



## ANAPHYLAXIS POLICY

Parkwood Green PS Parkwood Green PS fully complies with **Ministerial Order 706** and the associated Guidelines published and amended by the Department from time to time.

### Background:

- Anaphylaxis is an acute/severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (eg: cashews), cow's milk fish and shellfish, wheat, soy, sesame, latex, certain insect stings, and some medications.
- The key prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens) and prevention of exposure to these triggers. Partnerships between schools and parents are important ensuring that certain foods or items are kept away from the student while at school.
- Adrenaline given through an EpiPen auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

### Purpose:

- To provide, as far as practicable, a safe, healthy and supportive school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis. All students can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

## **Individual Anaphylaxis Management Plans:**

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 (based on a written diagnosis from a Medical Practitioner);
- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School;
- the name of the person(s) responsible for implementing the strategies;
- information on where the student's medication will be stored;
- the student's emergency contact details; and
- an ASCIA Action Plan provided by the parent 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 found in Appendix 3 of the Anaphylaxis Guidelines or downloaded from <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

School Staff will implement and monitor the student's Individual Anaphylaxis Management Plan.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's Parents in all of the following circumstances:

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of the Parents to:

- provide the ASCIA Action Plan;
- inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
- provide the School with an Adrenaline Auto injector that is current and not expired for their child.



### **Prevention Strategies:**

Risk Minimisation and Prevention Strategies have been considered by the school for all in school and out of school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in canteen
- during recess and lunchtimes
- before and after school
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camp

See Appendix A for specific preventative strategies.

### **School Management and Emergency Response:**

This section outlines Parkwood Green PS's school management responsibilities and emergency response processes in the event of an anaphylactic reaction. Specific roles and responsibilities pertain to the Principal, Staff, First Aid Coordinator and Parents. See Appendix B for specific Roles and Responsibilities.

### **Parkwood Green PS Emergency Response**

1. A complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction is kept:
  - First Aid Room in main Administration Office
  - Each Specialist Teacher area;
  - Each Classroom;
  - Excursion First Aid Bag with responsible teacher/First Aid officer;
  - Camp First Aid Bag with responsible teacher/First Aid Officer
2. Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans are located:
  - in First Aid Room located in main Administration Office
3. List of Students with medical conditions including Anaphylaxis are located in:
  - First Aid Room in main Administration Office
  - Each Specialist Teacher area;
  - Each Classroom;
  - Excursion First Aid Bag with responsible teacher/First Aid officer;
  - Camp First Aid Bag with responsible teacher/First Aid Officer
  - Yard Duty Bag
4. A summary of students with anaphylaxis is located in:
  - Yard Duty Bag (Bag contains a card system for reporting medical and more specifically anaphylaxis emergencies with an additional spare autoinjector).
5. Additional Adrenaline Auto-Injectors are stored in:
  - First Aid in main Administration Office;
  - Excursion First Aid Bag with responsible teacher/First Aid officer as required;
  - Camp First Aid Bag with responsible teacher/First Aid Officer as required.
  - Yard Duty Bag

The table below summarises the areas where appropriate Anaphylaxis Plans; Adrenaline Autoinjectors and relevant information are stored on school grounds and/or with School Staff.

Location	Individual Anaphylaxis Management Plan	ASCIA Plan	Adrenaline Autoinjectors	List of Students with medical conditions including Anaphylaxis	Summary of Anaphylaxis Plan
First Aid Room	✓	✓	✓	✓	
Classrooms				✓	
Yard Duty Bag			✓	✓	✓
Specialist Areas	✓			✓	✓
Excursion First Aid Bag	✓	✓	✓	✓	
Camp First Aid Bag	✓	✓	✓	✓	

6. Communication with School Staff, students and Parents is to occur in accordance with the Communications Plan.

#### Responding to an incident:

1. Where possible, only School Staff with training in the administration of the Adrenaline Autoinjector should administer the student's Adrenaline Autoinjector.
2. It is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction.
3. If necessary; the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.
4. The Adrenaline Autoinjector should then be administered following the instructions in the student's ASCIA Action Plan.
5. It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by).

#### In School Environment

In the event of an anaphylactic reaction Parkwood Green PS Parkwood Green PS staff will:

##### 1. Classrooms:

- a. Teacher sends students with appropriate medical card to Admin Office.
- b. Admin Staff (First Aid trained) respond to emergency situation.
- c. Call an ambulance on 000 as soon as possible.
- d. A member of the School Staff will remain with the student who is displaying symptoms of anaphylaxis at all times.

