

ANAPHYLAXIS POLICY



Help for non-English speakers

If you need help to understand the information in this policy please contact the School Office on phone 9398 2806 or email seaholme.ps@education.vic.gov.au.

PURPOSE

This policy ensures that Seaholme Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

Under Ministerial Order 706 any school that has enrolled a student/s at risk of anaphylaxis must by law have a School Anaphylaxis Management Policy in place. The Guidelines for Managing Anaphylaxis in all Victorian Schools are designed to support schools in developing and implementing a best practice School Anaphylaxis Management Policy. (See resources)

SCOPE

This policy applies to:

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

Seaholme Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

This policy will be available on Seaholme Primary School website so that parents and other members of the school community can easily access information about our anaphylaxis management procedures. The parents and carers of students who are enrolled at Seaholme Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

DEFINITIONS

Allergy:

the immunological process of reaction to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergic reaction:

a reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse, or cessation of breathing.

Anaphylaxis:

a severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly lungs or circulation systems.

Anaphylaxis "Action Plan":

ANAPHYLAXIS POLICY

a medical management plan prepared and signed by a doctor; it must provide the child's name and allergies, and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCI) action plan.

Anaphylaxis "Management Plan":

a plan completed by the Principal or nominee on the basis of information from the student's medical practitioner provided by the parent/carer. This plan outlines strategies to avoid allergens and minimise risks to the student.

Children with Anaphylaxis:

those children whose allergies have been medically diagnosed, and who are at risk of anaphylaxis.

Anaphylaxis management training:

training provided by a person designated by the Principal which includes recognition of allergic reactions, treatment and practise with an Epipen® trainer. Training should also include strategies for anaphylaxis prevention.

ASCI: Australasian Society of Clinical Immunology and Allergy.

Epipen® kit:

a container, for example an insulated lunch pack. The kit should contain a current Epipen®, a copy of an anaphylaxis action plan, and telephone contact details for the child's parents/primary care giver, the doctor/medical service and the person to be notified in the event of a reaction if the parent/primary care giver cannot be contacted. The kit should also contain a container (such as a tooth brush holder) to store a used Epipen® until safe disposal can be arranged.

Intolerance:

Often confused with allergy, intolerance indicates that the body is unable to absorb or breakdown nutrients. Lactose intolerance, which is due to a lack of intestinal enzyme, lactase, is an example of non-allergic cow milk intolerance. Lactase digests the milk sugar, lactose. The large quantities of undigested lactose act as a laxative. The immune system is not involved.

Symptoms

Sights and symptoms of a mild to moderate allergic reactions can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting

ANAPHYLAXIS POLICY

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis. Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

POLICY IMPLEMENTATION

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Seaholme Primary School will:

- Provide, as far as practicable, a safe, healthy and supportive school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis. All students can participate equally in all aspects of the student's schooling.
- Raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- Engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- Ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Management Plans

All students at Seaholme PS who are diagnosed as being at risk of suffering from an anaphylactic reaction by a medical practitioner **must** have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Seaholme PS is responsible for developing a plan in consultation with the student's parents/carers.

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

Parents and carers must:

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

ANAPHYLAXIS POLICY

Each student's Individual Anaphylaxis Management Plan must include:

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

Review and updates to Individual Anaphylaxis Plans

A student's Individual Anaphylaxis Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

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

Location of plans and adrenaline autoinjectors

Depending on the age of the students at Seaholme PS who are at risk of anaphylaxis, the severity of their allergies and the content of their plan, some students may keep their adrenaline autoinjector on their person, rather than in a designated location. Copies of the plans are available in the sick bay, school office and relevant classrooms, or in the materials provided to staff on yard duty, so that the plan is easily accessible by school staff in the event of an incident.

If students **do not** keep their adrenaline autoinjectors on their person:

- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the office, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

When students keep their adrenaline autoinjectors on their person:

- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the office. Students are encouraged to keep their adrenaline autoinjectors on their person. Adrenaline autoinjectors for general use are available in the First Aid Room, front office or in the materials provided to staff on yard duty and are labelled "general use".

