



# Anaphylaxis Management Policy

## Rationale

Rowellyn Park Primary School is committed to ensuring the school is taking appropriate steps to ensure the safety of students at risk of anaphylaxis by;

- providing, 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;
- raising awareness about allergies and anaphylaxis in the school community;
- actively involving the Parents of each student at risk of anaphylaxis in assessing risks, developing risk minimisation and management strategies for the student;
- ensuring that every staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures; ensuring policies and procedures are in place to minimise the risks associated with severe allergies so that all students can feel safe while at school.

Rowellyn Park Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published by the Department of Education & Training (DET). The school will develop and maintain an Anaphylaxis Management Policy which complies with DET guidelines and regularly review the policy in line with Guideline amendments.

**Link to Ministerial Order 706:**

<http://www.education.vic.gov.au/school/principals/health/pages/anaphylaxischools.aspx#ink71>

## Purpose

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life-threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency requiring a rapid response.

The purpose of this Anaphylaxis Management Policy is to ensure that all parties involved in potential anaphylactic management situations are aware of their roles and responsibilities and are provided with the necessary information, resources and/or training.

## Guidelines

## School Responsibility

### Individual Anaphylaxis Management Plans

The Principal (Principal nominee/School Anaphylaxis Supervisor) will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school. *NB: A template of an Individual Anaphylaxis Management Plan can be found in Appendix 1 of this policy.*

Link to Individual Anaphylaxis Management Plan:

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

The Individual Anaphylaxis Management Plan will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school;
- the name of the person(s) responsible for implementing the strategies;
- information on where the student's medication will be stored;
- the student's emergency contact details; and
- an ASCIA Action Plan. *NB: The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by Medical Practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found in Appendix 1 of this Policy.*

Rowellyn Park Primary School staff will implement and monitor the child's Individual Anaphylaxis Management Plan. It will be the role of the First Aid Officer in conjunction with the Principal (Principal nominee/School Anaphylaxis Supervisor) to ensure:

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

- annually; (at the time of review by the Medical Practitioner for new auto-injector)
- if the child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at school; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

- Complete an annual Anaphylaxis checklist in accordance with Clause 13 of the Ministerial Order.

### **Parent Responsibility**

It is the responsibility of parents to:

- provide the ASCIA Action Plan;
- inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the school and when it is reviewed;
- provide the school with an adrenaline auto-injector that is current and not expired for their child.
- consult with the school in developing the child's Individual Anaphylaxis Management Plan

### **Prevention Strategies**

It is important to remember that minimisation of the risk of anaphylaxis is everyone's responsibility: the Principal and staff, parents, students and the broader school community. Parents have important obligations under the Order (and the school's Anaphylaxis Management Policy). Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. If it was deemed necessary, Rowellyn Park Primary School may agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.

### **The School will:**

#### **IN SCHOOL SETTINGS (CLASSROOMS/SPECIALIST CLASSES)**

- The school will have a general use auto-injector, stored correctly and be able to be accessed quickly;
- A copy of the student's Individual Anaphylaxis Management Plan will be displayed in the classroom and at the front of the class roll. Parents should be informed that for safety reasons and communication, the plan will be displayed.
- In consultation with the child's parents, a memo will be sent home to students in the child's grade and those in the adjoining class, informing their parents that a classmate suffers from allergies which could result in an anaphylactic attack and outlining the allergens and risk prevention strategies. [See Appendix 2](#)
- Liaise with parents about food-related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class parents of students with food allergy provide a treat box with alternative treats. To avoid cross-contamination, treat boxes should be clearly labelled and only handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis unless it has been approved by the student's parents

- Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
- 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.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Be aware of the possibility of hidden allergens in food and other substances used in cooking, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
- Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
- During Physical Education lessons, the Physical Education teacher will carry anaphylaxis cards similar to anaphylaxis yard duty cards for all anaphylactic students, which may be used to seek assistance from the office.
- 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 Plan and Adrenaline Autoinjector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member. At Rowellyn Park Primary School this information will be available in the front of each classroom roll. The daily organiser will be the designated person to provide this information to CRTs, volunteers and specialist teachers.

