



# Anaphylaxis Policy

December 2022

## Help for non-English speakers

If you need help to understand the information in this policy please contact Seabrook PS 9395 1758

## PURPOSE

To explain to Seabrook Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Seabrook Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

## SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

## POLICY

### School Statement

Seabrook Primary School 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 autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

### **Individual Anaphylaxis Management Plans**

All students at Seabrook Primary School 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 Seabrook Primary School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Seabrook Primary School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details

- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner

#### *Review and updates to Individual Anaphylaxis Management Plans*

A student's 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 including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

#### **Location of plans and adrenaline autoinjectors**

*A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the first aid room together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.*

#### **Risk Minimisation Strategies**

Risk minimisation strategies and prevention strategies have put in place to reduce the possibility of a student suffering from an anaphylactic reaction at school for all in and out of school settings which include (but are not limited) to the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in canteens
- during recess and lunchtimes
- before and after school
- camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

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

- *staff and students are regularly reminded to wash their hands after eating;*
- *students are discouraged from sharing food*
- *garbage bins at school are to remain covered with lids to reduce the risk of attracting insects*
- *school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination*
- *year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays*
- *a general use EpiPen will be stored at the first aid for ease of access*
- *Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.*

## Adrenaline autoinjectors for general use

Seabrook Primary School will maintain a supply of adrenaline autoinjector(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 autoinjectors for general use will be stored at the first aide room and labelled “general use”.

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

- the number of students enrolled at Seabrook Primary School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

## 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 First Aid officer and stored at the First Aid room. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity on or off site school staff must:

Step	Action
1.	<ul style="list-style-type: none"><li>● Lay the person flat</li><li>● Do not allow them to stand or walk</li><li>● If breathing is difficult, allow them to sit</li><li>● Be calm and reassuring</li><li>● Do not leave them alone</li><li>● Seek assistance from another staff member or reliable student to locate the student’s adrenaline autoinjector or the school’s general use autoinjector, and the student’s Individual Anaphylaxis Management Plan, stored at the First Aid room ( or if unknown person- school general use auto injector)</li><li>● If the student’s plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li></ul>
2.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none"><li>● Remove from plastic container</li><li>● Form a fist around the EpiPen and pull off the blue safety release (cap)</li><li>● Place orange end against the student’s outer mid-thigh (with or without clothing)</li><li>● Push down hard until a click is heard or felt and hold in place for 3 seconds</li><li>● Remove EpiPen</li><li>● Note the time the EpiPen is administered</li></ul>

	<ul style="list-style-type: none"> <li>● Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul> <p><b>OR</b></p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"> <li>● Pull off the black needle shield</li> <li>● Pull off grey safety cap (from the red button)</li> <li>● Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)</li> <li>● Press red button so it clicks and hold for 10 seconds</li> <li>● Remove Anapen®</li> <li>● Note the time the Anapen is administered</li> </ul> <p>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</p>
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

Schools can use either the EpiPen® **and Anapen® on any student** suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

[Note: If in doubt, it is better to use an adrenaline autoinjector 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. Refer to 'Frequently asked questions' on the [Resources tab](#) of the Department's Anaphylaxis Policy.]

### Communication Plan

This policy will be available on Seabrook Primary school's website so that parents and other members of the school community can easily access information about Seabrook Primary school's anaphylaxis management procedures. The parents and carers of students who are enrolled at Seabrook Primary School and are identified as being at risk of anaphylaxis will also be directed to 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 Seabrook Primary school's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal

briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

### **Staff training**

The principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes, all canteen staff, admin staff, first aiders and any other member of school staff as required by the principal based on a risk assessment.

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Seabrook Primary School uses the following training course **ASCIA anaphylaxis e-training VIC 2021**

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. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

A record of staff training and briefings will be maintained by the OHS leader, Assistant Principal Nicole Lockwood.

When a new student enrolls at Seabrook Primary School 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.

### **FURTHER INFORMATION AND RESOURCES**

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

- Health Care Needs policy : [Health Care Needs Policy 2018.docx](#)
- individual anaphylaxis management plan [Anaphylaxis - Individual Management Plan \(1\).docx](#)

## REVIEW CYCLE AND EVALUATION

POLICY LAST REVIEWED	OCTOBER 2021, MARCH 2022, OCTOBER 2022, DECEMBER 2022
APPROVED BY	TANIA HUNT
NEXT SCHEDULED REVIEW DATE	2023

This policy was last updated on October, 2021 and is scheduled for review in October 2022.

