



Anaphylaxis Policy

PURPOSE

To explain to Templestowe Valley Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Templestowe Valley Primary School is compliant with Ministerial Order 706 and the Department’s guidelines for anaphylaxis management.

SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

POLICY

School Statement

Templestowe Valley Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow’s milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

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|---------------|----------------------|------------------------------|-----------|------------|-----------|------------------------|
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| Review Cycle: | Annually | Staff Consultation/Endorsed: | NA | YES | NO | |
| Review Date: | February 2021 | Community Consultation: | NA | YES | NO | |

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Templestowe Valley Primary School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Templestowe Valley PS 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 enrolls at Templestowe Valley PS and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes

- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

TVPS 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 auto injectors

Normal School Hours

During normal school hours, TVPS students will not keep their adrenaline autoinjectors on their person.

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis and the student's individual adrenaline autoinjector in a "bum bag" in their classroom. Adrenaline autoinjectors will be labelled with the student's name.

A second copy of the plan will be located in the Emergency Management Box in the student's classroom, with a master copy of the plan being stored in the First Aid Room. "General use" autoinjectors are also stored in the First Aid Room.

Excursion or Camp

In the event of the student attending an excursion or camp, depending on the type of activity and the age of the student, TVPS may require students to carry/wear their "bum bag". The "bum bag" would include:

- a. student's Individual Anaphylaxis Management Plan
- b. ASCIA Action Plan for Anaphylaxis
- c. student's individual adrenaline autoinjector (labelled with their name)

If the "bum bag" cannot be worn by the student; due to their age, or the type of activity, e.g. swimming, then the teacher-in-charge of the group or activity will be responsible for carrying the "bum bag".

Risk Minimisation Strategies

All Templestowe Valley staff members should know who the child/student at risk of anaphylaxis is by sight. They are not to be left alone when complaining of feeling unwell, even in sickbay. Their complaint should always be taken seriously.

At TVPS photos of all anaphylactic students are displayed in the Emergency Management Box, as well as being on tags in the First Aid "bum bags" carried by Yard duty supervisors. These lists are updated at the start of each year and, if necessary, with each new enrolment

The many areas of risk and the strategies one might implement to reduce the risk of an allergic reaction vary greatly according to a number of factors including:

- the age of the child at risk
- the age of their peers
- what the child is allergic to
- the severity of the child's allergy
- the environment they are in
- the level of training carers have received.

| Area | Risk Identified | Risk Minimisation Strategies |
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| GENERAL | An adrenaline auto injector (eg EpiPen) may not be available in the case of a reaction. | <p>If a student has been prescribed an autoinjector, it must be provided by the student's parent/carers to the school and be available at all times when the student is attending school or a school event.</p> <p>The autoinjector is clearly labelled with the student's name.</p> <p>A copy of the student's ASCIA Action Plan is kept with the EpiPen.</p> <p>All staff know where the autoinjector is located.</p> <p>The school has a generic EpiPen® as a 'backup' located in the First Aid Room. The dosage of a backup EpiPen® is 0.3ml of adrenaline, which can be given to any student who weighs over 20kg (or less, in this emergency scenario). It is clearly labelled as the TVPS EpiPen®.</p> <p>The First Aid Coordinator, checks the student and back-up EpiPens®/Anapens at the beginning of each term to ensure the autoinjector is not cloudy or out of date and at least a month before its expiry date sends a written reminder to the student's parents to replace the EpiPen®/Anapen.</p> <p>If a student's own autoinjector is used by the school staff, then it must be replaced before the child returns to school.</p> |
| CLASSROOM | General | <p>A copy of the child's ASCIA Action Plan for Anaphylaxis is displayed in the classroom [in the Emergency Management Box box]</p> <p>The child's autoinjector is in an insulated bag on a hook above the Emergency Management Box just inside the classroom door.</p> <p>The staff member[s] in the room is/are trained in the recognition of anaphylaxis and the administration of the autoinjector.</p> |
| | Use of food as counters | Teachers are asked to aware of children with food allergies when deciding on 'counters' to be used in mathematics or other class lessons. Non-food 'counters' such as buttons /discs may be a safer option than chocolate beans. |
| | Class rotations | All teachers need to consider students at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class. |
| | Foods provided by other parents in their child's lunchbox. | <p>Children only eat food that has been specifically prepared for them.</p> <p>There is no trading or sharing of food, food utensils and containers</p> <p>Bottles and lunch boxes, provided by the parents are clearly labelled with the child's name.</p> <p>Children are supervised at lunch and snack times and consume food brought from home in specified areas.</p> <p>Parents/guardians will be informed of allergens and ingredients relevant to the specific class. This advice will include a suggestion/request that eg nuts, are not sent to school because of risk of cross-contamination.</p> <p>Alert parents to strategies that the school has in place and the need for their child to not share food and to wash hands after eating.</p> |

