

Policy Statement

Anaphylaxis, Management of Students at Risk of

This policy follows the authority provided in the Allergy and Anaphylaxis policies/guidelines for each State or Territory as issued by Government Departments, and was written in collaboration with Allergy & Anaphylaxis Australia.

The Hazard - Anaphylaxis

Anaphylaxis is the most severe form of allergic reaction. Individuals can have a mild, moderate or severe allergy. Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. The most common allergens in school-aged children are peanuts, cow's milk, egg, tree nuts (e.g. cashews and walnuts), fish and shellfish (e.g. prawn and crab), wheat, soy, sesame, lupin and certain insect bites and stings (particularly bees, wasps, ants and ticks).

The key to prevention of anaphylaxis in schools is knowledge of students who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens.

Partnerships between the Learning Community and parents/guardians are important in helping students at risk of anaphylaxis avoid exposure as well as age-appropriate education for students.

Adrenaline given through an adrenaline (epinephrine) autoinjector (such as an EpiPen®) into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis. Adrenaline autoinjectors are designed for use by laypeople.

St Martins Lutheran College's Policy

St Martins Lutheran College is committed to providing a safe learning environment for all our students.

The Learning Community recognises that while policies and procedures to reduce the risk of an allergic reaction can be developed and maintained they cannot achieve a completely risk-free environment. The risk of anaphylaxis can be reduced, but not eliminated.

It is critical that staff can recognise an allergic reaction and a potential anaphylaxis risk and treat it appropriately. Anaphylaxis should always be treated as an emergency.

It is our policy to:

- provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling
- raise awareness of food and insect allergy, the risk of anaphylaxis and the Learning Community's anaphylaxis management policy in the Learning Community
- engage with parents/guardians of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student
- ensure that staff have knowledge about allergies, can recognise allergic reactions including anaphylaxis and understand the Learning Community's guidelines and procedures in responding to anaphylaxis.

Our Duty of Care

The Learning Community has a common law duty of care to put in place strategies to manage students at risk of anaphylaxis while they are at the Learning Community and engaged in Learning Community-related activities.

When a student is diagnosed as being at risk of anaphylaxis, the exercise of the Learning Community's duty of care requires:

- the development of an Individual Health Care Plan, through our Individual Health Care Plans (High Risk Students) policy (including risk minimisation strategies)
- administration of medication through our Medication Administration policy

- the adoption of an ASCIA Action Plan (emergency response plan).

Students at risk of anaphylaxis or allergic reactions could also be singled out or subjected to bullying behaviour within the wider Learning Community. As part of our Bullying Prevention and Intervention policy, the Learning Community maintains an atmosphere of respectful relationships and actively develops and implements programs for bullying prevention, provides support for any student who is at risk of being bullied and empowers the whole Learning Community to recognise and respond appropriately to bullying and behave as responsible bystanders.

Managing Students at Risk of Anaphylaxis Flowchart

St Martins Lutheran College has developed a flowchart that outlines our practices for managing enrolled students or students presenting for enrolment who are at risk of anaphylaxis.

Mental Health and Anaphylaxis

High levels of anxiety may often be seen in parents/guardians of students at risk of anaphylaxis or severe allergies.

Anxiety may increase when there is a change to education including starting at the Learning Community or transferring to the Learning Community.

The Learning Community understands and maintains regular communication with parents/guardians of students at risk of anaphylaxis or severe allergies in order to reassure them of the strategies in place to manage their child's allergies in a safe environment.

Partnerships between the Learning Community and parents/guardians are important in helping students at risk of anaphylaxis avoid exposure as well as age-appropriate education for students.

Identification of Students at Risk

Parents/guardians are requested to notify the Learning Community of all medical conditions including allergies. Refer to our Medical Records (Student) policy.

Students who are identified as at risk of anaphylaxis are considered high risk. For each of these students, an Individual Anaphylaxis Health Care Plan should be developed and regularly reviewed and updated.

For students who are showing signs of an allergic reaction or an anaphylactic reaction for the first time, and do not otherwise have an individual ASCIA Action Plan, the Learning Community should follow the First Aid and Allergy Awareness policies.

Where the student requires a first aid response that is not the standard first aid response for the Learning Community, staff should refer to the student's individual first aid plan, which will be stored with their Individual Anaphylaxis Health Care Plan.

