



Anaphylaxis Management Policy

1. RATIONALE

Anaphylaxis is a severe, rapid, 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. 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 the school.

Adrenaline given through an EpiPen® auto-injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

2. 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 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, developing 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.

3. IMPLEMENTATION:

Anaphylaxis is best prevented by knowing and avoiding the allergens. In the event of an anaphylactic reaction, the school's first aid procedures and the student's Individual Anaphylaxis Management Plan must be followed. The Assistant principal will be responsible for overseeing the Anaphylaxis Policy.

Our school will manage anaphylaxis through the following:

Individual Anaphylaxis Management Plans (Appendix 3)

- Office Staff 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 Office Staff will check that an individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls, where possible before their first day at the school and as soon as possible after an enrolled student is diagnosed.
- The Office Staff will review the student's individual management plan, in consultation with the student's parents/ carers annually, if the student's condition changes, or immediately after a student has an anaphylactic reaction.
- The AP will ensure that the child's Individual Anaphylaxis Management Plans including their Action Plan, with the child's photo, will be displayed prominently in the student's classroom, the First Aid Room and Staff Room.
- The Office Staff will check that the student's Auto adrenaline injecting device is stored in the First Aid Room and it is not out of date.
- The Individual Anaphylaxis Management Plan will set out the following:
 - Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).

- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
- 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 ASCIA Action Plan for Anaphylaxis which has been signed by the child's doctor.

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

- annually, and as applicable
- if the student's condition changes,
- or immediately after a student has an anaphylactic reaction.

It is the responsibility of the parent to:

- provide the ASCIA Action Plan, signed by the child's doctor, for Anaphylaxis
- work with the school to develop an Individual Anaphylaxis Management Plan
- inform the school if their child's medical condition changes, and, if relevant, provide an updated emergency procedures plan (ASCIA Action Plan).
- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) if the school doesn't have a current photo in CASES21.
- Provide an Adrenaline Auto-injector for the student's use.

Communication Plan and Emergency Response (Appendix 2)

- The school will be responsible for ensuring that information is provided to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.
- The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student. (Appendix 2)
- Volunteers and casual relief staff will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the teacher (volunteers) or Assistant Principal (CRTs).
- The school will raise awareness of Anaphylaxis.
- A student Anaphylaxis Alert Card, for each diagnosed student, will be placed in each yard duty folder, in specialist classrooms, single rooms and the canteen by the AP.
- All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:
 - The school's anaphylaxis management policy
 - The causes, symptoms and treatment of anaphylaxis
 - The identities of students diagnosed at risk of anaphylaxis and where their medication is located
 - How to use an Auto adrenaline injecting device
 - The school's first aid and emergency response procedures

Prevention Strategies (Appendix 1)

- The school will not ban certain types of foods (eg nuts) as it is not practical to do so, and is not the strategy recommended by the Royal Children's Hospital. However, the school will request that parents do not send these items to school if possible; that the canteen eliminates any food to reduce the likelihood of such allergens and the school will reinforce the rules about not sharing foods through classroom education.
- The school will follow Prevention Strategies as set out in Appendix 1.
- The Office Staff will ensure that the school provides back-up Adrenaline Auto-injectors for general use. One will be kept in the First Aid Room.
- The Assistant Principal will ensure that the Annual Risk management checklist (Appendix 4) is completed.

Staff Training

- Key staff members will be trained in an accredited Anaphylaxis program
- The principal will identify the school staff to be trained based on a risk assessment.