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.

### Appendix A: Seabrook Emergency Response

1. 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:
  - First Aid Room in main Administration Office
  - Each Specialist Teacher area;
  - Each Classroom;
  - Excursion First Aid Bag with responsible teacher/First Aid officer;
  - Camp First Aid Bag with responsible teacher/First Aid Officer
2. Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans are located: in First Aid Room located in main Administration Office
3. List of Students with medical conditions including Anaphylaxis are located in:
  - First Aid Room in main Administration Office
  - Each Specialist Teacher area;
  - Each Classroom;
  - Excursion First Aid Bag with responsible teacher/First Aid officer;
  - Camp First Aid Bag with responsible teacher/First Aid Officer
  - Yard Duty Bag
4. A summary of students with anaphylaxis is located in:
  - Yard Duty Bag (Bag contains a card system for reporting medical and more specifically anaphylaxis emergencies).
5. Additional Adrenaline Auto-Injectors are stored in:
  - First Aid in main Administration Office;

- Excursion First Aid Bag with responsible teacher/First Aid officer as required;
- Camp First Aid Bag with responsible teacher/First Aid Officer as required.

The table below summarises the areas where appropriate Anaphylaxis Plans; Adrenaline Autoinjectors and relevant information are stored on school grounds and/or with School Staff.

Location	Individual Anaphylaxis Management Plan	ASCIA Plan	Adrenaline Autoinjectors	List of Students with medical conditions including Anaphylaxis
First Aid Room	•	•	•	•
Classrooms				•
Yard Duty Bag				•
Specialist Areas				•
Excursion First Aid Bag	•	•	•	•
Camp First Aid Bag	•	•	•	•

Communication with School Staff, students and Parents is to occur in accordance with the Communications Plan.

**Responding to an incident:**

1. Where possible, only School Staff with training in the administration of the Adrenaline Autoinjector should administer the student's Adrenaline Autoinjector.
2. It is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction.
3. If necessary; the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.
4. The Adrenaline Autoinjector should then be administered following the instructions in the student's ASCIA Action Plan.
5. 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).



## In School Environment

In the event of an anaphylactic reaction Seabrook staff will:

### 1. Classrooms:

- a. Teacher uses classroom phone to contact admin for support (101, 102, 104, and 105) or send students with note or message to Admin Office.
- b. Admin Staff (First Aid trained) respond to emergency situation.
- c. Administer pen. Administer second pen if necessary after 5 minutes. Record time administered.
- d. Call an ambulance on 000 as soon as possible
- e. Notify parents

A member of the School Staff will remain with the student who is displaying symptoms of anaphylaxis at all times.

### 1. Yard

- a. Teacher calls for support from another adult in yard or sends students with red medical card to Admin Office.
- b. Admin Staff (First Aid trained) respond to emergency situation.
- c. Administer pen. Administer second pen if necessary after 5 minutes. Record time administered.
- d. Call an ambulance on 000 as soon as possible.
- e. Notify parents

A member of the School Staff will remain with the student who is displaying symptoms of anaphylaxis at all times.

## Out of School Environment

### 1. Excursions and Camps –

- a. Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. The process will address:
  - The location of Adrenaline Autoinjectors i.e. who will be carrying them, Is there a second medical kit? Who has it?
  - how' to get the Adrenaline Autoinjector to a student; and
  - 'who' will call for ambulance response, including giving detailed location address e.g. Melway reference if city excursion, and best access point or camp address/GPS location
- b. Emergency procedures will vary accordingly.
  - o A team of School Staff trained in anaphylaxis will attend each event.
  - o Appropriate methods of communication to be discussed prior to camp, depending on the size of excursion/camp/venue. Mobile phone numbers are usual method for communicating.
  - o Individual Anaphylaxis Plans & ASCIA Plans for students with anaphylaxis are packed in appropriate First Aid Bag (Excursion or Camp).
  - o Autoinjectors are signed OUT before leaving school grounds and signed IN upon return at the Administration Office.
  - o Following an anaphylactic reaction, call an ambulance as soon as possible on 000. 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.

