

Anaphylaxis Management Policy

St Peter's Lutheran School



Scope	All School community members - staff, students, parents / guardians, School Board members.
Responsible Officer	Principal
Contact Officer	Principal
Authorisation	School Board
Date Introduced	January 2012
Next Review Date	January 2026 This policy will be reviewed annually, or as required by legislation. Previously done every 3 years.
Relevant Legislation or Source	<ul style="list-style-type: none"> • Education and Training Reform Act 2026 (Vic) (s. 4.3.1 (6)(c)) • Ministerial Order No. 706
Linked SPLS Policy	First Aid Policy Duty of Care Policy Bullying Prevention and Intervention Policy
Linked SPLS Procedure / Guidelines / Plans	Anaphylaxis Management Procedure Individual Anaphylaxis Management Plan First Aid & Emergency Response Plan Anaphylaxis Management School Twice-Yearly Briefing
Linked SPLS Forms / Checklists / Registers	Annual Anaphylaxis Risk Management Checklist Anaphylaxis Supervisors Observation Checklist Individual Anaphylaxis Management Plan Template Staff Training Register
Key Words	Anaphylaxis, Allergy
Destination / Storage	School Website, Shared Staff Server
Communication	Staff induction, cyclical staff training/meetings

Revision / Modification			
Date	Version	Summary	Policy/Procedure
01/01/2012	1.0	Policy Introduced	Anaphylaxis Management Policy
01/01/2016	1.1	Policy Reviewed by School Council	Anaphylaxis Management Policy
13/01/2022	2.0	New policy format. Separating policy and procedure.	Anaphylaxis Management Policy

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09/09/2022	2.1	Minor updates to Principal Responsibilities and Twice-Yearly Briefings	Anaphylaxis Management Policy
26/07/2023	2.2	Policy reviewed by School Board	Anaphylaxis Management Policy

POLICY STATEMENT

1. RATIONALE

St Peter's Lutheran School believes that the safety and wellbeing of students who are at risk of anaphylaxis is a whole School responsibility. The School is committed to provide as far as practicable a safe and healthy environment in which students at risk of anaphylaxis can participate equally in all aspects of the whole school's programs and experiences.

St Peter's Lutheran School will endeavour to ensure that the management of students at risk of anaphylaxis meets the legislative requirements of Ministerial Order 706 and associated guidelines by:

- developing and regularly reviewing Individual Anaphylaxis Management Plans for affected students
- identifying and developing preventative strategies to be used to minimise the risk of an anaphylactic reaction in and out of School settings
- meeting the required accredited Anaphylaxis Management course for relevant School Staff and conduct twice yearly briefing (Term 1 and Term 3), by a staff member who has successfully completed an anaphylaxis management training course in the two years prior, on its Anaphylaxis policy & anaphylaxis issues
- developing a Communication Plan to ensure all staff members and other relevant adults have adequate knowledge of Anaphylaxis and the School's Anaphylaxis Management Policy
- following the First Aid & Emergency Response Plan and the student's Individual Anaphylaxis Management and Action Plan as set out in the event of an Anaphylactic Reaction
- Complying with legislation on the purchase of adrenaline auto injectors for general use
- Complying with legislation that an Annual Risk Management Checklist, published and amended by the Department of Education and Training from time to time, is completed by the Principal.

2. PURPOSE

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring while the student is in the care of the School by developing, reviewing individual anaphylaxis management & risk minimisation plans with the information given by parents/guardians.
- To work with parents/guardians of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student at the School.
- To raise awareness of anaphylaxis and its management through education and policy implementation to the staff and school community.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction by competently administering an Adrenaline Autoinjector.

This policy applies when a child diagnosed as being at risk of anaphylaxis by a qualified Medical Practitioner, is enrolled at the School. It also applies to other relevant members of the community, such as volunteers, relief personnel and visiting specialists.



3. DEFINITIONS

Anaphylaxis - is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews, hazelnuts and almonds), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms - The following information provides a guide to the symptoms which may be exhibited by a person suffering an Anaphylactic reaction and not all symptoms may be apparent. Symptoms usually develop from within a few minutes to 10 minutes and several hours after exposure to an allergen.

- A mild to moderate reaction will include one or more of the following symptoms.
 - Swelling of Lips, face and eyes
 - Hives/Welt
 - Tingling mouth
 - Abdominal Pain or vomiting (these are signs of a severe allergic reaction to insects)

- Severe reactions can include:
 - Difficulty Breathing/Noisy Breathing
 - Swelling of the tongue
 - Swelling/tightness in throat
 - Difficulty talking
 - Wheezing/Persistent Cough
 - Persistent dizziness/Collapse
 - Pale/Floppy (young children)

Treatment - Adrenaline given as an injection into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis. Students diagnosed as being at risk of anaphylaxis are prescribed Adrenaline Autoinjector in an emergency. The Adrenaline Autoinjectors are designed so that anyone can use them in an emergency.

