their own Adrenaline Autoinjector, the school will keep a second Adrenaline Autoinjector (provided by the Parent) on-site in an easily accessible, unlocked location that is known to all School Staff.

### Responding to an Incident

Where possible, only School Staff with training in the administration of the Adrenaline Autoinjector will administer the student's Adrenaline Autoinjector. However, as it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction, the Adrenaline Autoinjector may be administered by any person following the instructions in the student's ASCIA Action Plan.

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by).

If the incident occurs within the school environment, a mobile phone or student messenger will be sent to raise the alarm which triggers getting the Adrenaline Autoinjector to the child and other emergency response protocols:

- Execution of the student's Anaphylaxis Management Plan
- Nominated staff member phoning for an ambulance
- Another staff member waiting for the ambulance at the designated school entrance

An out-of-school incident will follow the process documented in the Individual Anaphylaxis Management Plan which has been developed specifically for the environment following the pre-attendance risk assessment.

A School Staff member will remain with the student experiencing an anaphylactic response, at all times. The Adrenaline Autoinjector should be administered following the instructions in the student's ASCIA Action Plan.

How to administer an EpiPen®	
1.	Remove from plastic container.
2.	Form a fist around EpiPen® and pull off the blue safety cap.
3.	Place orange end against the student's outer mid-thigh (with or without clothing).
4.	Push down hard until a click is heard or felt and hold in place for 10 seconds.
5.	Remove EpiPen®.
7.	Massage injection site for 10 seconds.
8.	Note the time you administered the EpiPen®.
9.	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

If an Adrenaline Autoinjector is administered, the School must	
1.	<b>Immediately</b> call an ambulance (000/112).
2.	Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3.	Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere.
4.	In the situation where there is no improvement or <b>severe symptoms</b> progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).
5.	<b>Then</b> contact the student's emergency contacts.
6.	<b>Later</b> , enact the school's critical incident management plan.

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the School Staff should follow the school's first aid procedures, which will include immediately contacting an ambulance using 000, locating and administering an Adrenaline Autoinjector for General Use, and documenting the incident in Sentral.

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and Parents. In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident debriefing, provided by the School Coordinator, or counselling provided by a psychologist.

### Post-incident Review

After an anaphylactic reaction has taken place for a student while in the School's care, the following review processes will take place.

1. The Adrenaline Autoinjector must be replaced by the Parent as soon as possible.
2. In the meantime, the School Coordinator will ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
3. If the Adrenaline Autoinjector for General Use has been used this will be replaced as soon as possible.
4. In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided.
5. The student's Individual Anaphylaxis Management Plan will be reviewed in consultation with the student's Parents.
6. The School's Anaphylaxis Management Policy will be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.

### **Adrenaline Autoinjectors for General Use**

The School Coordinator will purchase Adrenaline Autoinjector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents.

The School Coordinator will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, will take into account the following relevant considerations:

- the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;

- the accessibility of Adrenaline Autoinjectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the School, including
- outdoor areas, and at excursions, camps and special events conducted or organised by the School; and
- the Adrenaline Autoinjectors for General Use, which have a limited life (usually expiring within 12-18 months), will be monitored by the Designated First Aid Officer and will be replaced at the School's expense, either at the time of use or expiry, whichever is first.

## Communication Plan

The School Coordinator is responsible for ensuring that a Communication Plan is developed to provide information to all School Staff, students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy.

The Communication Plan includes strategies for advising School Staff, students and Parents about how to respond to an anaphylactic reaction of a student in various environments including:

- during normal school activities including in the classroom and in the school grounds; and
- during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the School.

The Communication Plan will include procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

It is the responsibility of the School Coordinator to ensure that all School Staff who conduct classes for students with an Individual Anaphylaxis Management Plan are:

- trained; and
- briefed at least twice per calendar year by a Staff Member who has undergone anaphylaxis training in the previous 12 months.

It is also the School Coordinator's responsibility to raise awareness amongst all staff regarding anaphylaxis and the School's Anaphylaxis Management Policy, twice yearly.

Key Mentors can raise student awareness of the risks of anaphylaxis by talking with students about taking food allergies seriously, not sharing food with friends who have food allergies, know what their friends are allergic to, and know to get help immediately their friend becomes sick.

## Staff Training

School Staff that conduct classes for a student with an Individual Anaphylaxis Management Plan must have successfully completed an Anaphylaxis Management Training Course in the previous three years; and participate in a twice-yearly briefing, the first of which will be held at the beginning of a school year, on:

- the School's Anaphylaxis Management Policy;

- causes, symptoms and treatment of anaphylaxis;
- the identities of students diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction and where their medication is located;
- how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector;
- the School's general first aid and emergency response procedures; and
- the location of, and access to, Adrenaline Autoinjectors that have been provided by Parents or purchased by the School for general use.

The briefing must be conducted by a member of the School Staff who has current anaphylaxis training i.e. has successfully completed an Anaphylaxis Management Training Course in the previous 12 months.

In the event that the relevant training and briefing has not occurred prior to the student's first day at the school, the School Coordinator will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. An interim Individual Anaphylaxis Management Plan will be provided to relevant School Staff before the student's first day at school and training will be provided as soon as practicable after this time.

## Annual Risk Management Checklist

The School Coordinator will complete an annual anaphylaxis Risk Management Checklist to monitor the School's compliance with Ministerial Order 706 and the associated Guidelines.

## Related Documentation

*Individual Anaphylaxis Management Plan template*

*Accident, Incident & First Aid Register on Sentral*

*KVS - Annual Anaphylaxis Risk Management Checklist*

*KVS - Anaphylaxis Communication Plan*

*KVS – Register of Students at Risk of Anaphylaxis*

## Related Policies

*First Aid Policy*

*Critical Incident Plan*