#### IN THE CANTEEN

- Canteen staff should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.  
Refer to: 'Safe Food Handling' in the school Policy and Advisory Guide, available at:[http://www.education.vic.gov.au/school/principals/spag/governance/pages/food\\_handling.aspx](http://www.education.vic.gov.au/school/principals/spag/governance/pages/food_handling.aspx)
- Helpful resources for food services:  
<http://www.allergyfacts.org.au/component/virtuemart/>
- 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 school staff.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
- Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
- Make sure that tables and surfaces are wiped down with warm soapy water regularly.
- Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used

elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

#### IN THE SCHOOL YARD

- If Rowellyn Park Primary School has a student who is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if needed.
- The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff are made aware of their exact location.
- At Rowellyn Park Primary School staff on yard duty carry a folder containing emergency cards to indicate to office staff/first aid staff that a student is having a potential anaphylactic reaction and that an Adrenaline Autoinjector needs to be delivered to the yard. Each card will also include the yard duty area where assistance is required.
- Yard duty folders contain a copy of a child's ASCIA Action Plan with the yard area on the back
- Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
- Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. Where deemed necessary 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.
- Keep lawns and clover mowed and outdoor bins covered.
- If students need to take food outdoors, they should be encouraged to keep drinks and food covered until the food is finished.

#### SPECIAL EVENTS (eg. sporting events, in school visits, class parties)

- If a student at risk of anaphylaxis is attending an event, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
- Staff should avoid using food in activities or games, including as rewards.
- For special occasions, staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
- Where it is deemed necessary, 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.
- Party balloons should not be used if any student is allergic to latex.

#### EXCURSIONS/SPORTING EVENTS

- If a student at risk of anaphylaxis is attending an external to school event, 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.

- A staff member trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on excursions.
- Staff should avoid using food in activities or games, including as rewards.
- The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and staff must be aware of their exact location. An insulated bag, clearly labelled with 'Anaphylaxis Medication' & the school logo is to be used for the transport of the child's auto-injector.
- 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 & volunteers present during the external to school event/ 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 Class teacher/event supervisor 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).
- 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 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.

## SCHOOL CAMPS

- Prior to engaging a camp owner/operator's services staff 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.
- 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.
- Staff must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
- Staff should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.

- 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.
- Staff should discuss with parents re. sending the home auto-injector with the student to the camp to be used as a back-up.
- If staff or parents have concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, they 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 Auto-injector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
- Prior to the camp taking place 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.
- 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.
- Staff should 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 back-up device in the event of an emergency. The cost of the spare Adrenaline Autoinjector/s will be built into yearly camp costs.
- The Adrenaline Autoinjector should remain close to the student and staff must be aware of its location at all times.
- The Adrenaline Auto-injector should be carried in the school first aid kit; however, staff can consider allowing students, particularly senior students, to carry their Adrenaline Auto-injector on camp in a 'bum-bag'. Remember that all school staff members still have a duty of care towards the student even if they do carry their own Adrenaline Auto-injector.
- 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.
- Cooking and art and craft games should not involve the use of known allergens.

- Staff should consider the potential exposure to allergens when consuming food on buses and in cabins.
- Parents of all students attending camp will be notified in the camp information notices not to send extra food/treats with students to camp in consideration of students with allergies.

## OUT OF HOURS SCHOOL CARE

The Principal(Principal nominee/School Anaphylaxis Supervisor) should ensure that sufficient OHSC staff are trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.

- The Principal/Principal nominee should work with the OHSC Co-ordinator to ensure all school anaphylaxis procedures are followed (in particular, in relation to ensuring plans and medication are current) and that parents of students with diagnosed anaphylaxis have been involved in a discussion with OHSC staff in relation to their child's condition and plan;
- OHSC must have a general use auto-injector, stored correctly and be able to be accessed quickly;
- If diagnosed anaphylactic students attend OHSC, their parents must provide an auto-injector specifically to be used and stored at OHSC;
- Cooking and art and craft activities should not involve the use of known allergens;
- OHSC should display a copy of all anaphylaxis plans;
- Anaphylactic students who have an out of date plan or medication, will be unable to access the service;
- OHSC staff should be able to recognise anaphylactic students by face.

