

## ***ANAPHYLAXIS MANAGEMENT POLICY***

### ***(including School Specific Procedures)***

Latest DET Update: 08/02/2018

First Developed: 2012; 2014; 2016

Updated: June & August 2017 and February 2018

#### **Rationale**

- Anaphylaxis is a serious health issue for a percentage of the population.
- Guidelines have been developed to assist all Victorian schools to meet their duty of care to students at risk of anaphylaxis and to support those students.
- The Guidelines support schools in complying with legislation, most critically the:
  - *Education and Training Reform Act 2006*, which specifies that a school must have an anaphylaxis management policy if it has enrolled a student in circumstances where the school knows (or ought reasonably to know) that the student has been diagnosed as being at risk of anaphylaxis
  - *Ministerial Order 706 - Anaphylaxis Management in Victorian Schools*, which provides the regulatory framework for the management of anaphylaxis in all Victorian schools and prescribes what must be included in an anaphylaxis management policy as well as prescribing the training requirements for school staff working with students who are at risk of anaphylaxis.
- The Guidelines include information on anaphylaxis including:
  - legal obligations of schools in relation to anaphylaxis
  - School Anaphylaxis Management Policy
  - staff training
  - Individual Anaphylaxis Management Plans
  - risk minimisation and prevention strategies
  - school management and emergency responses
  - adrenaline autoinjectors for general use
  - Communication Plan
  - Risk Management Checklist.
- Schools are required by law to have a policy and procedures for managing anaphylaxis in place and must review and update the policy for strict compliance with the guidelines found at DET's Policy Advisory Guide > A – Z Index at the website below (updated 08 February 2018) which is the key reference and support for Bellbridge Primary School.

#### **Training**

- Victoria has implemented an online model for anaphylaxis training, utilising the Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training for Victorian Schools.
- This new approach has been informed by advice from medical experts and our valued school stakeholders. The benefits of the ASCIA e-training course include reduced burden on schools and increased quality and consistency of training.
- To support schools to undertake the e-training, a small number of staff in each school will be trained to be able to assess other staff's competency in using an autoinjector in person.

- Ministerial Order 706 has been amended to allow for the new online training model. Under this model it is recommended that **all Victorian school staff** undertake the new Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training course once every two years and have their competency in using an autoinjector tested in person within 30 days of completing the course.
- The online ASCIA e-training course is fully funded for all Victorian school staff. The course will take approximately one hour and can be accessed at <https://etrainingvic.allergy.org.au/>
- In order to meet legislative requirements staff will also need to have their competency in using an autoinjector (e.g. EpiPen®) tested in person within 30 days of completing the course. Every government school will be contacted by the Asthma Foundation in 2016 and invited at no cost to the school, to nominate **two staff members** from each campus to undertake face-to-face training to skill them in providing competency checks. These staff will perform the role of **School Anaphylaxis Supervisor** and be the contact for anaphylaxis management requirements in the school, including leading the twice-yearly school briefings.
- Once your School Anaphylaxis Supervisors have completed their training your school can transition to the online model.
- A School Anaphylaxis Supervisor Checklist has been developed to guide schools with the requirements of this role. Training agencies that have the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC* in their scope of practice are required to use this checklist to guide their training with Victorian schools.
- Alternatively schools can opt to undertake fee-based face-to-face training in one of the accredited anaphylaxis training courses that meet the requirements of MO706:
  - Course in First Aid Management of Anaphylaxis 22300VIC
  - Course in Anaphylaxis Awareness 10313NAT.
  - To find registered training organisations that deliver anaphylaxis training, go to the Australian Government Department of Education and Training site at: [www.training.gov.au](http://www.training.gov.au)
- 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 two 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 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 two 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, see: [Department resources](#) below

### **Purpose**

- To ensure Bellbridge Primary School manages children at risk of anaphylaxis.
- To ensure the school complies with legislation and DET policy and guidelines.
- To ensure the school complies with the revised Ministerial Order 706 (MO706).
- To ensure all staff can respond to an anaphylactic reaction.
- To provide, as far as is practicable, a safe and supportive environment in which children at risk of anaphylaxis can participate equally in all aspects of schooling.
- To raise awareness of anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of children at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the child.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures for responding to an anaphylactic reaction.