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| | Food rewards | <p>Food rewards are discouraged and non-food rewards encouraged.</p> <p>Students at risk of food anaphylaxis should eat food that is supplied by their parents or food that is agreed to by parents prior to a given event. If required a clearly labelled 'treat box' could be supplied by parents and located in child's classroom.</p> |
| | Party/event and treat foods (e.g. birthday foods provided by parents for entire class.) | <p>Non-food treats are used where possible.</p> <p>Teacher may ask the parent to attend the party as a 'parent helper'</p> <p>Student at risk of anaphylaxis should not share food brought in by other students. Ideally they should bring own food.</p> <p>Student at risk of anaphylaxis can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cup cakes stored in freezer in a labelled sealed container</p> <p>Parents of students in a class with an 'at risk' child will be informed at the start of the school year about the allergic sensitivity of grade member[s]. The note will give guidance as to how best support the health and safety of the 'at risk' child in terms of food/treats brought into the classroom for sharing</p> <p>All foods sold at School functions (e.g. cake stalls) must clearly state the ingredients – and will ideally be 'allergen-free'</p> |
| | Foods prepared at the school as part of the learning program (e.g. pancakes, scones etc) | <p>Cooking projects are planned in conjunction with the parents/guardians of 'at risk' children and will not include ingredients that are known allergens.</p> <p>Hygiene procedures are used to minimise the risk of contamination from surfaces, food utensils and containers. Hands and surfaces need to be cleaned with warm/hot soapy water (sanitiser products DO not minimise the risk from the allergen protein)</p> <p>Staff should avoid using food in activities or games, including as rewards, in a class where a student at risk is present.</p> <p>Engage parents in discussion prior to cooking sessions and activities using food.</p> <p>Remind all children to not share food they have cooked with others at school.</p> |
| | Foods brought into the school as part of a fundraising activity or special event (e.g. Pizza or Donut Day) | <p>Organisers are encouraged to consult with parents in advance, provide a full list of ingredients and develop suitable alternatives if possible. In all situations, the child 'at risk' should be given an opportunity to safely participate.</p> <p>Consider children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc. Notices may need to be sent to parent community discouraging specific food products. E.g. nuts</p> |
| | Traces of food eaten at the school or at home by other children remains on their hands and contaminates supplies and equipment. | <p>First Aid Coordinator will discuss with parent to ascertain whether students in the same group/class need to wash their hands after handling food.</p> |

