# Wycheproof P12 College Anaphylaxis Policy

**Help for non-English speakers**
If you need help to understand this policy, please contact Wycheproof P12 College.
Phone: (03) 54937409 Email: wycheproof.p12@education.vic.gov.au

## PURPOSE

The purpose of this policy is to ensure Wycheproof P-12 manages students at risk of anaphylaxis, meets legislative requirements and to ensure all staff can respond to an anaphylactic reaction. It explains to Wycheproof P-12 College parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of anaphylaxis.

## 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.

### School Statement

Wycheproof P-12 College will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education.

## POLICY

### Anaphylaxis

1. Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening.
2. In the event of an anaphylactic reaction, adrenaline is administered in accordance with an individual's Anaphylaxis Action Plan.
3. Children, age 10-18 years old, are the group at greatest risk of suffering a fatal anaphylactic reaction. Fatalities more often occur away from home and are associated with either not using or a delay in the use of adrenaline treatment.
4. All School Staff have a duty of care to take reasonable steps to protect a student in their care from risk of injuries that are reasonably foreseeable. In relation to anaphylaxis management, the School and its Staff have a duty to take reasonable steps to inform themselves as to whether a student with a diagnosis of anaphylaxis is at risk of anaphylaxis.
5. Wycheproof P-12 College undertakes to fully comply with **Ministerial Order 706** and the associated Guidelines published and amended by the Department of Education.

Awareness and understanding of anaphylaxis, actively supports the whole school community in the effective management of anaphylaxis and allergies.
The most common allergens in schools are: peanuts, eggs, tree nuts, cow's milk, fish, shellfish, wheat, soy, sesame, latex, 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:

- difficulty breathing/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse

- person appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within 10 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.

1. Schools provide, as far as practicable, a safe and supportive environment, promote an understanding of anaphylaxis management and allow students at risk of anaphylaxis to participate equally in all aspects of schooling.
2. Partnerships: between schools and parents/carers of those students diagnosed with risk of anaphylaxis ensures a heightened awareness of the safety of these children while in the school community.
3. All students at Wycheproof P-12 College who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual (ACSIA) Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal of Wycheproof P-12 College is responsible for developing an Anaphylaxis Health Support plan in consultation with the student's parents/carers.

## Individual Anaphylaxis Management Plans

All students at Wycheproof P-12 College 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 Wycheproof P-12 College 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 Wycheproof P-12 College 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 device 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. (copies are kept in the Administration Office first aid kit (counter bottom drawer), student's file and with their adrenaline injector).
- 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.

Individual Anaphylaxis Management Plans are reviewed annually and developed by the school, in consultation with the student's parents/carers, and are for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

Staff will be made aware of the special needs of students and the procedures that need to be in place for students attending camps and excursions as written in the student's Anaphylaxis Management Plan.

## Location of plans and adrenaline autoinjectors

The Individual Anaphylaxis Management Plan copies are kept in the Administration Office first aid kit (counter bottom drawer), student's file and with their adrenaline injector.

The school will provide a back-up adrenaline injector (Epipen® brand) and have it stored in a central location (above the First Aid drawer in the Administration Office). This adrenaline injector may be given by following the Anaphylaxis Action Plan on the advice from a clinician during a 000 call.

If a student wishes to keep their adrenaline injector with them, then the student and parents are responsible for ensuring the staff member in charge of that student is aware of the location of the student's adrenaline injector.

