

# MELBOURNE HIGH SCHOOL

## ALLERGY and ANAPHYLAXIS POLICY



### Help for non-English speakers

If you need help to understand the information in this policy please contact the school on 98260711

### PURPOSE

To explain to Melbourne High 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 Melbourne High 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

Melbourne High School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

#### *What are Allergies?*

Allergies occur when a person's immune system reacts to substances in the environment that are harmless for most people. This results in the production of antibodies.

#### *What is an Allergic Reaction?*

An allergic reaction occurs when someone develops symptoms following exposure to an allergen, such as hives, swelling of the lips, face or eyes, vomiting or wheeze. Only some people with allergy antibodies will develop symptoms following exposure to the allergen. Allergic reactions range from mild to severe. Anaphylaxis is the most severe form of allergic reaction.

Almost 20% of the population has an allergic disease and the prevalence is increasing. Hospital admissions for Anaphylaxis have increased 4-fold in the last 20 years. Food induced Anaphylaxis has doubled in the last 10 years and 10% of infants will have an immediate food allergy.

#### *Allergies and Anaphylaxis at Melbourne High School*

Melbourne High School currently has 31 students who have Anaphylaxis. This number has increased over the past 10 years and is expected to continue to grow.

## 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 can start within minutes of exposure to the allergen, however sometimes may take up to two hours to develop. Progress of the reaction can be very rapid. **Anaphylaxis is potentially life threatening and must ALWAYS be treated as a medical emergency.** Anaphylaxis involves the respiratory system and/or cardiovascular system, however, skin and gastrointestinal symptoms may (but not always) occur.

### *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.

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

### *Triggers of Allergies and Anaphylaxis*

The most common causes of allergic reaction in Australia are- food, insect stings, medicine, dust mites, pollen, animals, moulds and latex. Whilst egg and milk are common food allergies, peanut allergy is the most common cause of deaths from food-induced anaphylaxis. Peanut allergy is increasingly common, particularly in children (rates have doubled in the past 10 years) and is now seen in approximately 1 in 30 children and on in 200 adults.

### *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 with a diagnosis of allergy or anaphylaxis must have either one of the following plans – *Action Plan for Allergies – mild to moderate (where there is no Epipen)* or an *ASCIA Action Plan for Anaphylaxis for use with an Epipen; An ASCIA Action Plan for Anaphylaxis for use with an Anapen; or An ASCIA Action Plan for Anaphylaxis for use with an adrenaline (epinephrine) injector.*

When notified of an anaphylaxis diagnosis, the School Nurse of Melbourne High School 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 Melbourne High School 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 ASCIA Plan does not expire, however the expectation is the photo of the student on the plan will be updated yearly plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction (in consultation with the GP)
- 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 and significant increase in the student’s potential risk of exposure to allergens at school.

### Location of plans and adrenaline autoinjectors

Students with Anaphylaxis are required to keep an adrenaline injector i.e.an EpiPen or Anapen at school in the Health Centre. Adrenaline Injectors are stored in the Red Emergency ID Pouches (which are owned by MHS) and are located on the wall in the Health Centre above the nurse’s desk (see photo below).



Figure 1. Red emergency ID pouches on the wall of the Health Centre

A copy of each student’s Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the Health Centre, together with the student’s adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student’s name.

### Adrenaline autoinjectors for general use

Melbourne High School will maintain a supply of adrenaline autoinjectors 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 on the *Emergency Management Wall* at the Health Centre and labelled “general use”. Generic adrenaline injectors are also located in the – Library, Front Reception, The Sports Office, T39 Wellbeing



Figure 2. Emergency health management wall with generic epipen

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

- the number of students enrolled at Example 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
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

### *Recording Adrenaline Injectors*

The recording of batch numbers and expiry dates of Epipen's is with Epiclub. The recording of batch numbers and expiry dates of Anapens is with the Anapen Pharmaprogram. The school nurse receives reminder emails when the adrenaline injectors are about to expire and in turn the school nurse alerts families a new adrenaline injector is required for school.