##### 2. Yard

- a. Teacher send students with appropriate medical card to Admin Office.
- b. Admin Staff (First Aid trained) respond to emergency situation.
- c. Call an ambulance on 000 as soon as possible.
- d. A member of the School Staff will remain with the student who is displaying symptoms of anaphylaxis at all times.

### **Out of School Environment**

1. Excursions and Camps –
  - a. Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. The process will address:
    - the location of Adrenaline Autoinjectors i.e. who will be carrying them. Is there a second medical kit? Who has it?;
    - how' to get the Adrenaline Autoinjector to a student; and
    - 'who' will call for ambulance response, including giving detailed location address. e.g. Melway reference if city excursion, and best access point or camp address/GPS location.

- b. Emergency procedures will vary accordingly.
- c. A team of School Staff trained in anaphylaxis will attend each event.
- d. Appropriate methods of communication to be discussed prior to camp, depending on the size of excursion/camp/venue. Mobile phone numbers are usual method for communicating.
- e. Individual Anaphylaxis Plans & ASCIA Plans for students with anaphylaxis are packed in appropriate First Aid Bag (Excursion or Camp).
- f. Autoinjectors are signed OUT before leaving school grounds and signed IN upon return at the Administration Office.
- g. Following an anaphylactic reaction, call an ambulance as soon as possible on 000. 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.

**Refer to Appendix C for instructions on how to administer an EpiPen and AnaPen**

**If an Adrenalin autoinjector is administered, the school must:**

1.	<b>Immediately call an ambulance (000/112).</b>
2.	Lay the student flat and elevate their legs. Do not allow the student to 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 member of the School Staff to move other students away and reassure them elsewhere.
4.	In the situation where there is no improvement or <b>severe symptoms</b> progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).
5.	<b>Then</b> contact the student's emergency contacts.
6.	<b>For government schools - later</b> , contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

### **First Time reactions**

- If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the School Staff should follow the school's first aid procedures.
- This should include immediately contacting an ambulance using 000.
- It may also include locating and administering an Adrenaline Autoinjector for General Use.

### **Post-incident support**

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

## Review

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



1.	The Adrenaline Autoinjector must be replaced by the Parent as soon as possible.
2.	In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
3.	If the Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible.
4.	In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided.
5.	The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents.
6.	The School's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.

#### **Adrenaline Autoinjectors for General Use:**

Parkwood Green PS Parkwood Green PS will have general use adrenaline auto injectors for emergency use; as a back- up to those supplied by parents.

The back-up auto injectors are stored on the same open shelf in the office where students' auto injectors are stored.

Additional back up auto injectors will be stored in the Yard Duty Bag.

The auto injectors will be taken with First Aid equipment for special events within the school grounds and events outside of the school such as excursions, camps and other events conducted, organised or attended by the school.

The expiry date on the auto injectors will be monitored by the school's First Aid Officer and will be replaced when either used or has expired.

#### **Communication Plan:**

This section sets out Parkwood Green PS Parkwood Green PS's Communication Plan that providing information to all School Staff, students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy.

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

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

	Communication Provided	Timing	Target Audience
1	In House Briefing for all Parkwood Green PS Parkwood Green PSPS Staff	Term 1: First week of School Year	Staff
2	List of all Anaphylactic students (and other medical conditions) made available in Staff Room	Term 1: First Day of school year	Staff
3	Class lists for all Classrooms includes students with medical conditions including anaphylaxis	Term 1: First Day of school year OR if any changes to current list as required	Staff
4	Teaching Staff educate and provide students with information about anaphylactic reactions	Term 1	Students
5	Excursions/Camps <ul style="list-style-type: none"> <li>• The School will consult Parents of anaphylactic students in advance to discuss Plans for appropriate management of anaphylactic reaction.</li> <li>• SIGN OUT and SIGN IN process for all Students Individual Anaphylaxis Plans, ASCIA Plan and Autoinjectors</li> </ul>	As required	Staff Parents
6	First Aid Coordinator advise parents of requirements to obtain ASCIA Plan for student prior to commencing new school year OR if any changes to the students condition.	Term 4 prior to school closing for end of year or upon new enrolment or as required	Parents
7	First Aid Coordinator and Principal to send out Individual Anaphylaxis Management Plan for Parents to review.	Term 4 prior to school closing for end of year or upon new enrolment or as required	Parents
8	CRT briefed at start of day by First Aid Coordinator regarding student with anaphylaxis present in their care	As required	CRT Staff
9	Parkwood Green PS Newsletter providing awareness to all parents and Staff of Anaphylaxis	As required	Parents & Community

### **Staff Training**

Teachers and other school staff who conduct classes which students with a medical condition that relates to allergy and the potential for anaphylactic reaction, must have up to date training in an anaphylaxis management training course.

