



# **Williamstown High School**

## **Anaphylaxis Policy**

# Anaphylaxis Policy

<b>Review cycle</b>	Annual
<b>Department of Education and Training DET requirement for local policy</b>	Mandatory
<b>Source of requirement</b>	Minimum Standards
<b>Consultation requirement</b>	Principal
<b>Approval requirements</b>	Principal
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## 1. Rationale

To ensure that Williamstown High School appropriately supports students diagnosed with anaphylaxis.

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/carers are important in helping the student avoid exposure.

## 2. Purpose

To explain to Williamstown 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 Williamstown High School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management. This policy provides the framework:

- To provide a safe and healthy school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis
- To 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
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community by promoting, communicating and embedding transparent processes across the school
- To engage with parents/carers of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies for the student
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction

This policy applies to:

- All staff, including casual relief staff, canteen staff and volunteers
- All students who have been diagnosed with anaphylaxis, or who may require emergency treatment for anaphylactic reaction, and their parents/carers

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts (including tree nuts-*ie.* Cashews, pistachios, walnuts, hazelnuts), 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.
- 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 the 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 minutes but can take up to several hours to develop after exposure to an allergen.

## **Treatment**

Adrenaline given as an injection (adrenaline auto-injector) 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 auto-injector for use in an emergency. These adrenaline auto-injectors are designed so that anyone can use them in an emergency.

## **3. Implementation**

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

All students at Williamstown 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/member of staff will develop 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 Williamstown High School and where possible, before the student's first day.

With awareness, planning and training, a reaction can be treated effectively by referring to the individual student's medication & ASCIA (Australian Society of

Clinical Immunology and Allergy) Action Plan for Anaphylaxis, by using an adrenaline auto-injector injected into the muscle of the outer mid-thigh & any other recommended medication – e.g.: antihistamine as stated in the individual's ASCIA Action Plan for Anaphylaxis and calling '000'.

Williamstown High School is an “allergy aware” and not a ‘Nut Free School’. We recognise that it is difficult to achieve a completely allergen free environment in a school context. We are committed to adopting and implementing a range of whole school procedures and risk minimisation strategies to reduce the risk of a student having an anaphylactic reaction at school and to ensure that all staff are trained to respond appropriately if a student has an anaphylactic reaction. For example; limiting usage of certain foods, concentrated staff planning requirements for camps, excursions, incursions and class activities and maintenance of physical environment (eg. bees).

Age appropriate education of children with anaphylaxis is primarily the responsibility of parents/carers, but the school has a role to play in reinforcing awareness and educating staff.

#### **Location of plans and adrenaline auto-injectors**

- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the Williamstown High School designated first aid area, together with the student's adrenaline auto-injector. Adrenaline auto-injectors must be labelled with the student's name.
- Students are encouraged to keep a spare adrenaline auto-injector, labelled, in their locker.
- Adrenaline auto-injectors for general use are stored in the first aid room and are labelled “general use”.
- WHS will maintain a supply of adrenaline auto-injector(s) for general use, as a back-up to those provided by parents/carers for specific students, and also for students who may suffer from a first-time reaction at school.

#### **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 school first aid officer and stored at 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 auto-injectors, where appropriate.

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

**Step 1:**

- 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 auto-injector or the school's general use adrenaline auto-injector, and the student's 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

**Step 2:**

Administer the relevant Adrenaline Auto-injector (EpiPen or EpiPen Jr -if the student is under 20kg)

- Remove from plastic container
- Form a fist around the adrenaline auto-injector 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 adrenaline auto-injector
- Note the time the adrenaline auto-injector is administered
- Retain the used adrenaline auto-injector to be handed to ambulance paramedics along with the time of administration

**Step 3:**

If an adrenaline auto-injector is administered, the school must:

- Call an ambulance (000) immediately

**Step 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 auto-injectors are available.

**Step 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.

#### **4. Specific procedures**

##### **Staff Training**

The Principal will ensure that the required 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, all canteen staff, administration staff, first aiders 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.

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 School Anaphylaxis Supervisor. 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 auto-injector, including hands-on practice with a trainer adrenaline auto-injector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline auto-injectors that have been provided by parents/carers or purchased by the school for general use.

