



# Aurora School

## ANAPHYLAXIS POLICY

### A DET School Policy Template (June 2018)

**RATIONALE** To explain to Aurora 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 Aurora 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

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

##### Anaphylaxis

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

##### *Symptoms*

Signs and 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 autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

##### Individual Critical Incident Anaphylaxis Management Plans

All students at Aurora School who are diagnosed as being at risk of suffering from an anaphylactic reaction by a medical practitioner must have an Individual Critical Incident Anaphylaxis Management Plan. When notified of an



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anaphylaxis diagnosis, the principal of Aurora School is responsible for coordinating the development of 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 Aurora School and where possible, before the student's first day.

Parents and carers must:

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

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

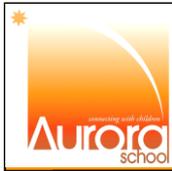
### *Review and updates to Individual Anaphylaxis Management Plans*

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

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### Location of plans and adrenaline autoinjectors

*A copy of each student's Individual Critical Incident Anaphylaxis Management Plan with their ASCIA Action Plan for Anaphylaxis and the student's named adrenaline autoinjector will be stored in the classroom medicine cupboard.*

*Copies of the student's Individual Critical Incident Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the special student critical information pockets inside the door of every classroom.*

*The school purchased epipens are located in the Sick Bay room together with copies of each child's Critical Incident Management Plans.*

*Expiry dates of each adrenaline autoinjection will be regularly checked and replaced when needed.*

*Staff who are diagnosed with Anaphylaxis will provide the school with a Critical Incident Anaphylaxis Management Plan which clearly indicates where their adrenaline autoinjector is located. A copy of the Critical Incident Plan will be located in the critical incident pocket in the classroom. The storage area will be clearly labelled. They will regularly update information to staff during a staff meeting so they can be supported by their colleagues.*

### Risk Management Strategies

CRT staff are to provide a copy of their Emergency Management plan to the school. In addition they are to have on their person, at all times, a bag or identifiable storage pack containing their Emergency Management Plan and epipen.

Classroom CRT booklets will contain all relevant details about the care of children diagnosed with anaphylaxis

*To reduce the risk of a student suffering from an anaphylactic reaction at Aurora 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;*
- *class groups will be informed of allergens that must be avoided on a day to day basis and in advance of class parties, events or birthdays*
- *general use EpiPen will be stored the Sick Bay for ease of access.*
- *Planning for off-site activities will include risk minimisation strategies for children 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

[Note: for guidance on the appropriate number of general use adrenaline autoinjectors for your school, refer to chapter 10 of the Department's [Anaphylaxis Guidelines](#)]



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Aurora School will maintain a supply of adrenaline autoinjector 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 in the Sick Bay 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 Aurora School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

### Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by and stored in the Sick Bay by the Aurora School Personal Care Coordinator. 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 in the classroom Medicine Cupboard. 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>



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**OR**

Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.

- 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
- Retain the used Anapen 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.

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.

[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 page 41 of the [Anaphylaxis Guidelines](#)].

### Communication Plan

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

The School Anaphylaxis Supervisor is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Aurora 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. The classroom CRT folder will contain all relevant information.

### Staff training

Staff at Aurora School will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the principal identifies, must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or



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- an approved online anaphylaxis management training course in the last two years.

Aurora School uses the Schools First Aid Skill Set – HLTAID003 First Aid, 22282 Vic Management – Provide First Aid, Management of Asthma Risk and emergencies and 22300 First Aid management of Anaphylaxis

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including The Principal and School 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 Aurora who is at risk of anaphylaxis, the principal or The Principal's delegate will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

A record of staff training courses and briefings will be maintained and kept on file with out Personal Care Assistant on the Aurora ShareDrive.

### FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
  - [Anaphylaxis](#)
  - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

### REVIEW CYCLE AND EVALUATION

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.

### POLICY REVIEW AND APPROVAL

Policy last reviewed	22 <sup>nd</sup> March 2022
Approved by	School Council
Next scheduled review date	March 2023