

COLAC SECONDARY COLLEGE

ANAPHYLAXIS MANAGEMENT POLICY

RATIONALE

Colac Secondary College (CSC) believes that the safety and wellbeing of students who are at risk of anaphylaxis is a whole community responsibility and is committed to minimising the risk of an anaphylactic reaction occurring while the student is in the care of the college. It is important for all staff to be aware of anaphylaxis, its symptoms and triggers, and most importantly the emergency response and management of anaphylaxis in the school environment. Allergies currently affect 1:20 children in Australia. Anaphylaxis can develop at any age to anyone even if there has been no previous history.

PURPOSE

To explain to CSC parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that CSC is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

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

POLICY

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

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

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

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

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

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

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

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

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

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

Parents and carers must:

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

Each student's Individual Anaphylaxis Management Plan must include:

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

Review and updates to Individual Anaphylaxis Plans

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

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

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

Location of plans and adrenaline autoinjectors

Depending on the age of the students in our school community who are at risk of anaphylaxis, the severity of their allergies and the content of their plan, some students may keep their adrenaline autoinjector on their person, as well as in the designated location in the room behind the CSC Reception. Copies of the Individual Anaphylaxis Management Plans and Medical Alert Posters are kept/displayed in various locations around the school so that the plan is easily accessible by school staff in the event of an incident. Locations may include but are not limited to the student's classroom, the school office or in the materials provided to staff on yard duty.

When students will not keep their adrenaline autoinjectors on their person:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the room behind the CSC Reception, together with the student's adrenaline autoinjector labelled with their name. These are all stored in the students named red insulated Anaphylaxis packs.

When students will keep their adrenaline autoinjectors on their person:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis and their spare autoinjector in the room behind CSC Reception. Students are encouraged to keep their adrenaline autoinjectors on their person at all times. Adrenaline autoinjectors for general use are available in the room behind CSC Reception and are labelled "general use".

Risk Minimisation Strategies

It is important to note that banning of food or other potential allergens is not recommended 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/impossible 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, shellfish and insect stings.

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

- During classroom activities (including class rotations, specialists and elective classes);
- Between classes and other breaks;
- In canteens;

- During recess and lunchtimes;
- Before and after school; and
- Special events including incursions, sports, cultural days, fetes or class parties, excursions and camps

In School Settings

1. Internal Learning Spaces:

Keep a copy of all students' Individual Anaphylaxis Management Plans and ASCIA Action Plans in the Student Medical Alert Folder at CSC Reception. Ensure all Individual ASCIA Action Plans are easily accessible where individual student adrenaline autoinjectors are stored in the room behind CSC Reception.
Liaise with Parents about food-related activities ahead of time.
Never give food from outside sources to a student who is at risk of anaphylaxis.
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.
Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
Ensure all cooking utensils, preparation dishes, plates, and cutlery are washed and cleaned thoroughly after preparation of food and cooking.
Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
Students with food allergy need special care when doing food technology. An appointment should be organised with the students' parents prior to the student undertaking this subject. Helpful information is available @ www.allergyfacts.org.au/images/pdf/foodtach.pdf
A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Auto-injector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident i.e. seeking a trained staff member.

2. Canteens:

Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to 'Safe Food Handling' in the School Policy and Advisory Guide, available at: http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx
--

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 Canteen Staff and volunteers.
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.
Regarding lunch-orders - students with anaphylaxis are encouraged to write on the lunch order that they are anaphylactic to alert canteen staff. Gloves are worn when stocking lunch orders. Hands are washed between orders when dealing with lunch orders with students at risk of anaphylaxis.
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.
Ensure that tables and surfaces are wiped down with warm soapy water regularly.
Ensure that equipment is washed in hot soapy water by canteen staff.
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, CSC can agree to not stock peanut and tree nut products (e.g., hazelnuts, cashews, almonds etc.) including chocolate and hazelnut spreads.