- Training will be provided to these staff as soon as practicable preferably before the student enrolls, where this is not possible, an interim plan will be developed in consultation with the parents.
- All staff will be briefed on a regular basis on
 - the school's anaphylaxis management policy
 - causes, symptoms and treatment of anaphylaxis
 - identities of students diagnosed at risk of anaphylaxis and where their medication is located
 - how to use an auto-adrenaline injecting device
 - the school's first aid and emergency response procedures
 - Prevention Strategies (Appendix 1)
 - Emergency Responses (Appendix 2)

References :

- [DEECD Anaphylaxis Policy](#)
- [DEECD Health Support Planning Policy](#)
- The key reference and support for the college regarding anaphylaxis is the **Ministerial Order 706: Anaphylaxis Management in Victorian Schools and DEECD Anaphylaxis Guidelines 2014**. This order sets out the steps schools must take to ensure the safety of students at risk of anaphylaxis in their care. Regency Park Primary School will fully comply with this order and the associated guidelines of the Department.

Appendix 1: Prevention Strategies

In School

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan, including their ASICA Action Plan, in the classroom and First Aid Room. Be sure the ASICA Action Plan and Adrenaline Autoinjector is easily accessible.
2.	Liaise with Parents to develop the student's Individual Anaphylaxis Management plan.
3.	Liaise with Parents about food-related activities ahead of time.
4.	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. Treat boxes should be clearly labelled and only handled by the student.
5.	Never give food from outside sources to a student who is at risk of anaphylaxis.
6.	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.
7.	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.
8.	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).
9.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
10.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
11.	A designated staff member should inform casual relief teachers (Assistant Principal) , specialist teachers (class teacher) and volunteers (class teacher) 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.

- 12 Discuss the condition with other members of the student's class. This conversation needs to be age appropriate and non-discriminatory. Some books on the topic are available in the Library.

Canteens

1. Canteen staff (whether internal or external) 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. Refer to:
 - 'Safe Food Handling' in the School Policy and Advisory Guide, available at:<http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx>
 - Helpful resources for food services:
<http://www.allergyfacts.org.au/component/virtuemart/>
2. Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and be invited to join the staff when they are being trained.
3. An alert card will be displayed with the student's name and photo in the canteen as a reminder to workers.
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. The canteen will 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. 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 minimise using food in activities or games, including as rewards.

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| 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. |
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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, 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. Staff will take an Adrenaline Autoinjector for General Use on an excursion, even if there is no student at risk of anaphylaxis, in the event of an emergency, if available.

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 risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
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 avoid 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.

9.	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.
10.	Prior to the camp taking place School Staff should consult with the student's Parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
11.	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.
12.	Collect details of local emergency services and hospitals well prior to the camp and include these in planning documents. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
13.	Take an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, in the event of an emergency.
14.	Schools should consider purchasing an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
15.	The Adrenaline Autoinjector should remain close to the students and School Staff must be aware of its location at all times.
16.	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.
17.	Students with anaphylactic responses 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.
18.	Cooking and art and craft games should not involve the use of known allergens.
19.	Consider the potential exposure to allergens when consuming food on buses and in cabins.

Overseas travel

- Review and consider the strategies listed under "Excursions/Sporting Events" and "Camps and Remote Settings". Where an excursion or camp is occurring overseas, Schools should involve Parents in discussions regarding risk management well in advance.
- Investigate the potential risks at all stages of the overseas travel such as:
 - travel to and from the airport/port;
 - travel to and from Australia (via aeroplane, ship etc);
 - various accommodation venues;
 - all towns and other locations to be visited;
 - sourcing safe foods at all of these locations; and
 - risks of cross contamination, including -
 - exposure to the foods of the other students;
 - hidden allergens in foods;
 - whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction; and
 - whether the other students will wash their hands when handling food.

3. Assess where each of these risks can be managed using minimisation strategies such as the following:
 - translation of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan;
 - sourcing of safe foods at all stages;
 - obtaining the names, address and contact details of the nearest hospital and Medical Practitioners at each location that may be visited;
 - obtaining emergency contact details; and
 - sourcing the ability to purchase additional autoinjectors.
4. Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.
5. Plan for appropriate supervision of students at risk of anaphylaxis at all times, including that:
 - there are sufficient School Staff attending the excursion who have been trained in accordance
 - there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;
 - there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and
 - staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.
 - plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans;
 - possession of a mobile phone or other communication device that would enable the School Staff to contact emergency services in the overseas country if assistance is required

Work experience

- 1 Schools should involve Parents, 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.

