



## **ANAPHYLAXIS MANAGEMENT POLICY**

FCS is committed to assisting and supporting students with Anaphylaxis Management Plans. The school will fully comply with Ministerial Order 706 and the associated guidelines published and amended by the Department. The school has a legal duty of care to take reasonable steps to protect students from reasonably foreseeable risks of injury. In relation to Anaphylaxis Management, the school's obligations extend to all students, whether the school knows that an enrolled student has been diagnosed as being at risk of anaphylaxis or a medical condition that relates to the potential for anaphylactic reaction. Anaphylaxis falls within the definition of disability for the purposes of both the *Equal Opportunity Act 2010 (Vic)* and the *Disability Discrimination Act 1992*. This means that schools must ensure that they do not unlawfully discriminate, either directly or indirectly, against students with anaphylaxis.

This policy is to be read in conjunction with the

- Anaphylaxis Communication Plan
- Student Medical Care Policy
- First Aid Policy
- First Aid Kit & Auto Injectors
- Emergency Management Plan

These documents are available on the school website.

Anaphylaxis is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis. Symptoms of anaphylaxis are potentially life threatening and include any one of the following:

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

The key to prevention of anaphylaxis in school is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those



allergens. Partnerships between the school and parents/guardians are important in helping the student avoid exposure.

### **Anaphylaxis Management Responsibilities**

- |  |                         |
|--|-------------------------|
| • Statement of school compliance           | School                  |
| • Prevention Strategies                    | School                  |
| • Emergency Response Procedures            | School                  |
| • Purchase of back-up adrenaline injectors | School                  |
| • Communication Plan                       | School                  |
| • Training of Staff                        | School                  |
| • Risk Management Checklist                | School                  |
| • Identifying Students at Risk             | School / Parent/Carer   |
| • Consultation with medical professional   | Parent/Carer            |
| • Individual Management Plans              | School / Parent / Carer |
| • ASCIA Action Plan for Anaphylaxis        | Parent / Carer          |

The Principal is responsible for ensuring that Ministerial Order 706 (and the associated guidelines published and amended by the Department) is followed and holds the overall responsibility for:

- Prevention Strategies
- Responding to an Anaphylactic Reaction
- Anaphylaxis Emergency Response
- Communication Plan
- The purchase and maintenance of the general use auto injectors

These responsibilities cannot be delegated to other staff members.

Anaphylaxis Management is to be integrated with the First Aid Policy and Student Medical Care and the Emergency Management Plan

### **Guidelines:**

1. Individual Anaphylaxis Management Plans
  - 1.1. The school will have Individual Anaphylaxis Management Plans



- 1.2. 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.
  - who has a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis.
- 1.3. 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.
- 1.4. 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, 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;
  - an ASCIA Action Plan.
- 1.5. School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.
- 1.6. 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;
  - when the student is to participate in an off-site activity, such as excursions, or at special events conducted, organised or attended by the School



- 1.7 The School's Anaphylaxis Management Policy must state that 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.
  
2. The school will be aware of Prevention Strategies
  - 2.1. Anaphylaxis Guidelines for Victorian Schools contains advice about a range of Prevention Strategies that can be put in place. This section details the Risk Minimisation and Prevention Strategies that your School will put in place for all relevant in-school and out-of-school settings
  
3. School Management and Emergency Response
  - 3.1. Anaphylaxis Guidelines for Victorian Schools contains advice about procedures for School management and emergency response for anaphylactic reactions.
  - 3.2. The School's Anaphylaxis Management Policy must include procedures for emergency response to anaphylactic reactions. The procedures should include the following:
    - 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;
    - details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these can be located within the school and during outside school activities.
    - Information about the storage and accessibility of Adrenaline Auto injectors;
    - how communication with School Staff, students and Parents is to occur in accordance with a communications plan.
  
4. Adrenaline Auto injectors for General Use
  - 4.1. The Principal will purchase Adrenaline Auto injector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents.



4.2. The Principal will determine the number of additional Adrenaline Auto injector(s) required. In doing so, the Principal will take into account the following relevant considerations (as per the Anaphylaxis Risk Management Checklist).

- 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, and at excursions and special events conducted or organised by the School;
- all first aid kits taken on excursions, camps and events organised by the school are to contain Adrenaline Auto injectors for General Use. The kits will contain a card detailing actions required in an emergency response. If a student at risk has been identified for such an event, then their personal device will also be included.
- Adrenaline Auto injectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first. The expiry dates of all Adrenaline Auto injectors will be checked at the start of each term. Any out of date injectors will be disposed of. Note: Adrenaline Auto injectors for General Use are available for purchase at any chemist. No prescriptions are necessary.