School Staff will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior; and
- 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:
  - the School's Anaphylaxis Management Policy;
  - the causes, symptoms and treatment of anaphylaxis;

- the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
- how to use an Adrenaline Auto injector, including hands on practise with a trainer Adrenaline Auto injector device;
- the School's general first aid and emergency response procedures; and
- the location of, and access to, Adrenaline Auto injector that have been provided by Parents or purchased by the School for general use.

The briefing must be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.

The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

### **Annual Risk Management Checklist**

The Principal and/or their nominee will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

**Evaluation:**

This policy will be reviewed as part of the school's three-year review cycle or as required by the Department of Education and Early Childhood Development.

This policy was last ratified by School Council on....		
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## Appendix A: Risk Minimisation and Prevention Strategies

### In school settings

<b>Classrooms</b>
A copy of the student's Individual Anaphylaxis Management Plan is kept in the classroom. The plan is to have easy access even if the Adrenaline Auto injector is kept another location.
The school will liaise with parents about food-related activities ahead of time.
Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and handled by the student. Treats for other students should be treated with absolute care to ensure there is no cross contamination of food. If possible, foods should not contain the substance to which the student is allergic to.
Never give food from outside sources to a student who is at risk of anaphylaxis.
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, eg: milk or egg cartons, empty peanut butter jars.
When cooking utensils are used in the classrooms they are washed and cleaned thoroughly after preparation of food and cooking, such as; preparation dishes, plates, knives and forks and other utensils.
Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
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 Policy, and each individual person's responsibility in managing an incident ie: seeking a trained staff member
<b>Yard</b>
The school will ensure all staff are trained in the administration of the Adrenaline Auto injector (ie: EpiPen) to be able to respond quickly to an anaphylaxis reaction if needed.
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 rather than bright colours, as well as closed in shoes and long sleeved garments with outdoors.
Keep the school grounds well maintained with grass areas mowed and bins covered.
Students should keep drinks and food covered while outdoors.
<b>Special events (sporting events, incursions, class parties, etc)</b>
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 reactions in students at risk of anaphylaxis and request they avoid providing students with treats whilst they are at School or at a special event.
Party balloons should not be used if any student is allergic to latex.
<b>Canteen</b>
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.
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 School staff.
Products labelled 'may contain traces of nuts' should not be served to student students allergic to nuts.

Make sure that tables and surfaces are wiped down with warm soapy water regularly.
Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of 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 in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

## Out of school settings

<b>Field trips, excursions and sporting events</b>
Students at risk of anaphylaxis, will have sufficient school staff supervising the special event who are trained in the administration of an Adrenaline Auto injector and be able to respond quickly to an anaphylactic reaction if needed.
There will always be a trained school staff member in the administration of the Adrenaline Auto injector, 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 Auto injector and a copy of the Individual Anaphylaxis 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 etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
The school should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu or request the parents to provide the meal (if required).
Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
Prior to the excursion taking place school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Plan to ensure that it is up to date and relevant to the particular excursion activity.
<b>Camps and remote settings.</b>
Prior to engaging a camp owner/operator's services the School will make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School will 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, label reading, etc.
The School must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. The School 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.
The School 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.
School Staff will consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
Use of substances containing allergens should be avoided where possible.
Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may

contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
Prior to the camp taking place School Staff should consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.
Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
The School will consider taking an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
The Schools will purchase an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times
The Adrenaline Autoinjector will be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remembering that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.
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.
<b>Travel To and From school by Bus</b>
School Staff should consult with Parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from School on the bus. This includes the availability and administration of an Adrenaline Autoinjector. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Autoinjector on their person at School.
<b>Overseas travel</b>
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"> <li>• travel to and from the airport/port;</li> <li>• travel to and from Australia (via aeroplane, ship etc);</li> <li>• various accommodation venues;</li> <li>• all towns and other locations to be visited;</li> <li>• sourcing safe foods at all of these locations; and</li> <li>• risks of cross contamination, including - <ul style="list-style-type: none"> <li>◦ exposure to the foods of the other students;</li> </ul> </li> </ul>



- 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.

Assess where each of these risks can be managed using minimisation strategies such as the following:

- 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 autoinjectors.

Record details of travel insurance, including contact details for the insurer. 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.

Plan for appropriate supervision of students at risk of anaphylaxis at all times, including that:

- there are sufficient School Staff attending the excursion who have been trained in accordance with Chapter 12;
- there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;
- 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.

