Coburg Primary School

ANAPHYLAXIS POLICY 2025

PURPOSE

To explain to Coburg 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 Coburg 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

Coburg 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 Coburg 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 Coburg 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 Coburg 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 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 (on either Junior and Senior side depending on student year level), together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Prevention Strategies

In the classroom (including class rotations, specialists and electives)

- 1. Keep a copy of the student's ASCIA Action Plan in the classroom roll book.
- 2. Teachers with students at risk of anaphylaxis to send parents an email written and approved by the principal informing them there are student/s with severe allergies in the class (not identifying students).
- 3. Liaise with parents/carers about food related activities ahead of time.
- 4. Use non-food treats where possible. If food treats are used in class, 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.
- 5. Never give food from outside sources to a student who is at risk of anaphylaxis.
- 6. Be aware of hidden allergens in cooking, food technology, science and art classes (e.g. egg, milk cartons and cereal boxes).
- 7. A student eating food with allergens needs to be moved away from any at-risk students, and needs to wash hands after eating.
- 8. Regularly discuss with students the importance of washing hands, eating their own food and not sharing food.
- 9. Wipe down tables and surfaces regularly.
- 10. Assistant Principal/CRT co-ordinator will inform Casual Relief Teachers of students at risk of anaphylaxis, the preventive strategies in place, and the school's emergency procedures. They will be provided with a copy of the student's Individual Management Plan and ASCIA Action Plan in CRT folders.
- 11. Volunteers who work with children at risk of anaphylaxis will be briefed on the preventative strategies in place, and the school's emergency procedures.

- 1 Yard Duty Staff are familiar with the School's Emergency Response Procedure, and are aware of the location of all Adrenaline Autoinjectors and Management Plans in the First Aid Room.
- 2 Yard Duty staff can identify by face those students at risk of anaphylaxis.
- 3 Yard Duty teachers to carry walkie talkies and mobile phones to notify the General Office/staffroom of an anaphylactic reaction in the yard.
- 4 Students are supervised in the playground before school from 8:45 to 9am, and after school from 3:30 to 3:45 pm under the same conditions as above.
- 5 Students at risk of insect bites will be encouraged to stay away from water or flowering plants. The school will 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 Students should keep drinks and food covered while outdoors
- 7 Lawns and grass are mowed regularly, and outdoor bins are covered

During special events (e.g.: sports, incursions, class parties, cultural days)

- 1 If at-risk students are attending these events, sufficient School Staff must be trained to quickly locate and administer an Adrenaline Autoinjector.
- 2 Parents/carers of other students will be informed in advance about foods that may cause allergic reactions in at-risk students, and request they avoid them in treats brought from home.
- 3 Class teachers will consult parents/carers in advance to develop an alternative food menu, or request that they provide a meal for the student.
- 4 Food should not be used in activities or games, or as rewards.
- 5 Party balloons and swimming caps should not e used if a student is allergic to latex.

On School Excursions

- 1. The student's Individual Adrenaline Autoinjectors, medications and ASCIA Action Plan must be signed out and taken on all excursions, including local excursions.
- 2. A mobile phone must be taken on all excursions, including local excursions.
- 3. A staff member who has been trained in the recognition of anaphylaxis and the administration of an Adrenaline Autoinjector must accompany the student on excursions. All staff present during the excursion need to be aware if there is a student at risk of anaphylaxis.
- 4. Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- 5. The school should consult parents/carers in advance to discuss possible issues, e.g. the need for staff to develop an alternative food menu, or to request the parent/carer sends an appropriate meal for their student.
- 6. Parents/carers may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/carers as another strategy for supporting the student.
- 7. Consider the potential exposure to allergens when consuming food on buses.

