



# MULGRAVE PRIMARY SCHOOL

Gladeswood Drive, Mulgrave Vic 3170

## ANAPHYLAXIS MANAGEMENT POLICY

### **Definition:**

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen. Common allergens include: Eggs, peanuts, tree nuts such as cashews, cow's milk, fish and shellfish, wheat, soy, sesame, insect stings and bites, medication.

### **Aim:**

- To provide a safe and healthy school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis.

### **School Statement:**

- Mulgrave Primary School will fully comply with Ministerial Order 706 (Anaphylaxis Management in Schools) and the associated guidelines published and amended by the Department from time to time.

### **Staff Training:**

- All school staff will be appropriately trained via the ASCIA Anaphylaxis e-training for Victorian Schools Course followed by a competency check by the School Anaphylaxis Supervisor.
- All school staff will 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:
  - Mulgrave Primary 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 Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
  - Mulgrave Primary School's general First Aid and emergency response procedures; and
  - The location of, and access to, Adrenaline Autoinjectors that have been provided by parents or purchased by Mulgrave Primary School for general use.
  - The location of all phones in the school.
- The briefing will be conducted by a member of Mulgrave Primary School staff who has successfully completed the Course in Verifying the Correct Use of Adrenaline Autoinjector devices 22303VIC and who has successfully completed an approved anaphylaxis management training course in the last two years.
- In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any

affected student. Training will be provided to relevant school staff as soon as practicable after the student enrolls, and preferably before the student's first day at school.

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

### **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 and the signs or symptoms the student might exhibit in the event of an allergic reaction (based on a written diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Plan
- information on where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan as required.

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 camps.

It is the responsibility of the parents to:

- obtain the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable

- immediately inform the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and at each annual review.
- provide the school with an adrenaline autoinjector that is current (ie the device has not expired) for their child
- participate in annual reviews of their child's Plan.

### **Risk Minimisation Strategies:**

Mulgrave Primary School will use the following risk minimisation strategies:-

#### **In the Classroom**

1. A copy of each student's Individual Anaphylaxis Management Plan will be kept in their classroom and a copy of their ASCIA Action Plan for Anaphylaxis will also be in their classroom and specialist classrooms and will be easily accessible by all staff, including casual relief teachers.
2. Staff will liaise with parents about food-related activities well ahead of time.
3. Non-food treats will be used where possible, but if food treats are used in class, parents of students with food allergy are to provide a treat box with alternative treats. Alternative treat boxes will be clearly labelled and only handled by the student.
4. Food from outside sources will not be given to a student who is at risk of anaphylaxis.
5. Treats for the other students in the class should not contain the substance to which the student is allergic. Non-food treats will be used where possible.
6. Products labelled 'may contain traces of nuts' will not be served to students allergic to nuts. Products labelled 'may contain milk or egg' will not be served to students with milk or egg allergy and so forth.
7. Staff are to be made aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8. Staff are to ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9. Staff will have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10. The School Anaphylaxis Supervisors will 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 Plan and adrenaline autoinjector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

#### **Onsite Canteens**

1. Canteen staff (whether internal or external) must be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including

knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.

2. Canteen staff, including volunteers, will be briefed about students at risk of anaphylaxis and, where the principal determines in accordance with clause 12.1.2 of the Order, these individual have up to date training in an anaphylaxis management training course as soon as practical after a student enrolls.
3. A copy of the student's ASCIA Action Plan for Anaphylaxis will be displayed in the canteen as a reminder to canteen staff and volunteers.
4. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5. Canteens will provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6. Canteen staff will make sure that tables and surfaces are wiped down with warm soapy water regularly.
7. Food containing known allergens will not be banned, instead, a 'no-sharing' with the students with food allergy approach will be adopted for food, utensils and food containers.
8. Canteen staff are to be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or 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 from cow's milk products or peanuts.