**If an Adrenalin autoinjector is administered, the school must:**

**Immediately call an ambulance (000/112).**

	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.
	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.
	In the situation where there is no improvement or <b>severe symptoms</b> progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).
	<b>Then</b> contact the student's emergency contacts.
	<b>For government schools - later</b> , 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).

### First Time reactions

- If a student has 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 contacting an ambulance using 000.
- It may also include locating and administering an Adrenaline Autoinjector for General Use.

### 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 (e.g. EAP Service) 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.

### Appendix B: Adrenaline Autoinjectors for General Use:

Seabrook PS will have general use adrenaline auto injectors for emergency use; as a back- up to those supplied by parents.

The back-up auto injectors are stored on the same open shelf in the office where students' auto injectors are stored.

Additional back up auto injectors will be stored in the Yard Duty Bag.

The auto injectors will be taken with First Aid equipment for special events within the school grounds and events outside of the school such as excursions, camps and other events conducted, organised or attended by the school.

The expiry date on the auto injectors will be monitored by the school's First Aid Officer and will be replaced when either used or has expired.

### Appendix C: Communication Plan:

This section sets out SEABROOK Primary School's Communication Plan that providing information to all School Staff, students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy.

The Communication Plan includes strategies for advising School Staff, students and Parents about how to respond to an anaphylactic reaction by 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 or organised by the School

	<b>Communication Provided</b>	<b>Timing</b>	<b>Target Audience</b>
1	In House Briefing for all SEABROOK PS Staff	Term 1: First week of School Year	Staff
2	List of all Anaphylactic students (and other medical conditions) made available in Staff Room	Term 1: First Day of school year	Staff
3	Class lists for all Classrooms includes students with medical conditions including anaphylaxis	Term 1: First Day of school year OR if any changes to current list as required	Staff
4	Teaching Staff educate and provide students with information about anaphylactic reactions	Term 1	Students
5	Excursions/Camps <ul style="list-style-type: none"><li>• The School will consult Parents of anaphylactic students in advance to discuss Plans for appropriate management of anaphylactic reaction.</li><li>• SIGN OUT and SIGN IN process for all Students Individual Anaphylaxis Plans, ASCIA Plan and Autoinjectors</li></ul>	As required	Staff Parents
6	First Aid Coordinator advise parents of requirements to obtain ASCIA Plan for student prior to commencing new school year OR if any changes to the students condition.	Term 4 prior to school closing for end of year or upon new enrolment or as required	Parents
7	First Aid Coordinator and Principal to send out Individual Anaphylaxis Management Plan for Parents to review.	Term 4 prior to school closing for end of year or upon new enrolment or as required	Parents
8	CRT briefed at start of day by First Aid Coordinator regarding student with anaphylaxis present in their care	As required	CRT Staff
9	SEABROOK Newsletter providing awareness to all parents and Staff of Anaphylaxis	As required	Parents & Community

## **Appendix D: Staff Training**

Teachers and other school staff who conduct classes which students with a medical condition that relates to allergy and the potential for anaphylactic reaction, must have up to date training in an anaphylaxis management training course.

School staff must complete one of the following options to meet the anaphylaxis training requirements of MO706 (indicate which of these options your school will adopt) and record the dates that training has occurred:

<b>Option</b>	<b>Completed by</b>	<b>Course</b>	<b>Provider</b>	<b>Cost</b>	<b>Valid for</b>
Option 1	All school staff	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
	AND 2 staff per school or per campus (School Anaphylaxis Supervisor)	<i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years
<b>Option 2</b>	School staff as determined by the principal	<i>Course in First Aid Management of Anaphylaxis 22300VIC</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years
<b>Option 3</b>	School staff as determined by the principal	<i>Course in Anaphylaxis Awareness 10313NAT</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years

**Please note:** General First Aid training does NOT meet the anaphylaxis training requirements under MO706:

- 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:

- title and legal requirements as outlined in Ministerial Order 706
- pictures of the students at your school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
- signs and symptoms of anaphylaxis
- ASCIA Anaphylaxis e-training
- ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen®
- your school's First Aid policy and emergency response procedures
- on-going support and training
- 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 Auto injector, including hands on practise with a trainer Adrenaline Auto injector device;
- the School's general first aid and emergency response procedures; and
- the location of, and access to, Adrenaline Auto injector 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 enrolls, 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.