The School should re-assess its Emergency Response Procedures, and if necessary adapt it to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:

- 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;
- 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.



## Appendix B: Roles and Responsibilities

### Principal

Principal	
1.	Ensure that the School develops, implements and reviews its School Anaphylaxis Management Policy in accordance with the Order 706 and the current Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian Schools, Feb 2014.
2.	Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at enrolment or at the time of diagnosis (whichever is earlier).
3.	Ensure that Parents provide an ASCIA Action Plan which has been signed by the student's Medical Practitioner and that contains an up-to-date photograph of the student.
4.	<p>Ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's Parents for any student that has been diagnosed by a Medical Practitioner with a medical condition relating to allergy and the potential for anaphylactic reaction, where the School has been notified of that diagnosis.</p> <p>This includes ensuring the documentation of practical strategies for activities in both in-School and out-of-School settings to minimise the risk of exposure to allergens, and nomination of staff who are responsible for implementation of those strategies. The risk minimisation plan should be customised to the particular student for participation in normal School activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate/overseas trips). Ensure students' Individual Anaphylaxis Management Plans are communicated to staff.</p>
5.	If using an external canteen provider, be satisfied that that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications for food-handling practices. This includes careful label reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies.
6.	Ensure that Parents provide the School with an Adrenaline Autoinjector for their child that is not out-of-date and a replacement Adrenaline Autoinjector when requested to do so.
7.	Ensure that a Communication Plan is developed to provide information to all School Staff, Students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy.
8.	Ensure there are procedures in place for providing volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.
9.	Ensure that relevant School Staff have successfully completed an anaphylaxis management training course in the three years prior.

10.	Ensure that relevant School Staff are briefed at least twice a year by a staff member who has completed current anaphylaxis management training on: <ul style="list-style-type: none"> <li>a. the School's Anaphylaxis Management Policy;</li> <li>b. the causes, symptoms and treatment of anaphylaxis;</li> <li>c. the identities of students diagnosed at risk of anaphylaxis and the location of their medication;</li> <li>d. how to use an Adrenaline Autoinjector, including hands-on practise with a trainer Adrenaline Autoinjector (which does not contain adrenaline);</li> <li>e. the School's general first aid and emergency procedures; and</li> <li>f. the location of Adrenaline Auto injecting devices that have been purchased by the School for General Use.</li> </ul>
11.	Allocate time, such as during staff meetings, to discuss, practise and review the School's Anaphylaxis Management Policy. Practise using the trainer Adrenaline Autoinjectors as a group and undertake drills to test effectiveness of the School's general first aid procedures.
12.	Encourage ongoing communication between Parents and School Staff about the current status of the student's allergies, the school's policies and their implementation.
13.	Ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with Parents annually, when the student's medical condition changes, as soon as practicably after a student has an anaphylactic reaction at School, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the School.
14.	Ensure the Risk Management Checklist for anaphylaxis is completed annually.
15.	Arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for General Use to be part of the School's first aid kit.

## School Staff

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

To assist School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend, and others School Staff where relevant, a summary of some of the key obligations under the Order, and suggested prevention strategies, is set out below.

School Staff	
1.	Know and understand the School Anaphylaxis Management Policy.
2.	Know the identity of students who are at risk of anaphylaxis. Know the students by face.
3.	Understand the causes, symptoms, and treatment of anaphylaxis.
4.	Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector. Refer to Chapter 12 for more details.

5.	Know where to find a copy of each student's Individual Anaphylaxis Management Plan quickly, and follow it in the event of an allergic reaction.
6.	Know the School's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction.
7.	Know where students' Adrenaline Autoinjectors and the Adrenaline Autoinjectors for General Use are kept. (Remember that the Adrenaline Autoinjector is designed so that anyone can administer it in an emergency).
8.	Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.
9.	Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at School, or away from School. Work with Parents to provide appropriate food for their child if the food the School/class is providing may present a risk for him or her.
10.	Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies provided in this document (see Chapter 8). Work with Parents to provide appropriate treats for students at risk of anaphylaxis.
11.	Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
12.	Be aware of the risk of cross-contamination when preparing, handling and displaying food.
13.	Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
14.	Raise student awareness about severe allergies and the importance of their role in fostering a School environment that is safe and supportive for their peers.