3. Yard:

Sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Auto Injector to be able to respond quickly to an anaphylactic reaction if needed.
The Adrenalin Auto Injector and a copy of each student's Individual Anaphylaxis Action Plan must be easily accessible and staff should be aware of their exact location. Remember: an anaphylactic reaction can occur in as little as a few minutes.
CSC has a Communication Plan in place to ensure that the medical information and medication of all students who have been identified at risk of anaphylaxis can be retrieved quickly if a reaction occurs in the yard. Yard Duty staff must be able to identify, by face, those students at risk of anaphylaxis. To assist them to do this, Yard Duty staff must carry on them the photo cards of the students at risk of anaphylaxis. All staff on yard duty must use the set of the anaphylaxis students' photo cards or carry a mobile phone to notify the CSC Reception if an anaphylactic reaction occurs in the yard. Staff should also be wearing their high-vis vest so it is easy to locate them.
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 coloured clothing rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
Keep lawns and clover mowed and outdoor bins covered.

Staff should encourage students to keep drinks and food covered while outdoors.

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

Sufficient school staff supervising the special event must be trained in the administration of an adrenaline auto injector to be able to respond quickly to an anaphylactic reaction if required.

School staff should avoid using food in activities or games, including as rewards.

For special occasions, school staff should consult parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.

Parents of other students should be informed in advance about foods that may cause allergic reaction 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.

Party balloons should not be used if any student is allergic to latex.

If students from other schools are participating in an event at CSC without a staff member or parent supervisor, a designated staff member should request medical information from the participating schools. This must include the identities of students attending who are at risk of anaphylaxis and strategies to minimise the risk of a reaction while the student is visiting the school.

Students at risk of anaphylaxis should bring their own adrenaline auto injector with them to events outside their own school.

Out-of-School Settings

1. Travel to and from School by bus

At enrolment, parents will be encouraged to discuss safety strategies with the bus company, including the emergency medication and responses for anaphylaxis prior to the students travelling on the bus. Students at risk of anaphylaxis are encouraged to carry their home auto injector on them or in their bags during transit between school and home.

2. Field trips/excursions/sporting events

If CSC has a student at risk of anaphylaxis attending a special event, sufficient school staff supervising the special event must be trained in the administration of an adrenalin auto injector to be able to respond quickly to an anaphylactic reaction if required.

School staff members trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector must accompany any student at risk of anaphylaxis on field trips or excursions.

School staff should avoid using food in activities or games, including as rewards.

The adrenaline autoinjector and a copy of the Individual Anaphylaxis Management Plan and Individual ASCIA Action Plan for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.

For each field trip, excursion or sporting event, a risk assessment should be undertaken for each student attending who is at risk of anaphylaxis. The risks may vary according to the number of students with anaphylaxis attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of the excursion and corresponding staff-student ratio.

All school staff members present during the field trip, excursion or sporting event need to be aware of and able to identify any students attending who are at risk of anaphylaxis.
The school should consult parents of students with anaphylaxis in advance to discuss issues that may arise to <ul style="list-style-type: none"> • develop an alternative food menu • or request the parents provide a meal (if required).
Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with the parents as another strategy for supporting the student who is at risk of anaphylaxis.
Prior to an excursion taking place school staff should <ul style="list-style-type: none"> • Review the student’s Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity. • Consult with the student’s parents and medical practitioner (if necessary)
If the field trip, excursion or special event is being held at another school without a parent or staff supervision, then the school should <ul style="list-style-type: none"> • Notify the school ahead of time that a student at risk of anaphylaxis will be attending • Discuss appropriate risk minimization strategies so that the roles and responsibilities of the host and visiting school are clear. <p>Students at risk of anaphylaxis must take their own adrenaline autoinjector to events being held at other schools.</p>

1. **Camps & Remote Settings:**

Prior to engaging a camp owner/operator’s services, CSC will make enquiries as to whether it can provide food that is safe for students with anaphylaxis. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider.
The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy and label reading.
If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it will raise these concerns in writing with the camp owner/operator and also consider alternative means for providing food for those students.
CSC 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. CSC has a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
CSC 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.
Staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation, 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.