It is the policy of the School that the first aid procedures and student's emergency procedures plan (ASCIA Action Plan) will be followed when responding to an anaphylactic reaction.

Prevention - The key to prevention of anaphylaxis at St Peter's Lutheran School is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. A solid partnership between the School and parents is important in ensuring that certain foods or items, where known, and as much as possible are kept away from the student whilst at school.

The School is aware that it is not possible to achieve a completely allergen-free environment. The School community should not have a false sense of security that an allergen has been eliminated from the environment but recognises the need to adopt a range of procedures and risk minimisation.



3. POLICY

St Peter's Lutheran School is committed to providing a safe learning environment for all our students and complying with the Ministerial Order No. 706 Anaphylaxis Management in Victorian Schools, and the Department of Education and Trainings Anaphylaxis Guidelines as amended by the Department from time to time.

The School recognises that while policies and procedures to reduce the risk of an allergic reaction can be developed and maintained, they cannot achieve a completely allergen-free environment.

It is critical that staff can recognise an allergic reaction and a potential anaphylaxis risk and treat it appropriately in 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 School life;
- raise awareness of food and insect allergies and the risk of anaphylaxis and the School's anaphylaxis management policy in the School community;
- engage with parents/guardians of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the students;
- ensure that staff have knowledge about allergies, can recognise an allergic reaction and understand the School's policy and guidelines and emergency procedures in responding to anaphylaxis.

3.1 Duty of Care

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

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



4. RESPONSIBILITIES

4.1 Principal Responsibilities

The Principal is responsible for:

- ensuring that the School develops, implements and routinely reviews this policy annually in accordance with, and compliance to, the Ministerial Order and the Guidelines;
- ensuring individual anaphylaxis management plans are developed for students diagnosed with a medical condition related to allergy and the potential for anaphylactic reaction, including:
 - parents/guardians provide an ASCIA Action Plan which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student;
 - actively seeking information to identify students with allergies to food and insects for example, that have not been prescribed an adrenaline autoinjector and those who have been diagnosed as being at risk of anaphylaxis and been prescribed an adrenaline autoinjector, either at enrolment or at the time of diagnosis (whichever is earlier);
 - ensuring that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/guardians that has been diagnosed by a medical practitioner, where the School has been notified of that diagnosis;
 - ensuring that parents/guardians provide the School with an adrenaline autoinjector for their child that is not out-of-date and a replacement adrenaline autoinjector when requested to do so;
 - ensuring that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with parents/guardians annually at the beginning of each school year, when the student's medical condition changes, as soon as practicable after a student has an anaphylactic reaction at the School, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the School
- ensuring sufficient numbers of trained staff are available to supervise students at risk of anaphylaxis outside normal class activities (for example, off-site activities), including:
 - ensuring students' Individual Anaphylaxis Management Plans are appropriately communicated to all relevant staff
 - ensuring there are procedures in place for providing information to School volunteers and casual relief staff about students who are at risk of anaphylaxis and their role in recognising an allergic reaction and responding to an allergic reaction, including anaphylaxis, of a student in their care;
- arranging the purchase of additional adrenaline auto-injectors for general use and as a backup to those supplied by parents
- considering the following factors in purchasing adrenaline auto-injectors for general use:
 - the number of students enrolled at risk of anaphylaxis
 - the accessibility of adrenaline auto-injectors supplied by parents
 - the availability of a sufficient supply of adrenaline auto-injectors for general use in specific locations at the School, including the yard, at excursions, camps and special events conducted, organised or attended by the School
 - that adrenaline auto-injectors have a limited life, usually expire within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever comes first
- ensuring the communication plan is developed to provide information to all School staff, students and parents about anaphylaxis and the School's anaphylaxis management policy



- ensuring that relevant staff that the principal has identified, based on an assessment of the risk of an anaphylactic reaction occurring while the student is under the care or supervision of the school are:
 - trained in accordance with Ministerial Order No. 706
 - ensuring that relevant School staff have successfully completed an approved anaphylaxis management training course and that their accreditation is current). This includes any school staff who conduct classes with students who are at risk of anaphylaxis;
 - ensuring that School staff who are appointed as School Anaphylaxis Supervisors are appropriately trained in conducting autoinjector competency checks and that their accreditation is current;
 - briefed at least twice per calendar year
- developing an interim plan and consult with parents if training or briefing has not occurred as required
- reviewing and completing the Annual Anaphylaxis Risk Management Checklist, as published and amended by the Department of Education and Training.

4.2 Anaphylaxis Supervisor Responsibilities

The School appoints appropriate staff for the role of Anaphylaxis Supervisor. There needs to be at least two Anaphylaxis Supervisors on each School.

