ANAPHYLAXIS MANAGEMENT POLICY

Black Rock Primary School

Black Rock Primary School Policy Guide

Overview

Anaphylaxis is an acute, rapidly progressive allergic reaction to certain food items and insect stings. The condition develops in approximately 1-2% of the population, occurring in approximately 1 in 20 children and in 2 in 100 adults[1]. The most common foods causing life threatening anaphylaxis are peanuts, tree nuts, shellfish, eggs and cow's milk. Less common triggers include seafood, sesame seeds, soy, fish, wheat, bee or other insect stings, and some medications.

Anaphylaxis is the most severe form of allergic reaction and is potentially life-threatening. It usually occurs rapidly after exposure to a food, insect or medicine to which a person may already be allergic. Anaphylaxis must always be treated as a medical emergency and requires immediate treatment with adrenaline. The key 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. Partnership between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school. Signs and symptoms of a mild-moderate allergic reaction include hives, swelling around the mouth, face, eyes, vomiting, runny or blocked nose, abdominal pain, diarrhoea.

Signs and symptoms of severe life threatening allergic reactions (anaphylaxis) include difficult/noisy breathing, swelling of tongue, swelling / tightness in throat, difficulty talking and/or hoarse voice, wheeze or persistent cough, persistent dizziness and or collapse.

Purpose

This policy has been developed to:

- comply with applicable legislative and Ministerial Order requirements[2];
- 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;
- raise community awareness about anaphylaxis and the school's anaphylaxis management policy;
- actively seek information to identify a student with severe life threatening allergies at enrolment;
- engage with parents/carers of students at risk of anaphylaxis in assessing risks and developing risk minimisation and management strategies for the student;
- ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's minimisation strategies and management of an anaphylactic reaction; and
- set out the procedures in responding to an anaphylactic reaction.

The policy is consistent with the values of Black Rock Primary School (the School) of providing a safe and healthy school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis.

[1] Source: Australasian Society of Clinical Immunology and Allergy (ASCIA).
[2] Currently sub-clause (c) of section 4.3.1(6) of the Education and Training Reform Act 2006 (Vic) and Ministerial Order No. 706 (the Ministerial Order).

Guidelines

An individual management plan must be 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.

Management of students with anaphylaxis is a joint responsibility of parents and the School staff.

Parents must keep the School fully informed, in writing, of current medical issues related to their child and participate in the development of the individual management plan.

The School recognises and acts on its responsibility for informing the School community of the condition and seeking co-operation from parents and students in minimising the risk to these students.

Staff training and briefings are undertaken as required by Department of Education and Training (Department) regulations (refer to the linked document entitled 'Anaphylaxis Guidelines for Victorian Schools[3]).

Implementation

The School will fully comply with Ministerial Order 706 and guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time.

Individual Anaphylaxis Management Plan

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student attending the School who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable:

- after the student enrols where the risk of anaphylaxis is pre-existing, and in all cases before the student's first day of school; or
- after the student is diagnosed as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will set out the following[4]:

- information about the student's medical condition that relates to allergy and the potential for an anaphylactic reaction, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner);
- an emergency procedures action plan in a format approved by the Australasian Society of Clinical Immunology and Allergy (ASCIA) (ASCIA Action Plan), provided by the parents of the student and that:
- sets out the emergency procedures to be taken in the event of an allergic reaction; and
- is signed by a medical practitioner who was treating the child on the date the practitioner signs the ASCIA Action Plan;
- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School staff[5],for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School;
- a current colour photograph of the student;
- the name and phone number of the student's parents and medical practitioner;
- the student's emergency contact details; and
- information on where the student's adrenaline autoinjector and/or medication will be stored.

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[3] http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

[4] A template of an Individual Anaphylaxis Management Plan can be found at Appendix 3 of the Anaphylaxis Guidelines for Victorian Schools (refer to footnote 3).

[5] As defined in clause 5.9 of the Ministerial Order.

