



Anaphylaxis Management Policy and Procedures

1. **Purpose**

To explain to 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 our school is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

2. **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.

3. **Policy**

3.1. **School Statement**

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

3.2. **Definition**

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 medication.

3.3. **Symptoms**

Signs and symptoms of a mild to moderate allergic reaction 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.

3.4. **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.



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4. Individual Anaphylaxis Management Plan

4.1. All students at our 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 or their nominee 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 our 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.

4.2. 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.



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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.

5. Location of plans and adrenaline autoinjectors

5.1 A copy of each student's ASCIA Action plan will be displayed or accessible in the Senior Campus Administration Office, the Junior Campus Administration Office, the Food Technology offices, the Gym offices, the canteen kitchens and the main staffrooms at both campuses.

5.2 Adrenaline autoinjectors are labelled for general use only in case of an emergency will be held in the Senior Campus Administration Office, the Junior Campus Administration Office, the Food Technology offices and the Gym offices. Adrenaline autoinjectors must not be refrigerated or exposed to direct heat/sunlight.

5.3 A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at their campus administration office, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

5.4 The school will keep spare adrenaline autoinjectors in the First Aid room at each campus.

6. Risk Minimisation Strategies

6.1 To reduce the risk of a student suffering from an anaphylactic reaction at our school, our school has in place the following strategies:

- Staff on yard duty will always have a mobile phone with them.
- Staff should never give food from outside sources to a student who is at risk of anaphylaxis.
- Staff should be aware of the possibility of hidden allergens in any classroom cooking activities, science and art classes (eg. egg, milk cartons and cereal boxes).
- The Daily Organiser will inform casual relief teachers of students at risk of anaphylaxis, preventative strategies in place and the college's emergency procedures.
- Volunteers who work with children at risk of anaphylaxis will be briefed about preventative strategies in place and the college's emergency procedures.

6.2 The following prevention strategies will be in place for excursions, camps and other off campus events:

- The students' adrenaline autoinjectors, action plans and a mobile phone must be taken to all off campus events.
- A staff member who has been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjectors must accompany students.
- Staff must have in place an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- Staff should consult parents/carers in advance to discuss issues that may arise, eg. develop an alternative food menu or request that the parent/carer provide meals (if required).
- Camp venues must be advised in advance of any students with food allergies.
- Camp venues must be checked for mobile phone coverage.
- Use of other substances containing allergens should be avoided where possible.



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- All staff present need to be aware if there is a student present who is at risk of anaphylaxis.
- Staff must be aware of local emergency services and know how to access them.
- Staff must be aware of the location of adrenaline autoinjectors at the school event.
- Students with allergic reactions to insects should always wear closed shoes and long-sleeved clothing when outdoors.
- Cooking and art and craft activities should not involve the use of known allergens.

7. Adrenaline Autoinjectors for General Use

7.1 Our 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.

7.2 Adrenaline autoinjectors for general use will be stored at the campus Administration Offices and labelled “general use”.

7.3 The Principal or their nominee is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

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

8. Emergency Response

8.1 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.

8.2 A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the First Aid Officer at each campus and displayed in the campus main 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.

8.3 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



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	<ul style="list-style-type: none"> • 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 autoinjector or the school’s general use autoinjector, and the student’s Individual Anaphylaxis Management Plan, stored at the campus Administration Office. • If the student’s plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5.
2.	<p>Administer an EpiPen or EpiPen Jr</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 <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 autoinjectors are available.
5.	Contact the student’s emergency contacts.

8.4 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.



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8.5 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 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 'Frequently asked questions' on the [Resources tab](#) of the Department's Anaphylaxis Policy.]

9. Communication Plan

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

9.2 The Principal is responsible for ensuring that all relevant staff, including casual relief staff, preservice teachers, canteen staff and volunteers are aware of this policy and the 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.

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

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

- Provided to all staff at induction, in the staff handbook and via Sharepoint
- Referred to at staff anaphylaxis training sessions
- Discussed at staff meetings/briefings as required
- Available to students, parents and the community on the school website.

10. Staff Training

10.1 The Principal will ensure that all staff are appropriately trained in anaphylaxis management. All staff must complete the following training every two years:

- ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor AND 2 staff per campus (4 in total) Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC. These staff are the School Anaphylaxis Supervisors who will conduct twice yearly briefings to staff where the first one is held at the beginning of the school year.

10.2 Each school briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis



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- 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.

10.3 When a new student enrolls at our school who is at risk of anaphylaxis, the Principal or their nominee will develop an interim plan in consultation with the student's parents/carers and ensure that appropriate staff are trained and briefed as soon as possible.

10.4 A record of staff training courses and briefings will be maintained through the school's Training Register held by the Human Resources Manager.

10.5 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.

11. Further Information and Resources

- The Department's Policy and Advisory Library (PAL): [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- VUSC First Aid Policy and Procedures
- VUSC Health Care Needs Policy
- VUSC Excursions Policy and Procedures
- VUSC Camps Policy and Procedures

The Royal Children's Hospital anaphylaxis support advisory line provides advice about all anaphylaxis management queries, including health-support planning for individual students at risk of anaphylaxis, meeting legislative and policy requirements, and online training sessions.

Ph: 1300 725 911

Email: anaphylaxisadvice@rch.org.au

12. Review

In accordance with Ministerial Order 706, the Anaphylaxis Management Policy and Procedures will be reviewed annually and endorsed by school council.

13. Appendices

Appendix A: Anaphylaxis Management Plan template

Appendix B: ASCIA Action Plan for Anaphylaxis template