



Help for non-English speakers

If you need help to understand the information in this policy please contact Rosebud Primary School office on 5986 8274.

PURPOSE

To explain to Rosebud 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 Rosebud 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

Rosebud Primary 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

Sights 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 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 Rosebud Primary School who are diagnosed as being at risk of suffering from an anaphylactic reaction by a medical practitioner must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Rosebud 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 Rosebud 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 auto injector for the student that is 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
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Rosebud 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 auto-injectors

Example 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 at first aid room, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Example 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 at first aid room. Students are encouraged to keep their adrenaline autoinjectors on their person. Adrenaline autoinjectors for general use are available at [insert location, i.e. First Aid Room, front office] and are labelled "general use".

Example for where some students keep their adrenaline autoinjectors on their person and others store them elsewhere:

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

Risk Minimisation Strategies

It is important to remember that minimisation of the risk of anaphylaxis is everyone's responsibility; Rosebud Primary School (including the Principal and all school staff), parents, students and the broader school community. Parents have important obligations under the Order (and the school's Anaphylaxis Management Policy).

Parents must:

- communicate their child's allergies and risk of anaphylaxis to RPS at the earliest opportunity, preferably on enrolment;
- continue to communicate with RPS staff and provide up to date information about their child's medical condition;
- provide the school with an ASCIA Action Plan;
- participate in yearly reviews of their child's Individual Anaphylaxis Management Plan; and
- ensure that their child has an Adrenalin Auto injector that is current and not expired at all times.

The School will: IN SCHOOL SETTINGS (CLASSROOMS)

- Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Auto injector is kept in another location. Parents should be informed that for safety reasons and communication, the plan will be displayed.
- Liaise with parents about food-related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class parents of students with food allergy provide a treat box with alternative treats. To avoid cross-contamination, treat boxes should be clearly labelled and only handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis unless it has been approved by the student's parents
- Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Be aware of the possibility of hidden allergens in food and other substances used in cooking, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
- Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
- During Physical Education lessons, the Physical Education teacher will carry anaphylaxis cards similar to anaphylaxis yard duty cards for all anaphylactic students, which may be used to seek assistance from the office.
- A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and

Adrenaline Auto injector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. I.e. seeking a trained staff member. At Rosebud Primary School this information will be available in the front of each classroom roll. At RPS the daily organiser will be the designated person to provide this information to CRTs, volunteers and specialist teachers.

IN THE CANTEEN

- Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading - Advisory Guide, available at: <http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx>
- Display the student's name and photo in the canteen as a reminder to school staff.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
- Make sure that tables and surfaces are wiped down with warm soapy water regularly
- Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

IN THE SCHOOL YARD

- If RPS has a student who is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the Adrenaline Auto injector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
- The Adrenaline Auto injector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location (in the First Aid Room)
- At Rosebud Primary School all yard duty staff will carry a red emergency card in their yard-duty bags to indicate to office staff/first aid staff that a student is having a potential anaphylactic reaction and that an Adrenaline Auto injector needs to be delivered to the yard.
- Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.

SPECIAL EVENTS

(Eg sporting events, incursions, discos)

- If a RPS has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Auto injector to be able to respond quickly to an anaphylactic reaction if required.
- For special occasions, RPS staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.

EXCURSIONS/SPORTING EVENTS

- If an RPS has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Auto injector and be able to respond quickly to an anaphylactic reaction if required.
- An RPS staff member trained in the recognition of anaphylaxis and the administration of the Adrenaline Auto injector must accompany any student at risk of anaphylaxis on excursions.
- The Adrenaline Auto injector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and RPS staff must be aware of their exact location.
- For each field trip, excursion etc., a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of

the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio

- All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.

SCHOOL CAMPS

- Prior to engaging a camp owner/operator's services RPS staff should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the school should consider using an alternative service provider.
- The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- RPS staff must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
- RPS staff should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
- RPS staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
- If RPS staff or parents have concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, they should also consider alternative means for providing food for those students.
- The student's Adrenaline Auto injector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
- Prior to the camp taking place RPS staff should consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
- RPS staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.
- The Adrenaline Auto injector should remain close to the student and MPS staff must be aware of its location at all times.

OUT OF HOURS SCHOOL CARE

The Principal should ensure that sufficient OHSC staff are trained in the administration of an Adrenaline Auto injector and be able to respond quickly to an anaphylactic reaction if required.

- The First Aid Co-ordinator should work with the OHSC Co-ordinator to ensure all school anaphylaxis procedures are followed (in particular, in relation to ensuring plans and medication are current) and that parents of students with diagnosed anaphylaxis have been involved in a discussion with OHSC staff in relation to their child's condition and plan;
- OHSC must have a general use auto injector, stored correctly and be able to be accessed quickly

- If diagnosed anaphylactic students attend OHSC, their parents must provide an auto injector specifically to be used and stored at OHSC;
- Cooking and art and craft activities should not involve the use of known allergens;
- OHSC should display a copy of all anaphylaxis plans;
- OHSC staff should be able to recognise anaphylactic students by face.

OVERSEAS TRAVEL

As Rosebud Primary School does not offer any overseas travel, it is unnecessary to develop strategies to address this. However, if the school did decide to implement overseas travel as part of its curriculum or as an extra-curricula option, anaphylaxis strategies would need to be develop and documented as part of this policy.

Rosebud Primary School 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 at First Aid Room 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 Rosebud 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
- 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.

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 First Aid Officer and stored at First Aid Room and Main Office.

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 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 First Aid Room. • If the student’s plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5 |
| 2. | Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull of the blue safety release (cap) |

| | |
|----|---|
| | <ul style="list-style-type: none"> 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 <p>Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</p> <p>OR</p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <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 3 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 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.

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

The Principal and Assistant Principal are responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Rosebud Primary School 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.

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
- [Indicate which staff in your school the Principal has determined will also receive training, based on a risk assessment of the particular circumstances at your school. School staff who conduct specialist classes, all canteen

staff, admin staff, first aiders 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.

Rosebud Primary School uses the following training course 22578VIC provided by APTS

[Note, for details about approved staff training modules, refer to chapter 5 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 2 years including Principal or 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 Rosebud 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.

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](#)

POLICY REVIEW AND APPROVAL

| | |
|----------------------------|------------|
| Policy last reviewed | 12/2023 |
| Consultation | DET Policy |
| Approved by | Principal |
| Next scheduled review date | 12/2024 |