### **Risk Minimisation Strategies**

*To reduce the risk of a student suffering from an anaphylactic reaction at Example School, we have put in place the following strategies:*

- *staff and students are regularly reminded to wash their hands after eating;*
- *students are discouraged from sharing food*
- *gloves must be worn when picking up papers or rubbish in the playground;*
- *school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination*
- *year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays*
- *a general use adrenaline autoinjector will be stored at the school Health Centre*
- *Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.*

### **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 School Nurse] and stored in the Health Centre. 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"> <li>• Lay the person flat (or have the student seated up right on a chair as this encourages them to expand their lungs when taking a breath)</li> <li>• Seek first aid assistance from the School Nurse</li> <li>• Do not allow them to stand or walk</li> <li>• If breathing is difficult, allow them to sit</li> <li>• Be calm and reassuring</li> <li>• Do not leave them alone</li> <li>• 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 Health Centre</li> <li>• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li> </ul>
2.	<p>Administer an EpiPen or EpiPen Jr</p> <ul style="list-style-type: none"> <li>• Remove from plastic container</li> <li>• Form a fist around the EpiPen and pull off the blue safety release (cap)</li> <li>• Place orange end against the student's outer mid-thigh (with or without clothing)</li> <li>• Push down hard until a click is heard or felt and hold in place for 3 seconds</li> <li>• Remove EpiPen</li> <li>• Note the time the EpiPen is administered</li> <li>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul> <p><b>OR</b></p> <p>Administer an Anapen<sup>®</sup> 500, Anapen<sup>®</sup> 300, or Anapen<sup>®</sup> Jr.</p> <ul style="list-style-type: none"> <li>• Pull off the black needle shield</li> <li>• Pull off grey safety cap (from the red button)</li> <li>• Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)</li> <li>• Press red button so it clicks and hold for 10 seconds</li> <li>• Remove Anapen<sup>®</sup></li> <li>• Note the time the Anapen is administered</li> <li>• Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</li> </ul>
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.

Schools can use either the EpiPen<sup>®</sup> and Anapen<sup>®</sup> 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.

## Communication Plan

### *Anaphylaxis in Schools- Ministerial Order*

This policy will be available on Melbourne High School's website and Student Management System, *Compass*, so that parents and other members of the school community can easily access information about Example School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Melbourne High School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal 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, 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.

Example School uses the following training courses, ASCIA eTraining course (with 22579VIC, or 22578VIC or 10710 NAT or the School Skills Set (with 22579VIC, or 22578VIC or 10710 NAT).

In Victoria, the management of Anaphylaxis in Schools is governed by Ministerial order 706 through the Department of Education and The Victorian Government. According to the order, ALL staff in a school setting (including support staff, canteen staff casual relief staff and volunteers) are to have a bi-annual anaphylaxis briefings given by the school's appointed Anaphylaxis Supervisors. Melbourne High School's Supervisors are Lisa Delahunty and Joshua Slocombe. Briefings occur Term 1 and Term 3 during staff meetings. The order also says that ALL staff are also required to have Anaphylaxis Management training. Staff now have a choice as to how they wish to be trained – face to face or online.

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.

At Melbourne High School, we are working to comply with the departments requirements\* for anaphylaxis management. Currently we have over 70 staff fully trained in Anaphylaxis. It is the schools endeavour to have *all* staff trained in anaphylaxis management either through the stand alone anaphylaxis course or through the school's skills set.

When a new student enrolls at Melbourne High School who is at risk of anaphylaxis, the School Nurse 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 the School Nurse and included on the school's online Emergency Management Plan.

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

- The Department's Policy and Advisory Library (PAL):
  - [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

#### POLICY REVIEW AND APPROVAL

Policy last reviewed	July 2022
Approved by	Principal – Dr Tony Mordini
Next scheduled review date	July 2026

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.