### **Definition**

Anaphylaxis is a severe and sudden allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, bee or other insect stings and some medications.

A mild to moderate allergic reaction includes swelling of the lips, face and eyes, hives or welts, tingly mouth, abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

Anaphylaxis (a severe allergic reaction) can include any one of noisy or difficult breathing, swelling of the tongue or swelling/tightness in the throat, difficulty talking or a hoarse voice, wheeze or persistent cough, pale pallor and floppiness in young children, abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

### **Implementation**

- Bellbridge Primary School will comply with Ministerial Order 706 (effective 3 December 2015) and associated guidelines.
- The school acknowledges its responsibility to develop, review and update its Anaphylaxis Management Policy.
- In accordance with DET policy, the school has developed a mandatory pre-requisite *Health Care Needs Policy*.
- The school will not ban certain types of foods (e.g. nuts) as it is not practicable to do so, and is not a strategy recommended by the DET or the Royal Children's Hospital. However, the school will request that parents do not send those items to school if at all possible; that the canteen eliminate or reduce the likelihood of such allergens, and the school will reinforce the rules about not sharing and not eating foods provided from home.
- In the event of an anaphylactic reaction, the school's first aid and emergency management response procedures and the child's Individual Anaphylaxis Management Plan will be followed.
- The school will:
  - ask the child whether she/he has self-administered an adrenaline auto-injector (such as EpiPen®/Anapen®)
  - if the child has not previously done this, administer the adrenaline auto-injector
  - call an ambulance
  - contact the child's emergency contact person and then contact Security Services Unit on 9589-6266.

- The decision about whether a child is able to carry out and potentially self-administer the auto-injector is made while developing the child's ASCIA Action Plan for Anaphylaxis.
- Staff duty of care extends to administering an auto-injector even if the child's ASCIA Action Plan for Anaphylaxis states the child can self-administer.
- When a child self-administers their own adrenaline auto-injector, they have a responsibility to inform staff so that an ambulance can be called.  
Note: Children have a right to self-administer their own adrenaline auto-injector but may not be physically able.

#### Using an EpiPen®

Prior to use the school will:

- Confirm the expiry date to ensure it is 'in-date' (not expired). If the device has expired, use an alternative device if easily accessible. If no other option is available or easily accessible, then USE the expired device.
- Check the viewing window to ensure the adrenaline is not cloudy or discoloured. If the device is cloudy or discoloured, use an alternative device if easily accessible. If no other option is available or easily accessible, then USE the cloudy or discoloured device.
- Ensure the device is the correct medication for the individual being treated, or the device is the school adrenaline auto-injector for general use.

Where possible these devices should only be used by staff trained to use it. However, in an emergency they may be administered by any person following instruction from the child's ASCIA Action Plan for Anaphylaxis.

1. Remove the EpiPen® from the plastic container.  
Note: Children under 20kg are prescribed an EpiPen Junior® which has a smaller dose of adrenaline.
2. Form a fist around the EpiPen® and pull off the blue safety cap.
3. Place the orange end against the outer mid-thigh and (with or without clothing).
4. Push down hard until a click is heard or felt and hold for 10 seconds.
5. Remove the EpiPen®, being careful not to touch the needle, and return it to its plastic container.
6. Note the time you gave the EpiPen®.
7. Call an ambulance on 000 as soon as possible.
8. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.
9. Reassure the child experiencing the reaction as they are likely to be feeling anxious and frightened. Do not move the child.
10. Ask another staff member to move other children away and reassure them separately.
11. Watch the child closely in case of repeat reaction.

**Important:** Where there is no marked improvement and severe symptoms as described in the child's ASCIA Action Plan for Anaphylaxis are present, a second injection of the same dose may be administered after 5 to 10 minutes.

#### Please Note:

EpiPen<sup>◆</sup> and EpiPen<sup>◆</sup> Jr adrenaline (epinephrine) autoinjectors with a 3 second label will start to enter pharmacies in Australia and New Zealand from 13 June 2017 onwards.

