



## Anaphylaxis Management Policy

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### Preamble

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 (eg: cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

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 EpiPen® autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

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### Aims

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 their 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, developing risk minimisation strategies and management strategies for the student.

To ensure the school fully complies with Ministerial Order 706 and the associated Guidelines published by the Departments and that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

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### Implementation **INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS**

The Principal will ensure that an Individual 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 enrolls, and where possible before their first day of school.

In the event of an anaphylactic reaction, the school's first aid and emergency management response procedures and the student's Individual Anaphylaxis Management Plan must be followed.

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 (based on a diagnosis from a Medical Practitioner).
- Strategies to minimise the risk of exposure to known and notified 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 strategies.
- Information on where the student's medication will be stored.
- The student's emergency contact details.
- An emergency procedures plan (ASCI - *Australasian Society of Clinical Immunology and Allergy Action Plan*), provided by the parent, that:
  - sets out emergency procedures to be taken in the event of an allergic reaction;
  - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
  - includes an up to date photograph of the student.

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

The student's individual management plan will be reviewed, in consultation with the student's parents/carers 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; and



- 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).

It is the **responsibility of the parent** to:

- Obtain the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide the plan 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, provide an updated ASCIA Action Plan for Anaphylaxis.
- Provide the school with an Adrenaline Autoinjector that is current and not expired for their child.
- Participate in annual reviews of their child's Plan

## PREVENTION STRATEGIES

### IN-SCHOOL SETTINGS

Classrooms	
1.	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.
2.	Ensure all cooking utensils, preparation dishes, plates and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
3.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
4.	All Casual Relief Teachers will be alerted to the names of 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.

Canteen	
1.	Canteen staff 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.

Yard	
1.	If the 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 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.
3.	All staff on yard duty should carry their mobile phone with them and have the general office phone number stored in their directory.
4.	All Casual Relief Teachers will be alerted to the names of 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, i.e. seeking a trained staff member.

Special Events (e.g. Sporting events, incursions, class parties, etc.)	
1.	If the school has a student who is at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of the Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.

### OUT-OF-SCHOOL SETTINGS

Field trips/excursions/sporting events	
1.	If the school has a student who is at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of the Adrenaline Autoinjector to 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.	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.
4.	For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. 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
5. 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).

**Camps and remote settings**

1. If the school has a student who is at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of the Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2. The school must not sign any written disclaimer or statement from a camp owner/operator that indicates the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. The school has a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
3. The school should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with the parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
4. School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur.
5. If the school has concern about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should consider alternative means for providing food for those students.
6. 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.
7. Emergency response procedures that clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction.
8. All teachers attending the camp should carry laminated emergency cards, detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life threatening allergic reaction has occurred and adrenaline is required.
9. School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities
10. The school should consider taking an Adrenaline Autoinjector for general use on a school camp, even if there is not student at risk of anaphylaxis, as a backup device in the event of an emergency.
11. The Adrenaline Autoinjector should be carried in the school first aid kit; however, the school can consider allowing students to carry their own on camp. All school staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector

**Overseas Travel**

1. Review and consider the strategies listed under "Field Trips/Excursions/Sporting Events" and "Camps and Remote Settings". Where an excursion or camp is occurring overseas, the school should involve parents/carers in discussions regarding risk management well in advance.
2. Consult the 'Prevention Strategies' documentation on the DET website

**Work Experience**

1. The school should involve parents/carers, the student and the employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. Staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the Adrenaline Autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience.
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**ADRENALINE AUTOINJECTORS FOR GENERAL USE**

The Principal will;

- Purchase Adrenaline Autoinjector(s) for general use (purchased by the school) as a back up to those supplied by parents.



