



HUME CENTRAL SECONDARY COLLEGE

ANAPHYLAXIS MANAGEMENT POLICY

PURPOSE

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 as 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 and items are kept away from the student while at school. Adrenaline given through an EpiPen® or Anapen auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis. Knowledge of at risk students, their allergies and rapid location of Adrenaline Auto-Injector (EpiPen/Anapen) is therefore paramount to providing a safe environment.

STATEMENT

Hume Central Secondary College is committed to support the safety and wellbeing of staff and students who are at risk of anaphylaxis. The School will fully comply with Ministerial Order 706 and the Anaphylaxis Guidelines for Victorian Government Schools and the Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008.

SCOPE

The School aims to minimise the risk of anaphylaxis occurring and is committed to:

- providing, 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
- raising awareness about anaphylaxis and the School's anaphylaxis management policy in the school community.
- engaging with parent/guardians of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student
- ensuring that each staff member has adequate knowledge about allergies, anaphylaxis and the School's policy and procedures in responding to an anaphylactic reaction.

IMPLEMENTATION

The College will ensure that an individual management plan is developed, in consultation with the student's parent/guardian, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school. The individual anaphylaxis management plan will set out the following:

- information about the diagnosis, including the type of allergies the student has (based on a diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to allergens while the student is under the care of supervision of school staff, for in-school and out of school settings including camps and excursions. Such strategies will include liaising with parent/guardians about food related activities ahead of time; and regular discussion with students about the important of washing hands, eating their own food and not sharing food
- an emergency procedures action plan provided by the parent/guardian, that;
 - sets out the emergency procedures to be taken in the event of an allergic reaction;
 - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures action plan; And
 - includes an up to date photograph of the student.

MANAGEMENT ACTION PLANS

The student's individual management action plan will be reviewed, in consultation with the student's parent/guardian;

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

It is the responsibility of the parent/guardian to:

- provide the emergency procedures action plan
- inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures action plan
- provide an up to date photo for the emergency procedures action plan when the plan is provided to the School and when it is reviewed.



COMMUNICATION PLAN

The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parent/guardians about anaphylaxis and the School's anaphylaxis management policy. The identities of students diagnosed at risk of anaphylaxis will be clearly publicised.

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 such as sports day etc.

Volunteers and casual relief staff who care for or teach students at risk of anaphylaxis, will be made aware of their role in responding to an anaphylactic reaction. The Principal of the College is to be responsible for ensuring that an individual anaphylaxis management action plan is developed, in consultation with the student's parent/guardians and medical practitioner, for any student who has been diagnosed as being at risk of anaphylaxis.

STAFF TRAINING AND EMERGENCY RESPONSE

- all staff will be briefed once each semester twice a year by a staff member who has up to date anaphylaxis management training on:
 - school anaphylaxis management policy
 - causes, symptoms and treatment of anaphylaxis
 - identities of students diagnosed at risk of anaphylaxis and where their medication is located
 - how to use an Adrenaline Auto-Injector (EpiPen(s)/Anapen) injecting device
 - school first aid and emergency response procedures.

All teachers and other school staff who are in direct contact with students who are at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.

The Principal will identify the school staff to be trained based on a risk assessment. Training will be provided to these staff as soon as practicable.

It is the strong recommendation of the Department of Education that ALL school staff complete full Anaphylaxis Management certification, as anaphylactic reactions often occur outside of class, as allergies are often brought on by food, grass, or insects. Further, a number of students across the campus have known allergies, which could heighten on exposure to allergens.

At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the Principal will ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.

ADRENALINE AUTO-INJECTOR (EPIPEN/ANAPEN) FOR GENERAL USE

The school will purchase two Adrenaline Auto-Injector (EpiPen(s)/Anapen) for General Use and as a backup to those supplied by parent/guardians.

The Principal will determine the number of additional Adrenaline Auto-Injector (EpiPen(s)/Anapen) 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-Injector (EpiPen(s)/Anapen) that have been provided by parent/guardians of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of Adrenaline Auto-Injector (EpiPen(s)/Anapen) 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-Injector (EpiPen(s)/Anapen) for General Use have a limited life, usually expiring within 12-18 months
- if a child, who has a prescribed Adrenaline Auto-Injector (EpiPen(s)/Anapen), does not have an up to in date Adrenaline Auto-Injector (EpiPen(s)/Anapen) they should not attend the School until one can be provided
- all Adrenaline Auto-Injector (EpiPen(s)/Anapen) are stored and clearly marked in Reception and the First Aid room
- Adrenaline Auto-Injector (EpiPen(s)/Anapen) are in slide lock plastic bags and labelled insulated bags along with any other medications required for use in implementing the plan with the student's Anaphylaxis Action management Plan which is clearly visible on the wall of the First Aid Room, and any other medications required for use in implementing the Plan.