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| | Traces of food on donated “art supplies” (e.g. egg cartons, food boxes for home corner) | Use of food and food containers, boxes and packaging in crafts, cooking and science experiments, is restricted depending on the applicable allergies (e.g. no egg cartons, toilet rolls) |
| | Science experiments | Engage parents in discussion prior to experiments containing foods |
| | School fundraising ~ special events ~ cultural days | Students with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc. Notices may need to be sent to parent community discouraging specific food products. E.g. nuts |
| SPECIALIST SUBJECTS | Performing Arts/Music | Music teacher to be aware, there should be no sharing of wind instruments. E.g. recorders. Speak with the parent about providing the child’s own instrument. |
| | Visual Arts | <p>Ensure containers used by students at risk of anaphylaxis do not contain allergens. E.g. egg white or yolk on an egg carton.</p> <p>Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg.</p> <p>Care to be taken with play dough etc. Check that nut oils have not been used in manufacture. Discuss options with parent of wheat allergic child.</p> |
| YARD | | <p>ALL TVPS staff on yard duty are trained in the administration of the autoinjector to be able to respond quickly to an anaphylactic reaction if needed.</p> <p>‘Tags’ on First Aid bags ensure that all yard duty staff are able to identify those students ‘at risk’ by using the orange alert cards attached to the bum bags.</p> <p>All staff know the location of the autoinjector of each child <u>AND</u> the location of the school EpiPen (in sick bay)</p> |
| | Students picking up papers | Students at risk of food or insect sting anaphylaxis should be excused from this duty. Non rubbish collecting duties are encouraged. |
| SUNSCREEN | | Parents of children at risk of anaphylaxis should be informed that it is offered to children. They may want to provide their own. |
| HANDWASHING | | All students are encouraged to wash their hands before and after eating |
| CANTEEN & OUT OF SCHOOL HOURS CARE (OSHC) | Foods prepared and sold at the School Canteen, and prepared for students taking part in the Out of School Hours Care (OSHC) program | <p>Canteen and OSHC staff, including volunteers, are briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans.</p> <p>The name and photo of ‘at risk’ students is displayed in the canteen as a reminder to staff.</p> <p>Products containing nuts are not sold at the Canteen. If a product ‘may contain traces of nuts’ it will not be served to students known to be allergic to nuts.</p> <p>Peanut butter is NOT and Nutella are on the Valley Deli menu.</p> <p>Canteen and OSHC staff (including volunteer helpers) are educated on food handling procedures and risk of cross contamination of foods said to be ‘safe’</p> <p>Canteen and OSHC staff and volunteers are aware of, and take action to prevent, cross contamination – e.g. in relation to egg sandwiches.</p> |

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| | | <p>The anaphylaxis student has a distinguishable lunch order bag.</p> <p>Restriction on who serves the child when they go to the canteen or receive food during OSHC.</p> <p>Parents of anaphylactic students are encouraged to visit canteen/OSHC kitchen to view products available.</p> |
| <p>EXCURSIONS, SPORTS CARNIVALS, SWIMMING PROGRAM</p> | | <p>Autoinjectors, ASCIA Action Plans and a mobile phone are taken on all trips away from school grounds when attended by a child 'at risk'. The address of the location should be written down and carried with the mobile so that it can be provided quickly to an ambulance if needed.</p> <p>Each 'at risk' child is allocated an adult who is trained in the recognition of anaphylaxis and the administration of the autoinjector to carry the autoinjector and be in close proximity to the child whenever food is present. All staff members present are aware of the identity of any student at risk of anaphylaxis attending.</p> <p>Prior to each trip, an Individual Excursion/Camp Anaphylaxis Management Plan [Appendix C] is prepared that sets out clear roles and responsibilities to reduce risk and how to manage in the event of an anaphylactic reaction.</p> <p>The risk minimisation will include scrutiny of the food menu (if relevant). A parent may need to provide some food alternatives.</p> <p>Parents of all children may be asked to NOT send with their child any food that contains nuts. Nuts will not be consumed by any student at any time on a bus journey to an event/camp.</p> <p>Teachers organising/attending excursion or sporting event should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylactic reaction occurs. This includes distribution of laminated cards to all attending teachers, detailing the following:</p> <ul style="list-style-type: none"> • Location of event, including nearest cross street. • Procedure for calling ambulance, advising life threatening allergic reaction has occurred and adrenaline is required. |
| | <p>Safety & Communication</p> | <p>Staff should also:</p> <ul style="list-style-type: none"> • carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other form of emergency communication i.e. walkie talkie • have increased supervision depending on size of excursion/sporting event. i.e. if students are split into groups at large venue e.g. zoo, or at large sports venue for sports carnival. • consider adding a reminder to all parents regarding children with allergies on the excursion/sports authorisation form and encourage parents not to send in specific foods in lunches (e.g. food containing nuts). • Discourage eating on buses. • Check if excursion includes a food related activity, if so discuss with parent. • Ensure that all teachers are aware of the location of the emergency medical kit containing adenaline autoinjector. |