### **In The Yard**

1. The principal will ensure sufficient school staff on yard duty are trained in the administration of the adrenaline autoinjector (i.e. EpiPen®) and are able to respond quickly to an allergic reaction if needed.
2. The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis will be easily accessible from the yard, and staff will be made aware of their exact location.
3. Mulgrave Primary School will have an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. All yard duty staff are to carry yard duty bags which contain emergency cards that are to be used in the event of an anaphylactic reaction. All staff on yard duty will be made aware of the school's emergency response procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4. Yard duty staff will receive appropriate training to enable them to identify, by face, those students at risk of anaphylaxis.
5. Students with severe allergies to insects will be encouraged to stay away from water or flowering plants. School staff will liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6. Lawns and clover will be kept mowed and outdoor bins will be covered.
7. Students will be encouraged to keep drinks and food covered while outdoors.

### **At Special events (eg sporting events, incursions, class parties)**

References: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>  
[http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis\\_MinisterialOrder706.pdf](http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf)

1. The principal will ensure that sufficient school staff supervising the special event are trained in the administration of an adrenaline autoinjector and are able to respond quickly to an anaphylactic reaction if required.
2. School staff are to avoid using food in activities or games, including as rewards.
3. For special events involving food, school staff will consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
4. Parents of other students will be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and they will be requested to avoid providing students with treats whilst they are at school or at a special school event.
5. Party balloons will not be used if any student is allergic to latex.
6. Students from other schools at risk of anaphylaxis will be encouraged to bring their own adrenaline autoinjector with them to events held at Mulgrave Primary School.

## **Out of School Settings**

### **Excursions/Sporting Events**

1. The principal will ensure school staff supervising the special event are trained in the administration of an adrenaline autoinjector and will be able to respond quickly to an anaphylactic reaction if required.
2. A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector will accompany any student at risk of anaphylaxis on field trips or excursions.
3. School staff will avoid using food in activities or games, including as rewards.
4. The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis will be easily accessible and school staff will be made aware of their exact location.
5. For each field trip, excursion etc, a risk assessment will 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 will be made aware of the identity of any students attending who are at risk of anaphylaxis and must be able to identify them by face.
6. The school will consult with parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required).
7. Parents may accompany their child on field trips and/or excursions if this is mutually agreeable by the school and parents. This will be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
8. Prior to the excursion taking place school staff will consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

9. Students at risk of anaphylaxis will take their own adrenaline autoinjector with them to events being held at other schools (the autoinjector will be held by the staff member in charge of first aid).

### **Camps and remote settings**

1. Prior to engaging a camp owner/operator's services the school will make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school will strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.
2. The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3. Mulgrave Primary School will 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. Mulgrave Primary School has a duty of care to protect students in their care from reasonably foreseeable injury and this duty will not be delegated to any third party.
4. The teacher co-ordinating the camp will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This will be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
5. School staff will consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.
6. If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it will raise these concerns in writing with the camp owner/operator and will also consider alternative means for providing food for those students.
7. Use of substances containing known allergens will be avoided altogether where possible.
8. Camps will be strongly discouraged from 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. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.
9. Prior to the camp taking place school staff will 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.
10. 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.
11. All staff attending camp are to familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.



12. Local emergency services and hospitals will be contacted well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Contact details of emergency services will be distributed to all school staff as part of the emergency response procedures developed for the camp.
13. Mulgrave Primary School will purchase general adrenaline autoinjectors for general use (number to be determined by the Principal) that will be available as part of the school's first aid kit and can be taken on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
14. Each student's adrenaline autoinjector will remain close to the student and school staff must be aware of its location at all times.
15. The adrenaline autoinjector for general use will be carried in the school first aid kit.
16. Students with allergies to insects will be advised to always wear closed shoes and long-sleeved garments when outdoors and will be encouraged to stay away from water or flowering plants.
17. Cooking and art and craft games will not involve the use of known allergens.
18. Students are not to consume food on buses or in cabins without teacher supervision.

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

### **Management**

Mulgrave Primary School's Anaphylaxis Management Policy, a current list of Mulgrave Primary School students identified as being at risk of anaphylaxis and all original Individual Anaphylaxis Management Plans and ASCIA action plans will be stored in the Anaphylaxis folder in the school office. Copies will also be in each student's classroom, in each specialist classroom, in the staff room, in the staff resource room, in the first aid room and with the student's adrenaline autoinjector.

