ANAPHYLAXIS POLICY

Help for non-English speakers.

If you need help to understand the information in this policy, please contact the main office of Nelson Park school (03) 52783620.

1. **PURPOSE:**

   a. The purpose of this policy is to explain to Nelson Park School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis.
   b. This policy also ensures that Nelson Park School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

2. **SCOPE:**

This policy applies to:

- All staff, including casual relief staff, canteen operators and volunteers.
- All students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an Anaphylaxis reaction, and their parents and carers.
- This policy applies to both the Libau and Illinois Campuses. Areas for adrenaline EpiPens on both campuses vary, outlined in policy below.

3. **IMPLEMENTATION:**

School Statement:
Nelson Park School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education.

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 the 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

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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 device for use in an emergency. These adrenaline devices are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Nelson Park School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an ASCIA Action Plan and an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal (or Principal's nominee) of Nelson Park 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 Nelson Park School and, where possible, before the student's first day.

Parents and carers must:

- Obtain an ASCIA Action Plan for Anaphylaxis (RED) 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 (RED).
- Provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis (RED) and provide it to the school each time it is updated.
- Provide the school with a current adrenaline device for the student that has not expired.
- Participate in annual reviews of the student's Individual Anaphylaxis Management Plan and ASCIA Plan.

Each student's ASCIA and 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 Individual Anaphylaxis Management 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 (RED) completed by the student's medical practitioner.

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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:
Depending on the age of the students in the Nelson Park 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 device on their person, rather than in a designated location. It may also be appropriate to keep copies of the plans in various locations around the school so that the plan is easily accessible by school staff in the event of an incident.

Students' ASCIA Action Plans and Individual Anaphylaxis Management Plans can be located in:

- Google Drive > PLC > Year > Classes > Student's Class > Student Information > Medical Plans & Information > Students Anaphylaxis Plans
- Leading Teacher Offices
- Sickbay

For when students <u>WILL NOT</u> keep their adrenaline device on their person:
A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the sickbay cupboard, together with the student's device. Adrenaline devices must be labelled with the student's name.
All students' adrenaline autoinjectors must be signed in and out using the appropriate book located in the sick bay cupboard.

For when students <u>WILL</u> keep their adrenaline devices on their person:
A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the sickbay and school bag. Students are encouraged to keep their adrenaline devices in their bags.

For where some students keep their adrenaline device on their person, and others store them elsewhere:
A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis either in their school bag or the sickbay. A copy will also be located in the leading teacher's offices. Whilst some students keep their adrenaline device on their person, medication for those who do not, will be stored and labelled with their name in sickbay, together with adrenaline devices for general use.

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General use adrenaline devices:
Adrenaline devices for "general use" are available in the Sickbay, Senior Office, Early Years Kitchen and the Illinois Campus Office and are labelled "general use".

All general use adrenaline devices MUST be signed in and out using the appropriate book located in the sick bay cupboard.

Camps and Excursions:
Please refer to students ASCIA Action Plans and students Individual Anaphylaxis Management Plans when taking students off-site on camps or excursions.
This information is also included in students Quick Reference Guide which is located in classroom, Specialist, Sick Bay and Administration Office medical folders.

Risk Minimisation Strategies

This section details the risk minimisation strategies that Nelson Park School will put in place to reduce the possibility of a student suffering from an anaphylactic reaction at school. Strategies and school activities to consider include the following:

- During classroom activities (including class rotations, specialist and elective classes).
- Between classes and other breaks
- In canteens
- During recess and lunchtimes
- Before and after school
- Camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

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

- Staff and students are regularly reminded to wash their hands after eating.
- Lunch tables are to be wiped down before and 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.
- 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.
- A general use adrenaline device will be stored at the Sickbay, Senior Office, Early Years Kitchen and the Illinois Campus Office.

Adrenaline autoinjectors for general use
Nelson Park School will maintain a supply of adrenaline autoinjectors 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.

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There are currently 4 adrenaline devices approved by the Therapeutic Goods Administration for use in Australia: The EpiPen®, the Anapen®, Jext® and Neffy®. All devices can be used when provided by families for students; however, the Principal or allocated staff member can only use EpiPen, Anapen or Jext adrenaline autoinjector for general use. For more information about which autoinjector to purchase for general use, refer to Adrenaline autoinjectors for general use.

Adrenaline autoinjectors for general use will be stored in the Sickbay, Senior Office, Early Years Kitchen and the Illinois Campus Office and are labelled "general use".

The Principal (or Principal's nominee) is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- The number of students enrolled at Nelson Park 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.
- The weight of the students at risk of anaphylaxis is used to determine the correct dosage of adrenaline autoinjectors 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 ASCIA and Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the Medical Administration Officer and is stored in the Administration Office. For camps, excursions and special events, a designated staff member (organising 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 devices, 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 a 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 their school bag or the sickbay. • If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5. Call an ambulance (000).