Use of substances containing allergens should be avoided where possible.
Camps should be strongly discouraged from stocking peanut or tree nut products including nut spread. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.
The student's adrenalin auto-injector, 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, such as a satellite phone.
Prior to the camp taking place, school staff should consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
School staff participating in the camp should <ul style="list-style-type: none"> • Be clear about their roles and responsibilities in the event of an anaphylactic reaction and have current anaphylaxis training. • Check the emergency response procedures that the camp provider has in place and ensure that these are sufficient in the event of an anaphylactic reaction
A designated staff member should contact local emergency services and hospitals well prior to the camp to <ul style="list-style-type: none"> • provide details of medical conditions of students at risk • , location of camp and location of any off camp activities. <p>Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.</p>
CSC will take an adrenalin 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.
CSC will purchase adrenalin auto-injector/s for general use to be kept in the first aid kit and include this as part of the Emergency Response Procedures.
The student's own Adrenaline Auto-injector should remain close to the student and school staff must be aware of its location at all times.
Consider allowing students, particularly adolescents, to carry their own EpiPen® on camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own EpiPen®)
Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
Cooking and art and craft games should not involve the use of known allergens.
Consider the potential exposure to allergens when consuming food on buses and in cabins.

2. **Overseas Travel:**

Review and consider the strategies listed under "Field Trips/Excursions/Sporting Events" and "Camps and Remote Settings". Where an excursion or camp is occurring overseas, schools should involve parents in discussions regarding risk management well in advance.
Investigate the potential risks at all stages of the overseas travel such as:

<ul style="list-style-type: none"> • travel to and from the airport/port; • travel to and from Australia (via aeroplane, ship etc.); • various accommodation venues; • all towns and other locations to be visited; • sourcing safe foods at all of these locations; and • risks of cross contamination, including - • exposure to the foods of the other students; • hidden allergens in foods; • whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction; and • whether the other students will wash their hands when handling food.
<p>Assess how each of these risks can be managed using minimisation strategies such as the following:</p> <ul style="list-style-type: none"> • translation of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan; • sourcing of safe foods at all stages; • obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited; • obtaining emergency contact details; and • sourcing the ability to purchase additional auto-injectors.
<p>Record details of travel insurance, including contact details for the insurer.</p> <p>Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.</p>
<p>Plan for appropriate supervision of students at risk of anaphylaxis at all times, including that:</p> <ul style="list-style-type: none"> • there are sufficient school staff attending the excursion who have been trained in accordance with section 12 of the Ministerial Order. • there is an appropriate level of supervision of students with anaphylaxis throughout the trip, particularly at times when they are taking medication and eating food, or being otherwise exposed to potential allergens • there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and • staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.
<p>CSC should re-assess its Emergency Response Procedures, and if necessary adapt it to the particular circumstances of the overseas trip. A record must be kept of relevant information such as;</p> <ul style="list-style-type: none"> • dates of travel; • name of airline, and relevant contact details; • itinerary detailing the proposed destinations, flight information and the duration of the stay in each location; • hotel addresses and telephone numbers; • proposed means of travel within the overseas country; • list of students and each of their medical conditions, medication and other treatment (if any); • emergency contact details of hospitals, ambulances, and medical practitioners in each location; • details of travel insurance; • plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans;

- | |
|--|
| <ul style="list-style-type: none">• Possession of a mobile phone or other communication device that would enable the school staff to contact emergency services in the overseas country if assistance is required. |
| |

3. Work Experience:

CSC staff should involve parents, the student and the employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. The employer and relevant staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the adrenalin auto-injector in case the work experience student shows signs of an allergic reaction whilst at work experience. It may be helpful for the teacher and the students to do a site visit before the student begins placement.

School Management and Emergency Response

This policy overrides CSC's First Aid policy requirement that administration staff will manage the incident as there is a need for immediate action to be taken.

All staff are trained in managing an anaphylactic reaction as detailed in this policy and therefore should be able to respond appropriately.

Management

Up to Date List of Students

An up-to-date list of students who are identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction can be found in the following places.