All student adrenaline auto injectors and ASCIA plans will be stored in the first aid room in an identifiable cupboard. This cupboard will remain unlocked and be easily accessible by all staff at all times.

Adrenaline auto injectors for general use, and as a back up to those supplied by parents, will be purchased by Mulgrave Primary School and will be stored in the same cupboard as the student adrenaline auto injectors, together with a general Action Plan for Anaphylaxis instruction sheet. The principal will determine the number and type of additional adrenaline autoinjector(s) required to be purchased by the school. 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, organised or attended by the school.
- That adrenaline autoinjectors have a limited life, usually expire 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.

References: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>  
[http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis\\_MinisterialOrder706.pdf](http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf)

Adrenaline auto injectors for general use will be used when:-

- A student's prescribed adrenaline auto injector does not work, is misplaced, out of date or has already been used or
- A student is having a suspected first time anaphylactic reaction and does not have a medical diagnosis for anaphylaxis or
- When instructed by a medical officer after calling 000.

### **Role and responsibilities of the principal**

School principals have overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis. The principal of Mulgrave Primary is responsible for:-

1. Ensuring that the school develops, implements and routinely reviews its School Anaphylaxis Management Policy in accordance with the Ministerial Order and provided Guidelines.
2. Actively seeking 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. Ensuring that parents provide an ASCIA Action Plan for Anaphylaxis which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student.
4. Ensuring 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 an anaphylactic reaction, where the school has been notified of that diagnosis. 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 the nomination of staff who are responsible for implementing those strategies. The risk minimisation plan should be customised to each 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). Ensuring students' Individual Anaphylaxis Management Plans are appropriately communicated to all relevant staff.
5. Ensuring that the canteen provider and all of its employees can demonstrate satisfactory training in the area of food allergy and 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. Further information on food service management is available at: [www.allergyfacts.org.au/shop/category/16-food-preparation-tools](http://www.allergyfacts.org.au/shop/category/16-food-preparation-tools)
6. Ensuring 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. Ensuring that an appropriate Communication Plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy.
8. Ensuring there are procedures in place for providing information to school volunteers and casual relief staff about:-students who are at risk of anaphylaxis, and their role in responding to an



anaphylactic reaction of a student in their care. Casual relief staff regularly employed at the school will be encouraged to undertake the ASCIA anaphylaxis e-training for Victorian schools.

9. Ensuring that relevant school staff have successfully completed an approved anaphylaxis management training course in the prior three years (for face-to-face training in 22300VIC or 10313NAT), or two years (for the ASCIA e-training).
10. Ensuring that school staff who are appointed as School Anaphylaxis Supervisor(s) are appropriately trained in the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices* 22303VIC (every 3 years).
11. Ensuring that all school staff are briefed at least twice a year by the School Anaphylaxis Supervisor (or other appropriately trained member of the school staff.)
12. Allocating time, such as during staff meetings, to discuss, practise and review the school's Anaphylaxis Management Policy. Practise using the adrenaline autoinjector trainer devices as a group and undertake drills to test the effectiveness of the school's general first aid procedures.
13. Encouraging regular and ongoing communication between parents and school staff about the current status of the student's allergies, the school's policies and their implementation.
14. Ensuring that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with parents annually at the beginning of each school year, when the student's medical condition changes, as soon as practicable 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.
15. Ensuring the Risk Management Checklist for anaphylaxis, as published by The Department of Education, is completed and reviewed annually.
16. Arranging to purchase and maintain an appropriate number of adrenaline autoinjectors for general use to be part of the school's first aid kit, stored with a copy of the general ASCIA Action Plan for Anaphylaxis (orange).

### **Role and responsibilities of school staff**

All school staff have a duty of care to take reasonable steps to avoid reasonably foreseeable risks of injury to students. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers.

