



ANAPHYLAXIS MANAGEMENT

BACKGROUND

Anaphylaxis is a severe, rapidly progressive 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, certain insect stings and medication. 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 autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis and an ambulance must be called following an anaphylactic reaction.

PURPOSE

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.
- To comply with Ministerial Order 706 and its guidelines which are integrated into this policy.

GUIDELINES

- An individual management plan must be developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- Management of students with anaphylaxis is a joint responsibility of parents and the school staff.
- Parents must keep the school fully informed, in writing, of current medical issues related to their child and participate in the development of the individual management plan.
- The school recognises and acts on its responsibility for informing the school community of the condition and seeking cooperation from parents and students in minimising the risk to these students.
- Staff training and briefings are undertaken as required by Ministerial Order 706 regulations.

IMPLEMENTATION

1. Prevention Strategies
2. Individual Anaphylaxis Management Plans: APPENDIX ONE
3. Communication Plan Steps: APPENDIX TWO
4. Staff Training: APPENDIX THREE
5. Anaphylaxis Response Plan: APPENDIX FOUR
6. Annual Risk Management Checklist: APPENDIX FIVE

PREVENTION STRATEGIES

Minimisation of the risk of anaphylaxis is everyone's responsibility: the school (including the Principal and all school staff), parents, students and the broader school community.

Parents must:

- communicate their child's allergies and risk of anaphylaxis to the school at the earliest opportunity, preferably on enrolment
- continue to communicate with school staff and provide up to date information about their child's medical condition
- provide the School Staff with an ASCIA Action Plan
- participate in yearly reviews of their child's Individual Anaphylaxis Management Plan
- ensure that their child has an Adrenaline Autoinjector that is current and not expired at all times.

Risk Minimisation and Prevention Strategies

Statistics show that peanuts and nuts are the most common trigger for an anaphylactic reaction and fatality due to food anaphylaxis. To minimise the risk of a first-time reaction to peanuts and nuts, peanuts, nuts, peanut butter or other peanut or nut products are not used during in-school and out-of-school activities. School activities do not place pressure on student to try foods, whether they contain a known allergen or not. More information about peanut and nut banning can be found in the ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, available from the ASCIA website at: www.allergy.org.au

Risk minimisation and prevention strategies should be considered for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- at the canteen and the Stephanie Alexander kitchen and garden
- during recess and lunchtimes
- before and after school
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

Banning of food or other products is not used as a risk minimisation and prevention strategy. The reasons for this are as follows:

- it can create complacency among staff and students
- it does not eliminate the presence of hidden allergens
- it is difficult to 'ban' all triggers (allergens) because these are not necessarily limited to peanuts and nuts. Triggers and common allergens can also include eggs, dairy, soy, wheat, sesame, seeds, fish and shellfish.

School staff members have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. Set out below are a range of specific strategies as a minimum, should be considered by school staff, for the purpose of developing prevention strategies for in-school and out-of-school settings. The development and implementation of appropriate prevention strategies to minimise the risk of incidents of anaphylaxis.

In-school settings

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

First Aid Administration	
1.	Review Individual Anaphylaxis Management Plans on an annual basis for affected students which includes an individual ASCIA Action Plan for Anaphylaxis.
2.	Complete the Annual Anaphylaxis Risk Management Checklist and take appropriate action as required.
3.	Develop a communication Plan that ensures that all staff (including volunteers and casual staff) students and parents are provided with information about anaphylaxis and the school's Anaphylaxis Management Policy.
4.	Ensure staff are up to date with training and conduct twice yearly anaphylaxis briefings.
5.	Check the School's Adrenaline Autoinjectors to ensure they are within the use by date and ensure staff know where they are located.
6.	Check the Yard Duty folders to ensure red alert cards are up to date and first aid supplies are in the bags.
Classrooms	
1.	Display a copy of the ASCIA Action Plan in classroom so it is easily accessible to teacher, CRT's, Volunteers and students. Keep a copy of the student's Individual Anaphylaxis Management Plan in the student's individual anaphylaxis red boxes in the First Aid Room along with their ASCIA Action plans.
2.	Liaise with Parents about food-related activities ahead of time.
3.	Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.

7.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10.	Casual relief teachers and specialist teachers are provided with the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident e.g. seeking a trained staff member. Folders containing such information are distributed to CRTs and Specialist teachers. Volunteers are always under the supervision of a trained member of staff.

