



ELTHAM HIGH SCHOOL

POLICY DOCUMENT *Anaphylaxis Management*

INTRODUCTION

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.

PHILOSOPHY

The key to prevention of anaphylaxis in schools is awareness of those students who have been diagnosed at risk, the triggers (allergens), and minimisation of exposure to these triggers. Partnerships between schools and parents are important in managing this.

Adrenaline given through an adrenaline auto-injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

POLICY STATEMENT

Eltham High School has a duty of care for all students on all school activities. The school recognises that some students in its care may present with a range of allergies, some of which when triggered, may lead to an anaphylactic response. The school also acknowledges that it is unrealistic to think that the school environment can be 'free' of any or all allergens. As a result the school will exercise its duty of care by:

- providing, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling.
- raising awareness about anaphylaxis and the school's anaphylaxis management and response process in the school community.
- engaging with parents/carers of students at risk of anaphylaxis in assessing risks, developing a management plan and response strategies for the student.
- ensuring that each staff member has adequate knowledge about allergies, anaphylaxis and the school's anaphylaxis policy, management and response processes.
- supporting students to develop knowledge and behaviours that help them minimise the risk of an anaphylaxis reaction and self-manage an anaphylactic response should it arise .

The school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

GUIDELINES FOR IMPLEMENTING THE POLICY

Individual Anaphylaxis Management Plan

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.

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 student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has and 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, 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.
- the name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Plan.
- information on where the student's medication will be stored, including information about whether the student carries their own personal auto-injector device.
- the student's emergency contact details.
- an up-to-date ASCIA (Australasian Society of Clinical Immunology and Allergy Limited) Action Plan for Anaphylaxis completed by the student's medical practitioner, that:
 - sets out the emergency procedures to be taken in the event of an allergic reaction;
 - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
 - includes an up-to-date photograph of the student.

Note: The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. An example can be downloaded from www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx

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

- Annually, and as applicable;
 - i) if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes.
 - ii) immediately after a student has an anaphylactic reaction at school.
 - iii) 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.

It is the responsibility of the parent to:

- obtain the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable after the student enrolls and where possible, before their first day of school.
- immediately inform the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant 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 an adrenaline auto-injector that is current (ie: the device has not expired) for their child
- participate in annual reviews of their child's Individual Management Plan.

Communication Plan

The Anaphylaxis Guidelines for Victorian Government Schools has advice about strategies to raise staff and student awareness, working with parents/carers and engaging the broader school community.

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;

- steps that 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 (Appendix 1 – *Anaphylaxis – Emergency Response*).
- guidelines to be followed when a student at risk of anaphylaxis is attending a school excursion or camp (Appendix 2 – *Anaphylaxis – Camps & Excursion processes for teachers – Auto-injectors*).
- guidelines for volunteers and casual relief staff on students at risk of anaphylaxis. Volunteer and casual relief staff will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care. This information will be provided by the Daily Organiser . (Appendix 3 – *Anaphylaxis – Guidelines for Volunteers and casual relief staff*).

Training

The following school staff will be appropriately trained:

- school staff who conduct classes attended by students who are at risk of anaphylaxis
- any other school staff as determined by the Principal to attend (indicate which staff in your school will be trained, for example all canteen staff, admin staff, first aiders, volunteers etc).

Training will be provided to these staff as soon as practicable after the student enrolls. Wherever possible, training will take place before the student’s first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.

School staff will complete the following to meet the anaphylaxis training requirements of Ministerial Order 706 and the school will record the dates that training has occurred:

<p>All school staff</p> <p>AND</p> <p>2 staff per school or per campus (School Anaphylaxis Supervisor)</p>	<p><i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor</p> <p><i>Course in Verifying the Correct Use of Adrenaline Auto-injector Devices 22303VIC</i></p>
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In addition, all staff 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:

- title and legal requirements as outlined in Ministerial Order 706;
- pictures of the students at your school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place;
- signs and symptoms of anaphylaxis;
- ASCIA Anaphylaxis e-training;
- ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen®;
- your school’s First Aid policy and emergency response procedures.

The briefing will be conducted by a member of the school staff, preferably the person nominated as the School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the last 2 years.

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. Training will be provided to relevant school staff as soon as practicable after the student enrolls, and preferably before the student’s first day at school.

The Principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of school staff present who have successfully completed an anaphylaxis management training course.

The school's first aid procedures and student's emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

School planning and emergency response

In addition to this policy the following Emergency Response Procedures relating to anaphylactic reactions are in place:

- A complete and up-to-date list of students identified as being at risk of anaphylaxis is available in the First Aid room and is distributed to all staff.
- Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis and their locations are communicated to all staff at the twice-yearly staff briefings.
- Access to the First Aid room is easily accessible within and beyond school hours, allowing access to the adrenaline auto-injector(s) and plans, at out-of-school hour events.
- First aid kits are set up and accessible for all off-site events including camps and excursions. These kits incorporate the needs of all students including those at risk of anaphylaxis.

