



# SPRING GULLY PRIMARY SCHOOL

## ANAPHYLAXIS

### POLICY

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#### Help for non-English speakers

If you need help to understand the information in this policy please contact the school office.

#### PURPOSE

To explain to Spring Gully 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 Spring Gully 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

Spring Gully Primary School fully complies with Ministerial Order 706 and the associated guidelines published by the department.

##### 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 or inhaled through the nose is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline device for use in an emergency. These adrenaline devices are designed so that anyone can use them in an emergency.

## **Individual Anaphylaxis Management Plans**

All students at Spring Gully 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 and Assistant Principal of Spring Gully 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 Spring Gully Primary School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis (RED) 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 (RED)
- in the case of a newly enrolled student, provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis (RED). The school will update the photo of existing students each year.
- provide the school with a current adrenaline device for the student that has not expired
- participate in annual reviews of the student's Individual Anaphylaxis Management Plan that is prepared by the school.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's 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 Individual Anaphylaxis Management Plan
- information about where the student's medication is stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis (RED) completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans:

A student's Individual Anaphylaxis Management Plan is 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.

### Location of plans and adrenaline devices

- Adrenaline autoinjectors are located in the first aid room in individualised containers labelled with the student's name and instructions for use.
- A summary page of all students at Spring Gully Primary School who have an Anaphylaxis Management Plan is displayed throughout the school including in the sickbay, in each classroom and in each CRT folder. This summary will include a photo of the student, student name, current class, current teacher and what they are allergic to.
- The Compass roll also indicates if a student is diagnosed with anaphylaxis, using a red 'A' symbol on the child's profile.
- ACSIA Anaphylaxis Management Plans are located: - in the Administration office in a clearly labelled folder - on Compass, pinned to each individual child's profile in CRT folders for each classroom

### Risk Minimisation Strategies

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

## **Classrooms**

1. ASCIA Individual Anaphylaxis Management Plans and summary pages are accessible as described above.
2. Liaise with parents about food-related activities ahead of time.
3. 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 treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the teacher and student.
4. Never give food from outside sources to a student who is at risk of anaphylaxis.
5. Treats for the other students in the class should not contain the substance to which the student is allergic.
6. 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. 3
7. Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
9. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10. CRT folders should clearly display (for casual relief teachers and volunteers), the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. i.e. seeking a trained staff member. The summary poster of students with Anaphylaxis Management Plans should also be displayed in all classrooms for CRTs and volunteers to view.
11. It is recommended that school activities don't place pressure on student to try foods, whether they contain a known allergen or not.

## **Yard**

1. School Staff on yard duty must be trained in the administration of the adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if needed.
2. The adrenaline autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. Staff on yard duty can access management plans via Compass (on their smartphone), by calling the office or calling Mr Trezise or Mr Parkes.
3. All yard duty staff must carry walkie talkies or mobile phones. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office of an anaphylactic reaction in the yard.
4. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5. Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with parents to encourage these students to wear long-sleeved garments when outdoors.
6. Keep lawns and clover mowed and outdoor bins covered.
7. Students should keep drinks and food covered while outdoors.

### ***Special Events (e.g. Whole School Sporting Events, Incursions, Class Parties, etc.)***

1. Sufficient school staff supervising the special event must be trained in the administration of an Adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2. School staff should avoid using food in activities or games, including as rewards.
3. 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.
4. Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis.
5. Party balloons should not be used if any student is allergic to latex.

### ***Canteen***

1. Food offered for lunch orders from Subway each week on Canteen Hub will have details of all ingredients and potential allergens so that parents can make an informed choice before ordering.
2. Lunch orders arrive at school wrapped and sealed in paper and are labelled with the student's name and the food item ordered.
3. Display the student's name and photo in the canteen as a reminder to staff.
4. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5. Tables and surfaces are wiped down regularly.
6. No-sharing of food approach is adopted.
7. Awareness of contamination of other foods when preparing, handling or displaying food.
8. Classroom teachers are responsible for managing the distribution of lunch orders and must ensure that students are seated whilst eating. Dropped/split food items should be cleaned up as soon as practically possible.

### ***Field Trips/Excursions/Sporting Events***

1. School Staff supervising the special event must be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2. At least one school staff member trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector must accompany any student at risk of anaphylaxis, at all times whilst on a field trips, sporting days or excursions.
3. At least one school adrenaline autoinjector should be taken when students leave the school site, regardless of whether a student known to be anaphylactic is attending or not.
4. Staff will request and take a 2nd adrenaline autoinjector from the family to take on excursions, sporting days or field trips. This is in addition to the student's school adrenaline autoinjector and at least one of the school's adrenaline autoinjector.
5. School Staff should avoid using food in activities or games, including as rewards.
6. The Adrenaline autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
7. For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. 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.
8. The school should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents provide a meal (if required).

9. Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
10. Prior to the excursion 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 excursion activity.

***Points 1 to 10 in the policy section above entitled 'Field Trips/Excursions/Sporting Events' are also applicable to the 'Camps and Remote Settings' section. In addition to these points, the following must be also be considered:***

#### ***Camps and Remote Settings***

1. Prior to engaging a camp owner/operator's services the school should make enquiries as to whether it can provide food that is safe for anaphylactic students.
2. The camp cook should be able to demonstrate satisfactory training in food allergen management
3. 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, i.e. camp staff.
4. School 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.
5. In remote locations, communication in an emergency must be considered and planned for, e.g. a satellite phone.
6. Ensure local emergency services and hospitals are easily contactable prior to the camp and ensure the contact details of emergency services are distributed to all school staff in attendance.
7. 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 or flowering plants.
8. Consider the potential exposure to allergens when consuming food on buses and in cabins

## **Adrenaline autoinjectors for general use**

Spring Gully Primary School maintains 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.

There are currently 4 adrenaline devices approved by the Therapeutic Goods Administration for use in Australia: the EpiPen®, the Anapen®, Jext® and Neffy®. All devices can be used when provided by families for students, however, the principal or allocated staff member can only use EpiPen®, Anapen® or Jext® adrenaline autoinjector for general use. For more information about which autoinjector to purchase for general use, refer to [Adrenaline autoinjectors for general use](#).

***At the time of this policy update, all students who are diagnosed with anaphylaxis have an EpiPen® provided by the family. All general use adrenaline devices are EpiPen®. Spring Gully Primary School keeps two general use Senior EpiPens and one general use Junior EpiPen.***

Adrenaline autoinjectors for general are stored in the sick bay and labelled "general use".

The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and considers:

- the number of students enrolled at Spring Gully Primary School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents/carers
- 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.

## 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 Wendy Sloane and stored in the Sick Bay. For camps, excursions and special events, Wendy Sloane will be responsible for working with the teacher in charge of coordinating the camp or event to ensure students at risk of anaphylaxis who are attending the special event are planned for. This would include provision of Individual Anaphylaxis Management Plans and adrenaline autoinjectors.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"> <li>• Lay the person flat</li> <li>• Do not allow them to stand or walk</li> <li>• If breathing is difficult, allow them to sit with legs outstretched</li> <li>• Be calm and reassuring</li> <li>• Do not leave them alone</li> <li>• Seek assistance from another staff member or reliable student to locate the student's adrenaline device or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at in the Sick Bay or on Compass, pinned to the student's profile.</li> <li>• if the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, continue with steps 2 to 5 and refer to the ASCIA First Aid Plan for Anaphylaxis (Orange), stored with the school's adrenaline autoinjector for general use at the sick bay if immediately accessible.</li> </ul>
2.	<p>Administer an EpiPen or EpiPen Jr</p> <ul style="list-style-type: none"> <li>• Remove from plastic container</li> <li>• Form a fist around the EpiPen and pull off the blue safety release (cap)</li> <li>• Hold leg still and place orange end against the student's outer mid-thigh (with or without clothing)</li> <li>• Push down hard until a click is heard or felt and hold in place for 3 seconds</li> <li>• Remove EpiPen</li> <li>• Note the time the EpiPen is administered</li> <li>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration.</li> </ul> <p><b>OR</b></p>