## OVERSEAS TRAVEL

Rowellyn Park Primary School does not offer any overseas travel, therefore it is unnecessary to develop strategies to address this. However, if the school did decide to implement overseas travel as part of its curriculum or as an extra-curricula option, anaphylaxis strategies would be developed and documented as part of this policy.

### **Storage of Adrenaline Auto-injectors**

It is recommended that Adrenaline Auto-injectors for individual students, or for general use, be stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes.

At Rowellyn Park Primary School Adrenaline Auto-injectors are stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer.

- Each Adrenaline Autoinjector is stored individually in a container clearly labelled with the student's name, grade & recent photo with a copy of the student's ASCIA Action Plan. The expiry date of the Auto-injector is also clearly labelled on the container;
- Additional allergy medication (eg. Clarityne, Zyrtec liquid/tablets) are stored with the student's auto-injector;

- An Adrenaline Auto-injector for general use be clearly labelled and distinguishable from those for students at risk of anaphylaxis;
- Containers holding students' Auto-injectors/action plans & allergy medication are stored in a large insulated bag in the main office next to sick bay, which is easily accessible and transportable in case of offsite evacuation;
- Trainer Adrenaline Auto-injectors (which do not contain adrenaline or a needle) are stored in a different location to avoid the risk of confusion.

### **Regular review of Adrenaline Auto-injectors**

The Principal(Principal nominee/School Anaphylaxis Supervisor), in conjunction with the First Aid Officer will undertake regular reviews of students' Adrenaline Auto-injectors, and those for general use. When undertaking a review, the following factors should be checked and/or considered:

Adrenaline Auto-injectors are:

- Stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes;
- Stored in an unlocked, easily accessible place away from direct light 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.
- Each student's Adrenaline Autoinjector is distinguishable from other students' Adrenaline Auto-injectors and medications. Adrenaline Auto-injectors for general use are also clearly distinguishable from students' Adrenaline Auto-injectors.
- All school staff know where Adrenaline Auto-injectors are located.
- A copy of the student's ASCIA Action Plan is kept with their Adrenaline Auto-injector.
- Depending on the speed of past reactions, it may be appropriate to have a student's Adrenaline Auto-injector in class or in a yard-duty bag.
- It is important to keep trainer Adrenaline Auto-injectors (which do not contain adrenaline) in a separate location from students' Adrenaline Auto-injectors.
- The Principal is encouraged to arrange for a designated school staff member (eg. First Aid Officer) to conduct regular reviews of the Adrenaline Auto-injectors to ensure they are not out of date and the window on the device is clear. This should be done at the beginning and end of each term and when staff anaphylaxis training or briefings are conducted. If the designated staff member identifies any Adrenaline Auto-injectors which are out of date/have cloudy windows, then:
  - Phone & send a written reminder via Compass (school's management system), to the student's parents to replace the Adrenaline Auto-injector as soon as possible;
  - Advise the Principal(Principal nominee/School Anaphylaxis Supervisor) that an Adrenaline Auto-injector needs to be replaced by a parent;
  - Work with the Principal(Principal nominee/School Anaphylaxis Supervisor) to prepare an interim Individual Anaphylaxis Management Plan pending the receipt of the replacement Adrenaline Autoinjector.

### **School Management and Emergency Response**

Rowellyn Park Primary School will use the following management and emergency response procedures:

- Ensure that the school develop, implements and reviews its school Anaphylaxis Management Policy in accordance with Ministerial Order 706 and DEECD Anaphylaxis Management Guidelines.
- Actively seeks 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).
- 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.
- 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 MPS has been notified of that diagnosis. 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 and excursions). Ensure students' Individual Anaphylaxis Management Plans are communicated to staff.
- The Principal(/School Anaphylaxis Supervisor) should be satisfied that that the canteen 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.
- Ensure that parents provide the school with an Adrenaline Auto-injector for their child that is not out-of-date and a replacement Adrenaline Autoinjector when requested to do so.
- Ensure that a Communication Plan is developed to provide information to all school staff, students and parents about anaphylaxis and the MPS's Anaphylaxis Management Policy.
- 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.
- Staff briefings to be held twice yearly led by the Principal/Principal nominee who has been trained as the School Anaphylaxis Supervisor. Practise with staff the use of the trainer Adrenaline Auto-injectors as a group and undertake drills to test effectiveness of the school's response & general first aid procedures.
- Encourage ongoing communication between parents and staff about the current status of the student's allergies, the school's policies and their implementation.
- 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.