Risk Minimisation strategies

The school has the following Risk Minimisation Strategies in place;

- General purpose auto-injector(s) at a number of points around the school, to ensure quick access from a range of locations in the school.
- Outside of school hours access to the First Aid room and students' individual auto-injectors.
- Requirements that all fundraising events follow a common process – all requests to be presented to school's Organisational Committee before being approved.
- Specific First Aid requirements, including Anaphylaxis, to be completed as part of the Risk Assessment requirement for all camps.

Adrenaline auto-injectors for general use

The school has a stock of adrenaline auto-injector(s) for general use (purchased by the school) and as a back up to those supplied by parents.

The number of additional adrenaline auto-injector(s) is determined each year based on:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis
- the accessibility of adrenaline auto-injectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis.
- the availability and sufficient supply of adrenaline auto-injectors for general use in specified locations at the school including; in the school yard and at excursions, camps and special events conducted, organised or attended by the school.

Annual risk management checklist

Each year the school will complete the Risk Management Checklist (as published by the Department of Education and Training) to monitor compliance with it's obligations. The annual checklist is designed to step schools through each area of their responsibilities in relation to the management of anaphylaxis in schools.

BASIS OF DISCRETION

The School Council has responsibility for the establishment, evaluation and review of school policies. The School Principal has the responsibility to ensure that school policies are implemented effectively.

Minor changes to the policy (changes that will not affect the spirit of the policy) may be made at the discretion of the Principal.

The Policy Review and Evaluation process will recommend any major changes to the policy to School Council.

RELATED POLICIES

This policy should be read in conjunction with Ministerial Order 706.

http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf

Further information can be found in the Department's Anaphylaxis Guidelines for Victorian Government Schools and the Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008. And at:

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

<http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxisschools.aspx>

Eltham High School policies

<https://www.elthamhs.vic.edu.au/documents/index.php?dir=Information+and+Help%2FPolicies%2F>

First Aid Policy

Camps & Excursion Policy

REVIEW

This policy should be reviewed every 3 years.

Date Updated: 29 July 2020

(This has not been endorsed by School Council in 2020. Minor changes made to the 2017 version endorsed by School Council)

Executive Officer

Eltham High School Council

CONSULTATION PROCESS AND WORKING PARTY INFORMATION:

This policy was written by:

Fran Mullins

APPENDIX ONE - Anaphylaxis - Emergency Response

Eltham High School has in place first aid and emergency response procedures that allow staff to react quickly if an anaphylactic reaction occurs, for both in-school and out-of-school settings.

Storage of adrenaline auto-injectors

Adrenaline auto-injectors should be stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes.

Individual student adrenaline auto-injectors are stored in the First Aid room which is always unlocked. They are in a clearly labelled tub on the shelf above the desk.

Each adrenaline auto-injector is clearly labelled with the student's name and is to be stored with a copy of the student's Individual Anaphylaxis Management Plan. They are signed in and out when taken from their usual place (for camps and excursions).

Note: Trainer adrenaline auto-injectors (which do not contain adrenaline) are kept in a separate location from students' adrenaline auto-injectors.

Regular review of adrenaline auto-injectors

The First Aid attendant will conduct regular reviews of the adrenaline auto-injectors to ensure that they are not out of date, are not cloudy, and do not have substances floating in them. If the First Aid attendant identifies any adrenaline auto-injectors which are out of date, they will:

- Contact the student's parents/carers by phone and follow up written contact to replace the adrenaline auto-injector.
- Advise the Principal that an adrenaline auto-injector needs to be replaced by a parent/carer.
- Work with the Principal to prepare an interim plan pending the receipt of the replacement adrenaline auto-injector.

Students at risk of anaphylaxis

If possible, it is advisable that a staff member should remain with the student who is displaying symptoms of anaphylaxis at all times. A staff member should immediately locate the student's adrenaline auto-injector and the student's Individual Anaphylaxis Management Plan. The adrenaline auto-injector should then be administered following the instructions in the student's Individual Anaphylaxis Management Plan.

How to use an adrenaline auto-injector

1. Lay the person flat.
2. Hold the adrenaline auto-injector firm in your fist and pull off the blue safety release.
3. Hold the leg still and place the orange end against the outer mid-thigh. You can give the injection through clothing.
4. Push down hard until you hear or feel a click.
5. Hold for 3 seconds.
6. Remove the adrenaline auto-injector.
7. Call an ambulance and continue to follow anaphylaxis first aid.

*****Further adrenaline doses may be given if there is no response 5 minutes after giving the first dose.*****

Reference: <https://www.healthdirect.gov.au/how-to-use-an-adrenaline-autoinjector-epipen>

If an adrenaline auto-injector is administered, the school must:

1. Immediately call an ambulance (000/112).
2. Lay the student flat and elevate their legs. Do not stand or walk. If breathing is difficult for them, allow them to sit, but not to stand.
3. Reassure the student experiencing the reaction, as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another staff member to move other students away and reassure them elsewhere.
4. In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan for Anaphylaxis) are present, a second injection (of the same dosage) may be administered after five minutes, if a second auto-injector is available.
5. Then contact the student's emergency contacts.
6. Later, contact Emergency Services Management, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 hours a week).

