ANAPHYLAXIS MANAGEMENT POLICY

SCHOOL STATEMENT

Briar Hill Primary School will fully comply with Ministerial Order 706 - http://www.education.vic.gov.au/Documents/school/teachers/health/ministerialorderword.docx (the Order) and the associated Guidelines published and/or amended by the Department.

Briar Hill Primary School recognises that it is difficult to achieve a completely allergen free environment in a school context and is committed to adopting and implementing a range of procedures and risk minimisation strategies:

- to reduce the risk of a student having an anaphylactic reaction at school.
- to ensure that staff members are trained to respond appropriately if a student has an anaphylactic reaction.

In the event of an anaphylactic reaction, the school’s first aid and emergency response procedures and the student’s Individual Anaphylaxis Management Plan will be followed.

PREVENTION STRATEGIES

Minimisation of the risk of anaphylaxis is everyone’s responsibility: the school (including the principal and all school staff), parents, students and the broader school community. Parents also have important obligations under the Order (and the school’s Anaphylaxis Management Policy).

Parents must:

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

The principal will complete an annual anaphylaxis Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with our obligations under the Order.

Prevention strategies include the following components:

- Individual Anaphylaxis management plans
- Adrenaline Autoinjector purchase and storage
- Staff training
- School settings policies
- Out of school settings policies
**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 enrols 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.

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 (e.g. class parties, cultural days, excursions).

Copies of each student’s Individual Anaphylaxis Management Plan will be kept in various locations around the school so that it is easily accessible by school staff in the event of an incident, including the student’s classroom, the canteen, the sick bay, the school office, staff room.

**Adrenaline Autoinjector**

Individual Adrenaline Autoinjectors will be stored in the First Aid Room, along with the Individual ASCIA Action Plan, which will be on the display board. The school will purchase Adrenaline Autoinjectors for general use, and for use as a back up to those supplied by parents. The Principal will determine the number of additional Adrenaline Autoinjectors required. In doing so, the Principal will take into account the following relevant considerations:

- the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of Adrenaline Autoinjectors 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 Autoinjectors for general use in specified locations at the school, including in the school yard, and at excursions, camps and special events conducted or organised by the School, and
- Adrenaline Autoinjectors for general use have a limited life, usually expiring within 12 -18 months, and will be replaced at the school’s expense, either at the time of use or expiry, whichever is first.
**Staff Training**
The following School Staff will be appropriately trained:
- school staff who conduct classes where students have a medical condition that relates to allergy and the potential for anaphylactic reaction, and
- any further school staff determined by the principal.

The identified 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 Adrenaline Autoinjectors, including hands on practise with a trainer Adrenaline Autoinjector
  - the School’s general first aid and emergency response procedures, and
  - the location of, and access to the Adrenaline Autoinjectors that have been provided by parents or purchased by the school for general use.

A briefing will 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.

**School Settings**

**Classrooms**
The School will:
- Keep a copy of the student’s individual anaphylaxis management plan in the classroom.
- Be sure the ASCIA action plan is easily accessible even if the Adrenaline Autoinjectors are kept in another location.
- Liaise with Parents about food-related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class, parents of students with a food allergy should provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

**Special Events such as incursions and class parties**
• Sufficient school staff supervising the special event are be trained in the administration of Adrenaline Autoinjectors and are able to respond quickly to an anaphylactic reaction if required.
• School staff should consult with 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 are to be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special school event.

Canteen
• Volunteers are aware of those students at risk of severe allergic reaction.
• Student’s name and photo are displayed in the canteen as a reminder to School Staff and volunteers.

Yard
• Sufficient School Staff on yard duty must be trained in the administration of Adrenaline Autoinjectors and to be able to respond quickly to an anaphylactic reaction if needed. A Communication Plan is in place so the student’s medical information and medication can be retrieved quickly if a reaction occurs in the yard.
• All yard duty bags carry identity cards displaying a photograph of each student/s at risk of anaphylactic reaction. This card is to be sent to notify the office of an anaphylactic reaction in the school yard and that their Adrenaline Autoinjector is required immediately.
• Yard duty staff must be able to identify, by face, those students at risk of an allergic reaction.