## Appendix E: Risk Minimisation and Prevention Strategies

### In school settings

<b>Classrooms</b>
A copy of the student's Individual Anaphylaxis Management Plan is kept in the classroom.
The school will liaise with parents about food-related activities ahead of time.
A letter is sent to every family in a class where a child with anaphylaxis reactions is present
Reminder up-dates are added to school newsletter that children should not share food and that there are children who suffer from life-threatening reactions in the school.
A sign on the classroom door indicating children with anaphylaxis reactions are present.
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 handled by the student. Treats for other students should be treated with absolute care to ensure there is no cross contamination of food. If possible, foods should not contain the substance to which the student is allergic to.

Never give food from outside sources to a student who is at risk of anaphylaxis.
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.
Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes, e.g.: milk or egg cartons, empty peanut butter jars.
When cooking utensils are used in the classrooms they are washed and cleaned thoroughly after preparation of food and cooking, such as; preparation dishes, plates, knives and forks and other utensils.
Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
A designated staff member should 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 Policy, and each individual person's responsibility in managing an incident i.e.: seeking a trained staff member
Party balloons should not be used if any student is allergic to latex.
Ensure students are washing hands before and after eating. When eating at tables checking they are cleaned daily remind child about the foods that they can and can't eat.
with individuals who are eating nut and egg products, reinforcing to class and child about good hygiene practices and reminder about not sharing food.
provides information to parents appropriate for science or cooking programs including what products will be used and that permission notes are checked prior
Maintain cleanliness of the classroom. Vigilance during eating times and reminding students to not share food and to students to wash their hands.
State on hard copy of roll for incoming relief teacher names of children with allergies.
Staff member to phone office and or send red emergency card to office for assistance. PA announcement is made for support of leadership staff.
<b>Yard</b>
The school will ensure all staff are trained in the administration of the Adrenaline Auto injector (i.e.: EpiPen) to be able to respond quickly to an anaphylaxis reaction if needed.
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 long-sleeved school garments when outdoors.
Keep the school grounds well maintained with grass areas mowed and bins covered.
Students should keep drinks and food covered while outdoors.
Staff/students to use red card in first aid bag if help is required. Cards state area of playground for attention of first aider. Announcements may be made to seek assistance.
<b>Special events (sporting events, incursions, class parties, etc.)</b>
Sufficient School staff supervising the special event must be trained in the administration of an Adrenaline Auto injector to be able to respond quickly to an anaphylactic reaction if required.
School staff should avoid using food in activities or games, including as rewards.
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.
Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request they avoid providing students with treats whilst they are at School or at a special event.
<b>Canteen</b>
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.
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, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls.
Display the student's name and photo in the canteen as a reminder to canteen staff.

Products labelled 'may contain traces of nuts' should not be served to student students allergic to nuts.
Make sure that tables and surfaces are wiped down with warm soapy water regularly.
Be wary of cross contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of 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 in someone who is at risk of anaphylaxis from cow's milk products or peanuts.
<b>Out of school settings</b>
<b>Field trips, excursions and sporting events</b>
Students at risk of anaphylaxis, will have sufficient school staff supervising the special event who are trained in the administration of an Adrenaline Auto injector and be able to respond quickly to an anaphylactic reaction if needed.
Staff must sign out required medications just prior to leaving the school.
There will always be a trained school staff member in the administration of the Adrenaline Auto injector, accompany any student at risk of anaphylaxis on field trips or excursions.
School staff should avoid using food in activities or games, including as rewards.
The Adrenaline Auto injector and a copy of the Individual Anaphylaxis Plan for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location. This plan should be reviewed and pen check for use-by-date prior to leaving the school. On return the pen should be checked by first aide officer.
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.
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 to provide the meal (if required).
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.
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 Plan to ensure that it is up to date and relevant to the particular excursion activity.
Teacher should highlight on class list any children with medical alerts leaving the school. One list to be taken and one left at the office.
<b>Camps and remote settings.</b>
Prior to engaging a camp owner/operator's services the School will 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 will consider using an alternative service provider.
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.
On camp a risk management plan should be completed by staff prior to leaving.
The School 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. 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.
The School will 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.
School Staff will 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.
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.
Use of substances containing allergens should be avoided where possible.
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.
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.
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, EpiPen is in date and relevant to the circumstances of the particular camp.
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.
Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, 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.
A designated staff member is given the role as first aid coordinator.
The School will consider taking an Adrenaline Auto-injector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
The Schools will purchase an Adrenaline Auto-injector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
The Adrenaline Auto-injector should remain close to the student and School Staff must be aware of its location at all times
The Adrenaline Auto-injector will be carried in the school first aid kit.
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. The child's management plan must be used. Ice
Cooking and art and craft games should not involve the use of known allergens.
Consider the potential exposure to allergens when consuming food on buses and in cabins.
A recommendation is made to parents to supply 2 in-date auto-injectors.
Parental permission is sort prior to camp to administer a generic (non-prescription) medication

