



ANAPHYLAXIS POLICY

PURPOSE

To explain to Orchard Grove 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.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in keeping certain foods or items away from the student while at school or in the care of teachers during excursions and/or camp.

Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Adrenaline given through an adrenaline auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

This policy also ensures that Orchard Grove 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

- Orchard Grove Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.
- Orchard Grove Primary School will provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling.

- To raise awareness about anaphylaxis and the School's Anaphylaxis Management Policy in the school community and through the school's newsletter, website and social media;
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student;
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.
- To work with staff to conduct ongoing risk prevention, minimisation, assessment and management strategies as required.
- To ensure that casual relief staff and volunteers have knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction, including the identities of students at risk of anaphylaxis, location of students' Individual Anaphylaxis Management Plans and EpiPens

ANAPHYLAXIS

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening occurring after exposure to an allergen. Although allergic reactions are common in children, severe life-threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency requiring a rapid response.

Certain foods and insect stings are the most common causes of anaphylaxis. According to current medical information, eight foods cause 95 percent of food allergic reactions in Australia and can be common causes of anaphylaxis:

Peanuts	Tree nuts (i.e. hazelnuts, cashews, almonds, walnuts, pistachios, macadamias, brazil nuts, pecans, chestnuts, coconuts and pine nuts)
Eggs	Cow's milk
Wheat	Soy
Fish and shellfish (e.g. oysters, lobster, clams, mussel, shrimp, crab and prawns)	Sesame seeds

Other common allergens include some insect stings, particularly bee stings but also wasp and jumper jack ant stings, tick bites, some medications (e.g. antibiotics and anaesthetic drugs) and latex.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welt
- stinging in the mouth
- abdominal pain and/or vomiting.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- 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
- abdominal pain and/or vomiting

Symptoms usually develop within ten minutes and up to several hours after exposure to an allergen, but can appear within a few minutes.

Students may not be able to express the symptoms of anaphylaxis. A reaction can develop within minutes of exposure to the allergen, however with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device, an EpiPen.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis. Call an ambulance immediately following administration or concurrently if more than one adult is available at the scene.

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 ANAPHYLAXIS MANAGEMENT PLANS

All students at Orchard Grove 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 will ensure that an Individual Management Plan is developed, 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 Orchard Grove Primary School and where possible, before the student's first day.

Parents/carers must:

- obtain an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan for Anaphylaxis completed and signed by the student's medical practitioner and provide a copy to the school as soon as practicable, at enrolment or at the time of diagnosis (whichever is earlier), this plan is to be no older than 12 months.
- 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 (EpiPen) for the student that is not visibly cloudy, discoloured or contains sediment and has not expired;
- assist in the development of the student's Individual Management Plan;

- inform staff of any changes to the student's emergency contact details;
- 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, school activities such as cooking as art classes, 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;

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.

It is the responsibility of the parents/carers to inform the school if their child's medical condition changes.

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 autoinjectors

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, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Adrenaline autoinjectors for general use are available at First Aid Room and are labelled "general use".

Location	ASCIA Plans	Individual Anaphylaxis Management Plan	EpiPens	List of Students with medical conditions
First Aid Room	✓	✓	✓	✓
Classrooms	✓			classroom specific
Staffroom				Anaphylactic students - photos & allergens
Camp First Aid (classroom folder)	✓	✓	✓ (from sickbay & spare from home)	✓
Excursion First Aid (classroom folder)	✓	✓	✓ (from sickbay)	✓
Class CRT Folder	✓			✓

RISK MINIMISATION STRATEGIES

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

- ensure all staff are trained in the administration of the EpiPen to be able to respond quickly to an anaphylaxis reaction, if needed.
- EpiPens stored in the first aid room in individually labelled bags with students' name and their ASCIA Action Plan.
- the School will purchase an appropriate number of adult and junior EpiPens for general use to be kept in the first aid room and included as part of the Emergency Response Procedures.
- have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- if using an external canteen/food provider, the School will ensure that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications for food-handling practices. This may include careful label reading, and understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies. A documented process for using external canteen/food providers is to be followed.
- during classroom activities (including class rotations, specialist and elective classes):
 - a copy of the students' ASCIA Action Plan is kept in the classroom.
 - the school will liaise with parents about food-related activities ahead of time.
 - use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a clearly labelled treat box with alternative treats. Treats for other students should be handled with

absolute care to ensure there is no cross contamination of food. If possible, foods should not contain the substances to which a student is allergic to.