- On CASES21.
- On Compass (Go to students dashboard,)
- In the Staff Room on the Notice Board – Medical Alert information.
- In the teacher's offices in each community/building.
- In the room behind CSC Reception
- Red Student Medical Alert Folder – CSC Reception
- Cafeteria

Details of Individual Anaphylaxis Management Plans and ACSIA Action Plans

On site

All Individual Anaphylaxis Management Plans and ACSIA Action Plans are located in the;-

- Red Medical Alert Folder in CSC Reception – Individual Anaphylaxis Management Plans and ACSIA Action Plans
- Students Red Epipen Bag(together with the auto-injector) -stored on the board in the Room behind CSC Reception – ACSIA Action Plan
- Student Information folder – CSC Reception. Copies of Individual Anaphylaxis Management Plan and ACSIA Action Plan
- Medical alert posters which include ACSIA Action Plans details are displayed on the Staff room noticeboard, Cafeteria and on the noticeboard in the room behind CSC Reception
- On Compass (Go to students dashboard)

Off-site

- Excursion folder containing the Individual Anaphylaxis Management Plans, adrenaline auto-injectors and ACSIA Action Plan are taken off-site as detailed in the **Prevention Strategies** section of this policy.

Storage, Accessibility and Location of Adrenaline Auto-injectors (EpiPen®)

- All EpiPens® for individual students, and/or EpiPens® for general use (schools generic EpiPens) will be stored correctly (room temperature and away from light) and be easily accessible (not locked), because in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as a few minutes.
- All EpiPen® for individual students will be clearly labelled with the student's name and be stored with a copy of the student's anaphylaxis action plan in the students individual Red EpiPen Bag hanging on the pin board in the Room Behind CSC Reception
- All EpiPen® for General use (generic EpiPen) will be clearly labelled and distinguishable from those owned by students at risk of anaphylaxis.
- General use (generic) EpiPens and (generic) ACSIA Action Plan can be found in the following places;
 - the Room Behind the CSC Reception
 - The teachers office in the Senior Area
- All EpiPens will be signed in and signed out when taken from its usual place e.g. for camps/excursions.
- Regular review of the student's school EpiPen® and the college's generic EpiPen® will be undertaken by the person/people nominated by the Principal, or their delegate, to ensure they are not out of date.
- All trainer auto-injectors (which do not contain adrenaline or a needle) will be stored in a separate location due to risk of confusion.

Adrenaline auto injectors (EpiPen®) for General Use

The Principal is responsible for arranging for the purchase of additional **EpiPens®** for general use, and as a back-up to those supplied by parents

The Principal will determine the number and type of **EpiPens®** for general use to purchase and in doing so consider all of the following;

- The number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction
- The accessibility of **EpiPens®** that have been provided by parents
- The availability of a sufficient supply of **EpiPens®** for general use in specified locations at the school, including in the school yard, excursions, camps and special events conducted, organised or attended by the school
- That **EpiPen®** have a limited life and will need to be replaced at the schools' expense, either at the time of use or expiry, whichever is first.

When to use Adrenaline Autoinjectors /EpiPen® for General use

It is recommended that Adrenaline Auto injectors for General use be used when;

1. A students' prescribed adrenaline auto injector
 - does not work,
 - is misplaced,

- out of date,
- cloudy and therefore not recommended to be used,
- has already been used,
- or is not readily accessible during a life-threatening emergency

2. Where a student is having a first-time reaction

3. When instructed by a medical officer after calling 000

(ASCIA advises that no serious harm is likely to occur from mistakenly administering adrenaline to an individual who is not experiencing anaphylaxis.)

Prior to use:

- Confirm the expiry date to ensure it is 'in-date'. If the device has expired, use an alternative device if easily accessible. If no other option is available or easily accessible, then USE the expired device.
- Check the viewing window to ensure the adrenaline is not cloudy or discoloured. If the device is cloudy or discoloured, use an alternative device if easily accessible. If no other option is available or easily accessible, then USE the cloudy or discoloured device.