- Ensure that the Annual Risk Management Checklist is completed at the start of each school year
- Ensure all staff are briefed on which students have food allergies and where their Adrenaline Autoinjectors are located on each campus

#### **COMMUNICATION PLAN**

- All Year 7 & 8 students will be shown the 'SchoolNuts – Food Allergy and Anaphylaxis Education' video at the start of each school year
- The Principal will include information on food allergies and anaphylaxis in the college newsletter once each semester, including information about the school's Anaphylaxis Management Policy to inform the broader school community
- The Principal will brief all staff twice per year about the Anaphylaxis Management Policy and the School Emergency Response Procedures for Anaphylactic Reaction for students in a classroom, the schoolyard, on school excursions, camps and special event days. This will include the causes, symptoms and treatment of anaphylaxis. Staff will be encouraged to save the school phone number in their mobile phones which they should take with them on yard duty
- All staff will be provided with student confidential medical information and be reminded of their duty of care to take reasonable steps to inform themselves as to whether an enrolled student is at risk of anaphylaxis
- The College and Campus Principals will remind staff each semester about the location of student Adrenaline Auto-injectors
- Casual relief staff (CRTs) will be informed about students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care via an Information Booklet in the CRT Start-Up Pack. This will include a laminated card showing of the image, name and homegroup of any student with a medical condition that related to allergy and the potential for anaphylactic reaction
- This policy will be available to parents/carers via the college website

#### **Signs of mild to moderate allergic reaction include:**

- Swelling of the lips, face and eyes
- Hives or welts
- Tingly mouth
- Abdominal pain and / or vomiting (signs of a severe allergic reaction to insects)

#### **Signs of anaphylaxis (severe allergic reaction) include any one of the following:**

- Difficult / noisy breathing
- Swelling of the tongue
- Swelling / tightness in throat
- Difficulty talking and / or a hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)
- Abdominal pain and / or vomiting (signs of a severe allergic reaction to insects)

#### **STAFF TRAINING**

- The School Anaphylaxis Supervisors will undertake and remain current in *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC* (every 3 years)
- All school staff should complete the *ASCIA Anaphylaxis e-training for Victorian Schools* (every 2 years) and be verified by the School Anaphylaxis Supervisors within 30 days of completing the ASCIA e-training as being able to use the adrenaline autoinjector (trainer) devices correctly to complete the certification. The supervisors will use the School Anaphylaxis Supervisor Checklist to guide their roles.

#### **ANNUAL RISK MANAGEMENT CHECKLIST**

The Principal will complete an annual Risk Management Checklist as published by the Department to monitor compliance with their obligations.

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#### **Related Documents**

- Confidential Medical Information Booklet
- Action Plan Template for Anaphylaxis
- First Aid Policy
- School Emergency Response Procedures for Anaphylactic Reaction



**External Links**

**ASCIA Anaphylaxis School e-training** - <https://etrainingvic.allergy.org.au>

**ASCIA Action Plans for Anaphylaxis and other anaphylaxis resources:**  
[www.allergy.org.au/health-professionals/anaphylaxis-resources](http://www.allergy.org.au/health-professionals/anaphylaxis-resources)  
Information for schools and childcare [www.allergy.org.au/schools-childcare](http://www.allergy.org.au/schools-childcare)

**Department of Education and Training – Anaphylaxis Management: School Training Checklist**  
<http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxisschl.aspx>

**Department of Education and Training – Anaphylaxis Management in Schools** Access to Ministerial Order 706 and the associated guidelines and resources.  
[www.education.vic.gov.au/school/principals/health/Pages/anaphylaxisschools.aspx](http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxisschools.aspx)

**Department of Education and Training – Annual Risk Management Checklist**  
<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

**Department of Education and Training - Facilitator Guide for Anaphylaxis**  
<http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxisschools.aspx#link7>

**Department of Education and Training – ‘SchoolNuts- Food Allergy and Anaphylaxis Education video**  
<https://www.mcri.edu.au/schoolnuts>

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**Ratified Date**

This Policy was ratified by on 25 October 2016

**Review Date**

This policy will be reviewed as part of the College’s three-year review cycle