ANAPHYLAXIS MANAGEMENT POLICY

Ministerial Order 706- Anaphylaxis Management in Schools

Rationale
The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Purpose
The purpose of this policy is:

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks
- To develop risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

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

School Statement
Our Lady of Assumption Catholic Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

Implementation

A. Individual Anaphylaxis Management Plans (Appendix A)

The principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrols and where possible before their first day of school.

The Individual Anaphylaxis Management Plan will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has and 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, for in-school and out-of-school settings 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 on 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.

School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan as required.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents in all of the following circumstances:

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

It is the responsibility of the parents to:

- obtain the 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 change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant 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 an adrenaline autoinjector that is current (ie the device has not expired) for their child
- participate in annual reviews of their child's Plan.

B. Risk Minimisation strategies

Statistics show that peanuts and nuts are the most common trigger for an anaphylactic reaction and fatality due to food anaphylaxis. To minimise the risk of a first time reaction to peanuts and nuts, Our Lady of Assumption Catholic Primary School will carefully consider the use of peanuts, nuts, peanut butter or other peanut or nut products during in-school and out-of-school activities. It is recommended that school activities don't place pressure on student to try foods, whether they contain a known allergen or not.

School Staff are 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 undertaken by School Staff when trying to satisfy this duty of care.

Classrooms:

1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan for Anaphylaxis is easily accessible even if the adrenaline autoinjector is kept in another location.
2. Liaise with parents about food-related activities well ahead of time.
3. Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Alternative treat boxes should be clearly labelled and only handled by the student.
4. Never give food from outside sources to a student who is at risk of anaphylaxis.

5. Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
7. Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9. Children with food allergy need special care when doing food technology. An appointment should be organised with the student's parents prior to the student undertaking this subject. Helpful information is available at: www.allergyfacts.org.au/images/pdf/foodtech.pdf
10. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
11. Deputy Principal will inform casual relief teachers, 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. ie seeking a trained staff member.

Canteens

1. Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to:

   'Safe Food Handling' in the School Policy and Advisory Guide at:
   www.education.vic.gov.au/school/principals/spag/governance/pages/foodha ndling.aspx

   Helpful resources for food services available at: www.allergyfacts.org.au
2. Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the principal determines in accordance with clause 12.1.2 of the Order, these individual have up to date training in an anaphylaxis management training course as soon as practical after a student enrols.
3. Display the student's name and photo in the canteen as a reminder to School Staff.
4. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5. Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6. Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7. Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
8. Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Yard:

1. If a School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the adrenaline autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
2. The adrenaline autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes).
3. Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, and walkie talkies. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5. Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6. Keep lawns and clover mowed and outdoor bins covered.
7. Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)

1. If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2. School Staff should avoid using food in activities or games, including as rewards.
3. For special occasions, School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
4. Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.
5. Party balloons should not be used if any student is allergic to latex.
6. If students from other schools are participating in an event at your school, consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. Agree on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host and visiting school.

   Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them to events outside their own school.

Travel to and from school by school bus:

1. School staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from school on the bus. This includes the availability and administration of an adrenaline autoinjector. The adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this child is deemed too young to carry an adrenaline autoinjector on their person at school.

Field trips/excursions/sporting events:

1. If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2. A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3. School Staff should avoid using food in activities or games, including as rewards.
4. The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and School Staff must be aware of their exact location.
5. For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
   All School Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
6. The School should consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required).
7. Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis.
8. Prior to the excursion taking place School Staff should consult with the student's Parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.
9. If the field trip, excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear.

Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to events being held at other schools.

Camps and remote settings

1. Prior to engaging a camp owner/operator's services the School should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider.
2. The camp cook should be able to demonstrate satisfactory training in food allergen management 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.
3. Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4. Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5. School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. **If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to**

be undertaken in order for the school to adequately discharge its non-delegable duty of care.