Using an EpiPen

1. Remove the EpiPen® from the plastic container.
2. Form a fist around the EpiPen® and **PULL OFF THE BLUE SAFETY RELEASE**
3. Hold leg still and **PLACE ORANGE END AGAINST** the outer mid-thigh and (with or without clothing).
4. **PUSH DOWN HARD** until a click is heard or felt and hold in place for **3 SECONDS**.
5. Remove the EpiPen®, and document on the pen the time it was given.
6. Another staff member to call an ambulance on **000** as soon as possible. If calling from a mobile phone which is out of range, call 112
7. The used auto-injector must be handed to the paramedics when they arrive
8. Do not move the student but reassure them as they are likely to be feeling anxious and frightened.
9. Observe the student closely in case there is no improvement, and they require a second EpiPen.

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

10. Ask another staff member to move other students away and reassure them separately.

Students self-administering an adrenaline auto-injector, such as EpiPen®.

Determining capability	The decision about whether a student is able to carry and potentially self-administer the adrenaline auto-injector is made while developing the student's ASCIA Action Plan for Anaphylaxis.
Duty of care	Staff duty of care extends to administering an adrenaline auto-injector for the student even if their ASCIA Action Plan for Anaphylaxis states the student can self-administer.
Responsibility to inform	When students carry their own adrenaline auto-injector they must inform staff if they use it, so an ambulance can be called immediately.
Rights	Students have a right to self-administer the adrenaline auto-injector, but may not be physically able.

First-time reactions

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

This should include immediately:

- locating and administering an adrenaline autoinjector for general use
- Following instructions on the ASCIA Action Plan for Anaphylaxis general use (which is stored with the general use adrenaline autoinjector)
- Call 000 Ambulance

Emergency Response

The following instructions support the notion that it is imperative to administer the adrenaline auto-injector as soon as possible after an anaphylactic reaction. Where possible, only school staff with training in the administration of the adrenaline auto-injector should administer the student's adrenaline auto-injector.

Responding to an incident inside the buildings.

- A staff member should remain with the student at all times.
- Have someone communicate the emergency to CSC Reception stating that it is an anaphylactic emergency along with the name of the student and location or use the Card System to do the same.
- The CSC Reception staff is to ensure that
 - a First Aid Officer and/or trained anaphylaxis staff member respond to the incident to provide support and to bring with them:
 - ✓ student's EpiPen® and ACSIA Action Plan, both contained in individually labelled red Epipen Bag from room behind CSC Reception
 - ✓ a second general EpiPen® in case it is needed
 - ✓ mobile phone to enable active communication with ambulance (as per ASCIA Action Plan) by member of staff located at the incident
 - Principal immediately notified of emergency by CSC Reception staff and to arrange additional staff to direct the Ambulance to the incident location within the school.
 - Parents/guardians are contacted (as per ASCIA Action Plan)

Meanwhile

- Lay the student flat (unless having breathing difficulties when they can sit up), remain calm and reassure the student that help is coming.
- Access the student's action plan and auto-injector/ Epipen® as soon as possible or use general Epipen® as time is critical.
- **Follow the ASCIA Action Plan** to administer auto-injector/ **Epipen®**
- Whilst one staff member administers auto-injector/ **Epipen®** and supports student another is to call 000 for Ambulance and to remain on the phone to communicate information of location and condition of student as required.
- If the student has their own auto-injector with them and the plan states that they self-administer, then supervise whilst they do this. If they are unable to self-administer then it is up to school staff to administer in line with our duty of care.
- If the student has not had a previous reaction use general **Epipen®** and follow the action plan attached to this.
- Note the time that the adrenaline is given on the device, using permanent pen provided, and give this to Paramedics.
- If parents are not able to arrive and meet their child at the hospital, a staff member will travel with the student to the hospital.
- Staff and Principal debrief after incident.
- Teacher debriefs with students involved or with those who witnessed or may be affected by the reaction.