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

Copies of each student's Individual Anaphylaxis Management Plan will be kept in the following locations: Yard duty bags, student's classroom and the office/sickbay and staffroom.

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

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for an anaphylactic reaction, changes;
- immediately after the student has an anaphylactic reaction at School; and
- prior to the student participating in any off-site activities, such as camps and excursions, or at special events conducted, organised or attended by the School (e.g. class parties, fetes, incursions).

It is the responsibility of the parents of a student diagnosed at risk of anaphylaxis to:

- provide the School with the ASCIA Action Plan;
- ensure the ASCIA Action Plan is updated by a medical practitioner and re-issued every 12 months as recommended by ASCIA;
- inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for an anaphylactic reaction, changes and, if relevant, provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when the plan is provided to the School and when it is reviewed;
- provide the School with an adrenaline autoinjector[6] (such as an EpiPen or AnaPen) and other medication (e.g. asthma reliever medication) for the student that is current and not expired for their child and replace any adrenaline autoinjector or other medication before its expiry date;
- implement their own risk minimisation strategies on School grounds where food is consumd after school hours or during School events; and
- provide alternative safe eating treats for their child to enjoy during class birthday and other classroom celebrations.

Risk Minimisation and Prevention Strategies

The School will put in place and implement the risk minimisation and prevention strategies contained in Attachment 1 of this policy for all in-school 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;
- at the canteen;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

The School will not ban certain types of foods (e.g. nuts) as it is not practicable to do so. However, the School will request that:

- parents do not send those items to school if at all possible; and

Further, the School will reinforce the rules about not sharing foods provided from home.

[6] As defined in clause 5.3 of the Ministerial Order.

School Management and Emergency Response Procedures to an Anaphylactic Reaction

In the event of an anaphylactic reaction, the emergency response procedures contained in Attachment 2 of this policy must be followed, together with the School's general first aid and emergency response procedures and the student's ASCIA Action Plan.

When a student diagnosed at risk of anaphylaxis is 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 conducted, organised or attended by the School, the Principal will ensure that there is a sufficient number of School staff present who have successfully completed an Anaphylaxis Management Training Course in the previous three years (see 'Staff Training' below).

Adrenaline Autoinjectors for General Use

The Principal will arrange for the purchase of additional adrenaline autoinjector(s) for general use and as a back up to those supplied by parents.

The Principal will determine the number and type of additional adrenaline autoinjector(s) for general use required. In doing so, the Principal will take into account the following relevant considerations:

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

Communication Plan

A communication plan to provide information to all School staff, students and parents about anaphylaxis and the School's Anaphylaxis Management Policy (Communication Plan) is contained in Attachment 3.

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.

The Communication Plan includes:

• procedures to inform volunteers and CRTs 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;

• information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Staff Training

All School staff will, in accordance with the Ministerial Order:

- have successfully completed an Anaphylaxis Management Training Course[7] in the previous three years. Such training should include the recognition of allergic reactions, emergency treatment, practice with adrenaline autoinjector training devices and risk minimisation strategies; and
- participate in a briefing, to occur once each semester (with the first briefing to be held at the beginning of the school year), by a staff member who has successfully completed an Anaphylaxis Management Training Course in the last 12 months, 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 adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector device;
    - the School's general first aid and emergency response procedures; and
    - the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the School for general use.

Training will be provided to School staff as soon as practicable after the student enrols and, wherever possible, training will take place before the student's first day at the School. In the event that the relevant training has not taken place by this time, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any student diagnosed at risk of anaphylaxis.

Each year, if required, new School staff receive anaphylaxis management training conducted by an accredited training organisation. Training is valid for three years.

Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist (as published and amended by the Department from time to time) to monitor compliance with the School's obligations[8].

Evaluation

This policy will be reviewed as part of the School's three-year review cycle or sooner if required.