## Appendix F: Roles and Responsibilities

### Principal

Principal	
1.	Ensure that the School develops, implements and reviews its School Anaphylaxis Management Policy in accordance with the Order 706 and the current Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian Schools, Feb 2014.



2.	Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at enrolment or at the time of diagnosis (whichever is earlier).
3.	Ensure that Parents provide an ASCIA Action Plan which has been signed by the student's Medical Practitioner and that contains an up-to-date photograph of the student.
4.	<p>Ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's Parents for any student that has been diagnosed by a Medical Practitioner with a medical condition relating to allergy and the potential for anaphylactic reaction, where the School has been notified of that diagnosis.</p> <p>This includes ensuring the documentation of practical strategies for activities in both in-School and out-of-School settings to minimise the risk of exposure to allergens, and nomination of staff who are responsible for implementation of those strategies. The risk minimisation plan should be customised to the particular student for participation in normal School activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate/overseas trips). Ensure students' Individual Anaphylaxis Management Plans are communicated to staff.</p>
5.	If using an external canteen provider, be satisfied that that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications for food-handling practices. This includes careful label reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies.
6.	Ensure that Parents provide the School with an Adrenaline Autoinjector for their child that is not out-of-date and a replacement Adrenaline Autoinjector when requested to do so.
7.	Ensure 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.
8.	Ensure there are procedures in place for providing volunteers and 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.
9.	Ensure that relevant School Staff have successfully completed an anaphylaxis management training course in the three years prior.
10.	<p>Ensure that relevant School Staff are briefed at least twice a year by a staff member who has completed current anaphylaxis management training on:</p> <ol style="list-style-type: none"> <li>the School's Anaphylaxis Management Policy;</li> <li>the causes, symptoms and treatment of anaphylaxis;</li> <li>the identities of students diagnosed at risk of anaphylaxis and the location of their medication;</li> <li>how to use an Adrenaline Autoinjector, including hands-on practise with a trainer Adrenaline Autoinjector (which does not contain adrenaline);</li> <li>the School's general first aid and emergency procedures; and</li> <li>the location of Adrenaline Auto injecting devices that have been purchased by the School for General Use</li> </ol>
11.	Allocate time, such as during staff meetings, to discuss, practise and review the School's Anaphylaxis Management Policy. Practise using the trainer Adrenaline Autoinjectors as a group and undertake drills to test effectiveness of the School's general first aid procedures.
12.	Encourage ongoing communication between Parents and School Staff about the current status of the student's allergies, the school's policies and their implementation.

13.	Ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with Parents annually, when the student's medical condition changes, as soon as practicably after a student has an anaphylactic reaction at School, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the School.
14.	Ensure the Risk Management Checklist for anaphylaxis is completed annually.
15.	Arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for General Use to be part of the School's first aid kit.

## School Staff

All School Staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers.

To assist School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend, and others School Staff where relevant, a summary of some of the key obligations under the Order, and suggested prevention strategies, is set out below.