All Mulgrave Primary School staff are required to:-

1. Know and understand the school's Anaphylaxis Management Policy.
2. Know the identity of students who are at risk of anaphylaxis. Know the students by face and, if possible, know what their specific allergy is.
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.
5. Know where to find a copy of each student's ASCIA Action Plan for Anaphylaxis 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 where the nearest telephone is for all areas of the school.
9. Know and follow the risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.
10. 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 an allergy risk for him or her.
11. Avoid the use of food treats in class or as rewards, as these may contain allergens. Consider the alternative strategies provided in this document. Work with parents to provide appropriate treats for students at risk of anaphylaxis.
12. 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.
13. Be aware of the risk of cross-contamination when preparing, handling and displaying food.
14. Make sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food.
15. Raise student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a school environment that is safe and supportive for their peers.

### **Role and responsibilities of the School Anaphylaxis Supervisor**

The principal is responsible for appointing appropriate members of staff to take on the role of School Anaphylaxis Supervisor. The names of the current School Anaphylaxis Supervisors will be displayed in the staff room, the first aid room and with the Schools Anaphylaxis folder in the administration office.

The School Anaphylaxis Supervisors will provide assistance and advice by:-

1. Working with principals to develop, implement and regularly review the school's Anaphylaxis Management Policy.
2. Obtaining regular training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector (i.e. EpiPen®). At a minimum, they will have currency in the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC (every 3 years) and the ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years).
3. Verifying the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools.
4. Provide access to the adrenaline autoinjector (trainer) device for practice by school staff.
5. Sending reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to maintain records of training undertaken by staff at the school.
6. Leading the twice-yearly anaphylaxis school briefing.
7. Developing school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment.

8. Keeping an up-to-date register of students at risk of anaphylaxis.
9. Keeping a register of adrenaline autoinjectors, including a record of when they are 'in' and 'out' from the central storage point. For instance, when they have been taken on excursions, camps etc.
10. Working with principals, parents and students to develop, implement and review each Individual Anaphylaxis Management Plan to:
  - ensure that the student's emergency contact details are up-to-date
  - ensure that the student's ASCIA Action Plan for Anaphylaxis matches the student's supplied adrenaline autoinjector
  - regularly check that the student's adrenaline autoinjector is not out-of-date, by checking this at the beginning and end of each term, and record this information in the register of adrenaline autoinjectors
  - inform parents in writing that the adrenaline autoinjector needs to be replaced one month prior to the expiry date, and follow up with parents if the autoinjector is not replaced
  - ensure that the student's adrenaline autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place
  - ensure that a copy of each student's ASCIA Action Plan for Anaphylaxis is stored with that student's adrenaline autoinjector.
11. Providing advice and guidance to school staff about anaphylaxis management in the school, and undertake regular risk identification and implement appropriate minimisation strategies.
12. Working with school staff to develop strategies to raise their own, students and school community awareness about severe allergies.
13. Providing or arranging post-incident support (e.g. counselling) to students and school staff, if appropriate.

### **Role and responsibilities of parents of a student at risk of anaphylaxis**

Parents have an important role in working with the school to minimise the risk of anaphylaxis. Parents are obliged to:-

1. Inform the school in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis.
2. Obtain and provide the school with an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner that details their condition, any medications to be administered, and any other relevant emergency procedures.
3. Immediately inform school staff in writing of any changes to the student's medical condition and if necessary, obtain and provide an updated ASCIA Action Plan for Anaphylaxis.
4. Provide the school with an up to date photo for the student's ASCIA Action Plan for Anaphylaxis when the plan is reviewed.
5. Meet with and assist the school to develop the student's Individual Anaphylaxis Management Plan, including risk minimisation and management strategies.
6. Provide the school with an adrenaline autoinjector and any other medications that are current and not expired.

References: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>  
[http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis\\_MinisterialOrder706.pdf](http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf)

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:
  - when there is a change to the student's condition
  - as soon as practicable after the student has an anaphylactic reaction at school
  - annually
  - 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.

## **Communication Plan**

The principal of Mulgrave Primary School is responsible for ensuring a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

### **School Staff**

All Mulgrave Primary school staff will be briefed twice yearly on how to respond to an anaphylactic reaction of a student in their care.

Staff new to Mulgrave Primary School will be briefed as part of their induction.

