



**Glenroy Central  
Primary School**

## **School Anaphylaxis Management Policy**

**Ministerial Order 706-Anaphylaxis  
Management in Schools**

**Reviewed: February 2024**

**Review: February 2025**



If you need help to understand the information in this policy, please contact the school office on 93064144.

### **Purpose**

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

Glenroy Central 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 the student's schooling. As well as raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community and engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student

### **Scope**

This policy applies to:

- all staff, including casual relief staff, contractors and volunteers
- all students who have been diagnosed with asthma or who may require emergency treatment for asthma and their parents/carers.

### **School statement**

Glenroy Central Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published by the Department of Education and Training.

### **Anaphylaxis**

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and 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.

#### **Individual Anaphylaxis Management Plans**

All students at the 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 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 the 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.

### **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 will be labelled with the student's name.

### **Risk minimisation strategies**

#### ***IN-SCHOOL SETTINGS***

- Keep a copy of the student's ASCIA Action Plan in the Learning Communities, Gymnasium, Canteen, First Aid Room and Staffroom.
- Keep a copy of the preventative strategies in place and the school's emergency procedures in the staffroom and office.
- Liaise with parents/carers about food related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in the Learning Communities, it is recommended that parents/carers provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Treats for the other students in the Learning Communities should not contain the substance to which the student is allergic.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens in cooking, food technology, science and art sessions (eg. egg or milk cartons).
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

#### ***CANTEENS***

- Canteen staff, including volunteers, will be briefed about students at risk of anaphylaxis and preventative strategies. Student's name and photo will be displayed in the canteen as a reminder to staff.
- Canteens should provide a range of healthy meals/products that are designed not to include peanut or other nut products.
- Be wary of contamination of other foods when preparing, handling or displaying food.

#### ***YARD***

- If the school has a student who is at risk of anaphylaxis, staff on yard duty will be trained in the administration of the EpiPen/Anapen to be able to respond quickly if needed.
- The EpiPen/Anapen will be easily accessible from the yard via a 'code red' card sent to the office where an EpiPen will be kept for emergencies.

#### ***SPECIAL EVENTS/EXCURSIONS/SPORTING EVENTS***

- For special occasions, teachers should consult parents/carers in advance to either develop and alternative food menu or request the parent/carer to provide a meal.
- The student's EpiPen/Anapen and a mobile phone must be taken on all excursions.
- Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.

#### ***CAMPS***

- Schools must have in place a risk management strategy for students at risk of anaphylaxis for school camps, developed in consultation with the student's parents/carers.

- Camps must be advised in advance of any students with food allergies.
- The student's EpiPen/Anapen, ASCIA Action Plan and a mobile phone must be taken on camp.
- A team of staff who have been trained in the recognition of anaphylaxis and the administration of the EpiPen/Anapen must accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis.
- The EpiPen/Anapen should remain close to the student and staff must be aware of its location at all times.

### **SCHOOL MANAGEMENT and EMERGENCY RESPONSE**

- A complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction will be displayed in the Learning Communities, Gymnasium, Canteen, First Aid Room and Staffroom.
- Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans when necessary will be placed in the Admin Building, Gymnasium and Learning Communities.
- Teachers and other school staff who conduct sessions which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.
- At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the Principal must ensure that there is a sufficient number of staff present who has up to date training in an anaphylaxis management training course.

### **ADRENALINE AUTOJECTORS for GENERAL USE**

The Principal will purchase Adrenaline Autoinjector(s) for General Use and as a backup to those supplied by Parents. The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis
- the accessibility of Adrenaline Autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis
- the availability and sufficient supply of Adrenaline Autoinjectors for general use in specified locations at the school, including in the school yard, at excursions, camps and special events conducted or organised by the school and the Adrenaline Autoinjectors for general use have a limited life, usually expiring within 12-18 months and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.
- Adrenaline Autoinjectors when purchased will be stored in the First Aid Room.

### **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 Administration staff 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"> <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</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 autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in First Aid Room</li> <li>• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</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>• 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, Anapen® 300, or Anapen® Jr.</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 10 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>
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.

### **Communication plan**

This policy will be available on the school's website so that parents and other members of the school community can easily access information about Example School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Glenroy Central 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 the 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 all school staff are appropriately trained in anaphylaxis management:

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.

Glenroy Central Primary School uses the following training course, ASCIA eTraining course VIC2021-2

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 (School Anaphylaxis Supervisor) who has successfully completed an anaphylaxis management course within the last 2 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
- 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 the school who is at risk of anaphylaxis, Administration 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.

A record of staff training courses and briefings will be maintained through the school's online Emergency Management Plan and spreadsheet on the school drive.

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.

## **ANNUAL RISK MANAGEMENT CHECKLIST**

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training (DET) to monitor compliance with their obligations.

### **Related policies**

- Asthma
- Camps and Excursions
- First Aid
- Health Care Needs
- Medication

### **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](#)

### **Evaluation:**

This policy has been endorsed by the Principal and will be reviewed annually as part of the school's review cycle.