Appendix 2: Emergency Response

Initial Emergency Response - Suspected Anaphylactic Reaction

Mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes;
- hives or welts;
- tingling mouth; and
- abdominal pain and/or vomiting (these are signs of a severe allergic reaction to insects).

Anaphylaxis (severe allergic reaction) can include:

- difficult/noisy breathing;
- swelling of tongue;
- swelling/tightness in throat;
- difficulty talking and/or hoarse voice;
- wheeze or persistent cough;
- persistent dizziness or collapse; and
- pale and floppy (young children).

Symptoms usually develop within 10 minutes to several hours after exposure, but can appear within a few minutes

Student who has been diagnosed with Anaphylaxis.

1. Send to the office for assistance using the child's Alert Card or walkie talkie the first aid officer. (One of these staff members should have current training in Anaphylaxis)
2. The first aid officer will access the Student's Anaphylaxis Plan and Auto Adrenaline device whilst the other teacher stays with the student, who has been laid flat, providing reassurance and care.
3. A trained staff member will administer the Auto Adrenaline device and in accordance with the student's Anaphylaxis Plan.

Student who has not been diagnosed with Anaphylaxis.

1. Send for assistance to the office using the Emergency Assistance Card and/or by calling a team member. (One of these staff members should have current training in Anaphylaxis)
2. If the student has not been diagnosed with Anaphylaxis but the teacher/s in charge determine that the student may be experiencing an anaphylactic reaction one staff member will access the school's Auto Adrenaline device whilst the other stays with the student, who has been laid flat, providing reassurance and care.
3. A trained staff member will administer the Auto Adrenaline device and in accordance with the Emergency Response administration guidelines a copy of which is kept with the Auto Adrenaline device.

How to administer an EpiPen®

1. Remove from plastic container.
2. Form a fist around EpiPen® and pull off the blue safety cap.
3. Place orange end against the student's outer mid-thigh (with or without clothing).
4. Push down hard until a click is heard or felt and hold in place for 10 seconds.
5. Remove EpiPen®.
7. Massage injection site for 10 seconds.
8. Note the time you administered the EpiPen®.
9. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

How to administer an AnaPen®

1. Remove from box container and check the expiry date.
2. Remove black needle shield.
3. Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap.
4. Place needle end against the student's outer mid-thigh.
5. Press the red button with your thumb so it clicks and hold it for 10 seconds.
6. Replace needle shield and note the time you administered the Anapen®.

7. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

If an Adrenaline Autoinjector is administered, the School must

1. **Immediately** call an ambulance (000/112). This will be done by the staff member who administered the Autoinjector who will remain on line to receive more advice. The office personnel will don a vest, have a walkie talkie and wait for the ambulance at a negotiated spot and then direct them to the site where the child is.
2. Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3. Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere.
4. In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, after seeking permission from the Ambulance intake worker.
5. **Then** contact the student's emergency contacts.
6. **Later**, contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

Always call an ambulance as soon as possible (000)

When using a standard phone call 000 (triple zero) for an ambulance.

If you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.

Actions for class teacher to keep a student with anaphylaxis safe at school

- be familiar with the student's Individual Anaphylaxis Management Plan;
- be familiar with signs and symptoms of a reaction;
- know where the Adrenaline Autoinjector is and how to administer it;
- consult with the student's Parents about potential hidden allergens in foods or other substances (e.g. soaps or lotions);
- ensure you have completed all risk minimisation strategies for the different areas the child may be in while in your care; **Refer to Prevention strategies. See Appendix 1**
- participate in anaphylaxis training to identify the causes, symptoms and treatment of anaphylaxis and the administration of an Adrenalin Autoinjector;
- familiarise yourself with the School's Emergency Response Procedures for anaphylaxis;
- plan ahead for special class activities;
- avoid the use of food treats; and
- discuss anaphylaxis with your class.