ANAPHYLAXIS MANAGEMENT POLICY

PURPOSE

Anaphylaxis is a severe, rapidly progressive allergic reaction that is life threatening. The key to preventing an anaphylactic reaction is planning, risk identification and minimisation, awareness and education.

Waverley Meadows Primary School have a legal duty to take reasonable steps to protect the students from reasonably foreseeable risks of injury.

The school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

GOALS

1. To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction/emergency procedures.
2. To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
3. To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
4. To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community

GUIDELINES

1. All school staff must be trained in accordance with clause 12.1 of Ministerial Order 706:
   1.1.1. School staff who conduct classes that students who are at risk of anaphylaxis attend; and
   1.1.2. Any further school staff that the principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.
2. School staff who are subject to training requirements in accordance with clause 12.1 must:
   - Have successfully completed a face-to-face anaphylaxis management training course in the three years prior; or
   - have successfully completed an online anaphylaxis management training course in the two years prior; and
   - participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis management training course referred to in clause 12.2.1 in the two years prior on:
     - The school's anaphylaxis management policy;
     - The cause, symptoms and treatments of anaphylaxis;
     - The identities of students with a medical condition that relates to allergy and the potential for anaphylactic reactions, and where their medication is located;
     - How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector;
     - The school's general first aid and emergency response procedures; and
     - The location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

3. The principal will ensure the annual Risk Assessment Checklist to monitor obligations, as published and amended by the Department for time to time, will be completed at the beginning of each school year.
4. The school will liaise with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk management strategies, implementing, monitoring and regular review of Individual Anaphylaxis Management Plan based on the ASCIA Action Plan for Anaphylaxis, in accordance with clause 7. (See Appendix A)
5. Parents/carers will be responsible for providing the school with an appropriate adrenaline auto injecting device and ensuring that it is maintained within its expiry date.
6. The Principal is responsible for arranging for the purchase of additional adrenaline autoinjector(s) for general use and as a back up to those supplied by parents. The Principal will consider the following factors in purchasing adrenaline auto-injectors for general use:
    a. The number of students enrolled at risk of anaphylaxis.
    b. The accessibility of adrenaline auto-injectors supplied by parents.
    c. The availability of a sufficient supply of adrenaline auto-injectors for general use in specified locations at the school, including the school yard, at excursions, camps and special events conducted, organised or attended by the school.
    d. That adrenaline auto-injectors have a limited life, 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 comes first.
7. The Principal is responsible for ensuring that an individual anaphylaxis management plan is developed for any student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction
8. The individual anaphylaxis management plans are to be in place after the student enrolls, or as soon as practicable after the student attends the school with an interim plan to be developed in the meantime
9. Parents are required to:
    a. Provide an ASCIA action plan.
    b. Inform the school if the student's medical condition changes, and to provide an updated ASCIA action plan.
    c. Provide an up to date photo of the student for the ASCIA action plan.
    d. Provide the school with an adrenaline auto-injector that is current and not expired.
10. Foods that are associated with anaphylaxis and allergies are not banned from school as this can create complacency and the school cannot guarantee the elimination of all allergens. However, staff members will not use peanuts, tree nuts, peanut butter or other peanut or tree nut products during any school activity.
11. Risk management strategies will be considered by school staff for all school based activities. (Appendix B)

IMPLEMENTATION

Annual risk management checklist is to be completed in February in line with the commencement of the new school year.

The annual risk management checklist is inclusive of the processes, procedures and requirements as legislated through Ministerial Order 706, where preparation for and steps identified to respond to an anaphylactic reaction by a student are addressed.

The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis policy. The communication plan will include information about all steps that will be taken to respond to an anaphylactic reaction by a student in the classroom, yard, on an excursion or at a camp.

Casual relief staff responsible for students at risk of anaphylaxis are to be briefed by an administrative staff member about their role in responding to an anaphylactic reaction by the student.

All staff will be trained by completing the ASCIA e-training every 2 years and will be asked to complete a competency check on adrenaline autoinjectors within 30 days of the training by the school trained Anaphylaxis Supervisors. Staff will be briefed at least twice per calendar year through an in-house school briefing in accordance with Ministerial Order (chapter 5).
This briefing will also include:

- the school's anaphylaxis policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis and where their medication is stored.
- how to use an auto-adrenaline injecting device.
- the school's first aid emergency response procedures

Any new staff will be briefed as a component or their induction upon commencement.

This Policy is to be read in conjunction with the Anaphylaxis Communication Plan

EVALUATION

This policy will be reviewed annually to ensure it fully complies with Ministerial order 706 and Department guidelines.

Appendix A: 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.