The devices have not changed, just the instructions on the label, which now include:

- **Reduced injection time from 10 to 3 seconds** – this is based on research confirming efficacy and delivery of adrenaline through the 3 second delivery.
- **Removal of the massage step after the injection** – this has been found to reduce the risk of tissue irritation.

**EpiPen<sup>®</sup>s with a 10 second label can continue to be used and should not be replaced unless they have been used, are just about to expire or have expired.** All EpiPen<sup>®</sup>s should now be held in place for 3 seconds, regardless of the instructions on the label. However, if they are held for 10 seconds it will not affect the way that the adrenaline works.

To access **updated** ASCIA Action Plans for Anaphylaxis, ASCIA anaphylaxis e-training courses, the 3 second EpiPen<sup>®</sup> training video and other resources go to [www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

**Whilst it is important that school and early childhood education/care staff are made aware of the changes, there is no need for immediate re-training on the 3 second EpiPen<sup>®</sup>.**

The Department of Education and Training will update the School Anaphylaxis Supervisor Checklist. When this is done the Asthma Foundation of Victoria will e-mail you a copy. When you are verifying the staff at your school, some of them will have completed the ASCIA e-training instructing the first aider to hold for 10 seconds and massage the injection site. If the staff member does this as part of the verification process, you still find them competent, however at the end of the verification session you need to inform them of the changes to the administration.

- In complying with Ministerial Order 706, the Principal will ensure
  - an Individual Anaphylaxis Management Plan for each child diagnosed at risk of anaphylaxis is developed by the parents/carers and the diagnosing medical practitioner and presented to the school
  - a template of an Individual Anaphylaxis Management Plan can be found in Appendix 3 of the guidelines at [www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx)
  - the Individual Anaphylaxis Management Plan will be reviewed regularly as described below
  - prevention strategies are in place for in and out of school activities (for specific strategies, please see below)
  - in the event of an anaphylactic reaction, the school's first aid and emergency management response procedures and the student's Individual Anaphylaxis Management Plan will be followed
  - a communication plan in accordance is developed to provide information to all staff (including volunteers and casual relief staff), children and parents about anaphylaxis and the school's management policy. It will include the steps the school will take to respond to an anaphylactic reaction whether the child is in class, the school yard, on camp or an excursion or a special event day
  - the [Anaphylaxis Risk Management Checklist \(doc 39 \(doc – 142.5 kb\)\)](#) is completed on an annual basis.
  - purchasing spare or 'backup' adrenaline auto-injection devices(s) as part of the school first aid kit(s), for general use.
  - regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen
  - the completion of an Annual Anaphylaxis Risk Management Checklist
- School staff will implement and monitor the Individual Anaphylaxis Management Plan.  
Please note: The plan will be in place as soon as practicable after the child enrolls and where possible, before their first day of school.  
If necessary, an interim plan will be developed in the meantime. In this case, the Principal will consult with parent/carers about the interim plan and whether or not training and a briefing has been

completed for all staff. The Principal will ensure that training/briefing occurs as soon as possible after the interim plan is developed.

- The Individual Anaphylaxis Management Plan must set out the following:
  - Information about the diagnosis, including type of allergy or allergies, the child has, symptoms and the emergency response to administer the child's adrenaline autoinjector should the child display symptoms of an anaphylactic reaction (based on the diagnosis from a medical practitioner).
  - Strategies to minimise the risk of exposure to allergens whilst the child is under the care or supervision of school staff, for in-school and out-of-school settings including camps and excursions. Please refer to Prevention Strategies below.
  - The name of the person/s responsible for implementing the strategies.
  - Information of where the child's medication will be stored.
  - Emergency contact details for the child.
  - The emergency ASCIA Action Plan signed by the medical practitioner and given to the parents on diagnosis.
  - Emergency procedures to be taken in the event of an allergic reaction.
  - An up to date photo of the child.
- The Management Plan will be reviewed annually, if the condition changes or immediately after a child has an anaphylactic reaction at school or if the child is to participate in an off-site activity such as a school camp or will attend a special event such as the school fete or a class party.
- The Principal will ensure that whilst the child is under the care or supervision of the school, sufficient trained staff are present.
- It is the responsibility of the parent/carer to
  - Provide the emergency procedures plan (ASCIA Action Plan);
  - Inform the school if their child's condition changes, and if relevant, an updated ASCIA Action Plan);
  - Provide an up to date photo when the plan is provided and subsequently reviewed.
  - Provide the school with an Adrenaline Autoinjector that is current and not expired.
  - Update information at least annually and/or if the child is to participate in a school camp.
- Parents/carers can be asked to provide an additional adrenaline auto-injector to be stored in an easily accessible location known to all staff.
- The school will communicate regularly with the student's parents about the student's successes, development, changes and any health and education concerns.