Out of School Settings (excursions, school sports days, camps etc)
• In preparation for school excursions and school camps, staff will complete an Excursion Checklist, indicating they have collected individual and general use Adrenaline Autoinjectors for excursion (checklist is to be provided to, and signed by principal).
• Briar Hill Primary School will purchase Adrenaline Autoinjectors for general use, to be kept in excursion and camp first aid kits.
• A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of Adrenaline Autoinjectors must accompany any student at risk of anaphylaxis on trips or excursions. This would preferably be the child’s own classroom teacher. In a camp situation, the child is to be in their classroom teacher’s group at all times.
• Adrenaline Autoinjectors are to accompany the student to all excursions, including sports and camp. It is to be carried by a teacher, preferably the child’s classroom teacher.
• All school staff members present during camps / excursions are to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
• Parents are provided the opportunity to accompany their child on camps / excursions.
• 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 the School will consider using an alternative service provider.
• Briar Hill Primary School will not sign any written disclaimer or statement from a camp owner/operator that indicates the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis.
• A mobile phone will be taken on any excursions and camps. If mobile phone access is not available, an alternative method of communication in an emergency will be considered, e.g. a satellite phone.

COMMUNICATION PLAN

At the beginning of each school year staff will be provided with a list of students who have allergies and / or have the potential for anaphylactic reaction. These will be updated throughout the year if necessary.

Staff will receive individual Anaphylaxis Management Plans, to be placed:
• in student’s classroom
• in specialist areas such as LOTE / Music / Library classrooms
• in the Outside School Hours Care room
• in the canteen.

Ambulance Assistance Cards, along with individual Urgent Assistance Required cards will be displayed near phones at the school offices, i.e. classroom, specialists, offices, canteen and multipurpose Room.

School Staff will be trained, and briefed at least twice per calendar year.

Parents will be made aware when students have severe allergic reactions via the newsletter at the start of each term, and will be
• requested to refrain from sending certain food items to school
• made aware of Anaphylaxis Plans that will be displayed in areas frequented by parents / volunteers i.e. canteen, classrooms etc.

Students will be made aware of any fellow student with the potential to have a severe allergic reaction.
• they must always take food allergies seriously
• they don’t share food with friends who have food allergies
• they must wash their hands after eating
• if a school friend becomes sick, get help immediately even if the friend does not want to.
• they don’t pressure friends to eat food they are allergic to.

MEDICAL CRISIS MANAGEMENT PLAN

Classroom
• Staff member to stay with the child in crisis at all times and call for help.
• Student or other staff member to take Individual Identity Card to notify office, to seek immediate assistance, to bring the Adrenaline Autoinjector to the student, and to ring for an ambulance.
• The Adrenaline Autoinjector is to be administered as per instructions.
• Alternate staff member to remove other students from the classroom.
• Classroom teacher to stay with the child and receive support from an additional staff member.
• Call child’s parents to notify them of situation.
Yard

- Staff member is to stay with the child in crisis at all times and call for help.
- Student or other staff member to take Individual Identity Card to notify office, to seek immediate assistance, to bring the Adrenaline Autoinjector to the student, and to ring for an ambulance.
- The Adrenaline Autoinjector is to be administered as per instructions.
- Other staff member to remove remaining students from the yard to another area to be supervised.
- Yard duty teacher to stay with the child and receive support from an additional staff member.
- Call child’s parents to notify them of situation.

Out of School Settings (e.g. Excursion, Camp or Sports Day)

- Staff member to stay with the child in crisis at all times and call for help.
- A different staff member or parent helper will remove remaining students from the location to another area to be supervised.
- Teacher to stay with the child and receive support from an additional staff member or parent helper.
- Notify excursion or camp supervisor about the anaphylactic reaction and the need for an ambulance.
- Call 000, or 112 if no reception.
This plan is to be completed by the Principal or nominee on the basis of information from the student’s medical practitioner (*ASCIA Action Plan for Anaphylaxis*) provided by the Parent.