6. If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
7. Use of substances containing allergens should be avoided where possible.
8. Camps should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
   If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.
9. Prior to the camp taking place school staff should consult with the student's parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
10. The student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone **must** be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
    All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
11. Contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
12. It is strongly recommended that schools take an adrenaline autoinjector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
13. Schools should consider purchasing an adrenaline autoinjector for general use to be kept in the first aid kit and include this as part of the emergency response procedures.
14. Each student's adrenaline autoinjector should remain close to the student and school staff must be aware of its location at all times.
15. The adrenaline autoinjector should be carried in the school first aid kit; however, schools can consider allowing students, particularly adolescents, to carry their adrenaline autoinjector on camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own adrenaline autoinjector.
16. Students with allergies to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
17. Cooking and art and craft games should not involve the use of known allergens.
18. Consider the potential exposure to allergens when consuming food on buses and in cabins.

C. School Management and Emergency Response

A complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction is kept in the Office and First Aid Room in an Anaphylaxis Register.

Individual Anaphylaxis Management Plans and ASCIA Action Plans are located:

- in each respective classroom – teachers work program & class information folder;
- in the First Aid Room mounted on the wall (ASCIA Action Plan including current photo);

- in the Canteen mounted on the wall (ASCIA Action Plan including current photo);
- in the Administration Office – Medical Records Folder
- on excursions – with classroom teacher
- on school camps – with First Aid kit
- at special events conducted, organised or attended by the school – with classroom teacher

Adrenaline autoinjectors are stored in an insulated bag in the First Aid Room and mounted on wall allowing for easy identification and access. These also contain the Individual Anaphylaxis Management Plans and ASCIA Action Plans

The Emergency Response Plan (Appendix B) outlines the procedures to be followed in responding to an anaphylactic emergency and the communication procedures with staff, students and parents.

Self-administration of the adrenaline autoinjector

The decision as to whether a student can carry their own adrenaline autoinjector should be made when developing the student's Individual Anaphylaxis Management Plan, in consultation with the student, the student's parents and the student's medical practitioner.

It is important to note that students who could ordinarily self-administer their adrenaline autoinjector may sometimes not physically be able to self-administer due to the effects of a reaction. In these circumstances, school staff must administer an adrenaline autoinjector to the student, as part of discharging their duty of care to that student.

If a student self-administers an adrenaline autoinjector, one member of the school staff should supervise and monitor the student at all times, and another member of the school staff should immediately contact an ambulance (on emergency number 000).

If a student carries their own adrenaline autoinjector, it may be prudent to keep a second adrenaline autoinjector (provided by the parent) on-site in an easily accessible, unlocked location that is known to all school staff.

First-time reactions

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, the school staff should follow the school's first aid procedures.

This should include immediately:

- locating and administering an adrenaline autoinjector for general use
- following instructions on the ASCIA Action Plan for Anaphylaxis general use (which should be stored with the general use adrenaline autoinjector) followed by calling the ambulance (000). **Post-incident support** An anaphylactic reaction can be a very traumatic experience for the student, staff, parents, students and others witnessing the reaction. In the event of an anaphylactic reaction, students and school staff may benefit from post-incident counselling, provided by the school nurse, guidance officer, student welfare coordinator or school psychologist.

Post-incident support

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and Parents. In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident counselling, provided by the school nurse, guidance officer, student welfare coordinator or School psychologist.

Review

After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision, it is important that the following review processes take place.

1. The adrenaline autoinjector must be replaced by the parent as soon as possible.
2. In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector being provided.
3. If the adrenaline autoinjector for general use has been used this should be replaced as soon as possible.
4. In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector for general use being provided.
5. The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents.
6. The School's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.

D. Adrenaline Autoinjectors for General Use

The principal of the school is responsible for arranging the purchase of additional adrenaline autoinjector(s) for general use, as a back-up to adrenaline autoinjectors supplied by parents of students who have been diagnosed as being at risk of anaphylaxis.

