



## 2017 ANAPHYLAXIS MANAGEMENT POLICY

### **Ministerial Order 706 – Anaphylaxis Management in Schools**

Strathmore PS has developed an Anaphylaxis Policy based on the Department of Education and Early Childhood Development guidelines {Anaphylaxis Guidelines - A resource for managing severe allergies in Victorian schools - Issued: February 2014}.

#### **School Statement**

Strathmore PS will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time. An Anaphylaxis Management Policy has been developed in conjunction with the school's First Aid Policy.

#### **Individual Anaphylaxis Management Plans**

1. Individual Anaphylaxis Management Plans have been created for each student, based on advice from their Medical Practitioners and parents, and using the approved template.
2. 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.
3. The Individual Anaphylaxis Management Plan will set out the following:
  - a. information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
  - b. strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School;
  - c. the name of the person(s) responsible for implementing the strategies;
  - d. information on where the student's medication will be stored;
  - e. the student's emergency contact details; and
  - f. An ASCIA Action Plan.

## **Note**

The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by Medical Practitioners to Parents when a child is diagnosed as being at risk of anaphylaxis.

4. The Principal with the assistance of the First Aid Coordinator will implement and monitor each student's Individual Anaphylaxis Management Plan. The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's Parents in all of the following circumstances:
  - a. annually;
  - b. if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
  - c. as soon as practicable after the student has an anaphylactic reaction at School; and
  - d. When the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (e.g. class parties, elective subjects, cultural days, fetes, incursions).
  
5. It is the responsibility of the Parents to:
  - a. provide the ASCIA Action Plan;
  - b. inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
  - c. provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
  - d. Provide the School with an adrenaline auto-injector that is current and not expired, for their child.

## **Prevention Strategies**

This section details the Risk Minimisation and Prevention Strategies that Strathmore PS will put in place for all relevant in-school and out-of-school settings, which include (but are not limited to) the following:

- a. during classroom activities (including class rotations, specialist and elective classes);
- b. between classes and other breaks;
- c. during recess and lunchtimes;
- d. before and after school; and
- e. Special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

## Classrooms

1.	<p>Strathmore PS Class teachers are aware of all Anaphylactic students on site. A list of students with medical conditions, including anaphylaxis, is kept by the students' classroom teacher.</p> <ul style="list-style-type: none"> <li>• The ASCIA Action Plan is available in First Aid Treatment room &amp; staffroom &amp; office with current photo to identify students with anaphylaxis.</li> <li>• Adrenaline auto-injectors are kept in the First Aid Treatment room. Each student's auto-injector is kept with ASCIA Plan in their classrooms.</li> </ul>
2.	<p>A designated staff member informs casual relief teachers, specialist teachers and volunteers of the names of:</p> <ul style="list-style-type: none"> <li>• any students at risk of anaphylaxis,</li> <li>• the location of each student's Individual Anaphylaxis Management Plan and adrenaline auto-injector;</li> </ul>
3.	<p>Strathmore PS 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.</p>
4.	<p>Strathmore PS never gives food from outside sources to a student who is at risk of anaphylaxis.</p>
5.	<p>Treats for the other students in the class should not contain the substance to which the student is allergic where possible. It is recommended to use non-food treats.</p>
6.	<p>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.</p>
7.	<p>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).</p>
8.	<p>Ensure all cooking utensils, preparation dishes, plates and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.</p>
9.	<p>Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.</p>
10.	<p><b>Banning of food is not generally recommended.</b> Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (eg. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.</p>

11.	Be wary of contamination of other foods when preparing, handling or displaying food, eg. 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

1.	All Strathmore PS staff attend internal briefings on Anaphylaxis. All Strathmore PS will undertake online training scheduled every 2 years. Training includes the administration of the adrenaline auto-injector (ie. EpiPen and EpiPen Junior®) 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 are aware of the exact location. All plans & spare Epipens are kept in the first aid treatment room, which is located in the administration building. Student's individual Epipens are stored in their classrooms.
3.	Strathmore PS has a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. Yard duty staff carry <b>BLUE</b> Emergency Anaphylaxis Cards in their Yard Duty folders. Anaphylaxis cards that provide a photo of Anaphylactic students are carried in yard duty folders. All staff members on yard duty are aware of the school's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction.
4.	Strathmore PS does not have any students with an anaphylaxis response to insects. However, in the event that a student presents with an anaphylactic reaction to insects, staff will be provided with the following information: <ul style="list-style-type: none"> <li>○ The affected students should be encouraged to stay away from water or flowering plants. Students should keep drinks and food covered while outdoors.</li> </ul>

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

1.	Sufficient school staff supervising the special events will be made available and trained in the administration of an adrenaline auto-injector 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 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.	Strathmore PS does not have any students with an anaphylaxis response to latex. However, party balloons should not be used if any student is allergic to latex.