Canteens	
	<p>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:</p> <ul style="list-style-type: none"> 'Safe Food Handling' in the School Policy and Advisory Guide: http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx Helpful resources for food services: http://www.allergyfacts.org.au/component/virtuemart/
	Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls.
	Display the student's name and photo in the canteen as a reminder to School Staff.
	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
	Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
	A nut-free environment is provided in the canteen and OSHC. However, the school is not 'nut-free'. A 'no sharing' with the students with food allergy approach for food, utensils and food containers is used.
	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.
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Yard Duty

Yard duty folders carry information on students who are at risk of anaphylaxis and the yard duty folder contains red alert cards. In an emergency, the red alert card is sent to the office and/or staffroom and immediately prioritised. The student's auto-injector pen kit is then taken immediately to the student.

1.	When a student is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ to be able to respond quickly to an anaphylactic reaction if needed.
2.	The Adrenaline Auto-injector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location (First Aid room). (Remember that an anaphylactic reaction can occur in as little as a few minutes).
3.	The student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This is stored in the First Aid Room in alphabetical order of Students first name in a red coloured plastic box. Yard duty staff carry a general Adrenaline Auto Injector in the yard duty bags along with emergency cards in the Yard Duty Folders. All staff on yard duty are made aware of the School's Emergency Response Procedures. The staff member sends the red alert card to the office and/or staffroom for immediate attention in the event of an anaphylactic reaction.
4.	Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6.	Keep lawns and clover mowed and outdoor bins covered.
7.	Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)

1.	Sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2.	School staff should avoid using food in activities or games, including as rewards.
3.	For special occasions, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they

	avoid providing students with treats whilst they are at school or at a special school event.
5.	Party balloons should not be used if any student is allergic to latex.

Out-of-school settings

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

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

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

Field trips/excursions/sporting events	
1.	School staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2.	A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3.	School staff should avoid using food in activities or games, including as rewards.
4.	The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
5.	<p>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.</p> <p>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.</p>
6.	The school should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents provide a meal (if required).
7.	Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.

8. Prior to the excursion taking place school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps and remote settings

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.

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. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.

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.

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.

If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it will also consider alternative means for providing food for those students.

Use of substances containing allergens will be avoided where possible.

Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.

The student's Adrenaline 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.

Prior to the camp taking place school staff will consult with the student's parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.

<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>Identify local emergency services and hospitals well prior to the camp and include address and contact details in the camp risk management plan. 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 take 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 school has 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 should be carried in the school first aid kit.</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>No food will be consumed on buses and in cabins as there is a potential exposure to allergens for students with allergies.</p>

STORAGE OF ADRENALINE AUTOINJECTORS

Adrenaline Autoinjectors for individual students, or for general use, will be stored in the first aid room and be able to be accessed quickly

Adrenaline Autoinjectors are stored in an unlocked and easily accessible place (away from direct light and heat but not in a refrigerator or freezer)

Each Adrenaline Autoinjector is clearly labelled with the student's name and stored with a copy of the student's ASCIA Action Plan and Individual Anaphylaxis Management Plans.

Adrenaline Autoinjectors for General Use (junior and adult dosage) are clearly labelled and distinguishable from those for students at risk of anaphylaxis. These are stored in a white Anaphylaxis Storage Cabinet on the wall in Sick Bay.

Trainer Adrenaline Autoinjectors (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion. These are stored in a filing cabinet in the Library Office.

Regular review of Adrenaline Autoinjectors

Adrenaline Autoinjectors are:

- stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes
- stored in an unlocked, easily accessible place away from direct light and heat. They should not be stored in the refrigerator or freezer
- clearly labelled with the student's name, or for general use
- signed in and out when taken from its usual place, e.g. for camps or excursions.

Each student's Adrenaline Autoinjector is distinguishable from other students' Adrenaline Autoinjectors and medications. Adrenaline Autoinjectors for general use are also clearly distinguishable from students' Adrenaline Autoinjectors.

All school staff know where Adrenaline Autoinjectors are located.

A copy of the student's ASCIA Action Plan is kept with their Adrenaline Autoinjector along with a copy of their Individual Anaphylaxis Management Plan.

EVALUATION

This policy will be reviewed as part of the school's annual review of all aspects of the policy with all staff.

2020

APPENDIX ONE

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

Every student identified by parents and their medical practitioner at risk of anaphylaxis attending the school has an individual written management plan compiled by parents in conjunction with the student's doctor and school. The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school.