This policy was last ratified by School Council in…	**June 2017**

[7] As defined in clause 5.5 of the Ministerial Order. Accredited anaphylaxis training courses that meet the requirements of Ministerial Order 706 are Course in First Aid Management of Anaphylaxis 22099VIC and Course in Anaphylaxis Awareness 10313NAT.

[8] A template of the Risk Management Checklist can be found at Appendix 4 of the Anaphylaxis Guidelines for Victorian Schools (refer to footnote 3).

Attachment 1 - Risk Minimisation and Prevention Strategies

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. Set out below are a range of specific strategies which, as a minimum, should be considered by School staff, for the purpose of developing prevention strategies for in-school and out-of-school settings to minimise the risk of incidents of anaphylaxis.

The risk minimisation and prevention strategies are reviewed at the beginning of each semester.

In-school settings

School staff must determine which strategies set out below for various in-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the School, and the general School environment.

Classrooms
1. Keep a copy of the student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) in the classroom, even if the adrenaline auto injector is kept in another location. Student information distributed to all staff (including yard duty first aid bags).
2. Liaise with parents about food-related activities ahead of time.
3. Communication notice on classroom door alerting parents of known allergies.
4. Use non-food treats where possible, but if food treats are used in class then parents of students with food allergy should provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student. Treats for the other students in the class should not contain the substance to which the student is allergic.
5. Never give food from outside sources to a student who is at risk of anaphylaxis.
6. Recommend fruit and vegetables only for brain food.
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). Class teachers to seek permission from parents prior to classroom cooking experiences whilst doing their best to avoid non participation from those with allergies.
9. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking. Regular wiping down / cleaning of classroom tables.

10. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. Ensure students wash their hands after eating snacks / lunch.
11. A designated staff member should inform casual relief teachers (CRTs), specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline auto injector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident (e.g. seeking a trained staff member). Folders containing such information are distributed to CRTs and specialist teachers. Volunteers are always under the supervision of a trained member of staff.
12. Class teachers to include student allergy information on transition reports for the following year's teacher so they are well informed prior to day 1 of a new year.
13. Year group leaders to communicate known food allergies and policy at Information Nights to make families aware at the start of the year.

Yard
1. Yard duty folders carry information on students who are at risk of anaphylaxis and the yard duty bags contain alert cards. Staff members to take their mobile phones out on duty. In an emergency, the staff member calls the office or staffroom. The student's adrenaline auto injector is then taken immediately to the student.
2. When a student 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.
3. 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.
4. A Communication Plan is 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.
5. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
6. 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.
7. Keep lawns and clover mowed and outdoor bins covered.
8. Students should keep drinks and food covered while outdoors.

9. Providing alternative tasks during pick up rubbish days or provide those with allergies with tongs/protective gloves.
10. The School will avoid the planting of 'bee' attracting plants / fauna within the school grounds. Trimming of overhanging tree branches and foliage from neighbouring properties.

Special events (e.g. sporting events, incursions, class parties)
1. 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.
2. School staff should avoid using food in activities or games, including as rewards.
3. For special occasions, School staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
4. Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.
5. Party balloons should not be used if any student is allergic to latex.

Out-of-school settings

School staff must determine which strategies set out below for various in-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the School, and the general School environment.

The class teacher will bring the student's adrenaline auto injector pen to the event. If another teacher is supervising the student, the class teacher will be responsible for briefing the supervising teacher and delivering the adrenaline auto injector to the supervising teacher. [If the child is not provided with an adrenaline auto injector then they will not be able to attend sport or excursions]

Plan for appropriate supervision of students at risk of anaphylaxis at all times. Ensure that:

• there are sufficient School staff attending the excursion who have been trained;
• there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking mediation 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;
• staff/student ratios are maintained during the trip, including in the event of an emergency where the students may need to be separated.