## Out-of-School Settings

Field Trips / Excursions / Sporting Events	
1.	Strathmore PS provides sufficient school staff supervising the special events, who are trained in the administration of an adrenaline auto-injector and be able to respond quickly to an anaphylactic reaction if required.
2.	Strathmore PS provide appropriate supervision (student to teacher ratios) of school staff, trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector, to 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 auto-injectors and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis are taken to any out of school trips or excursions. The auto-injectors are signed OUT of first aid by the responsible teacher and placed in the "First Aid Bag". UPON returning to school the auto-injectors are signed back into the treatment room.
5.	For each field trip, excursion etc., a risk management plans are considered 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 are made aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
6.	The school will consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents provide a meal (if required).
7.	Parents who may wish to accompany their child on field trips and/or excursions can discuss with the appropriate staff member.

8.	Prior to the excursion, 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 particular excursion activity.
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### Camps and Remote Settings

1.	<p>Prior to engaging a camp owner/operator's services the school makes enquiries as to whether it can provide food that is safe for anaphylactic students.</p> <p>Strathmore PS currently has preferred camp/service providers that they have used for years without incident, e.g. <b>Camp Wilkin at Anglesea and Coonawarra Farm Resort in Gippsland</b></p> <p>Strathmore PS will 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>
2.	<p>Strathmore PS 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.</p> <p>Strathmore PS 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.</p>
3.	<p>Strathmore PS will develop a risk management strategy for students at risk of anaphylaxis. This will be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.</p> <p>The student's adrenaline auto-injector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis will be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, eg. a satellite phone.</p>
4.	<p>Strathmore PS 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. <b>If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken. A paramedic will also be in attendance at school camps.</b></p>
5.	<p>If Strathmore PS 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>
6.	<p>Use of substances containing allergens should be avoided where possible.</p>

7.	Prior to the camp taking place, school staff should consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
8.	Strathmore PS staff participating in the camp will be clear about their roles and responsibilities in the event of an anaphylactic reaction
11.	Strathmore PS will consider taking an adrenaline auto-injector for general use on a school camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency.  The school will always keep available at least one adult and one junior EpiPen at school.
12.	The adrenaline auto-injector should remain close to the student and Staff members must be aware of its location at all times.
13.	Strathmore PS does not have any students with an anaphylaxis response to insects. However, in the event that Students presented with an anaphylactic responses to insects Staff will be provided with the following information: 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.
14.	Cooking and art and craft games should not involve the use of known allergens.
15.	Consider the potential exposure to allergens when consuming food on buses and in cabins.
<b>Travel to and from School by Bus</b>	
1.	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 auto-injector. The adrenaline auto-injector and ASCIA Action Plan for Anaphylaxis must be with the staff member in charge if the child is deemed too young to carry an adrenaline auto-injector on their person at School.

## School Management and Emergency Response

Strathmore PS School Management Roles & Responsibilities for anaphylactic reactions.

## Principal

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 auto-injector for their child that is not out-of-date and a replacement adrenaline auto-injector 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.



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: <ul style="list-style-type: none"> <li>a. the school's Anaphylaxis Management Policy;</li> <li>b. the causes, symptoms and treatment of anaphylaxis;</li> <li>c. the identities of students diagnosed at risk of anaphylaxis and the location of their medication;</li> <li>d. how to use an adrenaline auto-injector, including hands-on practise with a trainer adrenaline auto-injector (which does not contain adrenaline);</li> <li>e. the school's general first aid and emergency procedures; and</li> <li>f. the location of Adrenaline Auto injecting devices that have been purchased by the School for General Use.</li> </ul>
11.	Allocate time, such as during staff meetings, to discuss, practise and review the school's Anaphylaxis Management Policy. Practise using the trainer adrenaline auto-injectors 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 and the school's policies and implementation procedures.
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 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 auto-injectors for General Use to be part of the School's first aid kit.

### **Role and Responsibilities of School Staff**

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

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

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 auto-injector.
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 auto-injectors and the adrenaline auto-injectors for General Use are kept. (Remember that the adrenaline auto-injector 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.

## Role and responsibilities of First Aid Coordinator

The First Aid Co-ordinator works with the Principal to ensure that the Anaphylaxis Policy is implemented, reviewed, monitored and approved annually.

First Aid Coordinator	
1.	Work with Principal 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 auto-injector (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 auto-injector.
4.	Keep an up-to-date register of students at risk of anaphylaxis.
5.	Keep a register of adrenaline auto-injectors as they are 'in' and 'out' from the central storage point. For instance when they have been taken on excursions, camps etc.
6.	Work with Principal, parents and students to develop, implement and review each Individual Anaphylaxis Management Plan to: 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 auto-injector; c. regularly check that the student's adrenaline auto-injector is not out-of-date, such as at the beginning or end of each term; d. inform parents in writing that the adrenaline auto-injector needs to be replaced a month prior to the expiry date; e. ensure that the student's adrenaline auto-injector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place; and f. ensure that a copy of the Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) is stored with the student's adrenaline auto-injector.
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 (eg. counselling) to students and school staff, if appropriate.

