ST KILDA PARK PRIMARY SCHOOL

ANAPHYLAXIS POLICY 2025

PURPOSE

To explain to St. Kilda 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 St. Kilda 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 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

St. Kilda 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 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 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 St. Kilda 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 of St. Kilda 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 St. Kilda 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 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 auto injectors

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 auto injector. Adrenaline auto injectors must be labelled with the student's name.

Adrenaline auto injectors for general use are available in the First Aid Room and are labelled "general use".

- Examples for where some students keep their adrenaline auto injectors on their person or teachers are storing them for them include camps and excursions, or at special events conducted, organised or attended by the school or incursions.

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at St. Kilda Park Primary School, we have put in place the following strategies for all school activities, including:

- staff and students are regularly reminded to wash their hands after eating.
- students are discouraged from sharing food
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- a general use adrenaline autoinjector will be stored at the first aid room for ease of access.
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.
- in kitchen garden lessons
- camps and excursions, or at special events conducted, organised or attended by the school (e.g., Celebration of The Arts, Market Day stalls, events at other schools and incursions)
- Casual Relief Teacher Folder detailing student's anaphylaxis plans and medical plans

Adrenaline auto injectors for general use

St. Kilda Park Primary School will maintain a supply of adrenaline auto injectors for general use, as a back-up to those provided by parents and carers for specific students, and for students who may suffer from a first-time reaction at school.

Adrenaline auto injectors for general use will be stored in the First Aid room and labelled "general use".

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

- the number of students enrolled at St. Kilda Park Primary School at risk of anaphylaxis
- the accessibility of adrenaline auto injectors supplied by parents
- the availability of a sufficient supply of auto 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.

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 Office manager Wendy Cahn and Brooke Cairns 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 auto injectors, where appropriate.

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

Step	**Action**
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 auto injector, and the student's Individual Anaphylaxis Management Plan, stored in the First aid room or individual students buddy bag. 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.	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
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 auto injectors 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.

[Note: If in doubt, it is better to use an adrenaline auto injector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction. Refer to page 41 of the Anaphylaxis Guidelines.

Communication Plan

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

The Assistant principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and St. Kilda 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, 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 Assistant 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, 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 22578VIC First Aid Course in the Management of Anaphylaxis in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

St. Kilda Park Primary School's uses the following training course conducted by ASCIA 22303VIC.

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 22579VIC Verifying the Correct use of Adrenalin Injector Devices within the last 2 years including the Assistant Principal. 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 or purchased by the school for general use.

When a new student enrols at St. Kilda Park Primary School who is at risk of anaphylaxis, the Assistant 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 enough school staff present who have been trained in anaphylaxis management.

FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
  - Anaphylaxis
  - Anaphylaxis management in schools
- Allergy & Anaphylaxis Australia: Risk minimisation strategies

- ASCIA Guidelines: Schooling and childcare
- Royal Children's Hospital: Allergy and immunology

REVIEW CYCLE AND EVALUATION

This policy was last updated in May 2020 and is scheduled for review in May 2023.

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.

POLICY REVIEW AND APPROVAL

Policy last reviewed	March 2025
Consultation	Education & Policy Sub Commitee
Approved by	Principal
Next scheduled review date	March 2026 – noting that this policy has a mandatory review cycle of 1 year.