Field trips/excursions/sporting events
1. Sufficient School staff supervising the special event must be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2. A School staff member or team of School staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3. School staff should avoid using food in activities or games, including as rewards.
4. The adrenaline autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and School staff must be aware of their exact location.
5. For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All School staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face. If a student is placed in a group, the student must be in the group with the trained teacher. Parents/volunteers for excursions/camp must be aware of the students who are at risk however they are not to administer the injection as they may not be trained.
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.

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 and label reading.
3. 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 its care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4. 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.
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 will 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 at risk of anaphylaxis, it will also consider alternative means for providing food for those student
9. The student's adrenaline auto injector, Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) 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.
12. 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.
13. 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.
14. The School will have 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.
15. The adrenaline auto injector should remain close to the student and School staff must be aware of its location at all times.

16. The adrenaline auto injector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their adrenaline autoinjector on camp. All School staff still have a duty of care towards the student even if they do carry their own adrenaline auto injector.
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.

Storage of Adrenaline Autoinjectors

Adrenaline autoinjectors for individual students, or for general use, will be stored in the Sick Bay and be able to be accessed quickly.

Adrenaline autoinjectors are stored in an unlocked location, easily accessible to staff but not accessible to students, away from direct sunlight and heat (but not in a refrigerator or freezer).

Each adrenaline autoinjector is clearly labelled with the student's name and stored with a copy of the student's ASCIA Action Plan.

Adrenaline autoinjectors for general use are clearly labelled and distinguishable from those for students at risk of anaphylaxis.
Trainer adrenaline autoinjectors (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion.

Regular review of Adrenaline Autoinjectors

The School will undertake regular reviews of students' adrenaline autoinjectors, and those for general use. When undertaking a review, the following factors will be checked and/or considered:

1. Adrenaline autoinjectors are: • stored correctly and be able to be accessed quickly by staff; • stored in an unlocked, easily accessible place away from direct sunlight and heat. They should not be stored in the refrigerator or freezer; • clearly labelled with the student's name, or for general use; and • signed in and out when taken from its usual place (e.g. for camps or excursions).
2. Each student's adrenaline autoinjector is distinguishable from other students' adrenaline autoinjectors and medications. Adrenaline autoinjectors for general use are also clearly distinguishable from students' adrenaline autoinjectors.

3. All School staff know where adrenaline autoinjectors are located.
4. A copy of the student's ASCIA Action Plan is kept with their adrenaline autoinjector.
5. Depending on the speed of past reactions, it may be appropriate to have a student's adrenaline autoinjector in class or in a yard-duty bag.
6. Trainer adrenaline autoinjectors (which do not contain adrenaline) are kept in a separate location from students' adrenaline autoinjectors.

The School will also arrange for a designated School staff member to conduct regular reviews of the adrenaline autoinjectors to ensure they are not out of date.

If the designated staff member identifies any adrenaline autoinjectors which are out of date, they should:
• send a written reminder to the student's parents to replace the adrenaline autoinjector;
• advise the Principal that an adrenaline autoinjector needs to be replaced by a parent; and
• work with the Principal to prepare an interim Individual Anaphylaxis Management Plan pending the receipt of the replacement adrenaline autoinjector.

Attachment 2 - School Management and Emergency Response Procedures to an Anaphylactic Reaction

It is important for the School to have in place first aid and emergency response procedures that allow staff to react quickly if an anaphylactic reaction occurs, for both in-school and out-of-school settings. Drills to test the effectiveness of these procedures should be undertaken.

Such procedures are reviewed at the beginning of each semester.

Self-administration of the adrenaline auto injector

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

Students who ordinarily self-administer their adrenaline autoinjector may not physically be able to self-administer due to the effects of a reaction. In relation to these circumstances, School staff must administer an adrenaline autoinjector to the student, in line with their duty of care for that student.
If a student self-administers an adrenaline autoinjector, one member of the School staff member should supervise and monitor the student, and another member of the School staff should contact an ambulance (on emergency number 000/112).