## 5. Communication Plan

- 5.1. The Anaphylaxis Guidelines for Victorian Schools has advice about strategies to raise staff and student awareness, working with Parents and engaging the broader school community.
- 5.2. The Communication Plan must include strategies for advising School Staff, students and Parents about how to respond to an anaphylactic reaction by a student in various environments.
- 5.3. The Communication Plan must include procedures to inform 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.



- 5.4. It is the responsibility of the Principal of the School to ensure that all School Staff who conduct classes that students who are at risk of anaphylaxis attend and any further staff that the principal identifies, based on the assessment of the risk of an anaphylactic reaction occurring while the student is under the care or supervision of the school, are trained in accordance with Clause 12 of Ministerial Order 706 and are briefed at least twice per calendar year.
- 5.5 The school's Anaphylaxis Management Policy is to be read in conjunction with the Anaphylaxis Communication Plan and First Aid & Auto Injectors, and are to be referenced in the briefings.
- 5.7 The school's Anaphylaxis Management Policy, Anaphylaxis Communication Plan and First Aid Policy will be available on the school's website.

## 6. Staff Training

6.1. Staff will be appropriately trained in the management of anaphylaxis as per Ministerial Order 706

6.2 To ensure that sufficient numbers of staff have the appropriate training in the management of anaphylaxis, all teaching staff and any non-teaching staff nominated by the Principal will maintain up-to-date anaphylaxis management training and certification through successful completion of the required anaphylaxis training identified in Ministerial Order 706, specifically:

Either

22578VIC - a face to face course offered by an external registered first aid training provider (valid for 3 years)

OR

The online training offered by the Australian Society of Clinical Immunology and Allergy (ASCIA) [<https://www2.education.vic.gov.au/pal/anaphylaxis/policy>], with verification of staff's ability to administer both EpiPen and Anapen by one of the school's 2 Anaphylaxis School Supervisors (through competency checks) completed within 30 days of staff members' successful completion of the ASCIA online training course (valid for 2 years).

The Principal will ensure that there are 2 staff members who are qualified School Anaphylaxis Supervisors. The School Anaphylaxis Supervisors will maintain up-to-date certification as per Ministerial Order 706, specifically a current certificate in the accredited course: Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC (valid for 3 years), conducted & certified by an external registered training



organisation AND and the ASCIA Anaphylaxis e-training for Victorian Schools (valid for 2 years). The School Anaphylaxis Supervisors will conduct staff briefings for all staff members, 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;
- what to do if a student (whether known to the school as having a pre-existing medical condition relating to allergy or not) demonstrates signs and symptoms of anaphylaxis;
- the identities of all students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, the specific triggers of severe allergic reaction for each student with anaphylaxis, where their medication is located and where spare adrenaline autoinjectors are located;
- how to use an Adrenaline Auto injector, including hands on practice with trainer Adrenaline Auto injector devices (both Anapen & Epipen);
- the School's general first aid and emergency response procedures;
- the location of, and access to, Adrenaline Auto injectors that have been provided by Parents or purchased by the School for general use.

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

6.5 The Principal will ensure that while the student with a medical condition that relates to an allergy and the potential for anaphylactic reaction is under the care or supervision of the School, including excursions, yard duty, camps and special event days which are conducted, organised or attended by the school, there is a sufficient number of School Staff present who have current anaphylaxis management training and certification through successful completion of the required anaphylaxis training being:

Either

22578VIC - a face to face course offered by an external registered first aid training provider (valid for 3 years)

OR

The online training offered by the Australian Society of Clinical Immunology and Allergy (ASCIA)



[\[https://www2.education.vic.gov.au/pal/anaphylaxis/policy\]](https://www2.education.vic.gov.au/pal/anaphylaxis/policy), with verification of staff's ability to administer both Epipen and Anapen by one of the school's 2 Anaphylaxis School Supervisors (through competency checks) completed within 30 days of staff members' successful completion of the ASCIA online training course (valid for 2 years).

## 7. Annual Risk Management Checklist

- 7.1. The Principal will complete an annual Risk Management Checklist as published and amended by the Department of Education and Training from time to time to monitor compliance with their obligations.

### Risk Minimisation & Prevention Strategies

As part of FCS's commitment to child safety, the school risk assessment includes identifying and responding to potential risks of Anaphylaxis.