#### Training

- The Principal is responsible for ensuring that relevant staff are trained in accordance with MO 706 and are briefed at least twice each calendar year. At Bellbridge Primary School, this is all staff.
- In complying with the training requirements of MO706, the school will:
  - nominate two staff members from each campus to undertake the face-to-face training provided by the Asthma Foundation
  - choose one of the three options as above
  - and
  - if a child at risk of an anaphylactic reaction is enrolled, all staff will be provided with twice yearly briefings (led by any person who has completed Anaphylaxis Management Training in the last two years) on anaphylaxis management including information on how to administer an EpiPen and practise with the EpiPen trainer that will be provided. As part of the briefing, all staff must familiarise themselves with the child/children in the school at risk of an anaphylactic reaction and their Individual Anaphylaxis Management Plans.
- The school will use the presentation has been developed to help schools ensure they are complying with the legislation.
- The first briefing will take place at the beginning of Term 1.
- New staff will be trained as part of the induction process.
- For checklists for supervisors and other information, please refer to the website below.

- Please refer also to the school's *Health Care Needs Policy*.

### **Prevention Strategies**

The school will use the checklist and recommendations in the Anaphylaxis Guidelines (pages 20-28) to implement Risk Minimisation and Prevention Strategies 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 the canteen;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

Some of the prevention strategies that will be implemented by the school to assist anaphylaxis management include:

- providing professional development for all staff including the identification and response to anaphylaxis and the proper use of an EpiPen®/Anapen®.
- identifying susceptible children and knowing their allergens
- informing the community about anaphylaxis via the newsletter
- not allowing food sharing and restricting food to that approved by parents
- keeping the lawns well mown and ensuring children always wear shoes
- requiring parents to provide an Emergency Management Plan developed in consultation with a health professional and an EpiPen®/Anapen® if necessary, both of which will be maintained in the first aid room for reference as required
- ensuring the school keeps a spare, in date EpiPen®/Anapen® for adult and child use in a central location

At Bellbridge Primary School, the person responsible for implementing these strategies is .....

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

**In the event of an anaphylactic reaction the school's first aid and emergency response procedures and the effected child's Individual Anaphylaxis Management Plan must be followed.**

School staff who are responsible for the care of children at risk of anaphylaxis have a duty to take steps to protect children from risks of injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff and volunteers. Members of staff are expected to:

- Know the identity of children who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®/Anapen®.
- Know the school's first aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction.
- Keep a copy of the child's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
- Know where the child's EpiPen®/Anapen® is kept. Remember that the EpiPen®/Anapen® is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the child's Anaphylaxis Management Plan.
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the child.
- 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 careful of the risk of cross-contamination when preparing, handling and displaying food.

- Make sure that tables and surfaces are wiped down regularly and that children wash their hands after handling food.
- Raise child and school community awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

The school will ensure that an up-to-date list of all children at risk of anaphylaxis is maintained at all times.

During on-site normal school activities, the child's Individual Anaphylaxis Management Plan and ASCIA Action Plan is located .....

#### Excursions/School Camps

All children must have returned a signed permission note to be able to attend the excursion. Copies of completed permission notes and medical information will be carried by excursion staff at all times. The Teacher-in-Charge of an excursion (or camp) will ensure the child's ASCIA Action Plan is included. The school will provide a first aid kit for each excursion/camp. The Teacher-in-charge is responsible for collecting these prior to leaving.