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

Responding to an incident

Where possible, only School staff with training in the administration of the adrenaline autoinjector should administer the student's adrenaline autoinjector. However, it is imperative that an adrenaline autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the adrenaline autoinjector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.

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

- Classrooms – the School may use classroom phones/personal mobile phones to raise the alarm that a reaction has occurred. The School may decide to utilise an emergency card system (laminated card stating anaphylaxis emergency), whereby students go to the nearest teacher, office or other predetermined point to raise an alarm which triggers getting an adrenaline autoinjector to the child and other emergency response protocols.
- Yard – the School may use mobile phones, walkie talkies or a card system whilst on yard duty. Consideration needs to be given to the size of the campus, the number and age of students at risk, where first aiders will be stationed during lunch breaks etc.

In addition to planning 'how' to get an adrenaline autoinjector to a student, plans need to be in place for:
- a nominated staff member to call ambulance; and
- a nominated staff member to wait for ambulance at a designated school entrance.

Out-of School Environments

Excursions and Camps - Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore, emergency procedures will vary accordingly. A team of School staff

trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:

- 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 details (e.g. Melway reference and best access point or camp address/GPS location).

Students at risk of anaphylaxis

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

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

A member of the School staff should immediately locate the student's adrenaline autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan.

The adrenaline autoinjector should then be administered following the instructions in the student's ASCIA Action Plan.

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 3 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 3 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).
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, if a second autoinjector is available (such as the adrenaline autoinjector for general use).
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.

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, provided by the School psychologist or another person organised through the school. Specifically, the following post-incident actions will occur:

- debrief meeting with staff involved and affected;
- discussion with parents regarding incident prevention;
- review of the student's Individual Anaphylaxis Management Plan;
- implement updated risk prevention strategies.

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.

Attachment 3 - Communication Plan

Volunteers and CRTs of students at risk of anaphylaxis 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 class teacher or the casual relief staff organiser (as applicable).

The community will be informed of anaphylaxis and the need to minimise exposure to potential allergens by simple whole school rules such as not allowing food sharing, keeping the lawns well mown, and not allowing drink cans at school.

The Anaphylaxis Management policy is available on the School's website and is reviewed regularly.

Details of students at risk of anaphylaxis are provided at the beginning of each year on the School intranet, at staff/ level meetings and at wellbeing meetings conducted with classroom teachers, the Principal, the Assistant Principal and the Wellbeing coordinator.

Specifically, the name and photograph of each student who has anaphylaxis will be displayed in the following locations:
- Sick Bay;
- Staffroom;
- Classrooms;
- School gym;
- in emergency folders located in the Sick Bay and Staffroom and CRT folders

All yard duty folders contain summary pages of students with anaphylaxis, including a colour photo.

Class teachers are responsible for educating students in their class about the nature and effects of severe allergic reactions. Peer support is an important element of the care of students with anaphylaxis. Awareness raising occurs through the use of posters displayed in classrooms and at other strategic places within the School. Class teachers can discuss the topic with their students with a few simple messages.

The School's website displays an Anaphylaxis Response Plan (refer to Attachment 2) which defines the actions, lines of responsibility and communication in the event of a student experiencing an anaphylactic attack. This is to be developed by staff, taking into account the location of buildings in the school. Each semester, level teams, including specialists, discuss and role-play scenarios.

Raising staff awareness

As per staff training.

In addition, it is recommended that a designated staff member(s) (e.g. Principal, Assistant Principal or First Aid Officer) be responsible for briefing all volunteers and CRTs, and new School staff (including administration and office staff, canteen staff, sessional teachers, specialist teachers) of the above information and their role in responding to an anaphylactic reaction by a student in their care.

Anaphylaxis fact sheets should also be handed out to all School staff to raise awareness about anaphylaxis.

Possible signs & symptoms
These are the general range of symptoms. Details specific to the student are to be found on the individual student plan.
All reactions need to be taken seriously, but not all reactions require adrenaline.