In doing so, the principal should take into account the following relevant considerations:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis
- the availability and sufficient supply of adrenaline autoinjectors for general use in specified locations at the school including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school
- the adrenaline autoinjectors for general use have a limited life, and will usually expire within 12-18 months, and will need to be replaced at the school's expense either at the time of use or expiry, whichever is first
- the expiry date of adrenaline autoinjectors should be checked regularly to ensure they are ready for use.

The additional adrenaline autoinjector(s) for general use can also be used when:

- a student's prescribed adrenaline autoinjector does not work, is misplaced, out of date or has already been used
- a student is having a suspected first time anaphylactic reaction and does not have a medical diagnosis for anaphylaxis
- when instructed by a medical officer after calling 000.

The principal will need to determine the **type** of adrenaline autoinjector to purchase for general use. In doing so, it is important to note the following:

- currently the only adrenaline autoinjector available in Australia is EpiPen®
- children under 20 kilograms are prescribed a smaller dosage of adrenaline, through an EpiPen® Jr
- adrenaline autoinjectors are designed so that anyone can use them in an emergency.

E. Communication Plan

The Principal of a School is responsible for ensuring that a Communication Plan is developed to provide information to all School Staff, students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy.

The school's Staff Handbook is updated each year and is given to all staff at the beginning of the year. The Staff Handbook contains:

- Anaphylaxis Management Policy & Emergency Response Procedures
- First Aid Policy
- Medication Policy
- Parent Handbook

The Emergency Response Procedures outlines strategies for School Staff, students and Parents about how to respond to an anaphylactic reaction of a student in various environments including:

- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
- during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the School.

The Class Information Folders provides information and related procedures for all casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.
The Deputy Principal or other delegated staff member will be responsible for ensuring that all casual relief staff have access to the Class Information Folders and are briefed on their role and responsibilities.

Classroom teachers will be responsible for ensuring that all volunteers of students with a medical condition that relates to allergy and the potential for anaphylactic reaction are informed of their role in responding to an anaphylactic reaction by a student in their care.

It is the responsibility of the Principal of the School to ensure that relevant School Staff are:

- trained; and
- briefed at least twice per calendar year.

Raising student awareness

Peer support is an important element of support for students at risk of anaphylaxis.
School Staff can raise awareness in School through fact sheets or posters displayed in hallways, canteens and classrooms. Class teachers can discuss the topic with students in class, and through SRC meetings with a few simple key messages, outlined in the following:

Student messages about anaphylaxis

1. Always take food allergies seriously – severe allergies are no joke.
2. Don't share your food with friends who have food allergies.
3. Wash your hands after eating.
4. Know what your friends are allergic to.
5. If a school friend becomes sick, get help immediately even if the friend does not want to.

6. Be respectful of a school friend's adrenaline autoinjector.
7. Don't pressure your friends to eat food that they are allergic to.

Source: Be a MATE kit, published by Anaphylaxis & Allergy Australia.

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis must be treated as a serious and dangerous incident and dealt with in line with the School's anti-bullying policy.
Schools can refer to the Bully Stoppers website, an anti-bullying resource for ideas and strategies for dealing with bullying situations.

Further information about Bully Stoppers is available at:
http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx

Work with Parents

Schools should be aware that Parents of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to School. It is important to develop an open and cooperative relationship with them so that they can feel confident that appropriate management strategies are in place.

Aside from implementing practical prevention strategies in Schools, the anxiety that Parents and students may feel can be considerably reduced by regular communication and increased education, awareness and support from the school community.

Raising school community awareness

Schools are encouraged to raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. This can be done by providing information in the school newsletter, on the school website, at assemblies or parent information sessions.

Parent Information Sheets that promote greater awareness of severe allergies can be downloaded from the Royal Children's Hospital website at: www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/

E. Staff Training

The following School Staff will be appropriately trained:

- School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any further School Staff that are determined by the Principal.