The Anaphylaxis Supervisor is required to successfully complete an anaphylaxis management training course before being nominated as the Anaphylaxis Supervisor. The Anaphylaxis Supervisor must complete the Anaphylaxis Supervisor Observation Checklist, in conjunction with the Principal and other School staff to ensure that responsibilities, training requirements and tasks relating to anaphylaxis are being met by the School.

The Anaphylaxis Supervisor is responsible for:

- working with the Principal to develop, implement and regularly review this policy;
- obtaining regular training on how to recognise and respond to anaphylaxis, including administering an adrenaline autoinjector;
- verifying the correct use of adrenaline autoinjector (trainer) devices by other School staff undertaking online anaphylaxis training through completion of the School Supervisors' Observation Checklist
- providing access to the adrenaline autoinjector (trainer) device for practice by School staff;
- sending reminders to staff or information to new staff about anaphylaxis training requirements and liaising with the Principal to maintain records of training undertaken by staff at the School
- leading the twice-yearly anaphylaxis School briefing in Term 1 and Term 3;
- developing School-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment, for example a bee sting occurs on School grounds and the student with bee allergy is conscious, or an allergic reaction where the student has collapsed on School grounds and the student is not conscious;
- organising anaphylaxis drills (not unlike a fire drill) in the School to practise getting an adrenaline autoinjector to a student requiring it quickly in an emergency;
- working with parents/guardians (and students) to develop, implement and review each Individual Anaphylaxis and Allergic Reactions Management Plan in accordance with this policy;
- providing advice and guidance to School staff about anaphylaxis management in the School and undertaking regular risk identification and implement appropriate minimisation strategies;
- working with School staff to develop strategies to raise their own, students' and School community awareness about severe allergies;



- providing or arranging post-incident support (e.g. counselling) to students and School staff, if appropriate.

4.3 Front Office First Aid Responder / Nurse Responsibilities

The School First Aid Responder / Nurse is responsible for:

- keeping an up-to-date register of students at risk of anaphylaxis;
- keeping a register of adrenaline autoinjectors, including a record of when they are 'in' and 'out' from the central storage point. For instance, when they have been taken on excursions, camps etc.

4.4 Other Staff Responsibilities

The responsibilities of all School staff include:

- knowing and understanding the requirements of this policy;
- knowing the identity of students who are at risk of anaphylaxis and knowing their face if possible;
- understanding the causes, signs and symptoms, and treatment of anaphylaxis;
- obtaining regular training on how to recognise and respond to an allergic reaction (including anaphylaxis), including administration of an adrenaline autoinjector;
- knowing where to find a copy of each student's ASCIA Action Plan quickly and following it in the event of an allergic reaction;
- knowing the School's general first aid and emergency response procedures and understanding their role in relation to responding to anaphylaxis;
- knowing where students' adrenaline autoinjectors and the adrenaline autoinjectors for general use are kept;
- knowing and following the individual risk minimisation strategies in the student's Individual Anaphylaxis or Allergic Reactions Management Plan;
- planning ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at school, or away from school;
- working with parents/guardians to provide appropriate food for their child if the food the School/class is providing may present an allergy risk for them;
- avoiding the use of food treats in class or as rewards, as these may contain allergens. If food treats are used, however, work with parents/guardians to provide appropriate treats for students at risk of anaphylaxis;
- being aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes;
- being aware of the risk of cross-contamination when preparing, handling and displaying food;
- making sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food;
- raising student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a School environment that is safe and supportive for their peers.

4.5 Parent/Guardian of Students at Risk Responsibilities

The responsibilities of Parents/Guardian of Students at Risk include:

- informing the School in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been prescribed an adrenaline autoinjector or not;
- providing the School with an ASCIA Action Plan from the student's medical practitioner that details their condition, any medications to be administered, and any other relevant emergency procedures
- immediately informing School staff in writing of any changes to the student's medical condition and if necessary, providing an updated ASCIA Action Plan;
- providing the School with an up to date photo for the student's ASCIA Action Plan when the plan is reviewed;
- meeting with and assisting the School to develop the student's Individual Anaphylaxis or Allergic Reactions Management Plan, including risk minimisation strategies;
- providing the School with an adrenaline autoinjector and any other medications that are current and not expired;
- replacing the student's adrenaline autoinjector and any other medication as needed before their expiry date or when used;
- assisting School staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days);
- if requested by School staff, assisting in identifying and/or providing alternative food options for the student when needed;
- informing School staff in writing of any changes to the student's emergency contact details;
- participating in reviews of the student's Individual Anaphylaxis or Allergic Reactions Management Plan.

5. IMPLEMENTATION

This policy is implemented through a combination of:

- School inspections;
- staff training and supervision;
- maintenance of student medical records;
- effective incident notification procedures;
- effective communication with the student at risk and their parent/guardians
- completion of the annual anaphylaxis risk management checklist;
- effective communication procedures with the school community including all students' parents/guardians;
- initiation of corrective action where necessary.