Responding to an incident outside of the buildings

- A staff member should remain with the student at all times.
- Communicate the emergency to CSC Reception via mobile phone or the card system stating that it is an anaphylactic emergency along with the name and location of the student.
- The CSC Reception staff is to ensure that:
 - a First Aid Officer and/or trained anaphylaxis staff member respond to the incident to provide support and to bring with them:
 - ✓ student's EpiPen® and ACSIA Action Plan, both contained in individually labelled red Epipen Bag, from the room behind CSC Reception
 - ✓ a second general EpiPen® in case it is needed
 - ✓ mobile phone to enable active communication with ambulance (as per ASCIA Action Plan) by member of staff located at the incident
 - Principal immediately notified of the emergency by CSC Reception staff and to arrange additional staff to direct the Ambulance to the incident location within the school.
 - Parents/guardians are contacted (as per ASCIA Action Plan)

Meanwhile

- Lay the student flat, (unless having breathing difficulties when they can sit up) remain calm and reassure the student that help is coming.
- Access the student's action plan and auto-injector/ Epipen® as soon as possible or use general Epipen® as time is critical.
- **Follow the ASCIA Action Plan** to administer auto-injector/ Epipen®.
- Whilst one staff member administers auto-injector/ **Epipen®** and supports student another is to call 000 for Ambulance and to remain on the phone to communicate information of location and condition of student as required.
- If the student has their own auto-injector with them and the plan states that they self-administer, then supervise whilst they do this. If they are unable to self-administer then it is up to school staff to administer in line with our duty of care.

- If the student has not had a previous reaction use general, **Epipen®** and follow the action plan attached to this.
- Note the time that the adrenaline is given on the device, using permanent pen provided and give this to Paramedics.
- If parents are not able to arrive and meet their child at the hospital, a staff member will travel with the student to the hospital.
- Staff and Principal debrief after incident.
- Teacher debriefs with students involved or with those who witnessed or may be affected by the reaction.

Responding to an incident outside of the school grounds

- The requirements outlined in the *Preventative Strategies* should be followed depending on the circumstances and this preparation will help guide the response.
- Contact the most appropriate emergency response personnel dependent on location (Ambulance if in Australia).
- The School Staff should follow the student's individual action plan, or, if a first time reaction, follow the action plan attached to the generic auto-injectors
- Ensure that the college principal is notified of the incident.
- Contact with parents must be made.

Communication Plan

The principal has an overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis.

The process for advising the following people of how to respond to an anaphylactic reaction that occurs during either normal school activities in the learning spaces and yard, or during off-site or out-of-school activities are as follows.

- **School Staff**
 - The Principal is responsible for ensuring that school staff are appropriately trained as per department guidelines.
- **Students**
 - Principal will ensure that Anaphylaxis and how to respond during an anaphylactic reaction is explained each semester of the school year to students at appropriate forum.
 - A designated staff member will communicate to the students at risk of anaphylaxis and their parents, prior to school commencement, the schools anaphylaxis policy and emergency response.
 - Students must know the importance of telling a staff member if they experience an allergic reaction, and if they self- administer the adrenaline autoinjector, so an ambulance can be called immediately.

Student Messages about Anaphylaxis

- Always take food allergies seriously – severe allergies are no joke
- Don't share your food with friends who have food allergies.
- Know what your friends are allergic to.
- If a school friend becomes sick, get help immediately even if the friend does not want you to.

- Be respectful of a school friend's adrenaline autoinjector.
- Don't pressure your friends to eat food that they are allergic to.

Parents/Carers/Guardians/Volunteers

- Policy on the CSC website.
- If parents/carers/guardians are involved in an activity within the college, they will be supervised by school staff. The supervising school staff member should brief them on how to respond during an anaphylactic reaction.

Casual Relief Staff

- Staff who are leaving an extra, to alert CRT of any students within the class who has been identified as being at risk of having an anaphylactic reaction.
- Daily Organiser ensures that the CRT is aware of the School Management and Emergency Response and are given a set of Student Medical Alert Cards
- CRT's are welcome to attend Staff Anaphylaxis Training and twice yearly Staff Anaphylaxis Briefings.