CAMPS

Children exposed to allergens whilst away on excursion/camp.

Refer to [Appendix E] to complete the Management Plan

Camps are advised in advance of any students with food allergies.

An Individual Excursion/Camp Anaphylaxis Management Plan [Appendix C] for students 'at risk' of anaphylaxis is developed by the school in consultation with the parents and camp owners prior to the commencement of the camp. If needed, the Camp is to provide a menu (including a comprehensive list of ingredients) to parents/staff. Staff will liaise with parents to develop alternative menus or make provision for family to send meal alternatives from home.

The camp provider must be able to demonstrate satisfactory training in the management of food allergens and its implications for food handling practices; namely

- Knowledge of the major food allergens that cause anaphylaxis
- How to avoid cross-contamination
- The consequences of cross-contamination of allergens for the food allergic individual

The school will not sign any written disclaimer from a camp owner that indicates that the camp is unable to provide safe food for students at risk of anaphylaxis.

Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts must be clearly identified and may be served, but not to students who are known to be allergic to nuts.

The student's autoinjector and ACSIA Action Plan from the school must be taken on the camp. Parents may be asked to provide a second back-up autoinjector.

At least one of the TVPS "general use" autoinjector is taken on the Camp.

Each "at risk" child is allocated an adult who is trained in the recognition of anaphylaxis and the administration of the autoinjector. The adult will be in close proximity to the child whenever food is present.

The responsible adult must carry a working mobile phone or be within 1 minute of a landline and carry a notebook and pen so that the time of autoinjector administration can be noted. The address of the camp location should be written down and carried with the mobile so that it can be provided quickly to an ambulance if needed.

The number of trained staff attending is determined by a risk assessment.

All staff members present are aware of the identity of any student 'at risk' of anaphylaxis who is attending camp.

Prior to each Camp, a staff member will develop an Individual Excursion/Camp Anaphylaxis Management Plan that sets out clear roles and responsibilities to minimise risk and to plan for an emergency response (in the event of an anaphylactic reaction)

Camp venues will be chosen with regard to the distance to access medical assistance (ideally a hospital).

Cooking, art and craft and games will NOT involve the use of known allergens.