Individuals with an allergy that have only ever had mild/moderate allergic reactions are at low risk of having an anaphylaxis reaction, but there is a still a risk. They are often not prescribed an adrenaline autoinjector but should have an ASCIA Action Plan for Allergic Reactions (Green).

Individuals that have had a previous severe allergic/anaphylaxis reaction to triggers (other than medications) and those deemed to be at high risk by their doctor or medical practitioner are prescribed an adrenaline autoinjector and given an ASCIA Action Plan for Anaphylaxis (Red).

Those with an ASCIA Action Plan for Allergic Reactions (Green) must still have strategies implemented to reduce risk as detailed on their Individual Health Care Plan.

Common Allergens for Which Students May be at Risk of Allergy or Anaphylaxis

Common food allergies include:

- egg
- milk
- peanuts
- tree nuts
- fish

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- shellfish
- soy
- sesame
- wheat
- lupin.

Other less common allergies can be caused by:

- mammalian meat (following tick bite exposure)
- insect bites and stings
- latex
- pollen
- mould
- certain medications.

Signs and Symptoms for a Mild to Moderate Allergic Reaction

Signs and symptoms for a mild to moderate allergic reaction may include:

- swelling of lips, face or eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy).

Signs and Symptoms for Anaphylaxis

Signs and symptoms for anaphylaxis may include:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- wheeze or persistent cough
- difficulty talking and/or hoarse voice
- persistent dizziness or collapse
- pale and floppy (usually in younger children).

Individual Anaphylaxis Health Care Plans

An Individual Anaphylaxis Health Care Plan must be developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. This forms a subset of a student's Individual Anaphylaxis Health Care Plan.

Each Individual Anaphylaxis Health Care Plan should be in place as soon as practicable after the student is enrolled, and where possible before their first day at the Learning Community.

Each Individual Anaphylaxis Health Care Plan includes:

- the student's medical status (has an allergy but not prescribed an adrenaline (epinephrine) autoinjector or at risk of anaphylaxis and has been prescribed an adrenaline autoinjector)
- the student's ASCIA Action Plan (an emergency response plan)
- learning and support needs of the student
- list of strategies to reduce the risk of a reaction
- medication prescribed for treating the student's medical condition
- emergency care information.

Each Individual Anaphylaxis Health Care Plan contains daily management strategies specific to the student it is written for and must be signed off by the parent/guardian and a designated staff member.

Each student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:

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- annually, and as applicable
- if the student's condition changes
- immediately after the student has an anaphylaxis reaction.

It is the responsibility of the parent/guardian to:

- supply a current photo.
- share as much detailed information as possible. For example, circumstances surrounding previous anaphylaxis, diagnosis of asthma, medications taken at home.
- inform the Learning Community if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan. The ASCIA Action Plan must be completed and signed by a medical practitioner. The ASCIA Action Plan needs to be renewed at least every 18-24 months (most students renew their ASCIA Action Plan with each new prescription of adrenaline autoinjector as they expire every 12-16 months).
- if staff and parents/guardians have difficulty agreeing on management strategies, communication with the student's medical practitioner should be considered.

The ASCIA Action Plan is just one part of the Individual Anaphylaxis Health Care Plan of every child at risk of anaphylaxis. The ASCIA Action Plan only details emergency management of the student's condition.

There are three ASCIA Action Plans available from the ASCIA website:

- The ASCIA Action Plan for Allergic Reactions is green and is for students allergic to common allergens that have not been prescribed an adrenaline autoinjector.
- The ASCIA Action Plan for Anaphylaxis is red and is for individuals who have been prescribed an adrenaline autoinjector.
- The ASCIA Action Plan for Anaphylaxis for General Use is orange and is for adrenaline autoinjectors for general use.

Internal Communications

The Principal is responsible for providing information to all staff, students and parents/guardians about allergy and anaphylaxis and the development of the Learning Community's anaphylaxis risk minimisation/prevention strategies.

Volunteers and Casual Relief Staff

All casual relief staff will be fully trained in the management, recognition and emergency treatment of anaphylaxis. Volunteers must be trained if they deal with students at risk of anaphylaxis as part of their role at the Learning Community.

Students at risk of anaphylaxis must not be left in the care of a volunteer during any Learning Community activities unless the volunteer is related to the student at risk of anaphylaxis or the parent/guardian of the student consents.