ANAPHYLAXIS POLICY

Risk Minimisation Strategies

Seaholme PS has risk minimisation strategies in place to reduce the possibility of a student suffering from an anaphylactic reaction at school. We will consider strategies for all school activities, including:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in kitchen classroom;
- 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).

To reduce the risk of a student suffering from an anaphylactic reaction at Seaholme PS, we have put in place risk management strategies. Seaholme PS will adopt the following strategies (depending on the age of students and types of allergies that they may suffer from):

- 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 student;
- 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;
- Ensure that tables and surfaces are wiped down regularly and that students wash their hands after handling food;
- students are discouraged from sharing food;
- gloves must be worn when picking up papers or rubbish in the playground;
- kitchen garden staff are trained in appropriate food handling to reduce the risk of cross-contamination;
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays;
- a general use EpiPen will be stored at the school canteen, office and in the yard duty bag for ease of access;
- Raise student 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;
- Inform parents if classroom teachers will provide food and ensure every effort is made to avoid foods containing allergens;
- Remind parents to only provide food for their child.

Adrenaline autoinjectors for general use

Seaholme PS will maintain a supply of adrenaline autoinjector(s) for *general use*, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school. Adrenaline autoinjectors for general use will be stored at the front office and labelled *general use*.

The principal is responsible for arranging the purchase of adrenaline auto-injectors for *general use*, and will consider:

- the number of students enrolled at Seaholme PS Primary School at risk of anaphylaxis;
- the accessibility of adrenaline auto-injectors supplied by parents;

ANAPHYLAXIS POLICY

- the availability of a sufficient supply of auto-adrenaline injectors for *general use* in different locations at the school, as well as at camps, excursions and events;
- the limited life span of adrenaline auto-injectors, and the need for *general use* adrenaline auto-injectors to be replaced when used or prior to expiry.

In School Environment

In the event of an anaphylactic reaction Seaholme PS staff will follow the guidelines below:

1. Classrooms:

- a. Teacher sends students with appropriate medical card to Admin Office.
- b. Admin Staff (First Aid trained) respond to emergency situation.
- c. Call an ambulance on 000 as soon as possible.
- d. A member of the School Staff will remain with the student who is displaying symptoms of anaphylaxis at all times.

2. Yard

- a. Teacher send students with appropriate medical card to Admin Office.
- b. Admin Staff (First Aid trained) respond to emergency situation.
- c. Call an ambulance on 000 as soon as possible.
- d. A member of the School Staff will remain with the student who is displaying symptoms of anaphylaxis at all times.

3. Out of School Environment

Excursions and Camps –

- a. Each individual camp and excursion requires a risk assessment for each individual student attending who is at risk of anaphylaxis.

The process will address:

- the location of Adrenaline Autoinjectors i.e. who will be carrying them. Is there a second medical kit? Who has it?;
- how' to get the Adrenaline Autoinjector to a student; and
- 'who' will call for ambulance response, including giving detailed location address. e.g. Melway reference if city excursion, and best access point or camp address/GPS location.

Emergency procedures will vary accordingly.

- b. A team of School Staff trained in anaphylaxis will attend each event;
- c. Appropriate methods of communication to be discussed prior to camp, depending on the size of excursion/camp/venue. Mobile phone numbers are usual method for communicating;
- d. Individual Anaphylaxis Plans & ASCIA Plans for students with anaphylaxis are packed in appropriate First Aid Bag (Excursion or Camp);
- e. Autoinjectors are signed OUT before leaving school grounds and signed IN upon return at the Administration Office;
- f. Following an anaphylactic reaction, call an ambulance as soon as possible on 000. If you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.

ANAPHYLAXIS POLICY

Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up to date list of students identified as being at risk of anaphylaxis is maintained by the front office and stored at the front office. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as per action plan in Appendix 1.

Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over treatment of a mild to moderate allergic reaction. Refer to page 41 of the [Anaphylaxis Guidelines](#)

Communication Plan

The principal (or nominee) 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 management policy.