- o never give food from outside sources to a student who is at risk of anaphylaxis.
 - o 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.
 - o be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes, eg: milk or egg cartons, empty peanut butter jars.
 - o when cooking utensils are used in the classroom they are washed and cleaned thoroughly after preparation of food and cooking, such as; preparation dishes, plates, knives and forks and other utensils.
 - o be aware of the risk of cross-contamination when preparing, handling and displaying food.
 - o make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
 - o 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 ASCIA Action Plan, and each individual person's responsibility in managing an incident i.e. seeking a trained staff member.
- in the school grounds and at times during recess and lunchtime:
 - o students with anaphylactic responses to insects should be encouraged to stay away from water and flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed in shoes and long sleeved garments when outdoors.
 - o keep the school grounds well maintained with grass areas mowed and bins covered.
 - o students should keep drinks and food covered while outdoors.
 - special events conducted, organised or attended by the school (eg. camps and excursions, class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions):
 - o sufficient school staff supervising the event must be trained in the administration of an EpiPen to be able to respond quickly to an anaphylactic reaction if required.
 - o 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/camp and corresponding staff-student ratio.
 - o school staff should avoid using food in activities or games, including as rewards.
 - o for special occasions, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.

- o parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request they avoid providing students with treats whilst they are at school or at special events.
- o use of substances containing allergens should be avoided where possible. i.e. party balloons should not be used if any student is allergic to latex.
- o cooking and art and craft games should not involve the use of known allergens.
- o **CAMP/EXCURSION specific:**
 - prior to engaging a camp owner/operator's services the School will 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 will consider using an alternative provider.
 - the camp catering staff 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.
 - if a student does not have a current medically signed ASCIA plan and current EpiPen, the school reserves the right to refuse the student to attend camp and/or excursions.
 - prior to excursion/camp taking place school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular activity.
 - School 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 School 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. The School has a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
 - the School will 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.
 - School Staff will 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 the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
 - check with the camp regarding its stocking of allergenic foods such as,

peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.

- have parents accompany their child on excursions/camp, if they wish, as a strategy for supporting the student who is at risk of anaphylaxis.
- a staff member trained in the administration of the EpiPen must accompany any student at risk of anaphylaxis on camps/excursions and have easy access to the students EpiPen and ASCIA Action plan.
- all school staff members present during the excursion/camp 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.
- the student's EpiPen, 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.
- where necessary contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
- consider the potential exposure to allergens when consuming food on buses and in cabins.
- the School will take an EpiPen for general use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
- students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water and flowering plants.
- the school should consult parents of anaphylactic students in advance of an excursion to discuss issues that may arise; to develop an alternative food menu or request parents to provide the meal if required.

It is a joint responsibility of both the parents/carers and the school to take reasonable steps to:

- a) Prevent an anaphylactic incident
- b) If such an incident occurs, to respond to such incident in a timely, informed and appropriate manner

ADRENALINE AUTOINJECTORS FOR GENERAL USE

Orchard Grove 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 in the First Aid room 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 Orchard Grove 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.

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 First Aid Officer and stored at multiple locations - first aid room, general office, staff room. 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"> ● Lay the person flat (If they are experiencing difficulty with breathing allow them to sit) ● 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 contact the office and locate the student’s adrenaline autoinjector or the school’s general use autoinjector, and the student’s ASCIA Action Plan and 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.	<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 off 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
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.

In the school environment

• Classrooms

- o staff may use classroom phones/personal mobile phones to raise the alarm that a reaction has occurred OR
- o staff may send students with an emergency card (laminated card stating anaphylaxis emergency), to the nearest teacher, office or other predetermined point to raise an alarm which triggers getting an EpiPen to the child.
- o Nominated staff to call an ambulance.
- o A staff member to wait for the ambulance at the designated school entrance.

• Yard

- o staff may use mobile phones, walkie talkies or a card system while on yard duty.
- o First aid officer or nominated staff to collect the students EpiPen to be administered as quickly as possible.
- o Nominated staff to call an ambulance.
- o A staff member to wait for the ambulance at the designated school entrance.
- o a general use EpiPen is also to be sent in case a further device is required to be administered

Out-of-school environments

• Excursions and Camps

- o Each individual camp and excursion requires a risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore, emergency procedures will vary accordingly. A team of school staff trained in anaphylaxis needs to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:
 - o the location of adrenaline autoinjectors i.e. who will be carrying them? Is there a second medical kit? Who has it?
 - o *how* to get the adrenaline autoinjector to a student as quickly as possible in case of an allergic reaction

- o *who* will call for ambulance response, including giving detailed location address?
e.g. Melway reference if city excursion, and best access point or camp address/GPS location.