### **First Aid Coordinator/Parkwood Green PS Nurse**

The First Aid Coordinator/Nurse at Parkwood Green PS works with the Principal to ensure that the Anaphylaxis Policy is implemented, reviewed, monitored and improved on an annual basis

<b>First Aid Coordinator</b>	
1.	Work with Principals to develop, implement and review the School's Anaphylaxis Management Policy.
2.	Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector (i.e. EpiPen®/Anapen®).
3.	Provide or arrange regular training to other School Staff to recognise and respond to anaphylactic reaction, including administration of an Adrenaline Autoinjector.
4.	Keep an up-to-date register of students at risk of anaphylaxis.

5.	Keep a register of Adrenaline Autoinjectors as they are 'in' and 'out' from the central storage point. For instance when they have been taken on excursions, camps etc.
6.	<p>Work with Principals, Parents and students to develop, implement and review each Individual Anaphylaxis Management Plan to:</p> <ul style="list-style-type: none"> <li>a. ensure that the student's emergency contact details are up-to-date;</li> <li>b. ensure that the student's ASCIA Action Plan matches the student's supplied Adrenaline Autoinjector;</li> <li>c. regularly check that the student's Adrenaline Autoinjector is not out-of-date, such as at the beginning or end of each term;</li> <li>d. inform Parents in writing that the Adrenaline Autoinjector needs to be replaced a month prior to the expiry date;</li> <li>e. ensure that the student's Adrenaline Autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place; and</li> <li>f. ensure that a copy of the Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) is stored with the student's Adrenaline Autoinjector.</li> </ul>
7.	Work with School Staff to conduct regular risk prevention, minimisation, assessment and management strategies.
8.	Work with School Staff to develop strategies to raise their own, students and school community awareness about severe allergies.
9.	Provide or arrange post-incident support (e.g. counselling) to students and School Staff, if appropriate.

## Parents of a student at risk of anaphylaxis

Parents have an important role in working with the Parkwood Green PS to minimise the risk of anaphylaxis. Set out below is a summary of some of the key obligations for Parents under the Order, and some suggested areas where they may actively assist the School. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by Parents.

Parents	
1.	Inform the School in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed at the time as being at risk of anaphylaxis.
2.	Obtain an ASCIA Action Plan from the student's Medical Practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the School.
3.	Inform School Staff in writing of any changes to the student's medical condition and if necessary, provide an updated ASCIA Action Plan.
4.	Provide the School with an up to date photo for the student's ASCIA Action Plan and when the plan is reviewed.
5.	Meet with and assist the School to develop the student's Individual Anaphylaxis Management Plan, including risk management strategies.
6.	Provide the School with an Adrenaline Autoinjector and any other medications that are current and not expired.
7.	Replace the student's Adrenaline Autoinjector and any other medication as needed, before their expiry date or when used.
8.	Assist School Staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days).
9.	If requested by School Staff, assist in identifying and/or providing alternative food options for the student when needed.
10.	Inform School Staff in writing of any changes to the student's emergency contact details.
11.	Participate in reviews of the student's Individual Anaphylaxis Management Plan: <ol style="list-style-type: none"> <li>a. when there is a change to the student's condition;</li> <li>b. as soon as practicable after the student has an anaphylactic reaction at School;</li> <li>c. at its annual review; and</li> <li>d. prior to the student participating in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the School.</li> </ol>





## Appendix C: How to administer an EpiPen

How to administer an EpiPen or EpiPen Jnr®	
1	Remove from plastic container.
2	Form a fist around EpiPen® and pull off the blue safety cap.
3	Place orange end against the student's outer mid-thigh (with or without clothing).
4	Push down hard until a click is heard or felt and hold in place for 10 seconds.
5	Remove EpiPen®.
6	Massage injection site for 10 seconds.
7	Note the time you administered the EpiPen®.
8	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

How to administer an AnaPen®	
1	Remove from box container and check the expiry date.
2	Remove black needle shield.
3	Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap.
4	Place needle end against the student's outer mid-thigh.
5	Press the red button with your thumb so it clicks and hold it for 10 seconds.
6	Replace needle shield and note the time you administered the Anapen®.
7	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

## References

1. Department of Early Education and Childhood Development (DEECD) – Anaphylaxis Guidelines: A resource guide for managing severe allergies in Victorian Schools Issued February 2014.
2. Education and Training Reform Act 2006: Ministerial Order No. 706: Anaphylaxis Management in Victorian school

3. DEECD memo S111-S2014: Guidelines for Anaphylaxis Management (Ministerial Order No. 706) in Victorian Schools are now in effect Term 1 2014.
4. ASCIA – *Guidelines for prevention of food anaphylactic reactions in schools, preschools and childcare centres*  
[www.allergy.com.au](http://www.allergy.com.au)