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

When a new student enrolls at Williamstown High School who is at risk of anaphylaxis, the Campus 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.

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.

### **Communication Procedures**

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

- On display in all key staff areas, the first aid office, canteen, food rooms and front office are the ASCIA Action Plans for Anaphylaxis and photos of the Children with Anaphylaxis titled 'Medical Alerts'
- Campus professional learning and an accredited anaphylaxis management training is completed every two years
- The Principal will complete an annual Anaphylaxis Risk Management Checklist
- The Principal is responsible for ensuring that the school staff are trained in accordance with the process set out in the section staff training of this policy
- The Principal is responsible for making sure this policy is adequately communicated to the wider school community including all employees. This will occur through newsletter articles, training and support as detailed previously, annual review of the policy including community input, posting on the schools website and being promoted to students through level assemblies
- Procedures are in place for informing casual relief teachers, canteen staff or volunteers of:
  - the students at risk of anaphylaxis;
  - the symptoms of an anaphylactic reaction;
  - the students allergies;
  - the individual anaphylaxis management plans; and
  - the location of the adrenaline auto-injector kits
- Individual student's confidential information is accessible on the Compass and updated annually by the school's First Aid Officer
- A list of students with ASCIA Action Plan for Anaphylaxis will be provided to all staff at the start of each school year. The plan will also be attached to the student's profile on Compass for all teachers to access. It is the responsibility of all staff to make themselves familiar with these students using the available tools



### **Updating Student's ASCIA Action Plan for Anaphylaxis:**

- The School's First Aid Officer at each campus will ensure that an Individual ASCIA Action Plan for Anaphylaxis is developed in consultation with the student's parents/carers, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis
- The Individual ASCIA Action Plan for Anaphylaxis will be in place as soon as practicable after the student is enrolled and where possible before their first day of school
- The student's Individual ASCIA Action Plan for Anaphylaxis will be reviewed, in consultation with the student's parents/carers:
  - annually, and as applicable,
  - if the student's condition is diagnosed differently or changes
  - if the student has an anaphylactic reaction at school
  - when a student is to participate in an off-site activity such as camps and excursions, or special events conducted, organised or attended by the school
- the parent/carer will be contacted by the First Aid Officer at the Campus six weeks prior to the adrenaline auto-injector expiry date, providing sufficient time for them to be replaced then 2 weeks prior to the expiry date as a reminder to replace the Adrenaline auto-injector, if required

### **It is the responsibility of the parent/carer to:**

- provide the school with an Individual ASCIA Action Plan for Anaphylaxis with up-to-date photo, signed by a registered medical practitioner giving written consent to use the adrenaline auto-injector in line with this action plan, on enrolment or as soon as diagnosed after enrolment
- inform the school if their child's medical condition changes, and if relevant, provide an updated ASCIA Action Plan for Anaphylaxis
- provide a complete adrenaline auto-injector kit to the school. Ensure the adrenaline auto-injector is clearly labelled with the student's name and not out-of-date. The parent/carer is required to supply an adrenaline auto-injector to the school immediately when the adrenaline auto-injector supplied becomes out-of-date. The student may be asked to stay at home until a new one is supplied so adequate care can be provided by the school in response to a reaction
- read and be familiar with the school's Anaphylaxis Policy
- assist staff by offering information and answering any questions regarding their child's allergies
- encourage their child to follow the agreed risk minimisation strategies identified on their individual management or action plan regarding "food sharing" whilst at school

**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 ASCIA Action Plan for Anaphylaxis
- 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.

