Allergy & Anaphylaxis Management Policy

Relevant to:	**All staff, students, parents, visitors**
Developed by:	**Management Team**
Date of Introduction:	**February 2021**
Date of Most Recent Review:	**Sep 2025**
Date for Review:	**Sep 2027**
Approved:	**TVSS Board Nov 2025**
Resource Documents:	National Allergy Council – School resources https://nationalallergycouncil.org.au/resources-links/schools-and-cec/schools-resources Allergy Aware Best Practice Guidelines https://allergyaware.org.au/schools/best-practice-guidelines-schools
Related Documents:	• Enrolment Policy • Authorisation and Administration of Medication documentation • Risk Assessment Policy and Procedures and documentation • Critical Incident Policy • Death of a Child Policy

Purpose

- To increase safety and provide a supportive environment where students at risk of anaphylaxis can confidently join in school activities.
- To provide a framework to work with parents/guardians of students at risk of anaphylaxis in understanding risks and identifying and implementing appropriate risk minimisation strategies to support the student and help keep them safe.
- To ensure awareness in the school community about their role in managing allergies within the community, including the risk of anaphylaxis and the school's approach to anaphylaxis management.
- To ensure staff know about and understand that allergies can be potentially life-threatening and that they can follow the school's guidelines and procedures in recognising and treating anaphylaxis when it happens.

Background on allergies, anaphylaxis and the broadly accepted national approach for schools

- Anaphylaxis is a severe, life-threatening allergic reaction. Allergies are increasing, with about 1 in 20 Australian children having a food allergy.
- The most common food allergies in children are milk (dairy), egg, peanuts, tree nuts (e.g. cashew, pistachio, almond etc), wheat, soy, sesame, fish and crustacea (shellfish). A smaller number of children have severe allergies to insect bites and stings (particularly bee stings).
- The best way to prevent anaphylaxis in schools is to know which students have been diagnosed with food, medication and insect allergies, and to then put plans in place to help prevent allergic reactions where possible. Communication between the school and parents/guardians is important to help students avoid known allergens. Parents/guardians and school staff need to work together to put procedures in place to reduce risk. These procedures are called risk minimisation strategies.

- The best first line emergency treatment for anaphylaxis can be given by any staff member or volunteer with access to and training in administration of adrenaline (epinephrine) given through an adrenaline injector (EpiPen® or Anapen®) into the muscle of the outer mid-thigh.

Definitions

- *Adrenaline* - A medication that reverses the effects of a severe allergic reaction (anaphylaxis). Adrenaline is a hormone produced naturally by the body however, the body is not able to produce enough adrenaline to treat anaphylaxis.
- *Adrenaline injector* - Adrenaline injectors contain a single, fixed dose of adrenaline, designed for use by anyone, including people who are not medically trained. Some adrenaline injectors (e.g. EpiPen® and Anapen®) are automatic injectors.
- *Adrenaline injector for general use* – An adrenaline injector for first aid kits that has not been prescribed for a specific person.
- *Adrenaline injector trainer devices* – Adrenaline injector trainer devices contain no adrenaline and no needle to allow staff to practise using the device.
- *Allergens* - Substances that can cause an allergic reaction. These include food, insects, some medicines as well as house dust mites, pet dander, pollen and moulds.
- *Allergy* - When the immune system reacts to substances in the environment that are harmless for most people.
- *Anaphylaxis* - The most severe form of allergic reaction. Anaphylaxis is life-threatening and requires prompt administration of adrenaline.
- *ASCIA Action Plan* **-** A standardised response plan for people with allergies that can lead to anaphylaxis. ASCIA Action Plans must be completed by the student's doctor or nurse practitioner. There are different types of plans:
  - ASCIA Action Plan for Anaphylaxis (red) given to people who have been prescribed an adrenaline injector.
  - ASCIA Action Plan for Allergic Reactions (green) given to people with confirmed allergy but who have not been prescribed an adrenaline injector. There is still a small chance their allergic reaction may one day progress to anaphylaxis, so they need to avoid the allergy trigger.
  - ASCIA Action Plan for Drug (Medication) Allergy given to people with confirmed medication allergies. If a person has other allergies, their drug allergy will be documented on their other ASCIA Action Plan so that they don't have two plans. People with medication allergy are very rarely prescribed an adrenaline injector. As the trigger can be avoided more easily than food or insect sting, for example.
  - ASCIA First Aid Plan for Anaphylaxis (orange) for storage with general use adrenaline injectors or for use as a poster.
- *Individualised anaphylaxis care plan* - A plan that documents the student's allergies and risk minimisation strategies to prevent exposure to known allergens and treatment in the event of an allergic reaction including anaphylaxis. It also includes a copy of the student's ASCIA Action Plan.
- *Students at risk of anaphylaxis* - Students with an ASCIA Action Plan for Anaphylaxis (red) or an ASCIA Action Plan for Allergic Reactions (green) or an ASCIA Action Plan for Drug (Medication) Allergy.