School		**Phone**	
Student			
DOB		**Year level**	
Severely allergic to:			
Other health conditions			
Medication at school			

1.1.1 EMERGENCY CONTACT DETAILS (PARENT)

Name		**Name**	
Relationship		**Relationship**	
Home phone		**Home phone**	
Work phone		**Work phone**	
Mobile		**Mobile**	
Address		**Address**	

1.1.2 EMERGENCY CONTACT DETAILS (ALTERNATE)

Name		**Name**	
Relationship		**Relationship**	
Home phone		**Home phone**	
Work phone		**Work phone**	
Mobile		**Mobile**	
Address		**Address**	

Medical practitioner contact	**Name**	
	Phone	
Emergency care to be provided at school		
Storage location for adrenaline autoinjector (device specific) (EpiPen®)		

1.1.3 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:			
Risk identified	**Actions required to minimise the risk**	**Who is responsible?**	**Completion date?**
Name of environment/area:			
Risk identified	**Actions required to minimise the risk**	**Who is responsible?**	**Completion date?**

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

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Risk identified	**Actions required to minimise the risk**	**Who is responsible?**	**Completion date?**
Name of environment/area:			
Risk identified	**Actions required to minimise the risk**	**Who is responsible?**	**Completion date?**

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ascia
www.allergy.org.au

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:

How to give EpiPen®

1. Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE
2. Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)
3. 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

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

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

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- 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 (e.g. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of principal (or nominee):	
Date:	

Appendix B: Risk Minimisation strategies for schools

1.2 In-school settings

It is recommended that school staff 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. Not all strategies will be relevant for each school.

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan for Anaphylaxis is easily accessible even if the adrenaline autoinjector is kept in another location.
2.	Liaise with parents about food-related activities well ahead of time.
3.	Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Alternative treat boxes should be clearly labelled and only handled by the student.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	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.
6.	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.
7.	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).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
9.	Children with food allergy need special care when doing food technology. An appointment should be organised with the student’s parents prior to the student undertaking this subject. Helpful information is available at: www.allergyfacts.org.au/images/pdf/foodtech.pdf
10.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
11.	A designated staff member should inform casual relief teachers, 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.

Canteens	
1.	Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications for 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 at: www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx • Helpful resources for food services available at: www.allergyfacts.org.au
2.	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, these individual have up to date training in an anaphylaxis management training course as soon as practical after a student enrols.
3.	Display a copy of the student's ASCIA Action Plan for Anaphylaxis in the canteen as a reminder to canteen staff and volunteers.
4.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5.	Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6.	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7.	Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.).
8.	Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Yard	
1.	If a school has a student who is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the adrenaline autoinjector (i.e. EpiPen®) and be able to respond quickly to an allergic reaction if needed.
2.	The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis must be easily accessible from the yard, and staff should be aware of their exact location. (**Remember that an anaphylactic reaction can occur in as little as a few minutes**). Where appropriate, an adrenaline autoinjector may be carried in the school's yard duty bag.

3.	Schools must have an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the school's emergency response procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4.	Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with severe allergies to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6.	Keep lawns and clover mowed and outdoor bins covered.
7.	Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)	
1.	If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2.	School staff should avoid using food in activities or games, including as rewards.
3.	For special events involving food, 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.
6.	If students from other schools are participating in an event at your school, consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. Agree on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host and visiting school. Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them to events outside their own school.

1.3 Out-of-school settings

It is recommended that schools determine which strategies set out below for various out-of-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. Not all strategies will be relevant for each school.

Travel to and from school by school bus	
1.	School staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from school on the bus. This includes the availability and administration of an adrenaline autoinjector. The adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this child is deemed too young to carry an adrenaline autoinjector on their person at school.

Field trips/excursions/sporting events	
1.	If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2.	A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3.	School staff should avoid using food in activities or games, including as rewards.
4.	The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis 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.
6.	The school should consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required).
7.	Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
8.	Prior to the excursion taking place school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.
9.	If the field trip, excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear. Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to events being held at other schools.

Camps and remote settings	
1.	Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.
2.	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3.	Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4.	Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
5.	School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. **If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.**
6.	If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns in writing with the camp owner/operator and also consider alternative means for providing food for those students.
7.	Use of substances containing known allergens should be avoided altogether where possible.
8.	Camps should be strongly discouraged from 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. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.
9.	Prior to the camp taking place school staff should consult with the student's parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.

10.	The student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone **must** be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone. All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
11.	Contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, 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.
12.	It is strongly recommended that schools take an adrenaline autoinjector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
13.	Schools should consider purchasing an adrenaline autoinjector for general use to be kept in the first aid kit and include this as part of the emergency response procedures.
14.	Each student's adrenaline autoinjector should remain close to the student and school staff must be aware of its location at all times.
15.	The adrenaline autoinjector should be carried in the school first aid kit; however, schools can consider allowing students, particularly adolescents, to carry their adrenaline autoinjector on camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own adrenaline autoinjector.
16.	Students with allergies 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.
17.	Cooking and art and craft games should not involve the use of known allergens.
18.	Consider the potential exposure to allergens when consuming food on buses and in cabins.