## Role and responsibilities of Parents of a Student at Risk of Anaphylaxis

Parents have an important role in working with the School to minimise the risk of anaphylaxis. Set out 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.

Parents	
1.	Inform the school in writing, either at enrolment or upon diagnosis, of the student's allergies, and advise whether the student has been diagnosed as being at risk of anaphylaxis.
2.	Obtain an ASCIA Action Plan from the student's medical practitioner detailing their condition, medications to be administered and other emergency procedures and provide same 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 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 auto-injector and any other medications that are current and not expired.
7.	Replace the student's adrenaline auto-injector 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"> <li>a. when there is a change to the student's condition;</li> <li>b. as soon as practicable after the student has an anaphylactic reaction at School;</li> <li>c. at its annual review; and</li> <li>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.</li> </ol>

## Strathmore PS Emergency Response

1. A complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction is kept:
  - Administration Office
  - First Aid treatment room +
  - Each Classroom
  - Staff room
  - Camp First Aid Bag with responsible teacher/First Aid Officer
  
2. Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans are located:
  - First Aid treatment room located in main Administration Office +
  
3. List of Students with medical conditions including Anaphylaxis are located in:
  - Administration Office
  - First Aid treatment room
  - Each classroom
  - Staffroom
  - Camp first aid bag with responsible teacher/first aid officer
  
4. A summary of students with anaphylaxis is located in:
  - Yard duty folders contain photos of Anaphylactic students, a RED card for reporting medical emergencies and more specifically, a BLUE card for anaphylaxis emergencies
  
5. Additional adrenaline auto-Injectors are stored in:
  - First Aid treatment room +
  - Classrooms of Anaphylactic students

The table below summarises the areas where appropriate Anaphylaxis Plans; adrenaline auto-injectors and relevant information are stored on school grounds and/or with school staff.

Location	Individual Anaphylaxis Management Plan & ASCIA Plan	Adrenaline Autoinjectors	List of Students with medical conditions including Anaphylaxis	Summary of Anaphylaxis Plan
<b>First Aid Treatment Room</b>	✓	✓	✓	Yes
<b>Classrooms</b>	Yes	✓	✓	
<b>Yard Duty Folders</b>			✓	
<b>Excursion First Aid Bag</b>		Yes	✓	

<b>Camp First Aid Bag</b>	✓	✓	✓	Yes
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6. Communication with School Staff, students and Parents is to occur in accordance with the Communications Plan as detailed on page 12.

### **Responding to an Incident**

1. School staff with training in the administering of an adrenaline auto-injector should administer the student's adrenaline auto-injector.
2. It is imperative that an adrenaline auto-injector is administered as soon as possible after an anaphylactic reaction.
3. If necessary; the adrenaline auto-injector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.
4. The adrenaline auto-injector should then be administered following the instructions in the student's ASCIA Action Plan.
5. It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (eg. the anaphylactic reaction was caused by a bee sting and the beehive is close by).

### **School Environment**

#### **1. Classrooms**

- a. Teacher sends students with appropriate **BLUE** Anaphylaxis card to the admin office.
- b. Admin staff (first aid trained) respond to emergency situation.

#### **2. Yard**

- a. Teacher send students with appropriate medical card to admin office.
- b. Staff member quickly takes the EpiPen kit to the area in the yard as directed by student/ teacher who reported the incident

Call an ambulance on **000** as soon as possible after administering the auto-injector.

### **Out of School Environment**

#### **1. Excursions and Camps**

- a. Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. The process will address:
  - the location of adrenaline auto-injectors ie. who will be carrying them. Is there a second medical kit? Who has it?;
  - how to get the adrenaline auto-injector to a student; and
  - 'who' will call for ambulance response, including giving detailed location address. eg. Melways reference if city excursion, and best access point or camp address/GPS location.
- b. Emergency procedures will vary accordingly.
- c. A team of school staff trained in anaphylaxis will attend each event.

- d. 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.
- e. Individual Anaphylaxis Plans & ASCIA Plans for students with anaphylaxis are packed in appropriate First Aid Bag (Excursion or Camp).
- f. Auto-injectors are signed OUT before leaving the school grounds and signed back IN upon returning them to the treatment room.
- g. Following an anaphylactic reaction, call an ambulance as soon as possible on 000. If you are using a GSM digital mobile phone that is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.

### Students at Risk of Anaphylaxis

A member of the school staff will remain with the student who is displaying symptoms of anaphylaxis at all times.