Information will be posted to Compass as:

- A 'flag' - managed through the student's medical information via CASES21A chronicle template that include the details of the student's anaphylaxis plan, storage details for the EpiPen (if required) and the expiration date;
- A poster using a standard template which is displayed around the school;
- The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

The principal (or nominee) and/or School Anaphylaxis Supervisor is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and of students at risk of anaphylaxis, and will inform them of their role in responding to an anaphylactic reaction by a student in their care. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy.

The class teacher will advise volunteers of students at risk of anaphylaxis and will inform them of their role in responding to an anaphylactic reaction by a student in their care.

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 students diagnosed at risk of anaphylaxis and where their medication is located;
- how to use an auto adrenaline injecting device;
- the school's first aid and emergency response procedures.

ANAPHYLAXIS POLICY

All staff, including casual relief teachers, ES and volunteers are also made aware of this policy and students in their care at risk of anaphylaxis through the school's communications policy and relevant induction procedures.

Staff training

The Principal will ensure that staff at Seaholme PS will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*. (See Appendix 2)

Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the principal identifies, must have completed:

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

Seaholme PS uses the following training course - ASCIA eTraining course (with 22303VIC, or 22300VIC or 10313NAT)

Note, for details about approved staff training modules, see page 13 of the *Anaphylaxis Guidelines*

[Note, for details about approved staff training modules, refer to chapter 5 of the [Anaphylaxis Guidelines](#)]

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 12 months, including principal or School Anaphylaxis Supervisor. Each briefing will address:

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

When a new student enrolls at Seaholme PS who is at risk of anaphylaxis, the principal (or nominee) will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

A record of staff training courses and briefings will be maintained [through the school's online Emergency Management Plan].

The Principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

ANAPHYLAXIS POLICY

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

FURTHER INFORMATION AND RESOURCES

Related School Policies

- First Aid Policy
- Administration of Medication Policy
- Asthma Management Policy
- Duty of Care Policy
- Excursions and Camping Policy
- Child Safe Policy

Related DET Resources

- School Policy and Advisory Guide
 - o [Anaphylaxis](#)
 - o [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)

ANAPHYLAXIS POLICY

- Royal Children's Hospital: [Allergy and immunology](#)

Appendix A: Risk Minimisation and Prevention Strategies

Appendix B: Roles and Responsibilities

Appendix C: How to administer an EpiPen

EVALUATION AND REVIEW

This policy will be reviewed annually or as necessary due to changes in regulations or circumstances and/or after a significant anaphylactic incident.

POLICY REVIEW AND APPROVAL

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| Policy last reviewed | July 2021 |
| Approved by | Principal |
| Next scheduled review date | July 2022 |

The Principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

Appendix A: Risk Minimisation and Prevention Strategies

In school settings

| Classrooms |
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| A copy of the student's Individual Anaphylaxis Management Plan is kept in the classroom. The plan is to have easy access even if the Adrenaline Auto injector is kept another location. |
| The school will liaise with parents about food-related activities ahead of time. |
| Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and handled by the student. Treats for other students should be treated with absolute care to ensure there is no cross contamination of food. If possible, foods should not contain the substance to which the student is allergic to. |
| Never give food from outside sources to a student who is at risk of anaphylaxis. |
| Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth. |
| Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes, eg: milk or egg cartons, empty peanut butter jars. |
| When cooking utensils are used in the classrooms they are washed and cleaned thoroughly after preparation of food and cooking, such as; preparation dishes, plates, knives and forks and other utensils. |
| Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. |
| A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident ie: seeking a trained staff member |
| Yard |
| The school will ensure all staff are trained in the administration of the Adrenaline Auto injector (ie: EpiPen) to be able to respond quickly to an anaphylaxis reaction if needed. |

ANAPHYLAXIS POLICY

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| Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed in shoes and long sleeved garments with outdoors. |
| Keep the school grounds well maintained with grass areas mowed and bins covered. |
| Students should keep drinks and food covered while outdoors. |
| Special events (sporting events, incursions, class parties, etc) |
| Sufficient School staff supervising the special event must be trained in the administration of an Adrenaline Auto injector to be able to respond quickly to an anaphylactic reaction if required. |
| School staff should avoid using food in activities or games, including as rewards. |
| For special occasions, School staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student. |
| Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request they avoid providing students with treats whilst they are at School or at a special event. |
| Party balloons should not be used if any student is allergic to latex. |
| 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. |
| 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 student students allergic to nuts. |
| 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 peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis in someone who is at risk of anaphylaxis from cow's milk products or peanuts. |