School Staff	
1.	Know and understand the School Anaphylaxis Management Policy.
2.	Know the identity of students who are at risk of anaphylaxis. Know the students by face.
3.	Understand the causes, symptoms, and treatment of anaphylaxis.
4.	Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector. Refer to Chapter 12 for more details.
5.	Know where to find a copy of each student's Individual Anaphylaxis Management Plan quickly and follow it in the event of an allergic reaction.
6.	Know the School's general first aid and emergency response procedures and understand their role in relation to responding to an anaphylactic reaction.
7.	Know where students' Adrenaline Autoinjectors and the Adrenaline Autoinjectors for General Use are kept. (Remember that the Adrenaline Autoinjector is designed so that anyone can administer it in an emergency).
8.	Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.
9.	Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at School, or away from School. Work with Parents to provide appropriate food for their child if the food the School/class is providing may present a risk for him or her.
10.	Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies provided in this document (see Chapter 8). Work with Parents to provide appropriate treats for students at risk of anaphylaxis.

11.	Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
12.	Be aware of the risk of cross-contamination when preparing, handling and displaying food.
13.	Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
14.	Raise student awareness about severe allergies and the importance of their role in fostering a School environment that is safe and supportive for their peers.

## First Aid Coordinator

The First Aid Coordinator at Avondale PS works with the Principal to ensure that the Anaphylaxis Policy is implemented, reviewed, monitored and improved on an annual basis

First Aid Coordinator	
1	Work with Principals to develop, implement and review the School's Anaphylaxis Management Policy.
2	Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector (i.e. EpiPen®/
3	Provide or arrange regular training to other School Staff to recognise and respond to anaphylactic reaction, including administration of an Adrenaline Autoinjector.
4	Keep an up-to-date register of students at risk of anaphylaxis.
5	Keep a register of Adrenaline Autoinjectors as they are 'in' and 'out' from the central storage point. For instance when they have been taken on excursions, camps etc.
6	Work with Principals, Parents and students to develop, implement and review each Individual Anaphylaxis Management Plan to: <ul style="list-style-type: none"> <li>a. ensure that the student's emergency contact details are up-to-date;</li> <li>b. ensure that the student's ASCIA Action Plan matches the student's supplied Adrenaline Autoinjector;</li> <li>c. regularly check that the student's Adrenaline Autoinjector is not out-of-date, such as at the beginning or end of each term;</li> <li>d. inform Parents in writing that the Adrenaline Autoinjector needs to be replaced a month prior to the expiry date;</li> <li>e. ensure that the student's Adrenaline Autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place; and</li> <li>f. ensure that a copy of the Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) is stored with the student's Adrenaline Autoinjector</li> </ul>
7	Work with School Staff to conduct regular risk prevention, minimisation, assessment and management strategies.
8	Work with School Staff to develop strategies to raise their own, students and school community awareness about severe allergies.

9	Provide or arrange post-incident support (e.g. counselling) to students and School Staff, if appropriate.
---	---

## Parents of a student at risk of anaphylaxis

Parents have an important role in working with the School to minimise the risk of anaphylaxis. Set out below is a summary of some of the key obligations for Parents under the Order, and some suggested areas where they may actively assist the School. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by Parents.

Parents	
	Inform the School in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed at the time as being at risk of anaphylaxis.
	Obtain an ASCIA Action Plan from the student's Medical Practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the School on enrolment or as soon as practicable.
	Inform School Staff in writing of any changes to the student's medical condition and if necessary, provide an updated ASCIA Action Plan.
	Provide the School with an up to date photo for the student's ASCIA Action Plan and when the plan is reviewed.
	Meet with and assist the School to develop the student's Individual Anaphylaxis Management Plan, including risk management strategies.
	Provide the School with an Adrenaline Autoinjector and any other medications that are current and not expired.
	Replace the student's Adrenaline Autoinjector and any other medication as needed, before their expiry date or when used.
	Assist School Staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days).
	If requested by School Staff, assist in identifying and/or providing alternative food options for the student when needed.
	Inform School Staff in writing of any changes to the student's emergency contact details.
	Participate in reviews of the student's Individual Anaphylaxis Management Plan: <ul style="list-style-type: none"> <li>a. when there is a change to the student's condition;</li> <li>b. as soon as practicable after the student has an anaphylactic reaction at School;</li> <li>c. at its annual review; and</li> <li>d. prior to the student participating in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the School</li> </ul>

## Appendix G: How to administer an EpiPen

How to administer an EpiPen or EpiPen Jnr®	
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®.
6	Massage injection site for 10 seconds.
7	Note the time you administered the EpiPen®.
8	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.