- 1. A risk management strategy for students at risk of anaphylaxis for school camps will be developed in consultation with the student's parents/carers.
- 2. Camps must be advised in advance of any students with food allergies.
- 3. Camps must be checked for mobile phone coverage.
- 4. Staff will liaise with parents/carers to develop alternative menus or allow students to bring their own meals.
- 5. Use of other substances containing allergens should be avoided where possible.
- 6. The student's signed out Individual Adrenaline Autoinjector, medication, ASCIA Action Plan and a mobile phone must be taken on camp.
- 7. Staff who have been trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjectors must accompany the student on camp. All staff present need to be aware if there is a student at risk of anaphylaxis.
- 8. Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- 9. Be aware of the local emergency services and know how to access them.
- 10. The Adrenaline Autoinjector should remain close to the student (and other students if appropriate) and staff must be aware of its location at all times.
- 11. A backup Adrenaline Autoinjector for General Use will be available in the first aid kit.
- 12. 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.
- 13. Cooking and art and craft games should not involve the use of known allergens. Consider the potential exposure to allergens when consuming food on buses and in cabins.

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

- staff and students are regularly reminded to wash their hands after eating;
- students are discouraged from sharing food;
- students eat their snacks/lunch inside classrooms or in designated eating areas only
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects;
- gloves must be worn or tongs must be used when picking up papers or rubbish in the playground;
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays;
- a general use Autoinjector will be stored in the First Aid Room;
- 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.

Adrenaline autoinjectors for general use

Coburg Primary School will maintain a supply of adrenaline autoinjector(s) 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.

Adrenaline autoinjectors for general use will be stored in the First Aid Rooms on both junior and senior campuses and labelled "general use". There is a general autoinjector in the asthma yard duty first aid bumbags.

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

- the number of students enrolled at Coburg Primary School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- 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. An ES staff member has been assigned the duty of checking dates on all student epipens, including the generic autoinjectors.

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 officer and stored in the First Aid Room. A complete and up-to-date list of students identified as being at risk of anaphylaxis is available in each classroom as well as in CRT folders. 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.	 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 autoinjector or the school's general use
	 autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in 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
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 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 3 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
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.

Coburg Primary School procedures in the event of an anaphylaxis emergency:

SENIOR SCHOOL IN THE YARD	JUNIOR SCHOOL IN THE YARD
 Teacher who is with student to radio into the first aid yard duty person for the epipen. First aid person to deliver the epipen First aid person to inform the office Office staff to call 000 on their mobile phone and attend site 	 Teacher who is with student to radio into the first aid yard duty person for the epipen. First aid person to deliver the epipen First aid person to inform the office Office staff to call 000 on their mobile phone and attend site
SENIOR SCHOOL IN THE CLASSROOM	JUNIOR SCHOOL IN THE CLASSROOM
 Teacher to call the office Office staff member to take the epipen to site Office staff member to call 000 	 Teacher to inform the teacher in the classroom next door. Teacher next door to retrieve epipen from first aid. Teacher next door to call office for support. Office staff member to call 000.

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 autoinjector 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 <u>Anaphylaxis Guidelines</u>].

Communication Plan

This policy will be available on Coburg Primary School's website so that parents and other members of the school community can easily access information about Coburg Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Coburg 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 Coburg 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. CRT folders have a list of students at-risk of anaphylaxis with photos as well as the emergency procedures to be followed in the event of an incident.

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*. 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 are to complete training.

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
- All staff will receive training, based on a risk assessment of the particular circumstances at our school.

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.

Coburg Primary School uses the training course with ASCIA eTraining: course 22579VIC

Staff can access this course by logging onto the ASCIA website. Staff at Coburg Primary School complete this training annually. Staff also undertake an approved face-to-face anaphylaxis management training course through Hero Headquarters every three years.

[Note, for details about approved staff training modules, see page 13 of the <u>Anaphylaxis</u> <u>Guidelines</u>]

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by the Principal or Assistant Principal, who have 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 enrols at Coburg 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 in the office on the Admin computer via the Anaphylaxis supervisor. This will be recorded on the school EMP.

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.

Further information and resources

This policy should be read in conjunction with the <u>Anaphylaxis</u> policy on the Department's Policy and Advisory Library (PAL) and the following resources:

- Home Australasian Society of Clinical Immunology and Allergy (ASCIA)
- ASCIA Guidelines: <u>Schools Australasian Society of Clinical Immunology and Allergy</u> (ASCIA)
- Royal Children's Hospital: Allergy and Immunology: Allergy and Immunology

EVALUATION AND REVIEW

This policy will be reviewed annually and following significant incidents if they occur.

This policy was approved by the Principal in February 2025

The policy will be next reviewed in February 2026