- Ensure the Risk Management Checklist for anaphylaxis is completed annually.
- Arrange to purchase and maintain an appropriate number of Adrenaline Auto-injectors for general use to be part of the school's first aid kit. Currently 2 general use Auto-injectors are provided.

## **Role and responsibilities of School staff**

### **School Anaphylaxis Supervisor Role**

The Principal will identify 2 staff to undertake training in the course 'Verifying the Correct Use of Adrenaline Auto-injector Devices 22303VIC' to take on the role of School Anaphylaxis Supervisor.

Each Supervisor will:

- Ensure they have currency in the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC* (every 3 years) and the *ASCIA Anaphylaxis e-training for Victorian Schools* (every 2 years)
- Ensure that they provide the principal with documentary evidence of currency in the above courses
- Assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the *ASCIA Anaphylaxis e-training for Victorian Schools*
- Send periodic reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to ensure records of the anaphylaxis training undertaken by all school staff are stored on-site at the school
- Provide access to the adrenaline auto-injector (trainer) device for practice use by school staff
- Provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required
- Liaise with parents or guardians (and, where appropriate, the student) to manage and implement Individual Anaphylaxis Management Plans
- Liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school
- Lead the twice-yearly anaphylaxis school briefing
- Develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment; for example:
  - a bee sting occurs on school grounds and the allergic student is conscious
  - an allergic reaction where the student has collapsed on school grounds and the student is not conscious.
- Develop similar scenarios for when staff are demonstrating the correct use of the adrenaline autoinjector (trainer) device.

The School Anaphylaxis Supervisor Checklist is provided at **Appendix C**.

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.

The following is a summary of the key obligations of school staff under Ministerial Order 706:

- Know and understand the Rowellyn Park Primary School Anaphylaxis Management Policy.
- Know the identity of students who are at risk of anaphylaxis. Know the students by face.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
- 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
- Know general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction.
- Know where students' Adrenaline Auto-injectors and general use Adrenaline Auto-injectors are kept.
- Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.
- 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.
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies provided in this policy. Work with parents to provide appropriate treats for students at risk of anaphylaxis.
- 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.
- Be aware of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- 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.

### **Role and responsibilities of First Aid Officers**

If available at the school, First Aid Officers should take a lead role in supporting the Principal(Principal nominee/School Anaphylaxis Supervisor) and other school staff to implement the school's Anaphylaxis Management Policy.

The first aid Officer should provide advice and assistance as follows:

- Work with Principals to develop, implement and review the Anaphylaxis Management Policy.
- Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.

- Provide or arrange regular training to other staff to recognise and respond to anaphylactic reaction, including administration of an Adrenaline Auto-injector.
- Keep an up-to-date register of students at risk of anaphylaxis.
- Keep a register of Adrenaline Auto-injectors as they are 'in' and 'out' from the central storage point. For instance when they have been taken on excursions, camps etc.

Work with Principal(Principal nominee/School Anaphylaxis Supervisor), parents and students to develop, implement and review each Individual Anaphylaxis Management Plan to:

- Ensure that the student's emergency contact details are up-to-date;
- Ensure that the student's ASCIA Action Plan matches the student's supplied Adrenaline Auto-injector;
- Regularly check that the student's Adrenaline Autoinjector is not out-of-date, such as at the beginning or end of each term;
- Begin the process of communicating with parents about updating plans and medication 2 months prior to their expiry date;
- Inform parents in writing that the Adrenaline Auto-injector needs to be replaced a month prior to the expiry date (verbal communication should begin approximately two months before the expiry date);
- Ensure that the student's Adrenaline Auto-injector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place;
- Ensure that a copy of the Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) is stored with the student's Adrenaline Autoinjector.
- Work with staff to conduct regular risk prevention, minimisation, assessment and management strategies.
- Work with staff to develop strategies to raise their own, students and school community awareness about severe allergies.
- Provide or arrange post-incident support (e.g. counselling) to students and school staff, if appropriate.