The law and who is responsible

- Any staff member who provides emergency treatment to students having anaphylaxis, according to information on the ASCIA Action Plan, are doing what they can to save the life of a student. Fear of someone taking legal action should not stop someone using an adrenaline injector.
- The school will make sure personal information given by parents/guardians is collected, used, shared as needed, stored and destroyed (when no longer needed) according to the relevant Privacy Act in that

state. The school will discuss disclosure of the child's personal information with the parents before the student's ASCIA Action Plan is displayed in public areas at the school.

Knowing which students have allergies

- The school will develop an individualised anaphylaxis care plan for the student.
    - Before enrolment, or
    - as soon as an allergy is diagnosed,
- The student's individualised anaphylaxis care plan will be developed in consultation with the student's parents/guardians and signed by the school and the parent/guardian. The plan will include that the school will display the student's ASCIA Action Plan on the wall in the staff room and other appropriate places (such as a staff only space in the classroom) and share the information in the plan with school staff.
- The student's individualised anaphylaxis care plan will be reviewed annually (at the start of each school year) in consultation with the student's parents/guardians to make sure information is up to date and strategies to reduce risk remain age appropriate.
- The individualised anaphylaxis care plan will also be reviewed when the school is notified by parents that a student's allergies have changed, or after exposure to a known allergen while attending the school or before any special activities (such as excursions, camps) to make sure information is up to date and correct, and any new procedures for the special activity are included.
- Whenever a student at risk of anaphylaxis is enrolled at the school, or newly diagnosed as being at risk of anaphylaxis, all staff will be told:
    - the student's name, year and classroom/classes (primary/secondary school).
    - where the student's ASCIA Action Plan for Allergic Reactions is located (if the student does not have an adrenaline injector).
    - where the student's adrenaline injector and ASCIA Action Plan for Anaphylaxis are located.
- Staff will help students at risk of anaphylaxis feel safe while they are at school by:
    - Talking to the student about signs and symptoms of an allergic reaction so they learn to talk about these symptoms and how to tell staff when they are having an allergic reaction.
    - Taking the student's and their parent's/guardian's concerns seriously.
    - Making every effort to address any concerns/worries they may talk about.
- New, relief and casual staff will be given information about the student's allergies during the orientation process before the student is in their care.

Adrenaline injectors

Prescribed adrenaline injectors

- Students prescribed with an adrenaline injector will be required to make one device available to the school during the school terms. Parents/guardians are responsible for supplying the adrenaline injector and making sure it has not expired.
- Staff will be informed of the location/s of the prescribed adrenaline injectors.
- The student's adrenaline injector (and any other medication) must be labelled with the name of the student and placed in a location easily available to staff (not locked away), when the student with the allergy is at school. The adrenaline injector will be stored at room temperature (not in the fridge) away from direct heat and sunlight.
- A process is in place to make sure prescribed adrenaline injectors and ASCIA Action Plans are taken whenever the child goes to off-site activities.

- A process will be in place to regularly check (each term) that students prescribed adrenaline injectors have not expired and do not need to be replaced. School staff will inform the parents/guardians if the adrenaline injector needs to be replaced (if used or about to expire).

General use adrenaline injectors

- The school will have at least one general use adrenaline injector in the first aid bag for each class for Bush school and other excursions. Staff will be informed of the location/s of the general use adrenaline injector/s.
- The general used adrenaline injector can be used if the student does not have their prescribed adrenaline injector, if their device is not administered correctly, if the student requires a second dose or if a student does not have a prescribed device.
- A process will be in place to regularly check (each term) that general use adrenaline injectors have not expired. General use adrenaline injectors will be replaced before they expire.
- A student (or staff member/school visitor) with no history of anaphylaxis may have their first anaphylaxis whilst at the school. If school staff think a student/staff member/school visitor may be having anaphylaxis, the general use adrenaline injector will be given to the individual immediately, and an ambulance called. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan including calling an ambulance.

Staff training

- All staff will be trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline injectors as this is considered best practice. ASCIA anaphylaxis refresher e-training will be undertaken every year and every 3 years, full anaphylaxis training will be included in the staff full first aid.
- Twice yearly, all staff will have hand on practise with the training devices. The school will have adrenaline injector trainer devices available.
- A staff training register will be kept.