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| | | Parents of all children may be asked not to send with their child any food that contains nuts. Nuts should not be consumed by any student at any time on a bus journey to an event/camp. |
| | School's emergency response procedures | <p>Roles and responsibilities of the teachers are clearly outlined in advance of camp; specifically with regards to the policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction.</p> <p>All teachers attending the camp should carry laminated emergency cards, detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life threatening allergic reaction has occurred and adrenaline is required.</p> <p>Prior to attendance at camp, staff to practise with adrenaline autoinjector training devices</p> <p>Parents should be encouraged to provide two adrenaline autoinjectors along with the Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp.</p> <p>Confirm mobile phone network coverage for standard mobile phones</p> <p>Parents should be encouraged to provide two adrenaline autoinjectors along with the Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp.</p> |
| | Discussions by school staff and parents with the operators of the camp facility should be undertaken well in advance of camp. | <p>Example of topics that need to be discussed would be:</p> <ol style="list-style-type: none"> 1. Possibility of removal of peanut/tree nut from menu for the duration of the camp. 2. Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed i.e. egg, milk, wheat. A decision may be made to remove pavlova as an option for dessert if egg allergic child attending for example. 3. Awareness of cross contamination of allergens in general i.e. during storage, preparation and serving of food. 4. Discussion of menu for the duration of the camp. 5. Games and activities should not involve the use of known allergens. 6. Camp organisers need to consider domestic activities which they assign to children on camp. It is safer to have the child with food allergy set tables, for example, than clear plates and clean up. |
| MEDICAL KITS | | <p>Medical kit containing ASCIA Action Plan for Anaphylaxis and adrenaline autoinjector should be easily accessible to child at risk and the adult/s responsible for their care at all times.</p> <p>On excursions ensure that the teacher accompanying the child's group carries the medical kit. For sporting events this may be more difficult, however, all staff and parent volunteers must always be aware of who has the kit and where it is.</p> <p>Be aware - adrenaline autoinjectors should not be left sitting in the sun, in parked cars or buses.</p> <p>At TVPS parents are often available to assist teachers on excursions. If child at risk is attending without a parent, the child should remain in the group of the teacher who has been trained in anaphylaxis management, rather than be given to a parent volunteer to manage. This teacher should carry the medical kit.</p> |
| INSECT STING ALLERGY | | Children who have a severe insect sting allergy and are at risk of anaphylaxis need to have their adrenaline autoinjector and Action Plan for Anaphylaxis easily |

accessible at all times. Strategies that reduce the risk of insect stings vary depending on the insect the person is allergic to.

Strategies both at school and on excursions can include:

- Avoiding being outdoors at certain times of the day
- Using insect repellents that contain DEET (Diethyltoluamide, N, N - diethyl - 3- methylbenzamide)
- Wearing light coloured clothing that covers most exposed skin
- Avoid wearing bright clothing with 'flower' type prints
- Wearing shoes at all times
- Avoiding perfumes or scented body creams/deodorants
- Wearing gloves when gardening
- Avoid picking up rubbish which may attract insect/s
- Being extra careful where there are bodies of water i.e. lake/pond/swimming pool.
- Chlorinated pools attract bees
- Drive with windows up in the car/windows closed in a bus
- Keep your drink (glass/bottle/can) indoors or covered.
- Always check your drinks before you sip i.e. don't drink blindly from container.
- Keep garbage bins covered – lids on
- Keep grass areas mowed (reduce weed such as clover which attracts insects)
- Wearing boots and thick clothing such as denim jeans if ant sting allergic and in area where specific ants reside. Avoid ant mounds
- Not provoking bees, wasps or ants. Have mounds/nests removed by professionals
- Removal of nests when students/teachers are not present
- When putting in new plants consider location and select plants less likely to attract stinging insects

Adrenaline Autoinjectors for General Use

Templestowe Valley Primary School will maintain a supply of five (5) adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline autoinjectors for general use will be stored in an insulated bag the First Aid Room and labelled "general use".

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

- the number of students enrolled at Templestowe Valley Primary School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

"General use" autoinjectors will be current – replaced at the school's expense. This will be monitored and managed by the First Aid Officers. Sufficient numbers will be purchased to ensure that one bag remains on the school premises during events such as; excursions, interschool sport, camps, etc.

Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the TVPS First Aid Officer and stored in the First Aid Room. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

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

| Step | Action |
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| 1. | <ul style="list-style-type: none">• Lay the person flat• Do not allow them to stand or walk• If breathing is difficult, allow them to sit• Be calm and reassuring• Do not leave them alone• Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the students classroom or in the Frist Aid Room (multiple copies)• 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) <ul style="list-style-type: none">• 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 |
| 3. | Call an ambulance (000) |
| 4. | If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available. |
| 5. | Contact the student's emergency contacts. |

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

[Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction. Refer to page 41 of the [Anaphylaxis Guidelines](#)].