### **Role and responsibilities of 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 in this policy below is a summary of some of the key obligations for parents under Ministerial Order 706, and some suggested areas where they may actively assist the school.

- Inform MPS 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.
- Inform MPS staff in writing of any changes to the student's medical condition and if necessary, provide an updated ASCIA Action Plan.
- Provide MPS with an up to date photo for the student's ASCIA Action Plan and when the plan is reviewed.

- Consult with the school to develop the student's Individual Anaphylaxis Management Plan, including risk management strategies.
- Provide the school with an Adrenaline Auto-injector and any other medications that are current and not expired.
- Replace the student's Adrenaline Auto-injector and any other medication as needed, before their expiry date or when used.
- Assist staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days or sport days).
- If requested by staff, assist in identifying and/or providing alternative food options for the student when needed.
- Inform staff in writing of any changes to the student's emergency contact details.
- Participate in reviews of the student's Individual Anaphylaxis Management Plan:
  - a. when there is a change to the student's condition;
  - b. as soon as practicable after the student has an anaphylactic reaction at school;
  - c. at its annual review;
  - 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.

It will be the role of the First Aid Officer in conjunction with the Principal/Principal Nominee to ensure that they liaise with parents in relation to the above information.

### **Emergency Response**

Rowellyn Park Primary School will 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. From time to time drills should be undertaken to test the effectiveness of these procedures.

### **Self-administration of the Adrenaline Autoinjector**

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, the student's parents and the student's Medical Practitioner.

It is important to note that 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 Auto-injector (provided by the parent) on-site in an easily accessible, unlocked location that is known to all school staff.

**Rowellyn Park Primary School does not recommend self-administration due to the young age of the students and the likely effects of an allergic reaction the student may be experiencing.**

## EMERGENCY RESPONSE TO ANAPHYLACTIC 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** –staff may use classroom phones/personal mobile phones/another staff member to raise the alarm that a reaction has occurred.
  1. Immediately call the office on **Ext. 124, 134, 110**
  2. State child's name & request Auto-injector for anaphylactic episode. Give class location. **A member of the Admin staff will bring the Auto-injector to the classroom.** Other Admin staff will ring 000 (ambulance) and contact child's parents.
  3. Remain with the child but remove the rest of the grade to teaching partner. Allow the child to lie down or if difficulty in breathing, allow child to sit.
  4. On receipt of Auto-injector the child's Medical Action plan will be followed. Take note of the time of administration.
  5. After administration, 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.
  6. 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.
  7. 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 auto-injector is available (such as the Adrenaline Autoinjector for general use).
  8. Following an anaphylactic reaction, a nominated staff member should contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266. A report will then be lodged on IRIS (Incident Reporting Information System).

- **NB:** If initial symptoms of an allergic reaction are noted at an early stage, ask your teaching partner to mind your grade while you take the child to sick bay. Alternatively, ring the office and ask someone to collect the child to take to sick bay
- **Yard** –Staff will use a card system whilst on yard duty to communicate a possible anaphylactic reaction with the office or first aid staff. Staff may also use personal mobile phones/another staff member to inform office. An admin staff will bring the Auto-injector to you. Follow steps 3 to 8.

NB: Following a possible anaphylactic reaction, a nominated staff member is to call an ambulance. At Rowellyn Park Primary School this will usually be an office staff member and a nominated staff member is to wait for the 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. 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 Auto-injectors 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;
- ‘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.

### **Students at risk of anaphylaxis**

A member of 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 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.

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**.

Both the student's home Auto-injector and the student's school auto-injector should be taken to external events such as camps & excursions.

### **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 MPS 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 a general use Adrenaline Autoinjector.

### **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 staff may benefit from post-incident counselling, provided by the student welfare coordinator, school psychologist or other suitable professional.

### **Review**

After an anaphylactic reaction has taken place that has involved a student in care and supervision, it is important that the following review processes take place.

- The Adrenaline Auto-injector must be replaced by the parent as soon as possible.
- In the meantime, the Principal/ School Anaphylaxis Supervisor should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
- If the Adrenaline Auto-injector for general use has been used this should be replaced as soon as possible.
- The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents.
- 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.