The management plan includes the following aspects:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
 - sets out the emergency procedures to be taken in the event of an allergic reaction
 - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions
- A current colour photograph of the child
- Name and phone number of parents
- Name and phone number of the student's doctor
- The student's emergency contact details
- Information about where the auto-injecting pen is stored
- Medication – provision, labelling and storage
- Possible signs and symptoms, and action required.

The student's individual management plan will be reviewed, in consultation with the student's parents/ carers:

- annually, and as applicable,
- if the student's condition changes, or
- immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:

- provide the emergency procedures plan (ASCIA Action Plan).
- inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
- provide the school with an up to date auto-injector pen prescribed by a doctor for the student
- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

APPENDIX ONE (cont.)

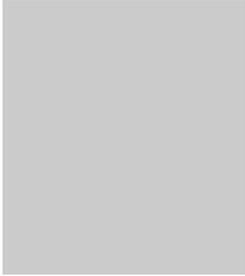
Individual Anaphylaxis Management Plan

<p>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.</p>			
School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		
Emergency care to be provided at school			

Storage for Adrenaline Autoinjector (device specific) (EpiPen®/			
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: _____ For use with EpiPen® adrenaline (epinephrine) autoinjectors

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

Date: _____

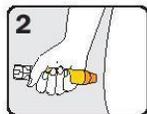
Signed: _____

Date: _____

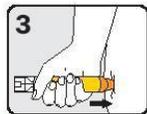
How to give EpiPen® adrenaline (epinephrine) autoinjectors



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



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



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 7.5-20kg.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

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

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

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

ACTION FOR ANAPHYLAXIS

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

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



2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

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

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

If in doubt give adrenaline autoinjector

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

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

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

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

APPENDIX TWO

COMMUNICATION PLAN

- The Principal will be responsible for ensuring that the information is provided to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.
- This 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.
- Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the class teacher or the casual relief staff organiser (as applicable).
- The Anaphylaxis Management policy is available on the school web site, and is reviewed regularly.
- Details of students at risk of anaphylaxis are provided at the beginning of each year on Compass, at staff/ level meetings and at wellbeing meetings conducted with classroom teachers, Principal, Assistant Principal and the Level Wellbeing coordinator.
- All yard duty folders contain summary pages of students with anaphylaxis, including a colour photo and the student's Action Plan.
- Class teachers are responsible for educating students in their class about the nature and effects of severe allergic reactions. Peer support is an important element of the care of students with anaphylaxis. Awareness raising occurs through the use of posters displayed in classrooms and at other strategic places within the school. Class teachers can discuss the topic with their students with a few simple messages.

APPENDIX THREE

STAFF TRAINING

- All teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must be fully trained in anaphylaxis management and attend refresher sessions each semester. This includes staff who supervises the students on excursions, yard duty, camps and special event days.
- Training will be provided to these staff as soon as practicable after the student enrolls. Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.
- The school's first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.
- The Principal identifies staff training needs based on a risk assessment and training is provided as soon as practicable.
- Each year, if required, new school staff receive anaphylaxis management training conducted by an accredited training organisation. Training is valid for 2 years.
- All staff are provided with twice yearly briefings about Anaphylaxis with the first briefing to be held at the beginning of the school year. Briefings will include:
 - the school policy and legal requirements to Ministerial Order 706
 - pictures of the students at the school at risk of anaphylaxis, their allergens, year levels and risk management plans
 - Availability of ASCIA Anaphylaxis e-training (to be completed every 2 years)
 - ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen®
 - The school's First Aid Policy and emergency response procedures
 - Availability of ongoing support and training.
- The school site displays an *Anaphylaxis Response Plan* in the form of a 'Communication Plan' which is provided to teachers at the beginning of the year and reviewed during the teacher's individual training.

Line of communication (refer to Anaphylaxis Response Plan – Appendix Four), responding to an emergency, moves through the supervising staff member to those involved in the line of responsibility including:

- a. classroom teacher
- b. office personnel
- c. senior staff member
- d. first aid officer.

The line of responsibility will allow staff members and those assisting to:

- a. administer an auto-injector pen
- b. phone for M.I.C.A. ambulance and notify student/adult in anaphylactic shock
- c. wait to direct ambulance staff to the student
- d. alert senior staff and phone parent/ emergency contact.

After any emergency, a report is completed, detailing procedures and outcome.