Out of school settings

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| Field trips, excursions and sporting events |
| Students at risk of anaphylaxis, will have sufficient school staff supervising the special event who are trained in the administration of an Adrenaline Auto injector and be able to respond quickly to an anaphylactic reaction if needed. |
| There will always be a trained school staff member in the administration of the Adrenaline Auto injector, accompany any student at risk of anaphylaxis on field trips or excursions. |
| School staff should avoid using food in activities or games, including as rewards. |
| The Adrenaline Auto injector and a copy of the Individual Anaphylaxis Plan for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location. |
| For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. |
| All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face. |
| The school should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu or request the parents to provide the meal (if required). |
| Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis. |
| Prior to the excursion taking place school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Plan to ensure that it is up to date and relevant to the particular excursion activity. |

ANAPHYLAXIS POLICY

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| <p>Camps and remote settings.</p> <p>Prior to engaging a camp owner/operator's services the School will make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School will consider using an alternative service provider.</p> <p>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.</p> <p>The School must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. The School has a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.</p> <p>The School will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.</p> <p>School Staff will consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.</p> <p>If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.</p> <p>Use of substances containing allergens should be avoided where possible.</p> <p>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.</p> <p>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.</p> <p>Prior to the camp taking place School Staff should consult with the student's Parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.</p> <p>School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.</p> <p>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.</p> <p>The School will consider taking an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.</p> <p>The Schools will purchase an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.</p> <p>The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times</p> <p>The Adrenaline Autoinjector will be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remembering that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.</p> <p>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.</p> <p>Cooking and art and craft games should not involve the use of known allergens.</p> <p>Consider the potential exposure to allergens when consuming food on buses and in cabins.</p> |
| <p>Travel To and From school by Bus</p> <p>School Staff should consult with Parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and 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 even if this child is deemed too young to carry an Adrenaline Autoinjector on their person at School.</p> |
| <p>Overseas travel</p> |

ANAPHYLAXIS POLICY

Review and consider the strategies listed under “Field Trips/Excursions/Sporting Events” and “Camps and Remote Settings”. Where an excursion or camp is occurring overseas, Schools should involve Parents in discussions regarding risk management well in advance.

Investigate the potential risks at all stages of the overseas travel such as:

- travel to and from the airport/port;
- travel to and from Australia (via aeroplane, ship etc);
- various accommodation venues;
- all towns and other locations to be visited;
- sourcing safe foods at all of these locations; and
- risks of cross contamination, including -
 - exposure to the foods of the other students;
 - hidden allergens in foods;
 - whether the table and surfaces that the student may use will be adequate cleaned to prevent a reaction; and
 - whether the other students will wash their hands when handling food.

Assess where each of these risks can be managed using minimisation strategies such as the following:

- translation of the student’s Individual Anaphylaxis Management Plan and ASCIA Action Plan;
- sourcing of safe foods at all stages;
- obtaining the names, address and contact details of the nearest hospital and Medical Practitioners at each location that may be visited;
- obtaining emergency contact details; and
- sourcing the ability to purchase additional autoinjectors.

Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.

Plan for appropriate supervision of students at risk of anaphylaxis at all times, including that:

- there are sufficient School Staff attending the excursion who have been trained in accordance with Chapter 12;
- there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;
- there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and
- staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

The School should re-assess its Emergency Response Procedures, and if necessary adapt it to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:

- dates of travel;
- name of airline, and relevant contact details;
- itinerary detailing the proposed destinations, flight information and the duration of the stay in each location;
- hotel addresses and telephone numbers;
- proposed means of travel within the overseas country;
- list of students and each of their medical conditions, medication and other treatment (if any);

ANAPHYLAXIS POLICY

- emergency contact details of hospitals, ambulances, and Medical Practitioners in each location;
- details of travel insurance
- plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans;
- possession of a mobile phone or other communication device that would enable the School Staff to contact emergency services in the overseas country if assistance is required.