Staff Training

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

- All teaching staff and Education Support Officers (ESO) who conduct classes attended by students

- School staff who conduct specialist classes, all canteen staff, admin staff, first aiders and any other member of school staff as 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.

Templestowe Valley Primary School uses the following training course ASCIA eTraining course.

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), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including Principal, Assistant Principal or School Anaphylaxis Supervisor. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Templestowe Valley Primary School who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

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.

Communication Plan

This policy will be available on Templestowe Valley Primary School's website so that parents and other members of the school community can easily access information about TVPS anaphylaxis management procedures. The parents and carers of students who are enrolled at Templestowe Valley PS 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 Templestowe Valley Primary School's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

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

The Principal – or nominee - will ensure that appropriate information is provided to all staff and parents [and students, when appropriate] about anaphylaxis and the school's management of anaphylaxis, including the Emergency Response Policy [Appendix D].

Relevant Policy and management documents will be included on the TVPS Web site.

Raising Student Awareness

It is important that each 'at-risk' child is aware of their own condition. The child's family is responsible for this vital step in the safe management of anaphylaxis.

Class teachers will discuss the topic with students in their grade, including a few simple key messages:

- always take food allergies seriously – severe allergies are no joke
- don't share your food with friends who have food allergies
- wash your hands before (and in some extreme case, after) eating
- know what your friends are allergic to
- if a schoolmate becomes sick, get help immediately
- don't pressure your friends to eat food that they are allergic to
- specific foods to avoid if a student 'at risk of anaphylaxis' is actually IN their grade

In each semester the Code Orange alert drill will be explained and practised in each classroom and in a playground scenario

Raising Parent Awareness

A copy of the School's Anaphylaxis Management Policy will be posted on the TVPS website and a copy provided to every family with an 'at-risk' child.

All families at the school will be advised in writing at the start of the year (via the Newsletter or in an email/note) that specific procedures are to be followed to minimise the risk of exposure to a known allergens. This may include a request that the following items be NOT sent to the School –

- peanut butter in lunches. TVPS is promoted as a PBNaH [Peanut Butter and Nutella at Home] school
- food packaging of risk foods, for example cereal boxes, egg cartons, etc.

A written request [letter/email] will be sent to families who have children in a grade with a child at risk of anaphylaxis. Specific information will be given, including a list of the major sources of allergens, or foods where transfer from one child to another is likely.

Families with children 'at- risk' are made fully aware of the school policy that a child who has been prescribed an EpiPen®/Anapen MUST have the device at school when they are in attendance.

FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

EVALUATION

This policy will be endorsed by School Council on a tri-annual basis.

Proposed amendments to this policy will be discussed with all teaching and classroom based ESO, administration staff, OSHC and Canteen staff, First Aid Officers, Principal Class members and School Council.

REVIEW CYCLE

This policy was last updated on 2/23/2020 and is scheduled for review and endorsement in February of third year (2023).

ENDORSED:

| <i>Role</i> | <i>Name</i> | <i>Signature</i> | <i>Date</i> |
|----------------------------------|-----------------------------|------------------|-------------|
| <i>School Council President:</i> | <i>Christine Gouramanis</i> | | |
| <i>Principal:</i> | <i>Alison Rees</i> | | |
| | | | |

APPENDIX B: STRATEGIES TO MINIMISE RISK OF EXPOSURE TO KNOWN AND NOTIFIED ALLERGENS

TVPS Example

| | | | |
|------------------------|--------------------|-------------------|------------|
| Student's Name: | Fred Valley | | |
| Date of Birth: | 19/11/2012 | Class/Year Level: | 2RC |
| Severe Allergies: | Peanut | | |
| Other Known Allergies: | None | | |