Staff Training

Generally, the Learning Community promotes allergy awareness. Refer to our Allergy Awareness policy.

Whenever a student at risk of anaphylaxis is under the care or supervision of St Martins Lutheran College, including excursions, yard duty, camps and special event days, the Learning Community must ensure that there are a sufficient number of staff present who have up to date anaphylaxis training and know how to prevent, recognise and treat anaphylaxis.

Teachers and other Learning Community staff who have regular contact with students at risk of anaphylaxis must undertake training in anaphylaxis management, including how to reduce the risk of a reaction, how to recognise a reaction and then how to respond to an emergency, including practical training in the use of an adrenaline autoinjector. Training autoinjector devices will never be stored in the same

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location as general use adrenaline autoinjectors at the Learning Community and will be clearly labelled as training devices to avoid the risk of confusion.

Wherever possible, training will take place before a student's first day at the Learning Community. Where this is not possible, an interim plan will be developed in consultation with the student's parents/guardians.

Emergency First Aid for Students at Risk of Anaphylaxis

For students having anaphylaxis, the following first aid steps should be followed:

1. Lay the student flat and do not allow them to stand or walk. If breathing is difficult, allow the student to sit.
2. Ensure the student is no longer exposed to the allergen or trigger.
3. If the student is carrying their adrenaline autoinjector, follow the instructions on the ASCIA Action Plan and give the adrenaline autoinjector accordingly.
4. If the student is not carrying their adrenaline autoinjector, but has one in the office or their classroom, there must be a system in place to get the adrenaline autoinjector to the student quickly.
5. Call an ambulance on triple zero "000".
6. Alert the student's parents/guardians.
7. Further adrenaline autoinjector doses may be given if no response after five minutes.
8. Commence CPR at any time if the student is unresponsive and not breathing normally.
9. The student must remain in hospital for at least four hours of observation.

ALWAYS give the adrenaline autoinjector FIRST, and then the asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has sudden severe breathing difficulty (including wheezing, persistent cough or hoarse voice) even if there are no skin symptoms.

For other incidents, refer to our Critical Incident (Emergency Situations) Response and First Aid policies.

Self-Administration of an Adrenaline Autoinjector

The Principal of the Learning Community will determine in consultation with the student and their parents/guardians whether a student can carry their own adrenaline autoinjector and/or administer their own adrenaline autoinjector should anaphylaxis occur.

The Principal will make this assessment on a case-by-case basis, determining whether the student is capable of self-administration, and whether it is age appropriate.

If a student self-administers their own adrenaline autoinjector, a staff member should supervise the student at all times and be prepared to provide assistance if the student's condition deteriorates to the point that they are confused or unable to self-administer for any reason.

Medication and Adrenaline Autoinjector Storage and Location

All adrenaline autoinjectors and medication must be stored and located as per discussion with each parent/guardian and checked regularly to ensure that they have not expired, become discoloured or sediment is visible.

For children under 10 years, it is not advised that they carry their medication kit (including their adrenaline autoinjector) on their person unless they:

- travel to school without an adult present, or
- have been advised to do so by their prescribing medical practitioner.

Students above the age of 10 years may carry their own medical kit (including their adrenaline autoinjector and ASCIA Action Plan) on their person at all times. If this is the case, it will be listed in the student's Individual Anaphylaxis Health Care Plan.

Students in high schools must always have their adrenaline autoinjector with them as they move from class to class, are at activities off the Learning Community grounds

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Other Risk Minimisation Strategies

and during travel to and from the Learning Community without parental/adult supervision. These students can either carry their medical kit in a bum bag, pocket, sports belt, belt holster or in their school bag. If in their school bag, the bag must be taken with them everywhere and not placed in their locker or on other communal bag racks. The medical kit must be easily accessible at all times.

Policies and procedures for administering adrenaline autoinjectors are outlined in our Medication Administration policy. Generally, any used adrenaline autoinjector should accompany the student to the hospital.

Whenever a student at risk of anaphylaxis participates in activities outside of the Learning Community such as excursions and camps, the student's individual ASCIA Action Plan and both the student's prescribed devices must be taken.

St Martins Lutheran College may implement the following applicable risk minimisation strategies designed to identify allergens, prevent exposure to them and enhance our response in case of anaphylaxis.