## **General Use Adrenaline Auto-injectors**

### **Purchasing Adrenaline Auto-injectors**

The Principal/ School Anaphylaxis Supervisor is responsible for arranging for the purchase of additional Adrenaline Autoinjector(s) for general use, and as a back up to Adrenaline Auto-injectors supplied by parents of students who have been diagnosed as being at risk of anaphylaxis.

Adrenaline Autoinjectors for general use are available for purchase at any chemist. No prescription is necessary. These devices are to be purchased by a school at its own expense, and in the same way that supplies for school first aid kits are purchased.

The Principal will need to determine the type of Adrenaline Autoinjector to purchase for general use. In doing so, it is important to note the following:

- Children under 20 kilograms are prescribed a smaller dosage of adrenaline, through an EpiPen®Jr

- Adrenaline Auto-injectors are designed so that anyone can use them in an emergency.

### **Number of back up Adrenaline Auto-injectors to purchase**

The Principal/ School Anaphylaxis Supervisor will also need to determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal should 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 Auto-injectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of Adrenaline Auto-injectors for general use in specified locations at the school including in the school yard, and at excursions, camps and special events conducted, organised or attended by the School; and
- the Adrenaline Auto-injectors for general use have a limited life, and will usually expire 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.
- 

Rowellyn Park Primary School will purchase 1 adult Auto-Injector for General Use. A second Adult Auto-Injector will be purchased for the school's OSHC Program. Therefore the school will have 2 general use Auto-injectors on site.

### **When to use General Use Adrenaline Auto-injectors**

It is recommended that Adrenaline Auto-injectors for general use be used when:

- A student's prescribed Adrenaline Autoinjector does not work, is misplaced, out of date or has already been used; or
- When instructed by a medical officer after calling 000.
- If after administering the student's own Auto-injector, there is a deterioration/no change in symptoms after a 5 minute period
- A student is having a suspected first time anaphylactic reaction and does not have a medical diagnosis for anaphylaxis

ASCIA advises that no serious harm is likely to occur from mistakenly administering adrenaline to an individual who is not experiencing anaphylaxis.

### **Communication Plan**

The following communication strategies are to be used to provide information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy.

### **Raising staff awareness**

As part of this policy, relevant MPS school staff are to be briefed at least twice per year by a staff member who is designated School Anaphylaxis Supervisor & has current anaphylaxis management training. However, it is best practice for a school to brief all school staff on a regular basis regarding anaphylaxis and the school's Anaphylaxis Management Policy.

It is also recommended that a designated staff member(s) be responsible for briefing all volunteers and casual relief staff, 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.

## Staff Training

In summary, school staff must complete one of the following options to meet the anaphylaxis training requirements of MO706:

### Option 1

**All school staff** - *ASCIA Anaphylaxis e-training for Victorian Schools* followed by a competency check by the School Anaphylaxis Supervisor. This course is provided by ASCIA, is free for all Victorian schools and valid for 2 years.

### AND

**2 staff per school or per campus** (School Anaphylaxis Supervisor) - *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC*. This course is provided by the Asthma Foundation, is free to government schools and is valid for 3 years.

### Option 2

**School staff (as determined by the principal)** - *Course in First Aid Management of Anaphylaxis 22300 VIC (previously 22099VIC)*. This course is provided by an RTO that has this course in their scope of practice and is paid for by each school. The training is valid for 3 years.

### Option 3

**School staff (as determined by the principal)** - *Course in Anaphylaxis Awareness 10313NAT*. This course is provided by any RTO that has this course in their scope of practice and is paid for by each school. The training is valid for 3 years.

**Please note:** First aid training does **NOT** meet the requirements of anaphylaxis training requirements under MO706.

### Twice-yearly anaphylaxis briefing requirements

All schools with a child or young person at risk of an anaphylactic reaction are required to undertake twice yearly briefings on anaphylaxis management under MO706.

A presentation has been developed to help schools ensure they are complying with the legislation. The briefing presentation incorporates information on how to administer an EpiPen and it is expected all staff will practice with the EpiPen trainer devices provided to your school. As part of the briefing, school staff should familiarise themselves with the

children and young people in the school at risk of an anaphylactic reaction and their Individual Anaphylaxis Management Plans.