All casual relief staff will be informed of students who are at risk of anaphylaxis and of their role in responding to an anaphylactic reaction experienced by a student in their care. The information will be provided to regular relief staff employed on local payroll when they are initially employed and twice yearly as part of the briefing provided by the school Anaphylaxis Supervisor. Agency relief staff and volunteers will be provided with the information as applicable and on arrival at Mulgrave Primary School for their role.

### **Parents/School Community**

Parents will be provided with the school's Anaphylaxis policy on enrolment of their child and the policy will be placed on the school's website for access by all families (excluding the details of the particular students currently at risk of anaphylaxis). Regular information on anaphylaxis will be included in the school's newsletter and links to organisations that can provide further information and resources on anaphylaxis will also be provided.

Mulgrave Primary School will work with parents of students at risk of anaphylaxis to ensure there is an open and co-operative relationship which provides confidence for parents that appropriate management strategies are in place at Mulgrave Primary School.

### **Students**

Posters raising awareness of allergies and anaphylaxis will be displayed around Mulgrave Primary School. Teachers will discuss the topic with students in class and provide students with the following key messages:-

References: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>  
[http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis\\_MinisterialOrder706.pdf](http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf)

- Always take food allergies seriously – severe allergies are no joke
- Don't share your food with friends who have food allergies
- Wash your hands after eating
- Know what your friends are allergic to
- If a school friend becomes sick, get help immediately even if the friend does not want you to
- Be respectful of a school friend's adrenaline autoinjector
- Don't pressure your friends to eat food that they are allergic to

## **Responding to an incident**

In the event of an anaphylactic reaction, the student's ASCIA Action Plan for Anaphylaxis, the emergency response procedures for anaphylaxis and general first aid procedures must all be followed.

### **1. In the Classroom**

- 1.1 Teacher or classroom aid should lay the student down (or sit them down if breathing is difficult) and reassure them.
- 1.2 Teacher or classroom aid is to immediately call the school office, by dialling 9 on their classroom phone, to advise of the anaphylactic reaction and giving the name of the student and their location. A member of the administration team will immediately collect the appropriate adrenaline auto-injector and ASCIA plan as well as the general adrenaline auto-injector and the hands free office phone, and proceed to the student's location.
- 1.3 A staff member who has the appropriate training is to administer the adrenaline auto-injector as per the students ASCIA plan, the time of giving the auto-injector is to be recorded, to be given to paramedics together with the used auto-injector on their arrival.
- 1.4 A second staff member should call 000 using the hands free phone, and follow instructions provided by the operator.
- 1.5 An admin staff member is to contact the parent and advise them of the incident. If a parent is not contactable, a person listed as an emergency contact must be called.
- 1.6 A member of staff is to wait at the main car park entrance of school for the ambulance and direct paramedics to the relevant room on their arrival.

### **2. In the School Yard**

- 2.1 The teacher on yard duty should lay the student down (or sit them down if breathing is difficult), ask their name and reassure them.
- 2.2 The teacher is to take the appropriate alert card from the yard duty bag and send either the second yard duty teacher or a reliable student to the office with the alert card.
- 2.3 A member of the administration team will immediately collect the appropriate adrenaline auto-injector and ASCIA plan as well as the general adrenaline auto-injector and the hands free office phone, and proceed to the student's location.
- 2.4 A staff member who has the appropriate training is to administer the adrenaline auto-injector as per the students ASCIA plan, the time of giving the auto-injector is to be recorded, to be given to paramedics together with the used auto-injector on their arrival.
- 2.5 A second staff member should call 000 using the hands free phone, and follow instructions provided by the operator.
- 2.6 An admin staff member is to contact the parent and advise them of the incident. If a parent is not contactable, a person listed as an emergency contact must be called.
- 2.7 A member of staff is to wait at the main car park entrance of school for the ambulance and direct paramedics to the relevant area on their arrival.