It is the Parents’ responsibility to provide the School with a copy of the student's *ASCIA Action Plan for Anaphylaxis* containing the emergency procedures plan (signed by the student’s Medical Practitioner) and an up-to-date photo of the student, appended to the plan.

It is the parent’s responsibility to inform the school, if their child’s medical condition changes.

<table>
<thead>
<tr>
<th>School</th>
<th>Phone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student</td>
<td></td>
</tr>
<tr>
<td>DOB</td>
<td>Year level</td>
</tr>
<tr>
<td>Severely allergic to:</td>
<td></td>
</tr>
<tr>
<td>Other health conditions</td>
<td></td>
</tr>
<tr>
<td>Medication at school</td>
<td></td>
</tr>
</tbody>
</table>

**EMERGENCY CONTACT DETAILS (PARENT)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship</td>
<td>Relationship</td>
</tr>
<tr>
<td>Home phone</td>
<td>Home phone</td>
</tr>
<tr>
<td>Work phone</td>
<td>Work phone</td>
</tr>
<tr>
<td>Mobile</td>
<td>Mobile</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
</tbody>
</table>

**EMERGENCY CONTACT DETAILS (ALTERNATE)**

<table>
<thead>
<tr>
<th>Name</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Relationship</td>
<td>Relationship</td>
</tr>
<tr>
<td>Home phone</td>
<td>Home phone</td>
</tr>
<tr>
<td>Work phone</td>
<td>Work phone</td>
</tr>
<tr>
<td>Mobile</td>
<td>Mobile</td>
</tr>
<tr>
<td>Address</td>
<td>Address</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Medical practitioner contact</th>
<th>Name</th>
</tr>
</thead>
<tbody>
<tr>
<td>Phone</td>
<td></td>
</tr>
</tbody>
</table>
Emergency care to be provided at school

Storage for Adrenaline Autoinjectors (EpiPen® or Anapen® - device specific)

**ENVIRONMENT**

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, sports oval, excursions and camps etc.

<table>
<thead>
<tr>
<th>Name of environment/area:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Risk identified</th>
<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
<th>Completion date?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of environment/area:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Risk identified</th>
<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
<th>Completion date?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of environment/area:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Risk identified</th>
<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
<th>Completion date?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of environment/area:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Risk identified</th>
<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
<th>Completion date?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of environment/area:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Risk identified</th>
<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
<th>Completion date?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Name of environment/area:

<table>
<thead>
<tr>
<th>Risk identified</th>
<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
<th>Completion date?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):
- 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).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.
I consent to the risk minimisation strategies proposed.


Signature of parent: ___________________________ Date: ___________________________

I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

Signature of Principal (or nominee): ___________________________ Date: ___________________________
ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) ........................................................................
  Dose: ..................................................................................................................
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

1. Lay person flat. Do not allow them to stand or walk.
   If breathing is difficult allow them to sit.
2. Give EpiPen® or EpiPen® Jr
3. Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
4. Phone family/emergency contact
5. Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.
EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

Note: This is a medical document that can only be completed and signed by the patient’s treating medical doctor and cannot be altered without their permission.
ACTION PLAN FOR Anaphylaxis

For use with Anapen® Adrenaline Autoinjectors

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed) ........................................
  Dose: ..........................................................
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

How to give Anapen®

1. Lay person flat. Do not allow them to stand or walk.
   If breathing is difficult allow them to sit.
2. Give Anapen® 300 or Anapen® 150
3. Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
4. Phone family/emergency contact
5. Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.
Anapen® 300 is generally prescribed for adults and children over 5 years.
Anapen® 150 is generally prescribed for children aged 3-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

Note: This is a medical document that can only be completed and signed by the patient’s treating medical doctor and cannot be altered without their permission.