The identified School Staff will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior; and
- participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
    - the School's Anaphylaxis Management Policy;
    - the causes, symptoms and treatment of anaphylaxis;
    - the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;

- how to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector device;
- the School's general first aid and emergency response procedures; and
- the location of, and access to, adrenaline autoinjector that have been provided by Parents or purchased by the School for general use.

The briefing must be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrols, and preferably before the student's first day at School.

The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

E. Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

Note: A template of the Risk Management Checklist can be found at Appendix G of the Anaphylaxis Guidelines for Victorian Schools or the Department's website:
http://www.education.vic.gov.au/Documents/school/teachers/health/anaphylaxisguidelines.docx

Resources

- Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian Schools
- Australasian Society of Clinical Immunology and Allergy (ASCIA) (http://www.allergy.org.au/)
- ASCIA Guidelines for prevention of food anaphylactic reactions in schools, preschools and childcare centres (http://www.allergy.org.au/pospapers/anaphylaxis.htm)

Evaluation

- Guidelines to be presented to staff at the start of every year and are included in the Staff Handbook.
- Policy reviewed every 3 years as part of the Curriculum Review cycle

Ratification

This policy was last ratified by Our Lady of Assumption School Advisory Council in September 2017

APPENDIX A: Individual Anaphylaxis Management Plan

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (**ASCIA Action Plan for Anaphylaxis**) provided by the parent.

It is the parent's responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		**Phone**	
Student			
DOB		**Year level**	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		**Name**	
Relationship		**Relationship**	
Home phone		**Home phone**	
Work phone		**Work phone**	
Mobile		**Mobile**	
Address		**Address**	

EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		**Name**	
Relationship		**Relationship**	
Home phone		**Home phone**	
Work phone		**Work phone**	
Mobile		**Mobile**	
Address		**Address**	
Medical practitioner contact	**Name**		
	Phone		

Emergency care to be provided at school	
Storage location for adrenaline autoinjector (device specific) (EpiPen®)	
ENVIRONMENT	
To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.	
Name of environment/area:	

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	**Actions required to minimise the risk**	**Who is responsible?**	**Completion date?**

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	

I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

Signature of principal (or nominee):	
Date:	

ASCIA Action Plan for Anaphylaxis (personal) for use with **EpiPen 2017**

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____
Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):

_____
_____

Work Ph: _____
Home Ph: _____
Mobile Ph: _____
Plan prepared by medical or nurse practitioner:

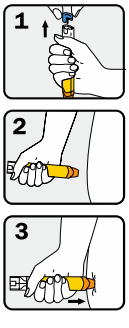
_____

I hereby authorise medications specified on this plan to be administered according to the plan

Signed:

_____
Date: _____
Action Plan due for review: _____

How to give EpiPen®



1. Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE
2. Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)
3. PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds
   REMOVE EpiPen®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

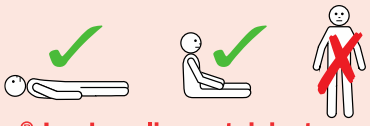
Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- **Difficult/noisy breathing**
- **Swelling of tongue**
- **Swelling/tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking and/or hoarse voice**
- **Persistent dizziness or collapse**
- **Pale and floppy (young children)**

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk
- **If unconscious, place in recovery position**
- **If breathing is difficult allow them to sit**



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector
3 Phone ambulance - 000 (AU) or 111 (NZ)
4 Phone family/emergency contact
5 Further adrenaline doses may be given if no response after 5 minutes
6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

APPENDIX B: Emergency Response Procedures for Anaphylaxis

A member of the school staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan for Anaphylaxis:

'Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.'

Another member of the school staff should immediately locate the student's adrenaline autoinjector and the student's ASCIA Action Plan for Anaphylaxis.

The adrenaline autoinjector should then be administered following the instructions in the student's ASCIA Action Plan for Anaphylaxis. Where possible, only school staff with training in the administration of an adrenaline autoinjector should administer the student's adrenaline autoinjector. However, it is imperative that an adrenaline autoinjector is administered as soon as signs of anaphylaxis are recognised. If required, the adrenaline autoinjector can be administered by any person following the instructions in the student's ASCIA Action Plan for Anaphylaxis.

