



Anaphylaxis Management

POLICY

(Ministerial Order 706)

Mount Pleasant Road Primary School

A. BACKGROUND

- A.1. 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 EpiPen® auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis. **The key reference** and support for the school regarding anaphylaxis is the DET guidelines. (See Appendix A)
- A.2. Mount Pleasant Road PS will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

B. PURPOSE

- B.1. To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- B.2. To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community
- B.3. To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- B.4. 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.

C. INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

- C.1. The Principal will ensure that an Individual Anaphylaxis Management Plan is 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.
- C.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.
- C.3. The Individual Anaphylaxis Management Plan will set out the following:
- C.3.1 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);
 - C.3.2 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.3.3 the name of the person(s) responsible for implementing the strategies;
 - C.3.4 information on where the student's medication will be stored;
 - C.3.5 the student's emergency contact details; and
 - C.3.6 an ASCIA Action Plan.
- C.4. School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

- C.5.** The student’s Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student’s Parents in all of the following circumstances:
- C.5.1.** annually;
 - C.5.2.** if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
 - C.5.3.** as soon as practicable after the student has an anaphylactic reaction at School; and
 - C.5.4.** 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).
- C.6.** It is the responsibility of the Parents to:
- C.6.1** provide the ASCIA Action Plan;
 - C.6.1.** 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.6.2.** 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
 - C.6.3.** provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

D. Prevention Strategies

- D.1.** The Risk Minimisation and Prevention Strategies that this school will put in place for all relevant in-school and out-of-school settings are:

In-school settings

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom and ensure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
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' will 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.	Monitor 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.	A designated staff member to inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student’s Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School’s Anaphylaxis Management Policy, and each individual person’s responsibility in managing an incident. i.e. seeking a trained staff member.

Canteen and Before and After School Care

1. Staff (whether internal or external) need to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to:
 - 'Safe Food Handling' in the School Policy and Advisory Guide, available at:<http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx>
 - Helpful resources for food services:
<https://allergyfacts.org.au/allergy-anaphylaxis/what-is-allergy>
2. Staff, including volunteers, will 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.
3. The student's name and photo will be displayed in the canteen as a reminder to staff.
4. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5. Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6. Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7. Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
8. Staff will be aware that contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Yard

1. Sufficient School Staff on yard duty will be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff aware of their exact location. (**Remember that an anaphylactic reaction can occur in as little as a few minutes**).
3. Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5. Students with anaphylactic responses to insects will be encouraged to stay away from water or flowering plants.
6. Lawns and clover will be mowed regularly and outdoor bins covered.
7. Students should keep drinks and food covered while outdoors.

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

1. If the School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2. School Staff should avoid using food in activities or games, including as rewards.
3. For special 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

Field trips/excursions/sporting events

1. If a school has a student at risk of anaphylaxis, sufficient 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 staff member 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. 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 staff must be aware of their exact location.
5. For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.

All staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
6. The School 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 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 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.

Camps and remote settings

1. Prior to engaging a camp owner/operator's services the school should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the school should consider using an alternative service provider.

2.	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.
3.	Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4.	Staff in charge of the camp conducts a risk assessment and develops 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.
5.	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 be undertaken.
6.	If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, the school will also consider alternative means for providing food for those students.
7.	Use of substances containing allergens will be avoided where possible.
8.	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.
9.	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.
10.	Prior to the camp taking place staff will consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
11.	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 staff participating in the camp are clear about their roles and responsibilities.
12.	Ensure contact details of emergency services are distributed to all staff as part of the emergency response procedures developed for the camp.
13.	Staff will take an Adrenaline Autoinjector 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.
14.	School has purchased an Adrenaline Autoinjector for General Use to be kept in the first aid kit and include this as part of the Emergency Response Procedures.
15.	The Adrenaline Autoinjector should remain close to the student and staff must be aware of its location at all times.
16.	The Adrenaline Autoinjector will be carried in the school first aid kit.
17.	Parents of students with anaphylactic responses to insects should provide closed shoes and long-sleeved garments for their child to wear when outdoors. Students will be encouraged to stay away from flowering plants where practicable.

18. Cooking and art and craft games should not involve the use of known allergens.

19. Students to eat only provided from home when consuming food on buses.

E. School Management and Emergency Response

- E.1.** There is 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;
- E.2.** Individual Anaphylaxis Management Plans and ASCIA Action Plans are located:
 - E.2.1.** in the student's classroom
 - E.2.2.** in the staffroom
 - E.2.3.** in all school buildings and specialist rooms
 - E.2.4.** will be carried by the responsible teacher on school excursions and on school camps;
 - E.2.5.** will be taken to special events conducted, organised or attended by the school where the staff are responsible for students.
- E.3.** Adrenaline Auto injectors and ACSIA Plans will be stored in the front pocket of the child's school bag and in the First Aid room in a clearly labelled bag.
- E.4.** The Principal will purchase Adrenaline Autoinjector(s) for General Use (purchased by the school) and as a back up to those supplied by Parents.
- E.5.** The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:
 - E.5.1.** The number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis;
 - E.5.2.** The accessibility of Adrenaline Autoinjectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
 - E.5.3.** The availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the school, including
 - E.5.4.** In the school yard, and at excursions, camps and special events conducted or organised by the school; and
 - E.5.5.** The Adrenaline Autoinjectors 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.

F. Communication Plan

F.1. The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school’s anaphylaxis management policy. The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days. Volunteers and casual relief staff of students at risk of anaphylaxis will be informed about students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Principal.