Raising Staff Awareness

Staff Training

CSC staff who conduct classes attended by students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and any further staff who the principal identifies, based on the Principals assessment of risk of an anaphylactic reaction occurring while a student is under the care/supervision of the school, must undertake the following training:

- Successfully complete the free ASCIA online Anaphylaxis Management Training Course which is compliant with Ministerial Order 706. This training is available to all Victorian School Staff and the general public and can be accessed at: <https://etrainingvic.allergy.org.au>
- Following successful completion of this online training course a certificate will be issued. This will be signed after completing a competency assessment in the use of an adrenaline autoinjector conducted by the Schools Anaphylaxis Supervisor/Verifiers, within 30 days of the online training.
- A Copy of the signed certificate will be kept for the schools records. (Clause 12 of Ministerial Order 706)
- Staff who complete the online training course will be required to repeat that training and the adrenaline autoinjector competency assessment every two years.
- Participate in annual briefing / training regarding:
 - the school's anaphylaxis management policy.
 - the causes, symptoms and treatment of anaphylaxis.
 - the identities of students diagnosed at risk of anaphylaxis and where their medication is located.
 - how to use an adrenaline autoinjector including hands on practise with a trainer adrenaline autoinjector.
 - the school's first aid and emergency response procedures.
 - the location of and access to, adrenaline autoinjectors provided by parents and/or those purchased by the school for general use

If for any reason training and briefing has not occurred in accordance with clauses 12.2.1 and 12.2.2 in Ministerial Order 706, the Principal must develop an *interim plan* in consultation with the parents

of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.

CSC Anaphylaxis Supervisor Role

Two school staff who the principal nominates to become School Anaphylaxis Supervisors will:

- ensure they have currency in the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC* (every 3 years) and the *ASCIA Anaphylaxis e-training for Victorian Schools* (every 2 years)
- ensure that they provide the principal with documentary evidence of currency in the above courses
- assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the *ASCIA Anaphylaxis e-training for Victorian Schools*
- send periodic reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to ensure records of the anaphylaxis training undertaken by all school staff are stored on-site at the school
- provide access to the adrenaline autoinjector (trainer) device for practice use by school staff
- provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required
- liaise with parents or guardians (and, where appropriate, the student) to manage and implement Individual Anaphylaxis Management Plans
- liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school
- lead the twice-yearly anaphylaxis school briefing
- develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment; for example:
 - a. a bee sting occurs on school grounds and the allergic student is conscious
 - b. an allergic reaction where the student has collapsed on school grounds and the student is not conscious.
- develop similar scenarios for when staff are demonstrating the correct use of the adrenaline autoinjector (trainer) device.

Registration for the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC* can be accessed from the Asthma Foundation by phone 1300 314 806 or by visiting: www.asthma.org.au

Completed by	Course	Provider	Cost	Accreditation
2 staff per school or per campus (School Anaphylaxis Supervisor)	Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years

Post-incident support

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

Review

	The adrenaline autoinjector must be replaced by the parent as soon as possible.
	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 autoinjector being provided by the parents.
	If the adrenaline autoinjector for general use has been used this should be replaced as soon as possible.
	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 autoinjector for general use being provided.
	The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents.
	The school's Anaphylaxis Management Policy should be reviewed to ascertain whether there are any issues requiring clarification or modification in the Policy. This will help the school to continue to meet its ongoing duty of care to students.

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:

Annual Risk Management Checklist

The principal or nominee must complete an annual Risk Management Checklist to monitor the college's obligations in accordance with clause 13 (MO 706), as published and amended by the Department.

The annual Risk Management Checklist for anaphylaxis contains questions relating to the following:

- background information about the school and students identified at risk of anaphylaxis;
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis
- storage and accessibility of adrenaline autoinjectors (both student-specific adrenaline autoinjectors and adrenaline autoinjectors for general use)
- strategies to be used by the school to minimise the risk of an anaphylactic reaction
- the school's general first aid and emergency response procedures for when an allergic reaction occurs at all on-site and off-site school activities
- methods for appropriate communication with school staff, students and parents.

This can be found at www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

References

ASCIA: <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis> (need to add this & following links to the website)

- www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/
- www.allergy.org.au
- www.epicclub.com.au
- www.allergyfacts.org.au/allergy-and-anaphylaxis
- www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/
- www.rch.org.au/allergy/

EVALUATION

This policy will be reviewed every year or more frequently if necessary due to changes in regulations or circumstances.

Council Approval date	May 2023
Review date	2024
DET/VRQA required	Yes