ANNUAL UPDATE

At the beginning of each year the College will:

- check that all action plans are up to date
- check every student that has anaphylaxis plan from their GP is current
- check that the Adrenaline Auto-Injector (EpiPen(s)/Anapen) have NOT expired and expiry dates
- completing the Annual Risk Management Checklist.



The student's individual management action plan will be reviewed, in consultation with the student's parent/guardians:

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

It is the responsibility of the parent/guardian to:

- provide the emergency procedures plan (their child's medical practitioner completed ASCIA Action Plan)
- inform the school if medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan)
- ensure that the Adrenaline Auto-Injector (EpiPen(s)/Anapen) supplied to and stored at school is current and not out of date
- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

PREVENTION STRATEGIES

It is important to remember that minimisation of the risk of anaphylaxis is everyone's responsibility: the School (including the Principal and all School Staff), Parents, Students and the broader school community. Parents have important obligations under the Order (and the School's Anaphylaxis Management Policy).

PARENT/GUARDIANS MUST

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

IN-SCHOOL SETTINGS

A poster with the photos of all students at risk of anaphylaxis is posted on:

- the staff room notice board
- Operations & Procedures (First Aid & Anaphylaxis)
- the Canteen
- reception office (Adrenaline Auto-Injector (EpiPen(s)/Anapen) location)
- library Office First Aid Room (Adrenaline Auto-Injector (EpiPen(s)/Anapen) location)
- all teaching staff are given a copy of this (above) sheet information folders made aware of students that have an individual Anaphylaxis Action Plan
- casual relief teachers, specialist teachers and volunteers will be made aware of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Action Plan and Adrenaline Auto-Injector (EpiPen(s)/Anapen), the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident i.e. seeking a trained staff member. This will be completed annually and as part of staff induction process to the School.
- all staff are informed of the nature of the risk for each student and advised to minimise the potential for risk no food is to be eaten in the classrooms
- regular information is given to students about the importance of eating their own food, not sharing food and not bringing to school food or treats containing nuts
- teachers are made aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons)

CANTEEN

- canteen staff, including volunteers, are briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans. The student's name and photo are displayed in the canteen as a reminder to staff.
- the canteen provides a range of healthy meals/ products that are designed not to include peanut or other nut products
- products that 'may contain traces of nuts' should not be served to students known to be allergic to nuts
- tables and surfaces are wiped down regularly both in the food preparation and eating areas.

SCHOOL YARD

- sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Auto-Injector (EpiPen(s)/Anapen) and to be able to respond quickly to an anaphylactic reaction if needed
- staff on yard duty should carry a communication device to notify the general office of an anaphylactic reaction in the yard. Teachers should not leave a student who is experiencing an anaphylactic reaction unattended – the teacher must direct another person to bring the Adrenaline Auto-Injector (EpiPen(s)/Anapen).
- a Communication Plan is in place so the student's medical information and medication 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 an allergic reaction and ensure they are aware of students with Anaphylaxis by checking once a term at least one of the following locations of students at risk information and familiarising themselves with the emergency response procedures:
 - staff room notice board
 - school Operations & Procedures (First Aid & Anaphylaxis)



-  canteen
-  reception office (Adrenaline Auto-Injector (EpiPen(s)/Anapen) location)
-  library office (Adrenaline Auto-Injector (EpiPen(s)/Anapen) location)

SPECIAL EVENTS EG: SPORTING EVENTS

- a sufficient number of trained staff will be in attendance at the event and be made aware of the location of first aid equipment and spare student Adrenaline Auto-Injector (EpiPen(s)/Anapen)
- the spare Adrenaline Auto-Injector (EpiPen(s)/Anapen) and management Action Plan of students attending the special event should be included in the first aid kit/s
- staff must know where the Adrenaline Auto-Injector (EpiPen(s)/Anapen) is located and how to access it if required

OUT-OF-SCHOOL SETTINGS

Field Trips and Excursions

- the student's Adrenaline Auto-Injector (EpiPen(s)/Anapen), ASCIA Action Plan and a mobile phone must be taken on all field trips/excursions
- a staff member or team of staff who have been trained in the recognition of anaphylaxis and the administration of the Adrenaline Auto-Injector (EpiPen(s)/Anapen) must accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis
- staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.