How to administer an EpiPen or EpiPen Jnr®	
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®.
7.	Massage injection site for 10 seconds.
8.	Note the time you administered the EpiPen®.
9.	The used auto-injector must be handed to the ambulance paramedics along with the time of administration.
If an adrenaline auto-injector is administered, the school must ...	
1.	<b>Immediately</b> call an ambulance (000/112).
2.	Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand. The student may wish to lie flat their legs elevated.
3.	Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere.

4.	In the situation where there is no improvement or <b>severe symptoms</b> progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second auto-injector is available (such as the adrenaline auto-injector for general use).
5.	<b>Then</b> contact the student's emergency contacts.
6.	<b>For government schools - later</b> , contact Security Services Unit, Department of Education and Training to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

### First Time Reactions

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the school staff should follow the school's first aid procedures.

This should include immediately contacting an ambulance using 000.

It may also include locating and administering an adrenaline auto-injector for general use.

### Post-Incident Support

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and parents. In the event of an anaphylactic reaction, students and school staff may benefit from post-incident counselling (e.g. EAP Service) or school psychologist.

### Review

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

1.	The adrenaline auto-injector must be replaced by the parent as soon as possible.
2.	In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement adrenaline auto-injector being provided by parents/ carers
3.	If the adrenaline auto-injector for general use has been used this should be replaced as soon as possible.
4.	In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement adrenaline auto-injector for General Use being obtained by the first aid coordinator.
5.	The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents.



6.	The School's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions, by students who are in the care of school staff.
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### **Adrenaline Auto-injectors for General Use**

1. The First Aid coordinator will purchase 6 adrenaline auto-injector(s) for General Use - 3 Junior and 3 Adult, (purchased by the school at any pharmacy) and as a back up to those supplied by parents.
2. The Principal will determine the number of additional adrenaline auto-injector(s) required. In doing so, the Principal will take into account the following relevant considerations:
  - the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis;
  - the accessibility of adrenaline auto-injectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
  - the availability and sufficient supply of adrenaline auto-injectors for General Use in specified locations at the school, including
    - in the school yard, and at excursions, camps and special events conducted or organised by the School; and
    - the adrenaline auto-injectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first.

### **Communication Plan**

This section sets out the school's Communication Plan that provides information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy.

The Communication Plan includes strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction by a student in various environments including:

- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
- during off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the school.

	Communication Provided	Timing
<b>1</b>	In-house briefing for all Strathmore PS staff	First week of school year (January or early February)
<b>2</b>	List of all Anaphylactic students (and other medical conditions) made available in staffroom	First week of school year
<b>3</b>	Class lists for all classrooms includes students with medical conditions including anaphylaxis	First week of school year OR if any changes to current list required
<b>4</b>	Excursions / Camps	As required

	SIGN OUT and SIGN IN process for all student's Individual Anaphylaxis Plans & auto-injectors	
5	First Aid Coordinator advise parents of requirements to obtain ASCIA Plan for student prior to commencing school year.	As Epipens reach their expiry dates
6	CRT briefed at start of day by First Aid Co-ordinator regarding student with anaphylaxis present in their care	As required
7	Teaching staff educate and provide students with information about anaphylactic reactions	Term 1

## Staff Training

1. The following school staff will be appropriately trained:
  - a. School staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
  - b. Any further school staff that are determined by the Principal.
2. The identified school staff will undertake the following training:
  - a. an Anaphylaxis Management Training Course (online) every two years; and
  - b. participate in a briefing, to occur twice per calendar year, with the first briefing to be held at the beginning of the school year, on:
    - o the school's Anaphylaxis Management Policy;
    - o the causes, symptoms and treatment of anaphylaxis;
    - o the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
    - o how to use an adrenaline auto-injector, including hands on practise with a trainer adrenaline auto-injector device;
    - o the school's general first aid and emergency response procedures; and
    - o the location of, and access to, adrenaline auto-injector that have been provided by parents or purchased by the school for general use.
3. The briefing (in-house or internal) will be conducted by a member of school staff who has successfully completed an Anaphylaxis Management Training Course in the last twelve months.
4. In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant school staff as soon as practicable after the student enrolls, and preferably before the student's first day at school.
5. The Principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days,

there is a sufficient number of school staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

**Note**

A video has been developed and can be viewed from

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

**Annual Risk Management Checklist**

The Principal, in consultation with the First Aid Coordinator, will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations.

**Note**

A template of the Risk Management Checklist can be found at Appendix 4 of the Anaphylaxis Guidelines for Victorian Schools or the Department's website:

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

**THIS POLICY WAS LAST RATIFIED BY SCHOOL COUNCIL ON ..... 30<sup>th</sup> JULY, 2018**