



## ANAPHYLAXIS MANAGEMENT

### Rationale

- Anaphylaxis is a serious health issue for a percentage of the population.
- DET recognises that the key to preventing an anaphylactic reaction by a student in schools is knowledge of those students who have been diagnosed at risk, awareness of the triggers (allergens) and prevention of exposure to these triggers. The partnership between the school and the parent is important in ensuring that certain foods or items are kept away from the student while at school.
- Adrenaline given through an EpiPen® or Anapen® to the muscle of the outer mid-thigh is the effective first aid treatment for anaphylaxis.
- Schools are required by law to have a policy and procedures for managing anaphylaxis in place and must review and update the policy for strict compliance with the guidelines found at DET's Policy Advisory Guide > A – Z Index at the website below (updated 23 February 2016) which is the key reference and support for Seaholme Primary School.

### Training

In 2016 Victoria is transitioning to a new online model for anaphylaxis training to support schools to meet this requirement and to improve schools' capacity to provide safe learning environments for young people with severe allergies.

Ministerial Order 706 has been amended to allow for the new online training model. Under this model it is recommended that **all Victorian school staff** undertake the new Australasian Society of Clinical Immunology and Allergy (ASCIa) e-training course and have their competency in using an autoinjector tested in person within 30 days of completing the course.

The online ASCIA e-training course is fully funded for all Victorian school staff. The course will take approximately one hour and can be accessed from the ASCIA site at: [anaphylaxis e-training: schools victoria](#) Additionally every school is invited to nominate two staff members from each campus to undertake face-to-face training to skill them in providing competency checks to assess their colleagues' ability to use an autoinjector (e.g. EpiPen) and become School Anaphylaxis Supervisors.

Registration for the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC can be accessed from the Asthma Foundation by phone 1300 314 806 or by visiting: [www.asthma.org.au](http://www.asthma.org.au)

Once the School Anaphylaxis Supervisors have completed their training the school can transition to the online model.

A School Anaphylaxis Supervisor Checklist has been developed to guide schools with the requirements of this role. Training agencies that have the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices* 22303VIC in their scope of practice are required to use this checklist to guide their training with other staff in the school

Alternatively schools can opt to undertake fee-based face-to-face training in one of the accredited anaphylaxis training courses that meet the requirements of MO706 including:

- Course in First Aid Management of Anaphylaxis 22300VIC
- Course in Anaphylaxis Awareness 10313NAT.

Currently St John Ambulance Victoria assists DET with providing anaphylaxis management training to Victorian school staff at no expense to government schools (and will continue to do so until 30 June 2016).

### Purpose

- To ensure Seaholme Primary School manages students at risk of anaphylaxis.
- To ensure the school complies with the *Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act* which came into effect in 2008.
- To ensure the school complies with the revised Ministerial Order 706 (MO706).
- To provide, as far as is practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling.

- To raise awareness of anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures for responding to an anaphylactic reaction.

### **Definition**

Anaphylaxis is a severe and rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, bee or other insect stings and some medications.

A mild to moderate allergic reaction includes swelling of the lips, face and eyes, hives or welts, tingly mouth, abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

Signs and symptoms of a severe allergic reaction can include noisy or difficult breathing, swelling of the tongue or swelling/tightness in the throat, difficulty talking or a hoarse voice, wheeze or persistent cough, pale pallor and floppiness in young children, abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