## Risk Minimisation Strategies

- All staff will undertake the DE approved ASCIA anaphylaxis e-training course. School staff who complete the online training course will be required to repeat that training and the adrenaline injector competency assessment every 2 years. Staff will undertake a twice-yearly briefing on anaphylaxis and be familiar with the storage and use of adrenaline injectors.
- The Principal or delegate, is to ensure that all individuals who have an anaphylaxis diagnosis, or are prescribed an adrenaline device, provide to the school a copy of their Emergency Action Plan (ASCIA Action Plan) signed by a doctor. This plan is a nationally recognised action plan to guide management of anaphylaxis developed by the peak body ASCIA. This plan is one of the requirements of the student's Individual Anaphylaxis Management Plan. The Emergency Action Plan (ACSIA Action Plan) is kept with the student's adrenaline injector.
- *Individual Anaphylaxis Management Plans* are reviewed annually and developed by the school, in consultation with the student's parents/carers, and are for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- The *Individual Anaphylaxis Management Plan* will be in place as soon as practicable after the student enrols (copies are kept in the Administration Office first aid kit (counter bottom drawer), student's file and with their adrenaline injector).
- The school will provide a back-up adrenaline injector (Epipen® brand) and have it stored in a central location (above the First Aid drawer in the Administration Office). This adrenaline injector may be given by following the Anaphylaxis Action Plan on the advice from a clinician during a 000 call.
- Staff will be made aware of the special needs of students and the procedures that need to be in place for students attending camps and excursions as written in the student's Anaphylaxis Management Plan.
- If a student wishes to keep their adrenaline injector with them, then the student and parents are responsible for ensuring the staff member in charge of that student is aware of the location of the student's adrenaline injector.

To reduce the risk of a student suffering from an anaphylactic reaction at Example 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
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- 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
- a general use adrenaline autoinjector will be stored at the school office 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.

All staff will attend a briefing twice-yearly that includes information on:

i. The school's *Anaphylaxis Management Policy*
ii. Causes, symptoms and treatment of anaphylaxis and allergies
iii. Identities of students diagnosed at risk of anaphylaxis
iv. Preventative strategies in place
v. Where the general use and student's individual adrenaline injector and *Anaphylaxis Action plan (ASCIA Action Plan)* are located
*vi.* How to use the Epipen® adrenaline injector and the Anapen® adrenaline injector
vii. The school's First Aid and Emergency Response procedures

8 Correct storage of adrenaline devices: adrenaline devices carried by the student and those stored in a central location at the school, should be stored away from light and below 25°C, but not refrigerated. Wycheproof P-12 College provides an insulated wallet to store the student's adrenaline-injector.

9 It is the responsibility of the parent/carer to:

i. Work with the school to develop an individual *Anaphylaxis Management Plan*
ii. Provide an updated *Emergency Action Plan* (*ASCIA Action Plan*) at the beginning of each school year.
iii. Inform the school if their child's medical condition changes.
iv. Discuss strategies with the school.
v. Supply the school with an adrenaline injector as prescribed by the child's doctor with no less than three months to expiry date.

10 The Principal (or delegated person) will complete an Annual Risk Management Checklist Assessment (available from the following website):
http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

**Risk management**

The following strategies are in place to reduce the risk of a student suffering from an anaphylactic reaction at Wycheproof P-12 College:

- Staff and students are regularly reminded to wash their hands after eating.
- Students are discouraged from sharing food.
- Rubbish bins at school are to remain covered with lids to reduce the risk of attracting insects.
- Student with an anaphylaxis diagnosis must wear gloves when picking up papers or rubbish in the playground.
- Students will be informed of allergens that must be avoided in advance of class parties, events or birthdays

- A general use EpiPen® will be stored at the school 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.

11 In the event of an anaphylactic reaction occurring, staff will follow the emergency response procedures in this policy and the school's general first aid procedures and the student's Emergency Action Plan (ASCIA Action Plan).

The following Response Plan is a guide.

**MEDICAL EMERGENCY RESPONSE (ANAPHYLAXIS)**

- Check for any threatening situation and remove or control it (if safe to do so).
- If alone call for help and assistance.
- Notify the ambulance by dialling "000".
- Direct someone to get the Adrenaline Injector
- Remain with the casualty and provide appropriate Anaphylaxis First Aid support.
- Notify the Incident Controller (Chief Warden) who can manage the communication plan including contacting parents.
- Designate someone to meet and direct the ambulance to the location of the casualty.
- Stay with the casualty at all times.
- For a student related medical emergency, report on EduSafe Plus.

