

VERMONT PRIMARY SCHOOL AND KINDERGARTEN

ANAPHYLAXIS MANAGEMENT POLICY



VERMONT
PRIMARY
SCHOOL

Learning For Our Future



Help for non-English speakers

If you need help to understand the information in this policy, please contact the school office on 9874 2511 or email vermont.ps@education.vic.gov.au

PURPOSE

To explain to Vermont Primary School and Kindergarten 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 Vermont Primary School and Kindergarten 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

Vermont Primary School and Kindergarten 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 medications.

Symptoms

Signs and symptoms of a mild to moderate allergic reactions 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

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes and last for up to 24 hours.

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 Vermont Primary School and Kindergarten who are diagnosed as being at risk of suffering from an anaphylactic reaction by a medical practitioner must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal (or representative) of Vermont Primary School and Kindergarten 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 Vermont Primary School and Kindergarten 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. (We have these replaced when review dates arise.)
- 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 the school with a current adrenaline autoinjector for the student that is not expired and resupply as required.
- Participate in annual reviews of the student's Plan.

A current school photo can be used or Parents can provide a 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.

Each student's Individual Anaphylaxis Management Plan must include:

- Information about the student's medical condition that relates to allergy 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 Plans

A student's Individual Anaphylaxis 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:

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Due for Review March 2026

- As soon as practicable after the student has an anaphylactic reaction at school.
- If the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes.
- When the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified increase in the student's potential risk of exposure to allergens at school.

Location of plans and adrenaline autoinjectors

- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the main Office together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.
- The school autoinjectors will be located in the First Aid bags and Camp First Aid boxes stored in the Sick Bay, these will also be in the unlocked cupboard in the office.
- A copy of the ASCIA plan for all students with an allergy or anaphylaxis will be kept in the following locations:
 - Staff Room display wall.
 - Each classroom will have a CRT folder with the class and year level plans.
 - Each classroom, Sick Bay and office area will have a Medical Alert Display Booklet.

Risk Minimisation Strategies

- Vermont Primary School and Kindergarten Staff are regularly reminded that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The development and implementation of appropriate prevention strategies to minimise the risk of incidents of anaphylaxis is an important step to be taken by School Staff when trying to satisfy this duty of care.
- Vermont Primary School and Kindergarten implements the following Risk Minimisation and Prevention Strategies for all relevant in-school and out-of-school settings which include (but not limited to) the following:

Setting	Consideration
Classroom Activities	<ul style="list-style-type: none"> • Located in each classroom is a CRT folder, which contains copies of student ASCIA Action Plans for that level. Specialists have plans for all students, classroom have students in their class and the year level. • Liaise with parents/guardians about food related activities ahead of time. • Use alternative to food treats in classrooms. • Never give food from outside sources to a student who is at risk of anaphylaxis, except checked by staff and approved by parents. • Be aware of the possibility of 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 relief teachers and specialist teachers should be provided with a copy of the CRT folder, which contains copies of all student ASCIA Action Plans for that class and year level. All CRT Staff are required to have current Anaphylaxis training and be familiar with Vermont Primary School and Kindergarten's Anaphylaxis Policy and Procedures. • Allow student adequate time to eat in class. • Provide designated outside eating areas – when having to eat outside the classroom.
External Food Providers	<ul style="list-style-type: none"> • External/contracted food service provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. <p>Refer to: 'Safe Food handling' in the School Policy and Advisory Guide available at: http://www.education.vic.gov.au/schools/principals/spag/governance/pages/foodhandling.aspx</p>