	Staff	Parents	Students	CRT’s and volunteers	External providers – students not supervised by staff
Awareness of Anaphylaxis Policy	First day of school – Pupil Free Day	Provided on enrolment and when amended to parents of student with anaphylaxis. Available on school website.	Discussed as appropriate to age of child	Provided in CRT folder and staff made aware on the day of employment	Provided with policy on first day of employment
Identification of students with plans	First day of school – Pupil Free Day and as new students enrol	-	-	Provided in CRT folder and staff made aware on the day of employment	Provided with policy on first day of employment or as students enrol
Training in Anaphylaxis management	First month of the school year and revision first week of Term Three for selected staff (refer G1.1 and G1.2)	-	-	Informed who to call for assistance if not trained.	Informed who to call for assistance if not trained.
Individual Management plans	Principal to organise and keep on file. Principal to organise ACSIA plans to go on display and in CRT folders.	Written with parent on enrolment of child and then reviewed annually, if parent notifies any changes or if an incident occurs			
Provision of Adrenaline Autoinjectors for General Use by school	Staff shown where Adrenaline Autoinjectors are stored on first day of school – Pupil Free Day			Location of Auto injectors included in CRT folder with ACSIA Action Plan	

	Principal to see Epipen is updated.				
If an incident occurs in the classroom.	Locate the child's Adrenaline Autoinjector in the child's school bag. and ACSIA Action Plan on the classroom wall. Follow instructions on the plan. Send a student or staff member to the office for assistance. Take note of the time and stay and observe student. Office to contact parents. A staff member to go with child in ambulance if parents not arrived. Office to notify Security Services Unit. Debrief after incident when appropriate.	Parents of child to attend school or meet ambulance at hospital.	Debrief any students who were present.	Locate the child's Adrenaline Autoinjector and ACSIA Action Plan. Follow instructions on plan. Send a student or staff member to the office for assistance. Take note of the time and stay and observe student. Office to contact parents. Debrief after incident when appropriate.	Locate the child's Adrenaline Autoinjector and ACSIA Action Plan. Follow instructions on plan. Send a student or staff member to the office for assistance. Take note of the time and stay and observe student. Office to contact parents. Debrief after incident when appropriate.
If an incident occurs in a building or school yard	Send a student or staff member with the blue emergency card (located in the yard duty bum bag or Emergency management plastic holder near door) to the office to locate the child's Adrenaline Autoinjector and ACSIA Action Plan. Follow instructions on plan. Send a student or staff member to the office for assistance. Take note of the time and stay and observe student. Office to contact parents. A staff member to go with child in ambulance if parents	Parents of child to attend school or meet ambulance at hospital.	Debrief any students who were present.	Send a student or staff member with the blue emergency card (located in the yard duty bum bag or Emergency management plastic holder near door) to the office to locate the child's Adrenaline Autoinjector and ACSIA Action Plan. Follow instructions on plan. Send a student or staff member to the office for assistance. Take note of the time and stay and observe student. Office to contact	Send a student or staff member with the blue emergency card (located in the yard duty bum bag or Emergency management plastic holder near door) to the office to locate the child's Adrenaline Autoinjector and ACSIA Action Plan. Follow instructions on plan. Send a student or staff member to the office for assistance. Take note of the time and stay and observe student. Office to contact

	not arrived. Office to notify Security Services Unit. Debrief after incident when appropriate.			parents. Debrief after incident when appropriate.	parents. Debrief after incident when appropriate.
If an incident occurs on an excursion, special event day or camp	Use the child's Adrenaline Autoinjector following the instructions on the child's ACSIA Action Plan. Send a student or staff member to another staff member for assistance. Take note of the time and stay and observe student. Contact parents. A staff member to go with child in ambulance if parents not arrived. Office to notify Security Services Unit. Debrief after incident when appropriate.	Parents of child to attend school or meet ambulance at hospital.	Debrief any students who were present.	Use the child's Adrenaline Autoinjector following the instructions on the child's ACSIA Action Plan. Send a student or staff member to another staff member for assistance. Take note of the time and stay and observe student. Contact parents. A staff member to go with child in ambulance if parents not arrived. Office to notify Security Services Unit. Debrief after incident when appropriate.	Seek assistance from staff member supervising student.

F.2. It is the responsibility of the Principal of the School to ensure that:

F.2.1. Relevant School Staff are trained and briefed at least twice per calendar year.

F.2.2. In the event of an anaphylactic reaction, the school's first aid and emergency response procedures and the student's Individual Anaphylaxis Management Plan is followed.

G. Staff Training

G.1. The following staff will be appropriately trained:

G.1.1. Staff who conduct classes for students with a medical condition that relates to allergy and the potential for anaphylactic reaction.

G.1.2. Any further staff as determined by the Principal.

G.2. The identified staff will undertake the following training:

G.2.1. An Anaphylaxis Management Training Course in the three years prior; and

G.2.2. 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:

G.2.2.1. the School's Anaphylaxis Management Policy;

G.2.2.2. the causes, symptoms and treatment of anaphylaxis;

- G.2.2.3. 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;
 - G.2.2.4. how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
 - G.2.2.5. the School's general first aid and emergency response procedures; and
 - G.2.2.6. the location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.
- G.3. The briefing must be conducted by a member of staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.
- G.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 staff as soon as practicable after the student enrolls, and preferably before the student's first day at school.
- G.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 staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

H. Annual Risk Management Checklist

- H.1. The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations.
- H.2. Note 1: A video to assist with staff training is available at <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>
- H.3. Note 2: 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>
- H.4. Note 3: 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. An example can be found in Appendix 3 of the Anaphylaxis Guidelines or downloaded from <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

Appendix A:

http://www.education.vic.gov.au/Documents/school/principals/health/2016_Anaphylaxis_Guidelines_FINAL.pdf

2016_Anaphylaxis_
Guidelines_FINAL.ppt