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by). The ambulance should transport the student by stretcher to the ambulance, even if symptoms appear to have improved or resolved. The student must be taken to the ambulance on a stretcher if adrenaline has been administered.

In the school environment

- Classrooms – staff will use classroom phones/personal mobile phones to raise the alarm that a reaction has occurred. Staff will also utilise an emergency card system (laminated card stating anaphylaxis emergency), whereby students go to the nearest teacher, office or other predetermined point to raise an alarm which triggers getting an adrenaline autoinjector to the child and other emergency response protocols, where appropriate.

- Yard - Staff will use the emergency card system (laminated card stating anaphylaxis emergency), whereby students go to the office, first aid room or the staff room to raise an alarm which triggers getting an adrenaline autoinjector to the child and other emergency response protocols, where appropriate.

- Staff on First Aid duty will respond and bring an Adrenaline Autoinjector to student
- Administration staff will call an ambulance and nominate a staff member to wait for ambulance at a designated school entrance.
- Administration staff will contact parents
- a second adrenaline autoinjector will be sent to the emergency just in case a further device is required to be administered (this may be the school adrenaline autoinjector for general use or the family purchased device).

- If insufficient staff are available then a 'CODE BLUE ASSISTANCE' will be made requiring all staff not directly teaching a class to report to the Administration Office.
- The first priority is for the Adrenaline Autoinjector to be taken to the student.
- All classroom phones have the ability to call 000.

Once Emergency Response Protocols have been activated for the individual then response procedures need to be activated for the remaining children:

Classroom -

- The rest of the class will be moved into the adjoining classroom or nearest available learning area.
- Children will be reassured and the situation normalized as much as possible with age appropriate language.
- Normal classroom activities will be resumed as soon as practicable
- A letter outlining incident will be sent home to parents
- Provision of post-incident counselling for staff, students and parents, where appropriate.

Yard –

- All children in the general area will be removed and redirected to other play areas.
- Depending on location and ambulance access, consideration will be given to an 'Inclement Weather Program' for the rest of playtime.
- Children will be reassured and the situation normalized as much as possible with age appropriate language.
- Normal classroom activities will be resumed as soon as practicable
- A letter outlining incident will be sent home to parents
- Provision of post-incident counselling for staff, students and parents, where appropriate.

Out-of School Environments

Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore emergency procedures will vary accordingly. A team of School Staff trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue.

Emergency procedure will include:

Excursions/Camps –

- School Staff trained in anaphylaxis will be responsible for carrying both the students Adrenaline Autoinjector and General Purpose Adrenaline Autoinjector in the Excursion First Aid Backpack.
- Students at risk of anaphylaxis will always be part of the group with the School Staff trained in anaphylaxis and in possession of the student's Adrenaline Autoinjector kit.
- If the student's parent attends the excursion then the student's Adrenaline Autoinjector kit will be given to the student's parents and the student stays with the parents group, if this is a more preferable strategy.
- Teacher in Charge of excursion will notify an ambulance and give location
- Teacher in Charge will then contact the school so that parents can be informed
- It is an expectation, that at least, the Teacher in Charge of the Excursion has a charged mobile phone and is carrying details of the excursion.
- If the Teacher in Charge is providing emergency assistance to the student then the responsibility of calling an ambulance and school may be delegated to another staff member or parent volunteer.
- Once Emergency Response Protocols have been activated for the individual then response procedures need to be activated for the remaining children:
- All children in the general area will be redirected to another area.
- Children will be reassured and the situation normalized as much as possible with age appropriate language.
- Normal activities will be resumed as soon as practicable
- A letter outlining incident will be sent home to parents
- Provision of post-incident counselling for staff, students and parents, where appropriate.