## Emergency Response

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

| Step | Action |
|---|---|
| **1.** | • Lay the person flat<br>• Do not allow them to stand or walk<br>• If breathing is difficult, allow them to sit<br>• Be calm and reassuring<br>• Do not leave them alone<br>• Seek assistance from another staff member or reliable student to locate the student's adrenaline injector or the school's general use adrenaline injector, and the student's Individual Anaphylaxis Management Plan, stored in the third drawer of the school office counter.<br>• 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)<br>• Remove from plastic container<br>• Form a fist around the EpiPen and pull off the blue safety release (cap)<br>• Place orange end against the student's outer mid-thigh (with or without clothing)<br>• Push down hard until a click is heard or felt and hold in place for 3 seconds<br>• Remove EpiPen<br>• Note the time the EpiPen is administered<br>• Retain the used EpiPen to be handed to ambulance paramedics and inform paramedics of 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 injectors are available. |
| **5.** | Contact the student's emergency contacts. |

NOTE: For first time anaphylactic reactions, the school's general use adrenaline autoinjector device must be used. If the general use device is not immediately available in an anaphylaxis emergency, staff may use another student's adrenaline device, including the Epipen®, Anapen®, Jext® or Neffy® device. This may save a life. If another student's adrenaline device is used in an anaphylaxis emergency, the school must notify the parents of the student whose device was used and immediately replace the device.

The Epipen adrenalin injector comes in two dosages

**Yellow** for children and adults 21kg or heavier

**Green** for children weighing 10-21kg

The Anapen adrenalin injector comes in three dosages

Anapen® Jr.) (150 microgram) is prescribed for children 7.5-20kg (aged around 1 – 5 years)

Anapen® 300 (300 microgram) is prescribed for adults and children over 20kg (aged around 5 years or over)

Anapen® 500 (500 microgram) is prescribed for adults and children over 50kg (aged around 12 or over)

**neffy®** is currently only approved for use in people aged four years and older.

There are two doses – a 1mg neffy® for those weighing 15kg-30kg and a 2mg neffy® for those weighing 30kg+.

(Green) 1mg for children aged 4 years and over weighing 15kg to less than 30kg.

(Blue) 2mg for children and adults weighing 30kg and over

**Jext®** adrenaline autoinjector

(Yellow) 150 micrograms if you weigh between 15-30kg

(Red) 300 micrograms if you weigh over 30kg

**Communication Plan**

This policy will be available on the Wycheproof P-12 College website. The parents and carers of students who are enrolled at Wycheproof P-12 College and who are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The school will raise awareness of allergies and anaphylaxis through a communication plan, which includes placing allergy health promotion posters around the school at various locations and information via the School Newsletter and classroom presentations.

The student's name, photograph and relevant treatment details will be displayed in staff areas.

All staff including casual staff will attend an anaphylaxis briefing twice yearly.

Outside contractors supplying food to students will be informed of the potential for anaphylaxis of individual students and the allergens as listed on the ACSIA plan

Following an anaphylactic incident:

a) any adrenaline injector used must be replaced, i.e. the student's adrenaline injector replaced by parent and the school's general use adrenaline injector will be replaced by the school.

b) The First Aid Coordinator will hold a debriefing with staff. Student Wellbeing team members will hold a debriefing meeting opportunity for students.

c) The Principal or delegate will review the procedures.

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's Anaphylaxis Guidelines. Two staff are qualified to provide the twice-yearly briefing and to verify correct use of adrenaline injectors.

## POLICY REVIEW AND APPROVAL

| | |
|---|---|
| Policy last reviewed | **April 2026** |
| Approved by | Principal |
| Next scheduled review date | **April 2027** |