In the Classroom

In the classroom, teachers should:

- ensure they are aware of the identity of any students who are at risk of anaphylaxis. Facial recognition in class groups is encouraged.
- be familiar with location and use of the student's ASCIA Action Plan and adrenaline autoinjector (e.g. EpiPen®).
- ensure that medication is readily accessible (not in a locked cupboard or location).
- be familiar with how to respond to anaphylaxis using our first aid procedures as detailed in this policy.
- liaise with parents/guardians about food-related activities ahead of time.
- use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the Learning Community's Allergy Awareness policy.
- never give food to a student who is at risk of anaphylaxis without consulting a parent/guardian. Older students can read packaging themselves and should use caution about accepting food not labelled.
- be aware of the possibility of allergens including hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).
- have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

Casual and relief teachers are:

- made aware of risk minimisation strategies and are trained to recognise and respond to an allergic reaction which may present as anaphylaxis
- provided with a copy of **students'** ASCIA Action Plan upon commencing employment
- required to have completed any necessary training before commencing casual employment
- required to know the signs and symptoms of an allergic reaction, know where the students ASCIA Action Plan and emergency medication are and know when and how to administer the adrenaline autoinjector.

In the Canteen

- with permission from parents/guardians, canteen staff (including volunteers), should be briefed about students at risk of anaphylaxis

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- with permission from parents/guardians, the Learning Community may have the student's name, photo and the foods they are allergic to displayed in the canteen (facing away from easy sight of students visiting the canteen) as a reminder to staff and volunteers
- food banning is not recommended however we may choose not to stock peanut and tree nut products (including nut spreads), or replace foods which contain known allergens for our students with other suitable foods
- products labelled as containing known allergens or labelled as "May contain..." allergens for our students will not be served to students with those allergies
- staff should be aware of the potential for cross-contamination when storing, preparing, handling, displaying and serving food
- staff should ensure tables and surfaces are wiped clean regularly
- disposable paper cloths should be used to clean surfaces where students at risk of anaphylaxis will eat or have their food prepared. This reduces the risk of contamination from dish cloths used to clean off allergens
- staff should be strongly encouraged to do free training for food service staff related to allergen awareness and handling
- staff that are best trained in food allergy management should prepare food and serve students with a known food allergy

In the Learning Community yard

- a student with an allergy to insects should wear closed toe shoes at all times and long-sleeved garments where possible
- outdoor bins should be kept covered
- lawns and clover should be kept regularly mowed
- students with an insect allergy should keep open drinks covered while outdoors (e.g. drinks in bottles/cans)
- students with a food/insect allergy must not be allocated to pick up papers or be on bin duty because of the risk to food contamination or insect/bite
- staff are made aware of the play areas that are of the lowest risk to a student identified as at risk of anaphylaxis to insects and encourage the student and their peers to play in these areas
- all staff who are on playground duty should be trained to recognise an allergic reaction and provide an emergency response to anaphylaxis outside of class times (e.g. recess and lunch)
- the adrenaline autoinjector and ASCIA Action Plans must be easily accessible at all times

During On-site Events (e.g. sporting events, in Learning Community activities, class parties)

- class teachers should consult parents/guardians in advance to either develop an appropriate food menu or request the parents/guardians to send a meal for the student
- parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of our Allergy Awareness policy
- all staff should be aware of the most common allergens during on-site events
- although total food bans cannot be adhered to in environments such as Learning Community environments, staff should consider alternative foods that pose less risk for any Learning Community activities which must involve food

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- staff must know where the adrenaline autoinjector and ASCIA Action Plans for each at-risk student are located and how to get the adrenaline autoinjector to the student quickly when required
- staff should avoid using food in activities such as science experiments or games, including as rewards
- for sporting events, it may be appropriate to take the student's adrenaline autoinjector and ASCIA Action Plan to the on-site event location.

During Off-site Learning Community settings – field trips, excursions

- the student's adrenaline autoinjectors, ASCIA Action Plan and a means of contacting emergency assistance must be taken.
- mobile phone reception should be a priority and there should be at least two people on the off-site excursion who have mobile phone reception with two separate networks if possible. Phones must be charged, and a charger should be taken as required.
- staff members who have been trained in the recognition of an allergic reaction and anaphylaxis and administration of the adrenaline autoinjector must accompany the student on field trips or excursions. All staff present during the field trip or excursion must be aware if there is a student at risk of anaphylaxis on the excursion.
- staff should develop an emergency procedure including an offsite safety management plan that sets out clear roles and responsibilities in the event of an anaphylaxis reaction during that specific field trip.
- parents/guardians of a student at risk of anaphylaxis should be consulted in advance to discuss the excursion and forward plan. An appropriate food menu should be developed, or a request made for the parent/guardian to send a meal.
- in primary school years, parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student.
- the Learning Community considers the potential exposure to allergens when consuming food on public transport including buses/trains/planes.