Appendix 1: Communication Plan

Communication Plan	
1.	At the beginning of each school year the parents/carers of all students with Anaphylaxis are notified to ensure that they have supplied the school with the latest Anaphylaxis Action Plan and Adrenaline Autoinjector.
2.	Teachers are notified of all students in their class with Anaphylaxis. Each teacher is shown where it is located in a pouch with the child's name and photo in the school first aid room. They are provided with a copy of each student's Action Plan.
3.	The first aid staff will check each child's Adrenaline Autoinjector to ensure that it is not out of date and contact parents/carers immediately if it needs to be replaced.
4.	All staff will be briefed once each February and July by the first aid staff who has up to date anaphylaxis management training on: ○ The school's anaphylaxis management policy ○ The causes, symptoms and treatment of anaphylaxis ○ The identities of students diagnosed at risk of anaphylaxis and where their medication is located ○ How to use the Adrenaline Autoinjector ○ The school's first aid and emergency response procedures
5.	The school will raise awareness of Anaphylaxis through classrooms lessons, school website and through the school newsletter.
6.	In the event of an anaphylactic emergency in a classroom or during recess/ lunch time, the staff member will remain with the student and send two students to the main office for assistance. The office staff will call 000, take the Adrenaline Autoinjector and action plan to where the incident occurred and notify the first aid staff to execute a rapid response. Students will be withdrawn from the area. The parents/carers will be notified.
7.	Volunteers and casual relief staff will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction, by the grade level leader and recorded in the CRT Booklet for each classroom.
8.	On school camps, excursions and sporting events, the Adrenaline Autoinjector device will remain with the teacher supervising the student. Consideration is given in planning ahead for food and meals for students at risk of anaphylaxis.
9.	The school will liaise with parents/carers about food related activities
10.	The Communication plan will be audited as part of the Annual Risk Management Checklist (Appendix 6 Section 4)

Appendix 2: Prevention Strategies

IN SCHOOL

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2.	Liaise with parents/carers 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/carers of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the 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. It is recommended to use non-food treats where possible.
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.
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 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.	A designated staff member should inform casual relief teachers, specialist teachers and volunteers of 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.

Yard	
1.	If a School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. 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. (**Remember that an anaphylactic reaction can occur in as little as a few minutes**).
3.	Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs 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/carers to encourage students to wear light or dark rather than bright colours, as well as closed shoes and 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. sporting events, incursions, class parties, etc.)	
1.	If a School has a student at risk of anaphylaxis, 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/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student.
4.	Parents/Carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.
5.	Party balloons should not be used if any student is allergic to latex.

OUT OF SCHOOL

Travel to and from School by bus	
1.	School Staff should consult with parents/carers of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from School on the bus. This includes the availability and administration of an Adrenaline Autoinjector. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Autoinjector on their person at School.

Excursions/sporting events	
1.	If a School has a student at risk of anaphylaxis, sufficient 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.	A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3.	School Staff should avoid using food in activities or games, including as rewards.

4.	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.
5.	For each excursion etc., a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All School Staff members present during the 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.
6.	The School should consult parents/carers of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents/carers provide a meal (if required).
7.	Parents/Carers may wish to accompany their child on excursions. This should be discussed with parents/carers as another strategy for supporting the student who is at risk of anaphylaxis.
8.	Prior to the excursion taking place School Staff should consult with the student's parents/carers 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.

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. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider.
2.	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3.	Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. 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.
4.	Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents/carers of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5.	School Staff should consult with parents/carers 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 to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
6.	If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
7.	Use of substances containing allergens should be avoided where possible.
8.	Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.

9.	The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g., a satellite phone.
10.	Prior to the camp taking place School Staff should consult with the student's parents/carers to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the camp.
11.	School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.
12.	Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
13.	Schools should consider taking an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
14.	Schools should consider purchasing an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
15.	The Adrenaline Autoinjector should remain close to the student and School Staff must be always aware of its location.
16.	The Adrenaline Autoinjector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.
17.	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.
18.	Cooking and art and craft games should not involve the use of known allergens.
19.	Consider the potential exposure to allergens when consuming food on buses and in cabins.

Appendix 3: Emergency Response

How to administer an Adrenaline Autoinjector®
1. Remove from plastic container.
2. Form a fist around Adrenaline Autoinjector® and pull off the blue safety cap.
3. Place orange end against the student's outer mid-thigh (with or without clothing).
4. Push down hard until a click is heard or felt and hold in place for 10 seconds.
5. Remove Adrenaline Autoinjector®.
7. Massage injection site for 10 seconds.
8. Note the time you administered the Adrenaline Autoinjector®.
9. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

If an Adrenaline Autoinjector is administered, the School must
1. **Immediately** call an ambulance (000/112).
2. Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3. Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere.
4. **Then** contact the student's emergency contacts.
5. In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).
6. **C**ontact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).