Appendix B: Roles and Responsibilities

Principal

| Principal | |
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| 1. | Ensure that the School develops, implements and reviews its School Anaphylaxis Management Policy in accordance with the Order 706 and the current Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian Schools, Feb 2014. |
| 2. | Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at enrolment or at the time of diagnosis (whichever is earlier). |
| 3. | Ensure that Parents provide an ASCIA Action Plan which has been signed by the student's Medical Practitioner and that contains an up-to-date photograph of the student. |
| 4. | <p>Ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's Parents for any student that has been diagnosed by a Medical Practitioner with a medical condition relating to allergy and the potential for anaphylactic reaction, where the School has been notified of that diagnosis.</p> <p>This includes ensuring the documentation of practical strategies for activities in both in-School and out-of-School settings to minimise the risk of exposure to allergens, and nomination of staff who are responsible for implementation of those strategies. The risk minimisation plan should be customised to the particular student for participation in normal School activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate/overseas trips). Ensure students' Individual Anaphylaxis Management Plans are communicated to staff.</p> |
| 5. | If using an external canteen provider, be satisfied that that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications for food-handling practices. This includes careful label reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies. |
| 6. | Ensure that Parents provide the School with an Adrenaline Autoinjector for their child that is not out-of-date and a replacement Adrenaline Autoinjector when requested to do so. |
| 7. | Ensure that a Communication Plan is developed to provide information to all School Staff, Students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy. |
| 8. | Ensure there are procedures in place for providing volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care. |

ANAPHYLAXIS POLICY

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| 9. | Ensure that relevant School Staff have successfully completed an anaphylaxis management training course in the three years prior. |
| 10. | Ensure that relevant School Staff are briefed at least twice a year by a staff member who has completed current anaphylaxis management training on: <ol style="list-style-type: none"> the School's Anaphylaxis Management Policy; the causes, symptoms and treatment of anaphylaxis; the identities of students diagnosed at risk of anaphylaxis and the location of their medication; how to use an Adrenaline Autoinjector, including hands-on practise with a trainer Adrenaline Autoinjector (which does not contain adrenaline); the School's general first aid and emergency procedures; and the location of Adrenaline Auto injecting devices that have been purchased by the School for General Use. |
| 11. | Allocate time, such as during staff meetings, to discuss, practise and review the School's Anaphylaxis Management Policy. Practise using the trainer Adrenaline Autoinjectors as a group and undertake drills to test effectiveness of the School's general first aid procedures. |
| 12. | Encourage ongoing communication between Parents and School Staff about the current status of the student's allergies, the school's policies and their implementation. |
| 13. | Ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with Parents annually, when the student's medical condition changes, as soon as practicably after a student has an anaphylactic reaction at School, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the School. |
| 14. | Ensure the Risk Management Checklist for anaphylaxis is completed annually. |
| 15. | Arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for General Use to be part of the School's first aid kit. |

School Staff

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

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

| School Staff | |
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| 1. | Know and understand the School Anaphylaxis Management Policy. |
| 2. | Know the identity of students who are at risk of anaphylaxis. Know the students by face. |
| 3. | Understand the causes, symptoms, and treatment of anaphylaxis. |
| 4. | Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector. Refer to Chapter 12 for more details. |

ANAPHYLAXIS POLICY

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| 5. | Know where to find a copy of each student's Individual Anaphylaxis Management Plan quickly, and follow it in the event of an allergic reaction. |
| 6. | Know the School's general first aid and emergency response procedures and understand their role in relation to responding to an anaphylactic reaction. |
| 7. | Know where students' Adrenaline Autoinjectors and the Adrenaline Autoinjectors for General Use are kept. (Remember that the Adrenaline Autoinjector is designed so that anyone can administer it in an emergency). |
| 8. | Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan. |
| 9. | Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at School, or away from School. Work with Parents to provide appropriate food for their child if the food the School/class is providing may present a risk for him or her. |
| 10. | Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies provided in this document (see Chapter 8). Work with Parents to provide appropriate treats for students at risk of anaphylaxis. |
| 11. | Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes. |
| 12. | Be aware of the risk of cross-contamination when preparing, handling and displaying food. |
| 13. | Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food. |
| 14. | Raise student awareness about severe allergies and the importance of their role in fostering a School environment that is safe and supportive for their peers. |