Always call an ambulance as soon as possible (000).

When using a standard phone call 000 (triple zero) for an ambulance.

If you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.

First-time reactions

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

This should include immediately contacting an ambulance using 000.

It may also include locating and administering the auto-injector for general use, after advice from 000.

Post-incident support

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and parents/carers. In the event of an anaphylactic reaction, students and staff may benefit from post-incident counselling, provided by the Student Support Coordinator or school psychologist.

Review

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

- The adrenaline auto-injector must be replaced by the parent/carer as soon as possible. In the meantime, the Principal should ensure that there is an interim plan should another anaphylactic reaction occur prior to the replacement adrenaline auto-injector being provided.
- If the adrenaline auto-injector 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 should another anaphylactic reaction occur prior to the replacement adrenaline auto-injector for general use being provided.
- The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents/carers.
- The School's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of school staff.

APPENDIX TWO – Anaphylaxis – Camps & Excursion processes for teachers – Auto-injectors

The following procedures are in place for all camps and excursions:

In preparing for the excursion or camp identify whether the location of the event is considered remote, and whether there will be a need for the group to carry a 'back-up' auto-injector in addition to the student's personal prescribed auto-injector. There will always be at least one 'back-up' auto-injector for every camp.

Prior to the event the staff member leading the excursion must;

- Have a printed copy of the Compass Event Handbook which lists emergency contact details and medical conditions for students attending the event. In the event of an emergency this information must be available to staff attending the excursion.
- Collect a First Aid kit from the First Aid room prior to the excursion.
- Check that the First Aid kit contains appropriate Medical Plans for any student listed in the Event Handbook as having a medical condition.
- Ensure that the First Aid Kit contains appropriate medication required; including a student's prescribed auto-injector device.

In the case of a student (or students) being identified as being at risk of Anaphylaxis, the staff member must also:

- Confirm that there is an ASCIA action plan and prescribed auto-injector device for every student identified as being at risk of anaphylaxis.
- Be aware of the known allergens for each student.
- Ask the student whether the student is carrying their own personal auto-injector device, and if so inform the supervisors of the location of this device.
- Confirm whether a second 'back-up' auto-injector device is required – (in the case of a remote event), and so ensure that a second 'back-up' auto-injector device is included in the kit.

On return from the event;

- Ensure that the First Aid kit is returned to the First Aid room as a matter of priority and the auto-injector device is removed from the kit and returned to the correct location.

NOTE

- A prescribed auto-injector device must be included in the First Aid kit and managed by an identified teacher for every student that is identified as at risk of anaphylaxis.
- It is the teacher's responsibility to ensure that the kit containing the auto-injector device is always accessible during the course of the event.
- This applies even when the student is known to be carrying their own personal auto-injector device.
- First aid kits will only contain 'back up' generic auto-injectors in the following cases:
 - Camps
 - Where defined as a requirement in the student's Individual Management Plan
 - When an event is held at a remote location.

APPENDIX THREE

Anaphylaxis – Guidelines for Volunteers and Casual Relief Staff

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.

Eltham High School has in place first aid and emergency response procedures that allow staff to react quickly if an anaphylactic reaction occurs, for both in-school and out-of-school settings.

All students at risk of anaphylaxis have an ASCIA management plan and an auto-injector device that is held at school. A list of students, and the individual students' auto-injector, is located in the First Aid room which is adjacent to the general office.

Below is a sample ASCIA management plan that outlines the reactions observed in anaphylaxis.

ascia
australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: _____ For EpiPen® adrenaline (epinephrine) autoinjectors
Date of birth: _____

SIGN'S OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

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

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

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

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit
- 2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes**
- 6 Transfer person to hospital for at least 4 hours of observation**

If in doubt give adrenaline autoinjector
Commence CPR at any time if person is unresponsive and not breathing normally

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

Asthma reliever medication prescribed: Y N

How to give EpiPen®

- 1** Form fist around EpiPen® and **PULL OFF BLUE SAFETY RELEASE**
- 2** Hold leg still and **PLACE ORANGE END** against outer mid-thigh (with or without clothing)
- 3** **PUSH DOWN HARD** until a click is heard or felt and hold in place for **10 seconds**
REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

© ASCIA 2016 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission

A copy of the school's Emergency Response Plan for managing an anaphylaxis is on the back of this page.

Consultation has taken place with the relevant group(s) in the following list:

Group	Consultation ✓
School Operations Committee	
Staff	✓
Students (randomly selected group)	
Parents (randomly selected group)	
Members of the Community	
Other (where relevant please specify)	
Planning and Policy Review Team of Council (Mandatory)	✓ (2017)
School Council (Mandatory)	✓ (2017)