Post Incident and Review Process

In the event of an anaphylactic reaction, staff and students may benefit from post- incident counseling, provided by the student welfare coordinator or school psychologist.

In the event of an anaphylactic reaction, review and evaluation of possible causes (e.g. triggers) will be assessed. OGPS will review the student's Anaphylaxis Management Plan and Action Plan (ASCIA) with the student, their parents/guardian and medical practitioner.

COMMUNICATION PLAN

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

Communication Provided:

- Bi-annual in-house briefing for all OGPS Staff.
- List of all Anaphylactic students available in Staff Room, First Aid Room, Grove Kitchen, Music Room, Administration Office and PE Office.
- Classroom folders with individual class lists provided for all classrooms of all students with medical conditions including anaphylaxis at the start of the school year and updated as needed throughout the year. ASCIA Action Plans to be included in folders.
- Response procedures ([Procedures for Anaphylaxis](#)) to be displayed in all classrooms, other school buildings including canteen,
- CRT folders contain photos, alerts and appropriate class lists of all students with medical conditions including anaphylaxis (including ASCIA Action Plans)
- OGPS staff educate and provide children with information about anaphylactic reactions
- Excursions/Camps
 - The School will consult parents of anaphylactic students in advance to discuss plans for appropriate management of anaphylactic reaction.

- SIGN OUT and SIGN IN process for all Student's antihistamines and EpiPens.
- First Aid Coordinator to advise parents of requirements to obtain ASCIA Plan for student prior to commencing new school year OR if any changes to the student's condition.
- First Aid Coordinator to send out Individual Anaphylaxis Management Plan for parents to review prior to commencing new school year OR if any changes to the student's condition.
- Parents/carers are notified in writing a month prior to the expiry date if the EpiPen needs to be replaced.
- OGPS Community Newsletter/ school website providing awareness to all parents and staff of Anaphylaxis.

Volunteers and Casual Relief Staff

All volunteers and Casual Relief Staff are provided as appropriate with information 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.

Casual Relief Staff

- Casual relief staff (CRTs) will be informed of the students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care.
- CRTs employed by the school are required to have current anaphylactic training.
- All class CRT folders contain medical information for all classes. Anaphylactic students are highlighted and ASCIA Anaphylaxis Action Plans are provided.
- A general ASCIA Anaphylaxis Action Plan is displayed in all classroom and activity rooms.

Parent Helpers

- Where appropriate, any volunteers working with classes, attending camps and excursions are to be made aware by the classroom teacher of any students at risk of anaphylaxis in the class and where the plans and EpiPens are located.

STAFF TRAINING

The principal will ensure that all school staff are appropriately trained in anaphylaxis management:

- All staff are to complete the ASCIA Anaphylaxis e-training (<https://etrainingvic.allergy.org.au/login/index.php>) for Victorian Schools followed by a competency check in using an autoinjector tested in person within 30 days of completing the course. The e-training provided by ASCIA is valid for 2 years. A record of training and competency checks will be kept.
- OR
 - an approved face-to-face anaphylaxis management training course in the last three years (22300VIC First Aid Course Management of Anaphylaxis)
- A minimum of two staff members from the School will undertake face-to-face training to skill them in providing competency checks to assess their colleagues' ability to use an EpiPen and

become School Anaphylaxis Supervisors. This is: Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC. (valid for 3 years)

- New staff will be required to complete training as soon as practicable.

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 School Anaphylaxis Supervisor who has successfully completed an anaphylaxis management course within the last 3 years. 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
- the prevention and risk minimisation strategies in the Individual Anaphylaxis Management Plan
- 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 Orchard Grove Primary School who is at risk of anaphylaxis, the principal or nominee 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.

Please note: First aid training does NOT meet the requirements of anaphylaxis training requirements under MO706.