The school will require the parents/carers to complete the Department's Confidential Medical Information for School Council Approved School Excursions form.

Please refer also to the school's Camps & Excursions Policy.

In choosing a camp venue, the camp management's attitude to and understanding of anaphylaxis will be assessed. The Teacher-in-Charge will confer with parents/carers about the food to be consumed at camp and will arrange with the camp management that such items are not included in the menu. Parents/carers must provide an Adrenaline Autoinjector to be taken on the camp. The school will include one in the first aid kit.

At least one trained staff member will attend the excursion/camp.

If necessary, in consultation with the parents/carers, the child may be excluded from a scheduled camp activity e.g. a bush walk and will be supervised at camp.

If deemed necessary, the school will support the attendance of the child's parent/carer on the camp.

#### **Adrenaline Autoinjectors for General Use**

- The Principal will arrange the purchase of Adrenaline Autoinjector(s) for General Use and as a back up to those supplied by parents.
- The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:
  - the number of children 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 children 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 or organised by the School; and
  - Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and be replaced either at the time of use or expiry, whichever is first (A nominated staff member will be responsible for checking and replacing the Adrenaline Autoinjectors for General Use.)

#### **Communication Plan**

The Principal is responsible for ensuring that a Communication Plan is developed to provide information to all staff, children and parents about anaphylaxis and the school's anaphylaxis management policy.

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

Volunteers and casual relief staff of children at risk of anaphylaxis will be informed of children at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a child in their care by the Assistant Principal or Wellbeing Officer.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of children diagnosed at risk of anaphylaxis and where their medication is located
- how to use an autoadrenaline injecting device
- the school's first aid and emergency response procedures
- the location of, and access to, the Adrenaline Autoinjectors that have been purchased by the school for general use or provided by parents

### **Impact at School**

An anaphylactic reaction can be traumatic for the student and others witnessing the reaction. In the event of an anaphylactic reaction, students and staff may benefit from post-incident counselling, provided, for example, by the school nurse, guidance officer, student welfare coordinator or school psychologist.

It is important to be aware that some students with anaphylaxis may not wish to be singled out or seen to be treated differently.

### **Evaluation**

- This policy will be reviewed annually or if guidelines change (latest DET **update early February 2018**).

This **update** was ratified by School Council on .....

References:

[www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx](http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx)  
[www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx](http://www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx)  
[www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxischl.aspx](http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxischl.aspx)  
(MO706 effective 3 December 2015)

### **School Specific Procedures**

#### **Prevention Strategies**

Prevention Strategies employed at Bellbridge Primary School include:

##### **❖ Classrooms**

- A copy of the student's Individual ASCIA Action Plan will be laminated and displayed in the classroom.
- Parents of other students in the class will be informed about foods that may cause allergic reactions in students at risk of anaphylaxis.
- Staff will liaise with parents about food related activities ahead of time.
- In the event of special occasions where food treats are provided, parents of students with anaphylaxis will be encouraged to provide alternative treats. Alternative treats should be clearly labelled with the student's name and only handled by that student.
- 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.
- Staff will 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).

- Cooking utensils, preparation dishes, plates, and knives and forks etc. will be washed and cleaned thoroughly after preparation of food and cooking.
- Regular discussions with students about the importance of washing hands, eating their own food and not sharing food will take place.
- Casual Relief Teachers will be provided with a copy of the ASCIA Action Plan for students in the class/es they are employed to teach.

#### ❖ **Before and After School Care**

- A copy of the student's Individual ASCIA Action Plan will be laminated and displayed in Before and After School Care.
- Parents of other students will be informed about foods that may cause allergic reactions in students at risk of anaphylaxis.
- Staff will liaise with parents about food related activities ahead of time.
- In the event of special occasions where food treats are provided, parents of students with anaphylaxis will be encouraged to provide alternative treats. Alternative treats should be clearly labelled with the student's name and only handled by that student.
- 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.
- Staff will 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).
- Cooking utensils, preparation dishes, plates, and knives and forks etc. will be washed and cleaned thoroughly after preparation of food and cooking.
- Regular discussions with students about the importance of washing hands, eating their own food and not sharing food will take place.

