



ELTHAM HIGH SCHOOL

POLICY DOCUMENT *Anaphylaxis Management*



Help for non-English speakers

If you need help to understand the information in this policy, please contact the school office at 03 9430 5111.

PURPOSE

To explain to Eltham High 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 Eltham High 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

Eltham High 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 medication.

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.

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.

GUIDELINES FOR IMPLEMENTING THE POLICY

Individual Anaphylaxis Management Plan

All students at Eltham High 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 of Eltham High 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 Eltham High 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.

Communication Plan

The Anaphylaxis Guidelines for Victorian Government Schools has advice about strategies to raise staff and student awareness, working with parents/carers and engaging the broader school community.

The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school’s anaphylaxis management policy. The communication plan will include information about;

- steps that will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days
- guidelines to be followed when a student at risk of anaphylaxis is attending a school excursion or camp (Appendix 1 – *Anaphylaxis – Camps & Excursion processes for teachers – Auto-injectors*).
- guidelines for volunteers and casual relief staff on students at risk of anaphylaxis. Volunteer and casual relief staff will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care. This information will be provided by the Daily Organiser . (Appendix 2 – *Anaphylaxis – Guidelines for Volunteers and casual relief staff*).

Training

The Principal will ensure that school staff are appropriately trained in anaphylaxis management, including:

- school staff who conduct classes attended by students who are at risk of anaphylaxis
- Education Support staff that have contact with students.

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.

<p>All school staff</p> <p>AND</p> <p>2 staff per school or per campus (School Anaphylaxis Supervisor)</p>	<p><i>ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor</i></p> <p><i>22579VIC - Course in Verifying the Correct Use of Adrenaline Injector Devices</i></p>
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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 the First Aid Attendant and other suitably trained staff. 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.

A record of staff training courses and briefings will be maintained.

When a new student enrolls at Eltham High 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.

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.

School planning and emergency response

In addition to this policy the following Emergency Response Procedures relating to anaphylactic reactions are in place:

- A complete and up-to-date list of students identified as being at risk of anaphylaxis is available in the First Aid room and is distributed to all staff.
- Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis and their locations are communicated to all staff at the twice-yearly staff briefings.
- Access to the First Aid room is easily accessible within and beyond school hours, allowing access to the adrenaline auto-injector(s) and plans, at out-of-school hour events. **Note:** Trainer adrenaline auto-injectors (which do not contain adrenaline) are kept in a separate location from students' adrenaline auto-injectors.
- First aid kits are set up and accessible for all off-site events including camps and excursions. These kits incorporate the needs of all students including those at risk of anaphylaxis.

Risk Minimisation strategies

The school has the following Risk Minimisation Strategies in place:

- General purpose auto-injector(s) at a number of points around the school, to ensure quick access from a range of locations in the school.
- Outside of school hours access to the First Aid room and students' individual auto-injectors.
- Requirements that all fundraising events follow a common process – all requests to be presented to school's Organisational Committee before being approved.
- Specific First Aid requirements, including Anaphylaxis, to be completed as part of the Risk Assessment requirement for all camps.

Adrenaline auto-injectors for general use

Eltham High School will maintain a supply of adrenaline autoinjector(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 autoinjectors for general use will be stored at 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 Eltham High 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 in the First Aid 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 • 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 autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan. • 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</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.

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.

Annual risk management checklist

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.

BASIS OF DISCRETION

The School Council has responsibility for the establishment, evaluation and review of school policies. The School Principal has the responsibility to ensure that school policies are implemented effectively.

Minor changes to the policy (changes that will not affect the spirit of the policy) may be made at the discretion of the Principal.

The Policy Review and Evaluation process will recommend any major changes to the policy to School Council.

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](#)
- Eltham High School Policies: <https://www.elthamhs.vic.edu.au/policies-child-safety/>
 - First Aid Policy
 - Camps & Excursion Policy

POLICY REVIEW AND APPROVAL

Policy last reviewed	15 May 2024
Approved by	Principal
Next scheduled review date	

Consultation has taken place with the relevant group(s) in the following list:

Group	Consultation
	✓
School Operations Committee	
Staff	
Students (randomly selected group)	
Parents (randomly selected group)	
Members of the Community	
Other (where relevant please specify)	
Planning and Policy Review Team of Council	✓
School Council	✓

APPENDIX ONE

Anaphylaxis – Camps & Excursion processes for teachers – Auto-injectors

The following procedures are in place for all camps and excursions:

In preparing for the excursion or camp identify whether the location of the event is considered remote, and whether there will be a need for the group to carry a 'back-up' auto-injector in addition to the student's personal prescribed auto-injector. There will always be at least one 'back-up' auto-injector for every camp.

Prior to the event the staff member leading the excursion must;

- Have a printed copy of the Compass Event Handbook which lists emergency contact details and medical conditions for students attending the event. In the event of an emergency this information must be available to staff attending the excursion.
- Collect a First Aid kit from the First Aid room prior to the excursion.
- Check that the First Aid kit contains appropriate Medical Plans for any student listed in the Event Handbook as having a medical condition.
- Ensure that the First Aid Kit contains appropriate medication required; including a student's prescribed auto-injector device.

In the case of a student (or students) being identified as being at risk of Anaphylaxis, the staff member must also:

- Confirm that there is an ASCIA action plan and prescribed auto-injector device for every student identified as being at risk of anaphylaxis.
- Be aware of the known allergens for each student.
- Ask the student whether the student is carrying their own personal auto-injector device, and if so inform the supervisors of the location of this device.
- Confirm whether a second 'back-up' auto-injector device is required – (in the case of a remote event), and so ensure that a second 'back-up' auto-injector device is included in the kit.

On return from the event;

- Ensure that the First Aid kit is returned to the First Aid room as a matter of priority and the auto-injector device is removed from the kit and returned to the correct location.

NOTE

- A prescribed auto-injector device must be included in the First Aid kit and managed by an identified teacher for every student that is identified as at risk of anaphylaxis.
- It is the teacher's responsibility to ensure that the kit containing the auto-injector device is always accessible during the course of the event.
- This applies even when the student is known to be carrying their own personal auto-injector device.
- First aid kits will only contain 'back up' generic auto-injectors in the following cases:
 - Camps
 - Where defined as a requirement in the student's Individual Management Plan
 - When an event is held at a remote location.

APPENDIX TWO


Anaphylaxis – Guidelines for Volunteers and Casual Relief Staff

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. The most common allergens in school-aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Eltham High School has in place first aid and emergency response procedures that allow staff to react quickly if an anaphylactic reaction occurs, for both in-school and out-of-school settings.

All students at risk of anaphylaxis have an ASCIA management plan and an auto-injector device that is held at school. A list of students, and the individual students' auto-injector, is located in the First Aid room which is adjacent to the general office.

Below is a sample ASCIA management plan that outlines the reactions observed in anaphylaxis.



ascia
australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR

Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____
Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by medical or nurse practitioner: _____

I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____

Date: _____
Action Plan due for review: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact




Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

<ul style="list-style-type: none"> Difficult/noisy breathing Swelling of tongue Swelling/tightness in throat Wheeze or persistent cough 	<ul style="list-style-type: none"> Difficulty talking and/or hoarse voice Persistent dizziness or collapse Pale and floppy (young children)
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ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit

- 2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes**
- 6 Transfer person to hospital for at least 4 hours of observation**

If in doubt give adrenaline autoinjector
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

How to give EpiPen®

- 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 in place for 10 seconds

REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

© ASCIA 2016 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission

A copy of the school's Emergency Response Plan for managing an anaphylaxis is on the back