| Risk | Strategies | Person Responsible to implement strategy |
|--|--|---|
| Fred may ingest peanut from foods provided by other parents in their child's lunchbox. | Fred knows to only eat food provided from home and does not share food, water bottles or utensils with other children. | Fred |
| | Students in his class know not to share food with Fred to "keep him safe" | Teacher in charge of class/lesson |
| | Families in the class are informed that a child in their class is allergic to peanut. | Teacher in charge of class/lesson |
| Fred may ingest peanut from food purchased from the Canteen. | Fred knows to only eat foods as ordered or to ask if a food contains peanut. | Fred |
| | Canteen does not serve foods that contain peanut. | Canteen convener Volunteers |
| | Products that "may contain traces of nuts" are not served to Fred. | Canteen staff Volunteers |
| | Fred's name and photo is displayed in the canteen and advises that she is allergic to peanut. | Assistant Principal First Aid Officer |
| | Canteen staff and volunteers are aware of, and take action to prevent, cross contamination. | Canteen convener Volunteers |
| Birthday/celebration treats may contain peanut. | Families in the class are informed that a child in their class is allergic to peanut. | Letter from AP Class teacher |
| | Parent to supply alternative "treats" for Fred. | Parents |
| Cooking/food preparation in curriculum activities may include peanut. | Cooking projects will not include peanuts as ingredients. | Class Teacher |
| "Event" foods (eg Pizza, gelati on Italian Day) may contain peanut. | Order forms for event foods will advise if peanut is present in the food | Teacher in charge of event |
| All staff may not be aware that Fred is allergic to peanut. | A designated staff member will inform casual relief teachers, | Assistant Principal: <ul style="list-style-type: none"> • notes listed in CRT folder |

| | | |
|---|---|--|
| | specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. | ALL staff briefed on 'alert' students: <ul style="list-style-type: none"> at the start of the year and in semester updates and if students/profiles change |
| Fred may have a reaction while playing in the yard during recess or lunch. | <ul style="list-style-type: none"> Yard duty staff are trained in the use of an Epi Pen and are able to identify Fred and know that he is at risk of anaphylaxis. | Assistant Principal leads staff briefing: <ul style="list-style-type: none"> at the start of the year and in semester updates and if students/profiles change |
| | An Epi Pen is easily accessible from the yard, and staff are aware of its exact location. | |
| Fred may be exposed to peanut while on a school excursion. <i>The risks/protocols are included in the excursion specific IAMPlan that is formulated prior to an excursion.</i> | Prior to each excursion an individual risk minimisation plan will be prepared for Fred by the school in consultation with the parents. | Assistant Principal |
| | A School staff member trained in the recognition of anaphylaxis and the administration of the Epi Pen will accompany Fred on all excursions. | ALL TVPS staff are EpiPen trained |
| | All School Staff members present during the excursion will be able to recognise Fred and will be aware that he is at risk of anaphylaxis if exposed to peanut. | Teacher-in-charge |
| Fred may be exposed to peanut while on a school camp. <i>The risks/protocols are included in the camp specific IAMPlan that is formulated prior to Camp.</i> | Prior to each camp an individual risk minimisation plan will be prepared for Fred by the school in consultation with the parents. | Assistant Principal |
| | A School staff member trained in the recognition of anaphylaxis and the administration of the Epi Pen will accompany Fred on all camps. | All TVPS staff trained in administration of EpiPen |
| | All School Staff members present at the camp will be able to recognise Fred and will be aware that she is at risk of anaphylaxis if exposed to peanut. | Teacher-in-charge All staff attending camp |
| | Prior to booking a camp the School will obtain confirmation from the camp that it is safe for anaphylactic students. | Teacher-in-charge |

| | | |
|--|--|---|
| | <p>The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices.</p> | <p>Teacher-in-charge</p> |
| | <p>Fred's Epi Pen, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan and a mobile phone will be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency will be arranged.</p> | <p>Teacher-in-charge Group leader</p> |
| | <p>Families will be asked to not send along food for the bus ride to and from camp.</p> | <p>Teacher-in-charge</p> |