#### ❖ **Canteen**

- Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to 'Safe Food Handling' in the School Policy and Advisory Guide available at <http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx>
- 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.
- A 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers.
- The school canteen will not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
- Staff and volunteers will 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**

- School staff on yard duty will be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
- The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are kept in an easily accessible area of the office which can be easily accessed from the yard. School staff will be made aware of their exact location.
- Yard duty first aid bags will contain emergency cards which will be sent to the staffroom and office in case of an emergency. All staff on yard duty will be made 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.

- Casual Relief Teachers will be provided with a copy of the ASCIA Action Plan for students in the class/es they are employed to teach.
- Lawns will be mowed regularly and outdoor bins will have lids.
- Students will be encouraged to keep food and drink covered while outdoors.

#### ❖ **Special Events – incursions, class parties, sporting events**

- Sufficient school staff supervising special events must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
- School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
- Parents of other students will be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis.
- Party balloons should not be used if any student is allergic to latex.

#### ❖ **Excursions**

- Sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and will be able to respond quickly to an anaphylactic reaction if required.
- All school excursions will have in attendance a staff member or team of staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector.
- Students' Adrenaline Autoinjector and a copy of their Individual Anaphylaxis Management Plan and ASCIA Action Plan will be taken to all excursions.
- For each excursion, 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 excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
- The school will 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)

#### ❖ **School Camps**

- Prior to engaging a camp owner/operator's services the school will make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the School 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.
- The school will 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.
- A risk assessment and risk management strategy will be developed for students at risk of anaphylaxis. This will be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
- School staff will consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur.
- If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it will consider alternative means for providing food for those students.
- Use of substances containing allergens will be avoided where possible.

- The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone will be taken on camp.
- Prior to the camp taking place, school staff will 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.
- School staff participating in the camp will 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.
- Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
- The Adrenaline Autoinjector will remain close to the student and school staff must be aware of its location at all times.
- The Adrenaline Autoinjector will be carried on the transport that the student is travelling on. Whilst at the camp the Adrenaline Autoinjector will be kept in a central location at the camp and all staff will be aware of its location.
- During some activities at the camp, students will carry their Adrenaline Autoinjector with them.
- 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.

**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 Parents' 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>		<b>Phone</b>	
<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>			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
<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>EMERGENCY CONTACT DETAILS (ALTERNATE)</b>			
<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>			

<b>Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)</b>	

**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?

**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?

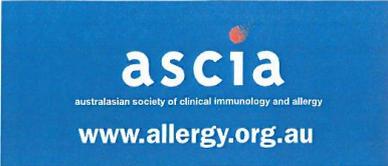
**Name of environment/area:**

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?

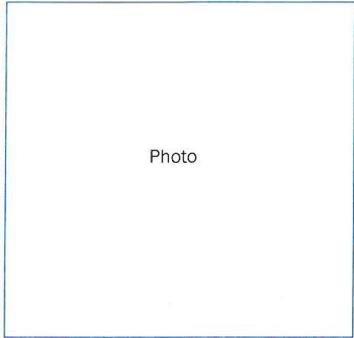
**Appendix B**



# ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

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



Confirmed allergens: \_\_\_\_\_

Asthma    Yes     No

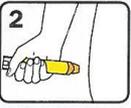
Family/emergency contact name(s): \_\_\_\_\_

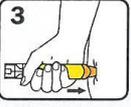
Work Ph: \_\_\_\_\_  
Home Ph: \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_  
Dr: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

**How to give EpiPen®**

- 

1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.
- 

2 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®. Massage injection site for 10 seconds.

Instructions are also on the device label and at: [www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

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**MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

**ACTION**

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) .....
- Dose: .....
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede anaphylaxis**

**Watch for any one of the following signs of anaphylaxis**

**ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

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

**ACTION**

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr**
- 3 Phone ambulance\* 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

**If in doubt, give adrenaline autoinjector**  
**Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.**

EpiPen® is generally prescribed for adults and children over 5 years.  
EpiPen® Jr is generally prescribed for children aged 1-5 years.  
\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information \_\_\_\_\_

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