First Aid Coordinator

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

| First Aid Coordinator | |
|-----------------------|---|
| 1. | Work with Principals to develop, implement and review the School's Anaphylaxis Management Policy. |
| 2. | Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector (i.e. EpiPen®/Anapen®). |
| 3. | Provide or arrange regular training to other School Staff to recognise and respond to anaphylactic reaction, including administration of an Adrenaline Autoinjector. |
| 4. | Keep an up-to-date register of students at risk of anaphylaxis. |
| 5. | Keep a register of Adrenaline Autoinjectors as they are 'in' and 'out' from the central storage point. For instance when they have been taken on excursions, camps etc. |

ANAPHYLAXIS POLICY



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| 6. | Work with Principals, Parents and students to develop, implement and review each Individual Anaphylaxis Management Plan to: <ul style="list-style-type: none">a. ensure that the student's emergency contact details are up-to-date;b. ensure that the student's ASCIA Action Plan matches the student's supplied Adrenaline Autoinjector;c. regularly check that the student's Adrenaline Autoinjector is not out-of-date, such as at the beginning or end of each term;d. inform Parents in writing that the Adrenaline Autoinjector needs to be replaced a month prior to the expiry date;e. ensure that the student's Adrenaline Autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place; andf. ensure that a copy of the Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) is stored with the student's Adrenaline Autoinjector. |
| 7. | Work with School Staff to conduct regular risk prevention, minimisation, assessment and management strategies. |
| 8. | Work with School Staff to develop strategies to raise their own, students and school community awareness about severe allergies. |
| 9. | Provide or arrange post-incident support (e.g. counselling) to students and School Staff, if appropriate. |

ANAPHYLAXIS POLICY

Parents of a student at risk of anaphylaxis

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

| Parents | |
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| 1. | Inform the School in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed at the time as being at risk of anaphylaxis. |
| 2. | 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. |
| 3. | Inform School Staff in writing of any changes to the student's medical condition and if necessary, provide an updated ASCIA Action Plan. |
| 4. | Provide the School with an up to date photo for the student's ASCIA Action Plan and when the plan is reviewed. |
| 5. | Meet with and assist the School to develop the student's Individual Anaphylaxis Management Plan, including risk management strategies. |
| 6. | Provide the School with an Adrenaline Autoinjector and any other medications that are current and not expired. |
| 7. | Replace the student's Adrenaline Autoinjector and any other medication as needed, before their expiry date or when used. |
| 8. | Assist School Staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days). |
| 9. | If requested by School Staff, assist in identifying and/or providing alternative food options for the student when needed. |
| 10. | Inform School Staff in writing of any changes to the student's emergency contact details. |
| 11. | Participate in reviews of the student's Individual Anaphylaxis Management Plan: <ol style="list-style-type: none"> 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; and 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. |

ANAPHYLAXIS POLICY

Appendix C: How to administer an EpiPen

| How to administer an EpiPen or EpiPen Jnr® | |
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| 1 | Remove from plastic container. |
| 2 | Form a fist around EpiPen® and pull off the blue safety cap. |
| 3 | Place orange end against the student's outer mid-thigh (with or without clothing). |
| 4 | Push down hard until a click is heard or felt and hold in place for 10 seconds. |
| 5 | Remove EpiPen®. |
| 6 | Massage injection site for 10 seconds. |
| 7 | Note the time you administered the EpiPen®. |
| 8 | The used autoinjector must be handed to the ambulance paramedics along with the time of administration. |

| How to administer an Anapen® 500, Anapen® 300, or Anapen® Jr. | |
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| 1 | Remove from box container and check the expiry date. |
| 2 | Remove black needle shield. |
| 3 | Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap. |
| 4 | Place needle end against the student's outer mid-thigh. |
| 5 | Press the red button with your thumb so it clicks and hold it for 10 seconds. |
| 6 | Replace needle shield and note the time you administered the Anapen®. |
| 7 | The used autoinjector must be handed to the ambulance paramedics along with the time of administration. |