	<p>Administer an Anapen® 500</p> <ul style="list-style-type: none"> <li>● Pull off the black needle shield</li> <li>● Pull off grey safety cap (from the red button)</li> <li>● Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)</li> <li>● Press red button so it clicks and hold for 3 seconds</li> <li>● Remove Anapen®</li> <li>● Note the time the Anapen is administered</li> <li>● Retain the used Anapen to be handed to ambulance paramedics along with the time of administration.</li> </ul> <p><b>OR</b></p> <p>Administer Jext 150 or 300</p> <ul style="list-style-type: none"> <li>● Form fist around Jext and pull off yellow cap</li> <li>● Place black injector tip against outer-mid thigh (with or without clothing)</li> <li>● Push black tip firmly until a click is heard and hold in place for 3 seconds.</li> <li>● Remove Jext</li> <li>● Note the time the Jext device is administered.</li> <li>● The used adrenaline device must be handed to the ambulance paramedics along with the time of administration</li> </ul> <p><b>OR</b></p> <p>Administer Neffy® 1mg or 2mg</p> <ul style="list-style-type: none"> <li>● Hold the nasal spray with your thumb on the bottom of the plunger and a finger on either side of the nozzle.</li> <li>● Do not pull or push on the plunger. Do not test or prime (pre-spray). Each Neffy nasal spray contains only one spray.</li> <li>● Place the nozzle of the nasal spray into a nostril until fingers touch the nose.</li> <li>● For smaller nostrils, aim for the fingers to touch the nose.</li> <li>● Keep the nozzle pointed towards the forehead. Do not angle the nozzle of the nasal spray to the inner or outer walls of the nose.</li> <li>● Press the plunger up firmly until the dose is administered and it sprays into the nostril.</li> <li>● Note the time the Neffy device is administered.</li> <li>● The used adrenaline device must be handed to the ambulance paramedics along with the time of administration</li> </ul>
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis (RED)), further adrenaline doses may be administered every 5 minutes, if other adrenaline devices are available.
5.	Contact the student's emergency contacts.
6.	The principal or a staff member allocated to do so must contact the Incident Support and Operations Centre (ISOC) on 1800 126 126 to report 'High' or Extreme' severity incidents to report the incident. Incidents assessed as 'Low' or 'Medium' can be reported directly into EduSafe Plus by the principal or their allocated staff member.

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.

For first time anaphylactic reactions, the school's general use adrenaline autoinjector device must be used. If the general use device is not immediately available in an anaphylaxis emergency, staff may use another student's adrenaline device, including the Epipen®, Anapen®, Jext® or Neffy® device. This may save a life. If another student's adrenaline device is used in an anaphylaxis emergency, the school must notify the parents of the student whose device was used and immediately replace the device.

Where possible, schools should consider using the correctly dosed adrenaline device 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.

## Communication Plan

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

## 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
- School staff who conduct specialist classes, admin staff, Education Support staff, allied health staff, 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.

Spring Gully Primary School uses the following training course ASCIA eTraining course with Hero HQ course 22578VIC. [Note, for details about approved staff training modules, refer to chapter 5 of the Anaphylaxis Guidelines] Staff who are required to undertake training must have completed:

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 Assistant Principal and School Anaphylaxis Supervisor, Wendy Sloane]. Each briefing should address:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed as being at risk of anaphylaxis, their allergens and the location of their Individual Anaphylaxis Management Plans and their medication/s
- discussion on staff anaphylaxis training and renewal
- how to use an adrenaline device, including hands-on practice with an adrenaline device trainer device (which does not contain adrenaline)
- the school's general first aid and emergency procedures
- the location of adrenaline devices prescribed for individual students that have been purchased by their family
- the location of adrenaline devices that the school has purchased for general use
- how to access on-going support and training.

When a new student enrolls at Spring Gully Primary School who is at risk of anaphylaxis, the Principal or Assistant Principal 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.

A record of staff training courses and briefings will be maintained by the Assistant Principal.

The principal ensures 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.

## COMMUNICATION

This policy will be communicated to our school community in the following ways: Included in staff induction processes and staff training

- Available publicly on our school's website - <https://www.sgps.vic.edu.au/>
- Available in the Staff Shared Google Drive Policies folder.
- Discussed at staff briefings/meetings as required
- Included in staff handbook/manual
- Included in transition and enrolment packs
- Discussed at parent information nights/sessions
- Reminders in our school newsletter
- Hard copy available from school administration upon request

## FURTHER INFORMATION AND RESOURCES

- The department's Policy and Advisory Library (PAL):
  - [Anaphylaxis](#)
  - Allergies
  - First Aid for Students and Staff
  - Health Care Needs
  - Managing Reporting School Incidents (Including Emergencies)
  - Medication
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)

- [Hero HQ Anaphylaxis Management Training](#)
- [https://allergyfacts.org.au/\\_\\_interest/anaphylaxis/](https://allergyfacts.org.au/__interest/anaphylaxis/)
- Royal Children’s Hospital: [Allergy and immunology](#)
- Spring Gully Primary School policies:
  - Administration of Medication Policy
  - First Aid Policy
  - Health Care Needs Policy
  - Allergy Policy
  - Asthma Policy

## POLICY REVIEW AND APPROVAL

Policy last reviewed	May 2027
Approved by	Principal and endorsed by School Council
Next scheduled review date	May 2027

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.