

PURPOSE

To explain to Mill Park Secondary College 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 Mill Park Secondary College 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

Mill Park Secondary College 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 medication.

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.

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 auto-injector for use in an emergency. These adrenaline auto-injectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Mill Park Secondary College who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Mill Park Secondary College 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 Mill Park Secondary College and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA (Australian Society of Clinical Immunology and Allergy) 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 auto-injector 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 Individual Anaphylaxis Management 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:

- 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 such as concerts/performances.

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 auto-injectors

A copy of each student’s Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the General Office together with the student’s adrenaline auto-injector. Adrenaline auto-injectors are labelled with the student’s name and image.

Risk Minimisation Strategies

In School Settings

Classroom
<ol style="list-style-type: none"> 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 (CRT) will be alerted to the names of students at risk of anaphylaxis, the location of each student’s Individual Anaphylaxis Management Plan and Adrenaline Auto-injector, the School’s Anaphylaxis Management Policy and each individual person’s responsibility in managing an incident, i.e., seeking a trained staff member.
Canteen
<ol style="list-style-type: none"> 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
<ol style="list-style-type: none"> 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 Auto-injector to be able to respond quickly to an anaphylactic reaction if needed. 2. The adrenaline auto-injector 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 CRTs will be alerted to the names of students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Auto-injector, 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 Auto-injector 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 Auto-injector 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 Auto-injector must accompany any student at risk of anaphylaxis on field trips or excursions.
3. The Adrenaline Auto-injector 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 Auto-injector 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 Auto-injector, 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. The camp leader/organiser should 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 Auto-injector 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. The Adrenaline Auto-injector 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 Auto-injector.

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 Auto-injector in case the work experience student shows signs of an allergic reaction whilst at work experience.

Adrenaline Auto-injectors for general use

Mill Park Secondary College will maintain a supply of adrenaline auto-injector(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 Auto-injectors for general use will be stored at the General Office and labelled “general use”.

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

- the number of students enrolled at Mill Park Secondary College at risk of anaphylaxis
- the accessibility of Adrenaline Auto-injectors supplied by parents
- the availability of a sufficient supply of Auto-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.

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 provided to all staff within the student confidential medical information online. 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 auto-injectors, 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 auto-injector or the school’s general use auto-injector, and the student’s Individual Anaphylaxis Management Plan, stored at the general 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

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 auto-injectors 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.

Note: If in doubt, it is better to use an adrenaline auto-injector 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.

Communication Plan

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

- The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Mill Park Secondary College's procedures for anaphylaxis management. This will include a 'Procedures' document in the annual Staff Handbook.
- 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 home group of any student with a medical condition that related to allergy and the potential for anaphylactic reaction.
- All Year 7 & 8 students will be shown the 'SchoolNuts – Food Allergy and Anaphylaxis Education' video at the start of each school year.

Staff Training

- The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.
- The School Anaphylaxis Supervisors will undertake and remain current in *Course in Verifying the Correct Use of Adrenaline Auto-injector 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 auto-injector (trainer) devices correctly to complete the certification. The supervisors will use the School Anaphylaxis Supervisor Checklist to guide their roles.
- 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 2 years including School Anaphylaxis Supervisor. 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 auto-injector, including hands on practice with a trainer adrenaline auto-injector
 - the school's general first aid and emergency response procedures
 - the location of, and access to, adrenaline auto-injectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Mill Park Secondary College who is at risk of anaphylaxis, the principal 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.

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.

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.

FURTHER INFORMATION AND RESOURCES

- DET [MinisterialOrder706](#)
- DET [School Policy Advisory Guide](#)
- DET [Anaphylaxis - Individual Management Plan](#)
- DET [Anaphylaxis - Annual Risk Management Checklist \(June 2018\)](#)
- DET [Anaphylaxis - Facilitator notes for twice annual briefings \(June 2018\)](#)
- DET [Anaphylaxis - Twice yearly briefing presentation](#)
- DET [Risk Minimisation](#)
- DET [SchoolNuts](#) – ‘SchoolNuts – Food Allergy and Anaphylaxis’ education video
- ASCIA Guidelines:
 - [ASCIA Guidelines](#)
 - [School e-training](#)
- Royal Children’s Hospital: [Allergy and immunology](#)
- Mill Park Secondary College:
 - First Aid Policy
 - Confidential Medical Information Booklet (provided to all onsite staff and CRTs)
 - School Emergency Response Procedures for Anaphylactic Reaction

RATIFIED DATE

This Policy was ratified by School Council on 4 August 2020.

REVIEW DATE

This Policy will be reviewed as part of the College’s three year review cycle.