References: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>  
[http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis\\_MinisterialOrder706.pdf](http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf)

### **3. In school buildings other than the student's own classroom**

- 3.1 Teacher or classroom aid should lay the student down (or sit them down if breathing is difficult) and reassure them.
- 3.2 Teacher or classroom aid is to immediately call the school office, by dialling 9 on the nearest classroom phone, to advise of the anaphylactic reaction and giving the name of the student and their location. A map showing the location of all phones is attached. Staff should make themselves familiar with these locations.
- 3.3 A member of the administration team will immediately collect the appropriate adrenaline auto-injector and ASCIA plan as well as the general adrenaline auto-injector and the hands free office phone, and proceed to the student's location.
- 3.4 A staff member who has the appropriate training is to administer the adrenaline auto-injector as per the students ASCIA plan, the time of giving the auto-injector is to be recorded, to be given to paramedics together with the used auto-injector on their arrival.
- 3.5 A second staff member should call 000 using the hands free phone, and follow instructions provided by the operator.
- 3.6 An admin staff member is to contact the parent and advise them of the incident. If a parent is not contactable, a person listed as an emergency contact must be called.
- 3.7 A member of staff is to wait at the main car park entrance of school for the ambulance and direct paramedics to the relevant room/area on their arrival.

### **4. Outside during Physical Education or Sports Instruction**

- 4.1 All teachers taking PE or sports classes outside or on the oval next to Mulgrave Primary School are to take a PE first aid bag with them.
- 4.2 In the event of an anaphylactic reaction, the teacher should lay the student down (or sit them down if breathing is difficult) and reassure them.
- 4.3 The teacher is to take the appropriate alert card from the PE first aid bag and send either another staff member or a reliable student to the office with the alert card.
- 4.4 A member of the administration team will immediately collect the appropriate adrenaline auto-injector and ASCIA plan as well as the general adrenaline auto-injector and the hands free office phone, and proceed to the student's location.
- 4.5 A staff member who has the appropriate training is to administer the adrenaline auto-injector as per the students ASCIA plan, the time of giving the auto-injector is to be recorded, to be given to paramedics together with the used auto-injector on their arrival.
- 4.6 A second staff member should call 000 using the hands free phone, and follow instructions provided by the operator.
- 4.7 An admin staff member is to contact the parent and advise them of the incident. If a parent is not contactable, a person listed as an emergency contact must be called.
- 4.8 A member of staff is to wait at the main car park entrance of school for the ambulance and direct paramedics to the relevant area on their arrival.

### **5. School excursions**

- 5.1 Prior to excursions, teachers need to identify the students at risk of anaphylaxis who will be under their care.
- 5.2 During the excursion, identified students must be under direct supervision of a teacher who has up to date training on anaphylaxis management. This teacher will be the supervising teacher.
- 5.3 If students are divided into smaller groups during an excursion, the group with the student at risk of anaphylaxis must have a second adult in their company who can assist if necessary in the event of an anaphylactic reaction.
- 5.4 On the day of the excursion, the supervising teacher must sign out the adrenaline auto-injector/s and ASCIA action plan/s and make sure they are kept with them for the duration of the excursion.
- 5.5 The supervising teacher must also collect a general auto-injector from sick bay.
- 5.6 The supervising teacher must carry a mobile phone with them for the duration of the excursion.



- 5.7 The adrenaline auto-injectors must stay with the supervising teacher and not be left behind on the bus or left with bags etc.
- 5.8 In completing the risk assessment for the excursion, the teacher must include how long it would take an ambulance to reach the location of the excursion.
- 5.9 If a student is observed showing signs of a mild allergic reaction, the ASCIA plan is to be followed and parents and the school contacted. The student should not be allowed to play sport or exert themselves physically whilst having an allergic reaction.
- 5.10 If the student has an anaphylactic reaction, the supervising teacher must stay with the student and follow the ASCIA plan.
- 5.11 A second adult should call 000 immediately (or 112 if calling from a mobile phone which is out of range) and follow the instructions provided by the operator.