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2.	Administer an EpiPen (YELLOW) or EpiPen Jr (GREEN – if the students 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 • 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 **OR** Administer Jext® 150 or 300 • Form fist around Jext and pull off yellow cap • Place black injector tip against outer-mid thigh (with or without clothing) • Push black tip firmly until a click is heard and hold in place for 3 seconds. • Remove Jext • Note the time the Jext device is administered • The used adrenaline device must be handed to the ambulance paramedics along with the time of administration **OR** Administer Neffy® 1mg or 2mg • Hold the nasal spray with your thumb on the bottom of the plunger and a finger on either side of the nozzle • Do not pull or push on the plunger. Do not test or prime (pre-spray). Each Neffy nasal spray contains only one spray • Place the nozzle of the nasal spray into a nostril until fingers touch the nose • For smaller nostrils, aim for the fingers to touch the nose • Keep the nozzle pointed towards the forehead. Do not angle the nozzle of the nasal spray to the inner or outer walls of the nose • Press the plunger up firmly until the dose is administered and it sprays into the nostril

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	• Note the time the Neffy device is administered • The used adrenaline device must be handed to the 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 ASCICA Action Plan for Anaphylaxis (RED), further adrenaline does may be administered every 5 minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.
6.	The principal or a staff member allocated to do so must contact the Incident Support and Operations Centre (ISOC) on 1800 126 126 to report 'High' or Extreme' severity incidents to report the incident. Incidents assessed as 'Low' or 'Medium' can be reported directly into EduSafe Plus by the principal or their allocated staff member.

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or is at risk of anaphylaxis, school staff should follow steps 2-5 as above.

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.

Where possible, schools should consider using the correctly dosed adrenaline device 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.

Please 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.

Communication Plan

This policy will be available on the Nelson Park School website so that parents and other members of the school community can easily access information about Nelson Park School's Anaphylaxis Management procedures. The parents and carers of students who are enrolled at Nelson Park 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 Nelson Park School's procedures for Anaphylaxis management. We will communicate this policy through staff induction and training materials, and twice-yearly briefings. 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.

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We also communicate this policy through:

- Staff handbook
- Enrolment Pack
- Hard copies are supplied when requested at the school administration office.

Staff Training

The Principal is responsible for ensuring relevant staff, including casual relief staff, canteen staff and volunteers, are aware of this policy, are trained and briefed in Nelson Park School's Anaphylaxis management, consistent with the Department's *Anaphylaxis Guideline.*

The Principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct or supervise any classes attended by students who are at risk of anaphylaxis.
- School staff who conduct specialist classes, all canteen staff, admin staff, first aiders and any other member of school staff 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.

Nelson Park School uses the following training courses: ASCIA eTraining course (with 22579VIC), or 22578VIC.

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 and the second briefing during Term 3. This is facilitated by Nelson Park School's School Anaphylaxis Supervisors. who has successfully completed an Anaphylaxis Management course within the last 2 years.

Each briefing will address:

- The school's anaphylaxis policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of students diagnosed as being at risk of anaphylaxis, their allergens and the location of their Individual Anaphylaxis Management Plans and their medication/s.
- Discussion on staff anaphylaxis training and renewal
- How to use an adrenaline autoinjector, including hands-on practice with an adrenaline device trainer device (which does not contain adrenaline)
- The school's general first aid and emergency response procedures
- The location of adrenaline autoinjector devices prescribed for individual students that have been purchased by their families.
- The location of adrenaline devices that the school has purchased for general use
- How to access ongoing support and training.

When a new student enrols at Nelson Park School who is at risk of anaphylaxis, the Principal (or Principal's nominee) 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.

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

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.

4. FURTHER INFORMATION AND RESOURCES:

- The department's Policy and Advisory Library (PAL):
  - Anaphylaxis
  - Allergies
  - First Aid for Students and Staff
  - Health Care Needs
  - Managing Reporting School Incidents (including Emergencies)
  - Medication
- Allergy & Anaphylaxis Australia
- ASCIA Guidelines: Schooling and childcare
- Hero HQ Anaphylaxis Management Training
- https://allergyfacts.org.au/__interest/anaphylaxis
- Royal Children's Hospital: Allergy and immunology

The Nelson Park School Anaphylaxis Policy is to be read in conjunction with the following policies:

- Asthma Policy
- First Aid Policy
- Administration of Medication Policy
- Health Care Needs Policy

5. POLICY AND APPROVAL:

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 last reviewed	26/02/2026
Approved by	Principal
Next scheduled review date	March 2027