CAMPS AND REMOTE SETTINGS

- students should carry their own Adrenaline Auto-Injector (EpiPen(s)/Anapen) at all times
- the spare school Adrenaline Auto-Injector (EpiPen(s)/Anapen) should be carried in the school first aid kit but be accessible at all times
- a risk management strategy for students at risk of anaphylaxis for school camps will be developed in consultation with the student's parents/guardians
- staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals
- camps must be advised in advance of any students with food allergies
- staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals
- camps should avoid stocking peanut or tree nut products, including nut spreads
- the student's Adrenaline Auto-Injector (EpiPen(s)/Anapen), ASCIA Action Plan and a mobile phone must be taken on camp along with a satellite phone if in remote area
- all staff who accompany students at risk on camp must be trained in the recognition of anaphylaxis symptoms and the administration of an Adrenaline Auto-Injector (EpiPen(s)/Anapen)
- an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction must be developed
- 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 areas of high insect concentrations.

RELATED SCHOOL BASED POLICIES

- Care Arrangements for ill students
- Student Engagement and Inclusion Policy

OTHER LINKS AND REFERENCES

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

This policy should be read in conjunction with:

School Policy and Advisory Guide	External Resource	Related Legislation
http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx	<i>Anaphylaxis Guideline: A resource for managing severe allergies in Victorian schools. Issued February 2014</i>	<i>Ministerial Order 706 – Anaphylaxis Management in Schools Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008</i>

REVIEW

This policy will be reviewed as required or due to changes in regulations or circumstances.

Date Reviewed	To Be Reviewed	College Council
June 2019	Annually	Not required to be endorsed at College Council



APPENDIX 1

Action Plan Sample provided by Medical Practitioner – below.
Please see following links to download relevant Action Plan:

POSTER EXAMPLE - GENERAL PLAN

http://www.allergy.org.au/images/stories/anaphylaxis/epi_pen_action_plan_general_09.pdf

ascia
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis (insect allergy)

For use with EpiPen® or EpiPen® Jr adrenaline autoinjectors

How to give EpiPen® or EpiPen® Jr

1. Pull the orange cap off the EpiPen and push the green safety button out.
2. Hold the EpiPen against the outer thigh and push the green button in. Hold for 3 seconds.
3. Push the orange cap back in. Hold for 10 seconds.
4. Remove EpiPen and DO NOT touch needle. Massage injection site for 10 seconds.

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- for insect allergy, tick out sting if it can be seen (but do not remove ticks)
- stay with person and call for help
- locate EpiPen® or EpiPen® Jr if aged 1-5 years
- contact family/carer

Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficult/voicy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- 1 Give EpiPen® or EpiPen® Jr if aged 1-5 years
- 2 Call ambulance - telephone 000 (Aus) or 111 (NZ)
- 3 Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand
- 4 Contact family/carer
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give EpiPen® or EpiPen® Jr
EpiPen® is generally prescribed for children aged 12 years.
Medical advice should be sought for all but 5 hours is recommended after anaphylaxis.

PERSONAL PLAN - GENERAL

http://www.allergy.org.au/images/stories/anaphylaxis/epi_pen_action_plan_personal_09.pdf

ascia
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® or EpiPen® Jr adrenaline autoinjectors

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- stay with person and call for help
- give medications (if prescribed)
- locate EpiPen® or EpiPen® Jr
- contact family/carer

Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficult/voicy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- 1 Give EpiPen® or EpiPen® Jr
- 2 Call ambulance - telephone 000 (Aus) or 111 (NZ)
- 3 Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand
- 4 Contact family/carer
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give EpiPen® or EpiPen® Jr
EpiPen® is generally prescribed for children aged 12 years.
Medical advice should be sought for all but 5 hours is recommended after anaphylaxis.

INSECT ALLERGY PLAN

http://www.allergy.org.au/images/stories/anaphylaxis/epi_pen_action_plan_insect_allergy_09.pdf

ascia
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis (insect allergy)

For use with EpiPen® or EpiPen® Jr adrenaline autoinjectors

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- if sting can be seen, tick it out immediately (but do not remove ticks)
- stay with person and call for help
- give medications (if prescribed)
- locate EpiPen® or EpiPen® Jr
- contact family/carer

Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- abdominal pain, vomiting
- difficult/voicy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- 1 Give EpiPen® or EpiPen® Jr
- 2 Call ambulance - telephone 000 (Aus) or 111 (NZ)
- 3 Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand
- 4 Contact family/carer
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give EpiPen® or EpiPen® Jr
EpiPen® is generally prescribed for children aged 12 years.
Medical advice should be sought for all but 5 hours is recommended after anaphylaxis.

ALLERGIC REACTION PLAN

http://www.allergy.org.au/images/stories/anaphylaxis/allergy_action_plan_09.pdf

ascia
www.allergy.org.au

ACTION PLAN FOR Allergic Reactions

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- for insect allergy, tick out sting if it can be seen (but do not remove ticks)
- stay with person and call for help
- give medications (if prescribed)
- contact family/carer

Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficult/voicy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- 1 Call Ambulance if there are any signs of anaphylaxis - telephone 000 (Aus) or 111 (NZ)
- 2 Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand
- 3 Contact family/carer