The following prevention strategies have been identified to reduce risk:

- The Principal has completed the Annual Risk Management Checklist.
- The Principal is responsible for ensuring that Individual Anaphylaxis Management Plans are developed for each student who has been diagnosed at risk of anaphylaxis.
- The Principal is responsible for ensuring that appropriate adjustments are made if new risks are identified and for communicating these to the school community as soon as possible.
- The Principal is responsible for ensuring that the Anaphylaxis Management Policy and Communication Plan are updated to reflect any changes to adjustments and prevention strategies and to communicate these to the school community.
- The School Anaphylaxis Supervisor is to conduct regular (at a minimum prior to the commencement of a new term) reviews of adrenaline autoinjectors as per DET Guidelines for both individual student use and general use.
- All training requirements in Anaphylaxis for staff are met.
- All casual staff are briefed by a School Anaphylaxis Supervisor on their role in responding to an anaphylactic reaction experienced by a student in their care.
- All parents/carers are provided with information and policies regarding Anaphylaxis.





- All students are made aware of how to respond if someone has a reaction and no adult is present.
- Checklists for roles and responsibilities
- Emergency Response Procedures are made available as part of the school's policy, procedures and training.

### Allergy Risk Minimisation Strategies

These strategies are to be reviewed and revised where necessary, on the enrolment of a new student who has been diagnosed as being at risk of anaphylaxis or a medical condition that relates to the potential for anaphylactic reaction or if an anaphylactic event occurs.

Allergies	There are many different allergies that may cause an anaphylactic reaction. Depending on which allergies are identified in the Individual Management Plan, the following strategies can be used.
Insect	<ul style="list-style-type: none"> <li>• Have honey bee and wasp nests removed by a professional;</li> <li>• Cover garbage receptacles that may attract stinging insects.</li> <li>• Ensure students wear appropriate clothing and covered shoes when outdoors.</li> <li>• Educate children to avoid drinking from open drink containers, particularly those containing sweet drinks that may attract stinging insects.</li> <li>• Children with food and insect allergy should not be asked to pick up litter by hand. Where possible, these types of duties should not put them at increased risk of an allergic reaction.</li> </ul>
Latex	Latex allergy is relatively rare in children, but where such individuals are identified non-latex gloves should be made available.
Medication	<ul style="list-style-type: none"> <li>• Any medication administered at school should be undertaken in accordance with the school's guidelines and with permission from the parents/carers.</li> </ul>



	<ul style="list-style-type: none"> <li>• Students need to be reminded that they should not share medications</li> </ul>
Food	<ul style="list-style-type: none"> <li>• Students can participate in spontaneous celebrations by parents supplying safe treats that are clearly labelled and stored separately to other food. Parents are advised by staff of prohibited foods at school as per Individual Plans.</li> <li>• Any food prepared by parents should include a full ingredients list.</li> <li>• Any foods that could cause allergy anaphylaxis as per Individual Plans are to be removed from the school kitchens.</li> <li>• Ensure containers used by students at risk of anaphylaxis do not contain allergens.</li> <li>• Students at risk should clearly ensure that if they are required to bring food to school, that it is securely stored and labeled to prevent cross contamination.</li> <li>• Students at risk of food allergy anaphylaxis should either be provided with gloves or an instrument to pick up the rubbish to avoid skin contact with potential allergens.</li> <li>• Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own as some sunscreens may contain nut oils.</li> <li>• Prior discussion with parents if incursions/on-site activities include any food activities.</li> <li>• Teachers organising/attending excursions should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylaxis incident occurs. Anaphylaxis medication should be included with the portable first aid kit if a child attending has been identified as at risk.</li> </ul>

### **Emergency Response to Anaphylactic Reactions at School**

The school will have 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.

Individual students' ASCIA Anaphylaxis Action Plans are prominently displayed on the cupboards that contain the First Aid kits in the kitchen area of both campuses.



ASCIA action plans are displayed in the classrooms and by the door to the outside areas. Due to the small size of the school and classes, response procedures will allow for immediate response.

In the event of an anaphylactic reaction the following emergency response procedures must be followed, together with the school's First Aid Policy and student's ASCIA Action Plan.

#### Staff

- The member of the school staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan for Anaphylaxis:
- Lay the person flat. Do not allow them to stand or walk. If breathing is difficult, allow them to sit. If vomiting or unconscious, lay them on their side (recovery position) and check their airway for obstruction.
- If the person having an allergic reaction has their emergency medicine with them as identified in their Individual Action Plan, they should give it to themselves immediately if they are able to.
- If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the staff member will still follow the ASCIA Action Plan for Anaphylaxis. The staff member should then either immediately call for another staff member or get a student to get a staff member and alert them that an anaphylactic incident is occurring and provide the student's name. Where possible, an additional staff member should be alerted to move other students away to a safe location for supervision.
- The second staff member should immediately go to the First Aid area and locate either the student's personal adrenaline autoinjector and the student's ASCIA Action Plan stored with it or the general use autoinjector. They should also take a spare autoinjector should further doses be required, and return to the staff member and student.
- The student's adrenaline autoinjector should then be administered following the instructions in the student's ASCIA Action Plan for Anaphylaxis. Where possible, only school staff with training in the administration of an adrenaline autoinjector should administer the student's adrenaline autoinjector. However, it is imperative that an adrenaline autoinjector is administered as soon as signs of anaphylaxis are recognised. If required, the adrenaline autoinjector can be administered by any person following the instructions in the student's ASCIA Action Plan for Anaphylaxis. In the situation where there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further



adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available (such as the adrenaline autoinjector for general use).