Any person who has completed Anaphylaxis Management Training in the last 2 years can lead the briefing. If your school has decided to choose the online option, your School Anaphylaxis Supervisor may be the most appropriate staff member for this role. A facilitation guide and speaking notes have also been developed to support training of staff.

# Appendix D: Guidance for developing an Anaphylaxis Management Policy for your school

## Ministerial Order 706 – Anaphylaxis Management in Schools

The Anaphylaxis Guidelines for Victorian Schools will be referred to when developing/updating their anaphylaxis management policies.

**School name: Rowellyn Park Primary School**

### School statement:

Rowellyn Park Primary school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time. We acknowledge that it is our school's responsibility to develop and maintain an anaphylaxis management policy.

### Staff training

The following school staff will be appropriately trained:

School staff who conduct classes attended by students who are at risk of anaphylaxis

Any other school staff as determined by the principal to attend (indicate which staff in your school will be trained, for example all canteen staff, admin staff, first aiders, volunteers etc).

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:

Option	Completed by	Course	Provider	Cost	Valid for
<b>Option 1</b>	<b>All school staff</b>	<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
	<b>AND</b> <b>2 staff</b> 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.

In addition, all staff are to 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:

Staff will be provided with:

- 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®
- Our school's First Aid policy and emergency response procedures
- on-going support and training.

The briefing must be conducted by a member of the school staff, preferably the person nominated as the School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the last 2 years.

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. 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.

### **Individual Anaphylaxis Management Plans**

**Note: A template for an Individual Anaphylaxis Management Plan can be found in Appendix E of the Anaphylaxis Guidelines for Victorian Schools on the Department's website: [www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx)**

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

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school.

The Individual Anaphylaxis Management Plan will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has and 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, for in-school and out-of-school settings

including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school

- the name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Plan
- information on 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.

**Note: The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found in Appendix E of the Anaphylaxis Guidelines or downloaded from [www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx)**

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

The student's Individual Anaphylaxis Management Plan will be reviewed, 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 anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

The school's Anaphylaxis Management Policy must state that it is the responsibility of the parents to:

- obtain the 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 change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant 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 an adrenaline autoinjector that is current (ie the device has not expired) for their child
- participate in annual reviews of their child's Plan.

### **Risk Minimisation strategies**

**Note: Chapter 8 of the Anaphylaxis Guidelines for Victorian Schools contains advice about a range of Risk minimisation Strategies that can be put in place.**

This section should detail the Risk Minimisation Strategies that your school will put in place for all relevant 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
- in canteens
- during recess and lunchtimes
- before and after school
- camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

A number of suggested risk minimisation strategies are included at **Appendix F** which, as a minimum, should be considered by school staff, for the purpose of developing such strategies for in-school and out-of-school settings.

### **School planning and emergency response**

**Note: Chapter 9 of the Anaphylaxis Guidelines for Victorian Schools contains advice about procedures for School planning and emergency response for anaphylactic reactions.**

The school's Anaphylaxis Management Policy must include Emergency Response Procedures relating to anaphylactic reactions including:

- a complete and up to date list of students identified as being at risk of anaphylaxis
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis and where these are located within the school and during school excursions, school camps and special events conducted, organised or attended by the school
- an outline of the storage and accessibility of adrenaline autoinjectors, including those for general use
- how appropriate communication with school staff, students and parents is to occur in accordance with a Communication Plan that complies with Chapter 11.

### **Adrenaline autoinjectors for general use**

The principal will purchase adrenaline autoinjector(s) for general use (purchased by the school) and as a back up to those supplied by parents.

The principal will also need to determine the **number** of additional adrenaline autoinjector(s) required to be purchased by the school. In doing so, the principal should 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 and 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, organised or attended by the school

- the adrenaline autoinjectors for general use have a limited life, and will usually expire 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
- the expiry date of adrenaline autoinjectors should be checked regularly to ensure they are ready for use.

**Note:** adrenaline autoinjectors for general use are available for purchase at any chemist. No prescriptions are necessary.

### **Communication Plan**

**Note:** Chapter 11 of the Anaphylaxis Guidelines for Victorian government schools has advice about strategies to raise staff and student awareness, working with parents and engaging the broader school community.