## **6. Schools Camps**

- 6.1 Prior to the camp, the teacher in charge needs to identify the students at risk of anaphylaxis who will be under their care.
- 6.2 Prior to the camp, the teacher in charge must arrange a meeting with the child's parents to discuss strategies to avoid allergens and the child's Individual Anaphylaxis Management Plan reviewed. As a result of the meeting, it can be decided who will be responsible for looking after the adrenaline auto-injector and student's ASCIA action plan, supervising the student, monitoring food supply, providing alternative foods and informing all staff and supervisors of the student's allergy.
- 6.3 Staff in attendance at the camp must have up to date training in anaphylaxis management.
- 6.4 In completing the risk assessment for the camp, the teacher must include how an emergency call is to be made and how long it would take an ambulance to reach the location of the camp. If more than 20 minutes, parents must be informed of the increased risk.
- 6.5 If a student is observed showing signs of a mild allergic reaction during camp, the ASCIA plan is to be followed and parents and the school contacted. The student should not be allowed to play sport or exert themselves physically whilst having an allergic reaction.
- 6.6 If the student has an anaphylactic reaction during camp, the supervising teacher must stay with the student and follow the ASCIA plan.
- 6.7 A second adult should call 000 immediately (or 112 if calling from a mobile phone which is out of range) and follow the instructions provided by the operator.
- 6.8 An adult should watch for the arrival of the ambulance and direct paramedics to the correct location.

## **7. Special Event Days**

- 7.1 For special event days such as swimming, athletics or interschool sport, held outside of Mulgrave Primary School, teachers need to be aware of the students in their care who are at risk of anaphylaxis.
- 7.2 One staff member is to be in charge of first aid for the day and they must ensure they collect the adrenaline auto-injectors and ASCIA plans on the morning of the event.
- 7.3 The adrenaline auto-injectors and ASCIA plans must travel with the designated first aid teacher, on the same bus as the student.
- 7.4 The teacher in charge of first aid must have a mobile phone with them during the event.
- 7.5 On arrival at the event the adrenaline auto-injectors and ASCIA plan must be kept with the teacher in charge of first aid in a designated first aid area, which is out of direct sunlight and below 30 degrees.
- 7.6 At the end of the event, the adrenaline auto-injectors and ASCIA plans are to be returned to the school office.
- 7.7 If a student is observed showing signs of a mild allergic reaction during the event, the ASCIA plan is to be followed and parents and the school contacted. The student should not be allowed to play sport or exert themselves physically whilst having an allergic reaction.

- 7.8 If the student has an anaphylactic reaction during the event, the teacher in charge of first aid must stay with the student and follow the ASCIA plan.
- 7.9 A second adult should call 000 immediately (or 112 if calling from a mobile phone which is out of range) and follow the instructions provided by the operator.
- 7.10 An adult should watch for the arrival of the ambulance and direct paramedics to the correct location.

### **First-time reactions**

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

These include:-

- Locating and administering an adrenaline autoinjector for general use
- Following instructions on the ASCIA Action Plan for Anaphylaxis general use (which will be stored with the general use adrenaline autoinjector)
- Calling an ambulance using 000 or 112 if calling from a mobile phone which is out of range.

### **How to administer an EpiPen®**

1. Remove from plastic container.
2. Form a fist around EpiPen® and pull off the blue safety release (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.

### **If an adrenaline autoinjector is administered, the school will:-**

1. Immediately call an ambulance (000).
2. Lay the student flat – if breathing is difficult, allow them to sit. Staff will not allow the student to stand or walk. If breathing is difficult for them, they will be allowed to sit but not to stand. If vomiting or unconscious, staff will lay them on their side (recovery position) and check their airway for obstruction.
3. Staff will 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 in a calm manner and reassure them. These students will be adequately supervised during this period.
4. 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).
5. Administration staff will then contact the student's emergency contacts.
6. Later, contact Security Services Unit, Department of Education and Training 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).

## **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, students and school staff will be offered post-incident counselling, provided by the student welfare coordinator or school psychologist.

## **Review**

After an anaphylactic reaction has occurred the following review processes will take place:

1. The adrenaline autoinjector will be replaced by the parent as soon as possible.
2. In the meantime, the principal will ensure that there is an interim Individual Anaphylaxis Management Plan in place should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector being provided by the parents.
3. If the adrenaline autoinjector for general use has been used this will be replaced as soon as possible.
4. In the meantime, the principal will 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 will be reviewed in consultation with the student's parents.
6. The school's Anaphylaxis Management Policy will 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.

## **Evaluation:**

This policy will be reviewed annually or after an anaphylactic reaction has occurred.

This policy was last ratified by School Council in....

**September 2016**