MILDER SYMPTOMS Hives/ rash Facial swelling Tingling feeling in or around mouth Abdominal pain, vomiting or diarrhoea	ACTION REQUIRED Wash student's hands and face Administer anti-histamines Contact parents
MORE SERIOUS SYMPTOMS Cough or wheeze Difficulty breathing or swallowing Breathing stops Loss of consciousness or collapse	ACTION REQUIRED Administer auto-injector pen Call Ambulance 000 & stipulate need for M.I.C.A. ambulance Contact parents IMMEDIATELY

Adrenaline autoinjecting devices
Each student diagnosed at a risk of anaphylaxis provides an adrenaline autoinjector for storage at the School. The adrenaline auto-injectors are stored in the sick bay/office. Each student has an individual bag, with their photo, name, grade and other relevant details. The bag includes the ASCIA Action Plan, their adrenaline autoinjector (also labelled) and a felt pen to record time and dose. The bags are individually distinctive and located and prominently displayed on the sickbay wall.

A designated office staff member checks and records the expiry dates of each adrenaline autoinjector at the start of the year and re-checks at the start of every term and also checks that each adrenaline autoinjector has no grey/brown discolouration or sediment. Parents are informed in advance of the time to replace the adrenaline auto-injector. The School also has two spare adrenaline autoinjectors for use in emergencies. These are kept in the sickbay.

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

Student messages about anaphylaxis
1. Always take food allergies seriously.
2. Don't share your food with friends who have food allergies.
3. Wash your hands after eating.
4. Know what your friends are allergic to.
5. If a school friend becomes sick, get help immediately even if the friend does not want to.
6. Be respectful of a school friend's adrenaline autoinjector.

7. Don't pressure your friends to eat food that they are allergic to.

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

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

Work with parents
Parents of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to school. It is important to develop an open and cooperative relationship with such parents so that they can feel confident that appropriate management strategies are in place.

Raising school community awareness
The School will raise awareness about anaphylaxis in the School community:
• by providing information in the School newsletter
• through individual class letters
• by supporting Food Allergy Awareness Week annually with posters, communication and appropriate student activities.
• through parent information sheets that promote greater awareness of severe allergies. These can be downloaded from the Royal Children's Hospital website at:
www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/

Organisations providing information and resources

• Australasian Society of Clinical Immunology and Allergy (ASCIA) provide information on allergies. ASCIA anaphylaxis e-training provides ready access to anaphylaxis management education throughout Australia and New Zealand, at no charge. The child care versions of the courses, incorporating training in the use of the adrenaline autoinjector devices EpiPen and AnaPen, have been approved by ACECQA for the purposes of meeting the requirements of the National Regulations. Further information is available at:
http://www.allergy.org.au/

• ANAlert is a free alert service that sends reminders to replace an AnaPen before it expires, helping to ensure it is within its 'use by' or 'expiry date'. ANAlert can be accessed at: http://www.analert.com.au

• EpiClub provides a wide range of resources and information for managing the use and storage of the EpiPen adrenaline autoinjector device. They also provide a free service that sends a reminder by email, SMS or standard mail prior to the expiry date of an EpiPen. Further information is available at:
http://www.anaphylaxis101.com.au/EpiClub/

• Allergy & Anaphylaxis Australia is a non-profit organisation that raises awareness in the Australian community about allergy. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. Further information is available at:
http://www.allergyfacts.org.au/
• Royal Children's Hospital Anaphylaxis Support Advisory Line provides advice and support on implementing anaphylaxis legislation to education and care services and Victorian children's services. The Anaphylaxis Advisory Line is available between the hours of 8:30a.m. to 5:00p.m., Monday to Friday. Phone 1300 725 911 (toll free) or (03) 9345 4235. Further information is available at:
http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/

• Royal Children's Hospital, Department of Allergy and Immunology provide information about allergies and the services provided by the hospital. Further information is available at:
http://www.rch.org.au/allergy/