Planned emergency procedures

- Signs and symptoms of an allergic reaction to food usually occur within 20 minutes and up to two hours after eating the food allergen. Severe allergic reactions/anaphylaxis to insects usually happen within minutes of the insect sting or bite.
  - Where it is known that a student has been exposed to whatever they are allergic to, but has not developed symptoms, the student's parents/guardians will be contacted and asked to come and collect their child.
  - The school will carefully monitor the student following instructions on the ASCIA Action Plan until the parents/guardians arrive.
  - Staff should be prepared to take immediate action following instructions on the ASCIA Action Plan should the student begin to develop allergic symptoms.
- Anaphylaxis emergency response will always include transport by ambulance (where possible) for medical monitoring (a hospital where possible), as the student needs medical care and observation for at least four hours after being given the adrenaline injector.
- Anaphylaxis emergency response drills (like a fire drill) will be practised and assessed twice a year to make sure staff understand the anaphylaxis emergency procedure and know what to do.
- After an allergic reaction/anaphylaxis, the individualised anaphylaxis care plan will be reviewed to determine if the school's risk minimisation strategies and emergency response procedures need to be changed/improved.

Risk minimisation strategies

- Strategies used to reduce the risk of allergic reactions, including anaphylaxis, for individual students will depend on what the student is allergic to and the developmental stage of the student.
- Wherever possible, the school will reduce exposure to known allergens.
- The following risk minimisation strategies will be implemented:
    - Food brought from home
        - Foods will not be banned, but an allergy aware focus is implemented
        - Where a student is too young to manage their own exposure to allergens, an allergen-restricted zone for that allergen will be created for their class and any surrounding classes who they occasionally or regularly eat together with.
        - If a student brings an allergenic food to the allergen restricted zone, it will be placed back in their bag without consumption and a reminder message will be sent to their family.
        - Students are not permitted to share foods and this is enforced during supervised eating breaks
        - Teachers will communicate in an age appropriate way, and without identifying the student unless the parents/student has requested this, about understanding food allergies, that people need to eat different foods based on their bodies response to the food, and how to look after others.
    - Mealtimes:
        - Handwashing before meals is encouraged for all students at every meal
        - Handwashing after meals is encouraged if there is any concern about exposure to an allergen. This includes breakfast which parents are reminded to wash faces and hands before coming to school.
        - Food, utensils and containers are not shared
        - Eating breaks are supervised for all students
        - Shared foods will also not contain the allergen, teachers will not cook with any allergen containing products in the allergen-restricted zones, and families will not be able to send any shared foods to school that contain the allergen.
    - Indoor and outdoor educational activities
        - Educational activities will not use any allergen containing items.
        - Care will be taken with using recycled products to ensure they do not contain the allergen
        - While outside, on excursion or camps, consideration will be given in the risk assessment to any points at which there may be exposure to the allergen and management protocols will be put in place
    - Special events
        - Occasionally, there is shared foods at special events that the school facilitates, food labelling will be required for all shared foods, and the allergen restricted zone will still apply
    - Medications, creams etc
        - All first aid items will be reviewed before purchase to assess whether they contain any allergens, and purchase will be avoided if so.

Peer education

- In line with what is considered developmentally appropriate in the school's pedagogical understanding of child development, staff will educate students about allergies and the risk of anaphylaxis, including signs and symptoms of an allergic reaction and what to do if they think their friend is having an allergic reaction.
- Considering each student's development, staff will talk about strategies to help keep students with food allergy safe, such as students not sharing food, drinking from their own water bottle and washing their hands after they have eaten something that their classmate is allergic to.

- Staff will include information and discussions about food allergies in the programs they develop, to help students understand about food allergy and to encourage caring, acceptance and inclusion of students with food allergies.

Reporting procedures

- If a student is exposed to a known allergen, an Accident Report will be completed. A copy of the completed form will be kept in the student's file. The Principal will inform staff about the incident. Any other state or national reporting requirements will be undertaken.
- If a student has had an allergic reaction to a packaged food or to a meal provided by the school such as the canteen or camp provider, this will be reported to the local food authority for investigation. If the reaction is to a food sent from home, it is the parent's responsibility to report the reaction.
- Staff will be offered a debrief after each incident. An emergency can cause staff and other students distress especially if the event was life-threatening. Help should be provided to staff and students as needed. The student's individualised anaphylaxis care plan will be reviewed to identify if further risk minimisation strategies are needed, or some strategies need to be adapted. It is important to understand what went wrong, to learn from each incident and to put plans in place to help prevent the same accident from happening again.