APPENDIX FOUR

ANAPHYLAXIS RESPONSE PLAN

Raising staff awareness

As per staff training

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

Possible Signs & Symptoms

These are the general range of symptoms. Details specific to the student are to be found on the individual student plan.

All reactions need to be taken seriously, but not all reactions require adrenaline.

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

Auto Adrenaline Injecting Devices

Each student diagnosed at a risk of anaphylaxis provides an auto-injector pen for storage at the school. The auto-injector pens are stored in the first aide room. Each student has an individual box, with their photo, name, grade and other relevant details. The box includes the ASCIA Action Plan, Individual Anaphylaxis Management Plan, their auto-injector pen (also labelled) and a felt pen to record time and dose. The boxes are individually distinctive and located prominently in the first aide room. A designated first aid officer checks and records the expiry dates of each auto-injector pen at the start of the year and re-checks at the start of every term. Parents are informed in advance of the time to replace the auto-injector pen. The school also has two spare auto-injector pens for use in emergencies. These are kept on the wall in the First Aid Room in a White Anaphylaxis Cabinet.

Raising student awareness

Peer support is an important element of support for students at risk of anaphylaxis.

School staff made aware through fact sheets or posters displayed in classroom, staffroom, SAKG kitchen and canteen. Class teachers can discuss the topic with students in class, with a few simple key messages, outlined in the following:

Student messages about anaphylaxis	
1.	Always take food allergies seriously – severe allergies are no joke.
2.	Don't share your food with friends who have food allergies.

3.	Wash your hands after eating.
4.	Know what your friends are allergic to.
5.	If a school friend becomes sick, get help immediately even if the friend does not want to.
6.	Be respectful of a school friend's Adrenaline Autoinjector.
7.	Don't pressure your friends to eat food that they are allergic to.

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

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

Schools can refer to the Bully Stoppers website, an anti-bullying resource for ideas and strategies for dealing with bullying situations. Further information about Bully Stoppers is available at:

<http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx>

Work with Parents

Parents of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to school. It is important to:

- develop an open and cooperative relationship with them so that they can feel confident that appropriate management strategies are in place.
- regular communication and increased education, awareness and support from the school community.

Raising school community awareness

Raise awareness about anaphylaxis in the school community:

- through the school newsletter
- individual class letter
- parent information sheets that promote greater awareness of severe allergies that can be downloaded from the Royal Children's Hospital website at:

www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/

ORGANISATIONS PROVIDING INFORMATION AND RESOURCES

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

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

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

Allergy & Anaphylaxis Australia is a non-profit organisation that raises awareness in the Australian community about allergy. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. Further information is available at: <http://www.allergyfacts.org.au/allergy-and-anaphylaxis>

Royal Children's Hospital Anaphylaxis Advisory Line provides advice and support on implementing anaphylaxis legislation to education and care services and Victorian children's services. The Anaphylaxis Advisory Line is available between the hours of 8:30 a.m. to 5:00 p.m., Monday to Friday. Phone 1300 725 911 (toll free) or (03) 9345 4235. Further information is available at: http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/

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

APPENDIX FIVE

Annual Risk Management Checklist

School Name:	
Date of Review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	

General Information

1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?	
2. How many of these students carry their Adrenaline Autoinjector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
4. Have any students ever had an Anaphylactic Reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times	
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1: Individual Anaphylaxis Management Plans

7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after School, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors	
12. Where are the student(s) Adrenaline Autoinjectors stored?	
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the storage unlocked and accessible to School Staff at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
17. Are the Adrenaline Autoinjectors easy to find?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who?	
.....	

21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Where are these first aid kits located?	
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Prevention Strategies	
28. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: School Management and Emergency Response	
32. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all School buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the School?	<input type="checkbox"/> Yes <input type="checkbox"/> No

35. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Who will make these arrangements during excursions?	
40. Who will make these arrangements during camps?	
41. Who will make these arrangements during sporting activities?	
42. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:	
a. The School's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The School's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the Adrenaline Autoinjector(s) for General Use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No

g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Communication Plan	
44. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?	
a. To School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To Parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. Is there a process for distributing this information to the relevant School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
46. How is this information kept up to date?	
47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. What are they?	

RESOURCES

Royal Children's Hospital staff and materials

DET Anaphylaxis Guidelines 2014

DET Anaphylaxis Management in Schools Ministerial Order 90 July 2008

DET Anaphylaxis School Supervisor Checklist