- The second staff member should then immediately phone an ambulance and wait at the school entrance for the ambulance 000. If calling from a mobile phone which is out of range, call 112.
- A staff member will accompany the student in the ambulance. It is important that in responding to an incident, the student does not stand and is not moved unless in further danger. The ambulance should transport the student by stretcher to the ambulance, even if symptoms appear to have improved or resolved. The student must be taken to the ambulance on a stretcher if adrenaline has been administered.
- The student's emergency contact should then be contacted and advised of the incident and where the student has been taken.

### **Parents/Carers & Casual Staff**

Step 1.

Lay the person flat. Do not allow them to stand or walk. If breathing is difficult, allow them to sit.

Step 2.

Call for help or send another person to get help.

Step 3

Follow the Action Plan for Anaphylaxis which is located at multiple sites around the school.

Step 4

If the person having an allergic reaction has their emergency medicine (EpiPen) with them, they should give it to themselves immediately if they are able or it should be given by someone else if they are too unwell.

### **Students**

What can you do to help when a friend has a severe allergic reaction?

- Immediately ask for help from an adult
- If no adult is nearby, a friend should run and get one ASAP
- The person having the allergic reaction should lay down (or sit if it is hard to breathe) while the adult brings the emergency medicine to them – they should not stand or walk.
- If the person having an allergic reaction has their emergency medicine (EpiPen) with them, they should give it to themselves immediately if they are able or it should be given by someone else if they are too unwell.



## **Emergency Response to Anaphylactic Reactions during Off-Site Activities**

Each individual excursion requires a risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore, emergency procedures will vary accordingly and appropriate methods of communication need to be discussed, depending on the size of excursion. The risk assessment should be developed in consultation with the parent/carer and a minimum of one school staff member trained in anaphylaxis needs to attend each event (however all staff attending the event should be aware of students at risk and how to respond).

When completing the risk assessment the following should be taken into consideration:

- Roles and responsibilities in the event of an anaphylactic reaction
- The potential exposure to allergens travelling to and from and during the excursion
- Identification of issues that may arise and to develop an alternative food menu or request an alternative meal to be sent.
- Parents/guardians may wish to accompany their child on excursions if appropriate.
- Advising the event location of any requirements to minimise risk of exposure to allergens.

As part of the risk assessment, all staff and students and any parents attending the event will be briefed prior to departure on the steps to follow should an anaphylactic reaction occur. This will include identifying:

- Roles and responsibilities in the event of an anaphylactic reaction
- First Aid staff responder
- Students at risk
- Ensuring that the nominated staff member has the Individual Action Plans including Emergency Contact details, personal autoinjector and a general autoinjector. These are all kept in the off-site First Aid kit that the nominated member of staff is required to take.
- Location address and who will call for ambulance response, including giving detailed location address.

All staff, parents/carers and students should follow the procedures as set out in Responding to an Anaphylactic Reaction.

### Post-incident support

An anaphylactic reaction can be a very traumatic experience for the student, staff, parents, students and others witnessing the reaction. In the event of an anaphylactic



reaction, the Principal will follow guidelines as set out as part of the school's Critical Incident Management.

## 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 autoinjector must be replaced by the parent as soon as possible.
- In the meantime, the principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector being provided by the parents.
- If the adrenaline autoinjector for general use has been used this should be replaced as soon as possible.
- In the meantime, the principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector for general use being provided.
- The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents.
- The school's Anaphylaxis Management Policy should be reviewed to ascertain whether there are any issues requiring clarification or modification in the Policy. This will help the school to continue to meet its ongoing duty of care to students.

This policy is to be read in conjunction with DET Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian schools and the Anaphylaxis Communication Plan.

## Policy Endorsement

This Policy has been endorsed by the FCS Governing Body.

Date: September 2023

Review Date: September 2024

Review Cycle. Every 12 months

Exceptions: This Policy may be reviewed earlier than the date stated subject to circumstance including changes to Ministerial Order 706 or other relevant regulations regarding management of anaphylaxis in Victorian schools.