FURTHER INFORMATION AND RESOURCES

This policy should be read in conjunction with the following Department policies and guidelines:
DET Policy and Advisory Library:

- [Anaphylaxis Policy](#)
- [Anaphylaxis Guidance](#)
- [Duty of Care Policy](#)

Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)

ASCIA Guidelines: [Schooling and childcare](#)

[ASCIA Action Plan](#)

Royal Children's Hospital: [Allergy and immunology](#)

Relevant Legislation:

- [Children’s Services and Education Legislation Amendment \(Anaphylaxis Management\) Act 2008 \(Vic\)](#)
- [Ministerial Order 706](#)

The following school policies are also relevant to this Anaphylaxis Policy:

- Administration of Medication
- First Aid
- Asthma
- Health Care Needs

[Anaphylaxis Management Plan](#)
[Annual Risk Management Checklist](#)

Review Cycle And Evaluation

Last reviewed: August 2021

Next scheduled review date: August 2022

Approved by: Principal Ms Glenda Harry

The principal (or nominated staff member) 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.

EVALUATION

This policy will be reviewed during 2022 or earlier if required, in conjunction with the Victorian DET’s policies, guidelines and in line with Ministerial Order 706 (including amendments).

APPENDIX 1:

Raising Student Awareness

Peer support is an important element of support for students at risk of anaphylaxis. Staff can raise awareness in school through fact sheets or posters displayed in hallways and classrooms.

Class teachers will discuss the topic with students in class, with a few simple key messages such as:

Student messages about anaphylaxis	
1.	Always take food allergies seriously - severe allergies are no joke.
2.	Don't share your food with friends who have food allergies.
3.	Wash your hands after eating.
4.	Know what your friends are allergic to.
5.	If a school friend becomes sick, get help immediately.
6.	Be respectful of a school friend's EpiPen.
7.	Don't pressure your friends to eat food that they are allergic to.

Source: Be a Mate kit, published by Anaphylaxis and Allergy Australia

Related documents

- Enrolment checklist
- ASCIA action plan
- Individual Management Plan
- Brochure titled "Anaphylaxis-a life threatening reaction", available through the Royal Children's Hospital, Department of Allergy

Contact details for resources and support

Royal Children's Hospital, Anaphylaxis Advisory Line -1300 725 911 (toll free) or 9345 4235

Anaphylaxis Australia

–www.allergyfacts.org.au 1300 728 000 ASCIA

- <http://www.allergy.org.au/schools-childcare>

APPENDIX 2:

OGPS Anaphylaxis Management Plan

This Plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner provided by the parent/carer.

APPENDIX 3:

The following procedures are to be put in place in the case of suspected anaphylactic reaction.

If an allergen turns up in the classroom

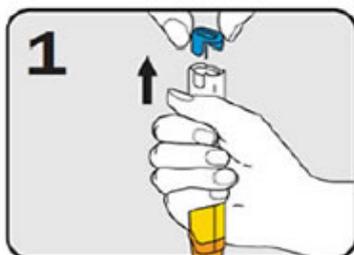
1	Remove the allergen and the carrier of the allergen from the immediate environment
2	Support the anaphylactic student by ensuring they are removed from the site of the allergen (preferably in the same room- we do not want to cause panic in the student) with an adult or student with them to monitor and watch for any possible reaction
3	Contact the office for First Aid Officer to attend
4	Area of contamination to be immediately cleaned (eg. tables are to be wiped down)
5	First Aid Officer to go immediately to area of contamination to support the anaphylactic student and the staff member/volunteer/relief teacher on duty
6	First Aid Officer/Office is to contact any families directly involved
7	At the Principal's discretion, communication may be sent home to all families from the group of students regarding anaphylaxis awareness at OGPS.

APPENDIX 4:

How to Administer an EpiPen or EpiPen Jr:

Remove EpiPen from plastic container.

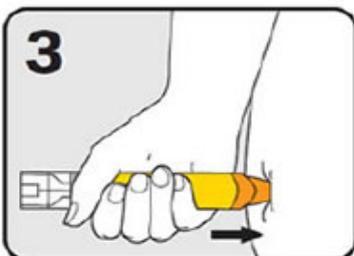
How to give EpiPen[®] or EpiPen[®] Jr adrenaline (epinephrine) autoinjectors



1. Form fist around EpiPen[®] and PULL OFF BLUE SAFETY RELEASE.



2. Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing).



3. PUSH DOWN HARD until a click is heard or felt and hold for 3 seconds
REMOVE EpiPen[®]

Note: All EpiPen[®]s should be held in place for 3 seconds regardless of instructions on device label

Note the time EpiPen administered (record on hand of the side EpiPen administered).

Return EpiPen to its plastic container.

In the rare situation where there is no marked improvement and severe symptoms are present, a second injection may be administered after 5 minutes, if available.