This section should set out a Communication Plan to provide information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy.

The Communication Plan must include 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
- 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 must include procedures to inform 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.

It is the responsibility of the principal of the school to ensure that relevant school staff are: adequately trained (either through face-to face or online training)

### **AND**

briefed at least twice per calendar year through an in-house school briefing.

### **Annual risk management checklist**

The principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations. The annual checklist is designed to step schools through each area of their responsibilities in relation to the management of anaphylaxis in schools.

**Note:** The Risk Management Checklist can be found at Appendix F of the Anaphylaxis Guidelines for Victorian Schools on the Department's website:  
[www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx)

## Raising student awareness

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

Student messages about anaphylaxis:

- Don't share your food with friends who have food allergies.
- Wash your hands after eating.
- Know what your friends are allergic to.
- If a school friend becomes sick, get help immediately even if the friend does not want to.
- Be respectful of a school friend's Adrenaline Auto-injector.
- Don't pressure your friends to eat food to which they are allergic

## Raising Community/Parent awareness

Rowellyn Park Primary School will provide information to raise community awareness about anaphylaxis by:

- In consultation with the child at risk parents, providing a memo to grades of students at risk of anaphylaxis outlining the medical risk and reactions, the allergens and strategies to minimise this risk.
- Provide information and links to websites in the school newsletter and via electronic media(website, Facebook)
- Ensure the Anaphylaxis Management Policy is available on the school website.
- Provide information to parents during Information sessions; eg. Foundation Transition, Camp Information nights

## 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/>
- **EpiClub** provides a wide range of resources and information for managing the use and storage of the Adrenaline Autoinjector device EpiPen®. 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: [www.epiclub.com.au](http://www.epiclub.com.au)
- **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/allergy-and-anaphylaxis>

- **Royal Children's Hospital Anaphylaxis 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 8:30 a.m. to 5:00 p.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/](http://www.rch.org.au/allergy/advisory/anaphylaxis)
- **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/>

Date Implemented: 1/11/2016

Author: Lesley Egan

Approved and Ratified by School Council: 28/11/2016

**Appendix 1 Link to Individual Anaphylaxis Management Plan:**

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

**Individual Anaphylaxis Management Plan**

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (**ASCIA Action Plan for Anaphylaxis**) provided by the parent.  
It is the parent's responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

<b>School</b>	Rowellyn Park P.S.	<b>Phone</b>	03 9782 0953
<b>Student</b>			
<b>DOB</b>		<b>Year level</b>	
<b>Severely allergic to:</b>			
<b>Other health conditions</b>			
<b>Medication at school</b>			

**EMERGENCY CONTACT DETAILS (PARENT)**

<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	

**EMERGENCY CONTACT DETAILS (ALTERNATE)**

<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	

<b>Medical practitioner contact</b>	<b>Name</b>	
	<b>Phone</b>	

<b>Emergency care to be provided at school</b>	
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<b>Storage location for adrenaline autoinjector (device specific) (EpiPen®)</b>	
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**ENVIRONMENT**

To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

**Name of environment/area: Classroom & Specialist classes**

<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

**Name of environment/area: Yard**

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area: Canteen

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area: Excursions

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area: Camp

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

# ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Confirmed allergens:

\_\_\_\_\_

Family/emergency contact name(s):

\_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by Dr or NP:

\_\_\_\_\_

I hereby authorise medications specified on this plan to be administered according to the plan

Signed: 

Date: \_\_\_\_\_

Action Plan due for review: \_\_\_\_\_

## SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

## ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

**Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis**

## WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

## ACTION FOR ANAPHYLAXIS

### 1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



### 2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

### 3 Phone ambulance\* - 000 (AU) or 111 (NZ)

### 4 Phone family/emergency contact

### 5 Further adrenaline doses may be given if no response after 5 minutes

### 6 Transfer\* person to hospital for at least 4 hours of observation

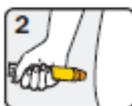
### If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

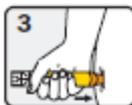
## How to give EpiPen®



Form flat around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds

REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

## ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer

if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed:  Y  N