	<ul style="list-style-type: none"> Resources: http://www.allergyfacts.org.au/component/virtuemart/ Vermont Primary School and Kindergarten Council will monitor the menu from external providers, such as Subway, Classroom Cuisine and TK Tuckshop to ensure that a healthy range of meals/products that exclude peanut or other nut products in the ingredients list or a 'may contain' statement.
Yard	<ul style="list-style-type: none"> Each student's Individual ASCIA Action Plan and Adrenaline Autoinjector, are easily accessible to staff in/from the yard. That staff are aware of the exact location of the Adrenaline Autoinjectors for each child (Office). All staff on yard duty must be aware of the School's Emergency Response procedures and how to notify the Office/first aid duty staff of an anaphylactic reaction in the playground. Yard Duty staff must be able to identify, by face, those students at risk of anaphylaxis. Keep outdoor bins covered. Only allow students to eat in dedicated area.
On-site special events, eg. sporting events, in school activities, class parties	<ul style="list-style-type: none"> For special occasions, School Staff should consult Parents/Guardians in advance to either develop an alternative food menu or request the Parents/Guardians to send a meal for the student. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with and accompanying staff member/adult. Party balloons should not be used if a student is allergic to latex. Latex swimming caps should not be used by a student who is allergic to latex. Staff must know where the Adrenaline Autoinjector is located (Office) and how to access if it required. Staff should avoid using food in activities or games, including rewards. For sporting events, it may be appropriate to take the student's Adrenaline Autoinjector to the oval. If the weather is warm, the Autoinjector should be stored in an insulated pouch to protect it from the heat.
Off-site school events	<ul style="list-style-type: none"> The student's Adrenaline Autoinjector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions. One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis. Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required). 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. Consider the potential exposure to allergens when consuming food on buses. Vermont Primary School and Kindergarten students are instructed not to consume food on buses. When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers. Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies. Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals. Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts. Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided.

	<ul style="list-style-type: none"> • The student's Adrenaline Autoinjector and ASCIA Action Plan and a mobile phone must be taken on camp. Ensure at camp there is mobile phone reception, otherwise satellite phone is to be taken. • A team of staff who have been trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis. • Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • Be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp. Know approximate time that it would take ambulance to reach camp if needed. • 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 school first aid kit, although schools can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own Adrenaline Autoinjector. • The student with allergies to insect venoms should always wear closed shoes when outdoors and avoid areas where these insects are seen/located.. • Cooking and art and craft games should not involve the use of known allergens. • Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins. • No eating on transport and in cabins. • Parents requested to provide second Adrenaline Autoinjector (EpiPen®) from home for all camps. • Students with allergies will not clean up after meals due to potential for exposure to allergen
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Adrenaline autoinjectors for general use

Vermont Primary School and Kindergarten will maintain a supply of 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 at Sick Bay / Office / Backpack 1 and 2 and labelled "general use" and Backpacks 3 and 4 at OSHC.

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

- The number of students enrolled at Example School at risk of anaphylaxis.
- The accessibility of adrenaline auto-injectors supplied by parents.
- The availability of a sufficient supply of auto-adrenaline injectors for general use in different locations at the school, as well as at camps, excursions and events.
- The limited life span of adrenaline auto-injectors, and the need for general use adrenaline auto-injectors to be replaced when used or prior to expiry.
- The weight of the student at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase. Students >20kgs to use Adult adrenaline autoinjectors according to the ASCIA Association and as shown on Anaphylaxis plans.

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 First Aid Leader and stored at Sick Bay and displayed in rooms in the Medical Booklets. 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
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 at the Main Office. • 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.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <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 <p>Administer an Anapen</p> <ul style="list-style-type: none"> • Pull off black need shield (grey needle cover will be removed at the same time.) • Pull off grey safety cap from red button • Place needle in firmly of outer mid-thigh, at a 90 degree angle (with or without layer of clothing) • Press red button so it clicks and holds for 3 seconds • Remove Anapen
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.

School can use either the EpiPen and Anapen on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

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](#).

Communication Plan

This policy will be available on Vermont Primary School and Kindergarten's website so that parents and other members of the school community can easily access information about Vermont's anaphylaxis management procedures. The parents and carers of students who are enrolled at Vermont Primary School and Kindergarten and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

Approved by Principal March 2025

Due for Review March 2026

The Principal or representative is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Vermont Primary School and Kindergarten 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 or representative is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

Staff Training

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

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes, 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.

Vermont Primary School and Kindergarten uses the following training course ASCIA eTraining course (with 22303VIC, or 22300VIC or 10313NAT).

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 12 months, including First Aid Leader. Each briefing will address:

- This policy.
- The causes, symptoms and treatment of anaphylaxis.
- The identities of students with a medical condition that relates to allergy 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 Vermont Primary School and Kindergarten who is at risk of anaphylaxis, the principal or representative 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.

A record of staff training courses and briefings will be maintained by First Aid Officer

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.

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](#)
- VPS First Aid Policy
- VPS Asthma Policy
- VPS Camps and Excursion Policy

POLICY REVIEW AND APPROVAL:

Policy last reviewed	February 2025
Consultation	Principal First Aid officer
Approved by	Principal February 2025
Next scheduled review date	February 2026

This policy will be reviewed in accordance with DET guidelines. The principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.