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|  | **MORWELL PARK PRIMARY SCHOOL**  **ANAPHYLAXIS POLICY** |

**Purpose**

To explain to Morwell Park 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 Morwell Park Primary School is compliant with Ministerial Order 706 and the Department’s guidelines for anaphylaxis management.

**Scope**

This policy applies to:

* all staff, including causal 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**

Morwell Park 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 medications.

*Symptoms*

Signs and symptoms of a mild to moderate allergic reactions 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 auto-injector for use in an emergency. These adrenaline auto-injectors are designed so that anyone can use them in an emergency.

### **Individual Anaphylaxis Management Plans**

All students at Morwell Park 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/or the School’s Anaphylaxis Supervisor of Morwell Park 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 enrols at Morwell Park Primary 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 auto-injector for the student that is 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 allergy 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 Plans*

A student’s Individual Anaphylaxis 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 auto-injectors**

*Adrenaline auto-injectors must be labelled with the student’s name. A copy of each student’s Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in their classroom area office, together with the student’s adrenaline auto-injector.*

*Their spare auto-injector and a copy of their care plans etc will also be keep in the anaphylaxis emergency response kit housed the first aid room which also contains the general use adrenaline auto-injector(s).*

Depending on the age of the students in your school community who are at risk of anaphylaxis, the severity of their allergies and the content of their plan, some students may keep their adrenaline auto-injector on their person, rather than in a designated location. This will be carried in an appropriate pouch along with a copy of their care plan.

### **Risk Minimisation Strategies**

The risk minimisation strategies that Morwell Park Primary School will put in place to reduce the possibility of a student suffering from an anaphylactic reaction at school are:

Whole of school community awareness activities dealing with trigger foods for identified students at risk.

Foods offered at the canteen, if running, will be vetted, as far as practicable, not contain trigger ingredients.

During recess and lunchtimes food is not to be eaten in the yard/ playground.

The breakfast program will offer non trigger foods

* *staff and students are regularly reminded to wash their hands after eating*
* *students are discouraged from sharing food*
* *gloves must be worn when picking up papers or rubbish in the playground*
* *school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination*
* *year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays*
* *when infestations of insects etc that may sting and induce an anaphylactic reaction are discovered they will be dealt with as soon as practicable and access to the area restricted if possible.*

### **Adrenaline auto injectors for general use**

Morwell Park Primary School will maintain an adequate supply of adrenaline auto-injectors 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.

General use Adrenaline auto-injector(s) will be stored at first aid room in the yellow emergency response box and labelled “general use”.

The principal is responsible for arranging the purchase of adrenaline auto-injectors for general use, and will consider:

* the number of students enrolled at Example School at risk of anaphylaxis
* the accessibility of adrenaline auto-injectors supplied by parents
* the availability of a sufficient supply of auto-adrenaline injectors for general use in different locations at the school, as well as at camps, excursions and events
* the limited life span of adrenaline auto-injectors, and the need for general use adrenaline auto-injectors 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 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 **the first aid coordinator** and stored at the first aid room with their plans. A list of students to also be displayed in the staffroom. 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:

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| **Step** | **Action** |
|  | * 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 auto-injector, and the student’s Individual Anaphylaxis Management Plan, stored at the 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 |
|  | Administer an EpiPen or EpiPen Jr (if the student is under 20kg)   * 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   **OR**  Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.   * 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 10 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 |
|  | Call an ambulance (000) |
|  | 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. |
|  | 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 Morwell Park Primary School’s anaphylaxis management procedures. The parents and carers of students who are enrolled at Morwell Park Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The School Anaphylaxis Supervisor is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Morwell Park 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.

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department’s [Anaphylaxis Guidelines](https://www2.education.vic.gov.au/pal/anaphylaxis/guidance).

### **Staff training**

Staff at Morwell Park Primary School will receive appropriate training in anaphylaxis management, consistent with the Department’s *Anaphylaxis Guidelines*.

Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the principal identifies, 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. E.g ASCIA eTraining course (with 22303VIC, or 22300VIC or 10313NAT].

The school will ensure that at least two staff within the school have current face-to-face auto-injector competency check training.

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’s Anaphylaxis Supervisor. Each briefing will address:

* this policy
* the causes, symptoms and treatment of anaphylaxis
* the identifies 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 or purchased by the school for general use.

When a new student enrols at Morwell Park Primary 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.

A record of staff training courses and briefings will be maintained on the OHS register.

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**

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

* Included in staff induction processes and staff training
* Hard copy available from school administration upon request
* School website

**Further information and resources**

* School Policy and Advisory Guide:
  + [Anaphylaxis](http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx)
  + [Anaphylaxis management in schools](http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxisschl.aspx)
* Allergy & Anaphylaxis Australia: [Risk minimisation strategies](https://edugate.eduweb.vic.gov.au/edulibrary/Schools/teachers/health/riskminimisation.pdf)
* ASCIA Guidelines: [Schooling and childcare](https://allergyfacts.org.au/allergy-management/schooling-childcare)
* Royal Children’s Hospital: [Allergy and immunology](https://www.rch.org.au/allergy/about_us/Allergy_and_Immunology/)

**POLICY REVIEW AND APPROVAL**

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| Policy last reviewed | June 2022 |
| Approved by | Principal |
| Next scheduled review date | June 2026 |