**Risk Minimization Strategies**

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school employs a range of practical prevention strategies to minimise exposure to known allergens:

in the classroom:

- Teacher identifies students at risk in their classes.
- Never bring in or give food from outside sources to a student who is at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens in food technology, hand sanitisers, science and art classes (e.g. egg or milk cartons).

in the Canteen:

- Canteen staff have an awareness of anaphylaxis and its implications on food handling.
- The canteen does not stock peanut and tree nut products (including nut spreads)
- Canteen staff are aware and required to prevent the cross contamination when storing, preparing, handling or displaying food. (Refer to the [National Healthy School Canteen \(NHSC\) guidelines](#)).
- Canteen staff ensure tables and surfaces are wiped clean regularly.

in the yard:

- The student with anaphylactic responses to insects should wear shoes at all times and keep open drinks (e.g. drinks in cans) covered while outdoors.
- Duty staff will provide an emergency response to an anaphylactic emergency and First Aid Officer contacted.
- Adrenaline auto-injectors are located in key locations in the school.

for on-site activities:

- Latex swimming caps should not be used by a student who is allergic to latex. (relevant students identified on Compass).
- Staff must know where the adrenaline auto-injectors are located and how to access if required.
- Staff should avoid using food in activities or games, including rewards.
- For sporting carnivals, Health & Physical Education staff will have an adrenaline auto-injector available. If the weather is warm, the auto-injector should be stored in an esky to protect it from the heat. Students have their own auto-injector on their person or in their bag.
- Advise teachers/volunteers who are attending the onsite activity (if they are not aware) of any identified anaphylactic student/s and to avoid any peanut/tree nut/egg products (including hand sanitisers containing nut products)

for off-site activities:

- When planning school excursions/camps/interstate/overseas trips, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/carers and camp managers (as appropriate).
- Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies. All providers utilised by the school to be fully compliant by DET requirements with specific reference to anaphylaxis management. School Council to oversee and approve providers through the camps and excursion approval process.
- Staff should liaise with parents/carers to develop alternative menus or allow students to bring their own meals.

- Use of other substances containing allergens (e.g. soaps, hand sanitisers, lotions or sunscreens containing nut oils) should be avoided where possible.
- The student's adrenaline auto-injector, ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on the excursion/tour plus a spare auto-injector in the first aid kit.
- Staff attending the excursion/camp/tour should update their training if required.
- An emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction must accompany the excursion proposal.
- Be aware of what local emergency services are in the area and how to access them (as appropriate). Liaise with them before the camp.
- The student's adrenaline auto-injector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. A spare will be carried in the school first aid kit.
- The student with allergies to insect venoms should always wear closed shoes when outdoors.
- Cooking and art and craft games should not involve the use of known allergens.
- Advise students/teachers who are attending the offsite activity with an identified anaphylactic student/s to not bring or carry any peanut/tree nut/egg products (including hand sanitisers containing nut products)
- Consider the potential exposure to allergens when consuming food and using hand sanitiser products during travel on bus/plane/etc. and whilst in cabins/tents/dormitories/etc.

## 5. Evaluation and Review

Annually, if required.

## 6. Definitions and References

**Anaphylaxis:** A severe, rapidly progressive allergic reaction that is potentially life threatening.

**Adrenaline Auto-injector:** Adrenaline auto-injectors are used to treat severe allergic reactions (anaphylaxis) in an emergency. They are designed to administer a single, fixed dose of adrenaline and can be given by anyone, including people who are not medically trained.

**EpiPen:** The name of the most common and well-known brand of adrenaline auto-injector available in Australia. EpiPen is the adrenaline auto-injector administered for adults and EpiPen Jnr containing a lower dose of adrenaline that is administered for children under 20kg (as per Department of Education Guidelines).

References:

- Allergy and Anaphylaxis Australia  
<https://allergyfacts.org.au/>

- Royal Children's Hospital  
[https://www.rch.org.au/clinicalguide/guideline\\_index/Anaphylaxis/](https://www.rch.org.au/clinicalguide/guideline_index/Anaphylaxis/)
- Ministerial Order 706 Anaphylaxis Management in Schools  
<https://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx>
- ASCIA Action Plans and First Aid Plans for Anaphylaxis  
<https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>
- Department of Health and Human Services  
<https://www2.health.vic.gov.au/public-health/anaphylaxis-notifications>
- The Department of Education and Training  
<https://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>
- Department of Health  
<https://www1.health.gov.au/internet/main/publishing.nsf/content/phd-nutrition-canteens>
- WHS First Aid Policy  
<https://www.willihigh.vic.edu.au/uploads/Files/first-aid-policy.pdf>

## 7. Consultative process

- not required
- tabled at Educational Policy sub-committee