During Off-site Learning Community settings – overnight camps and remote settings

- when planning Learning Community camps and overnight excursions, risk management plans for that specific excursion for students at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers.
- two adrenaline autoinjectors for each student at risk of anaphylaxis must always be taken on camps and overnight excursions.
- in the week prior to the camp, all staff going on the camp must have a 15-minute briefing about students at risk of anaphylaxis attending, signs and symptoms of an allergic reaction and practice with an adrenaline autoinjector training device.
- camp site/accommodation providers and airlines should be advised of any student at risk of anaphylaxis well in advance of the event and on arrival.
- camp staff and Learning Community staff should liaise with parents/guardians to develop appropriate menus or allow students to bring their own meals.
- staff need to check that food is appropriate for students with food allergies at all meal times and be present in the dining room during meal times.
- camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts/milk/egg

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may be served, but not to the student who is known to be allergic to peanuts/tree nuts/milk/egg.

- students with food allergies should bring their own soaps, lotions and sunscreen as guided by the parent/guardian.
- staff must verify that the student has brought their two adrenaline autoinjectors and accompanying ASCIA Action Plans on camp. Staff should also bring a mobile phone. Despite the student being old enough to bring their own medical kit, Learning Community staff are still responsible for making sure it is brought on camp. Some parents/guardians opt for two separate medical kits to be taken on camp, with one being for the student to carry and the other for staff.
- mobile phone reception should be a priority and there should be at least two people at the camp or remote setting who have mobile phone reception with two separate networks if possible. One of the phones must always be in the group with the student at risk of anaphylaxis.
- staff will be responsible for notifying students' parents/guardians if there is an allergic or anaphylaxis reaction.
- a team of staff (including the majority if not all who are at the camp or remote setting) who have been trained in management of the risk of anaphylaxis, the recognition of an allergic reaction including anaphylaxis and the administration of the adrenaline autoinjector should accompany the student on camp. All staff present need to be aware if there is a student at risk of anaphylaxis and they should be able to recognise the student by face.
- staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylaxis reaction whilst at that camp location. This needs to be done in conjunction with camp site staff who understand challenges in emergencies at that camp location (e.g. locked gates, difficulty finding site, etc).
- students at risk of anaphylaxis must always be in a group with a staff member trained in the recognition and emergency treatment of anaphylaxis.
- adrenaline autoinjectors and student's ASCIA Action Plan must always be easily accessible. Decisions on management/location of the medical kit need to be made if the student is canoeing/swimming etc.
- staff should be aware of what local emergency services are in the area and how to access them. The Learning Community should liaise with the local emergency services before the camp when possible.
- the adrenaline autoinjector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the Learning Community's first aid kit, although the Learning Community may consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still owe a duty of care to the student even if they carry their own adrenaline autoinjector.
- students with allergies to insect bites and stings should always wear closed shoes when outdoors.
- cooking, art and craft, and games on camp should not involve the use of known allergens.
- consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.

Staff Responsibilities

All staff must follow the anaphylaxis management guidelines set out in this policy.

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Signage

Copies of the ASCIA Action Plans are posted in the staffroom with first aid procedures as well as being in each student's medical kit with their adrenaline autoinjector/s.

With permission from parents/guardians (and older students), it may be appropriate to have a student's name, photo and the food/insect they are allergic to, displayed in other locations around the Learning Community.

Implementation

This policy is implemented through a combination of:

- college premises inspections (to identify wasp and bee hives)
- staff training and supervision
- maintenance of student medical records
- effective incident notification procedures
- effective communication with the student at risk and their parent/guardian
- effective communication procedures with the Learning Community including all students' parents/guardians
- initiation of corrective actions where necessary.

Discipline for Breach of Policy

Where a staff member breaches this policy, St Martins Lutheran College may take disciplinary action.

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