### **Implementation**

- Seaholme Primary School will comply with Ministerial Order 706 (effective 3 December 2015) and associated guidelines.
- The school acknowledges its responsibility to develop and maintain an Anaphylaxis Management Policy.
- In accordance with DET policy, the school has developed a mandatory pre-requisite *Health Care Needs Policy*.
- The school will not ban certain types of foods (e.g. nuts) as it is not practicable to do so, and is not a strategy recommended by the DET or the Royal Children's Hospital. However, the school will request that parents do not send those items to school if at all possible; that the canteen eliminate or reduce the likelihood of such allergens, and the school will reinforce the rules about not sharing and not eating foods provided from home.
- In the event of an anaphylactic reaction, the school's first aid and emergency management response procedures and the student's Individual Anaphylaxis Management Plan will be followed.
- The school will:
  - ask the student whether she/he has self-administered an adrenaline auto-injector (such as EpiPen®/Anapen®)
  - if the student has not previously done this, administer the adrenaline auto-injector
  - call an ambulance
  - contact the student's emergency contact person and then contact Security Services Unit on 9589-6266.
  - **Important:** Where there is no marked improvement and severe symptoms as described in the student's ASCIA Action Plan for Anaphylaxis are present, a second injection of the same dose may be administered after 5 to 10 minutes.
- In complying with MO706, the Principal will ensure
  - an Individual Anaphylaxis Management Plan for each student diagnosed at risk of anaphylaxis is developed by the parents/carers and the diagnosing medical practitioner and presented to the school
  - a template of an Individual Anaphylaxis Management Plan can be found in Appendix 3 of the guidelines at [www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx)
  - the Individual Anaphylaxis Management Plan will be reviewed regularly
  - prevention strategies are in place for in and out of school activities
  - a communication plan in accordance is developed to provide information to all staff (including volunteers and casual relief staff), students and parents about anaphylaxis and the school's management policy. It will include the steps the school will take to respond to an anaphylactic

reaction whether the student is in class, the school yard, on camp or an excursion or a special event day

- the [Anaphylaxis Risk Management Checklist \(doc 39 \(doc – 142.5 kb\)\)](#) is completed on an annual basis.
- purchasing spare or 'backup' adrenaline auto-injection devices(s) as part of the school first aid kit(s), for general use.
- The plan will be in place as soon as practicable after the student enrolls and where possible, before their first day of school.
- School staff will implement and monitor the Individual Anaphylaxis Management Plan.
- The plan should set out the following
  - Information about the diagnosis, including type of allergy or allergies the student has (based on the diagnosis from a medical practitioner).
  - Strategies to minimise the risk of exposure to allergens whilst the student is under the care or supervision of school staff, for in-school and out-of-school settings including camps and excursions.
  - The name of the person/s responsible for implementing the strategies.
  - Information of where the student's medication will be stored.
  - Emergency contact details for the student.
  - The emergency ASCIA Action Plan signed by the medical practitioner and given to the parents on diagnosis.
  - Emergency procedures to be taken in the event of an allergic reaction.
  - An up to date photo of the student.
- The plan will be reviewed annually, if the condition changes or immediately after a student has an anaphylactic reaction at school or if the student is to participate in an off-site activity such as a school camp or will attend a special event such as the school fete or a class party.
- The Principal will ensure that whilst the student is under the care or supervision of the school, sufficient trained staff are present.
- It is the responsibility of the parent/carer to
  - Provide the emergency procedures plan (ASCIA Action Plan);
  - Inform the school if their child's condition changes, and if relevant, an updated ASCIA Action Plan);
  - Provide an up to date photo when the plan is provided and subsequently reviewed.
  - Provide the school with an Adrenaline Autoinjector that is current and not expired.

#### Training

School staff will complete one of the following options to meet the anaphylaxis training requirements of MO706:

##### Option 1

**All school staff** - *ASCIA Anaphylaxis e-training for Victorian Schools* followed by a competency check by the School Anaphylaxis Supervisor. This course is provided by ASCIA, is free for all Victorian schools and valid for two years.

##### **AND**

**2 staff per school or per campus** (School Anaphylaxis Supervisor) - *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC*. This course is provided by the Asthma Foundation, is free to government schools and is valid for three years.

##### Option 2

**School staff (as determined by the Principal)** - *Course in First Aid Management of Anaphylaxis 22300 VIC (previously 22099VIC)*. This course is provided by St John Ambulance free for government schools until 30/6/16, and then paid for by each school thereafter. Schools may also elect to pay for this course through any RTO that has 22300VIC in their scope of practice. The training is valid for 3 years.

##### Option 3

**School staff (as determined by the Principal)** - *Course in Anaphylaxis Awareness 10313NAT*. This course is provided by any RTO that has this course in their scope of practice paid for by each school. The training is valid for 3 years.

**Please note:** First aid training does **NOT** meet the requirements of anaphylaxis training requirements under MO706.

- Under MO706, until staff undertake the new e-training course, if the school enrolls a student diagnosed as being at risk of an anaphylactic reaction a designated staff member will contact St John Ambulance Victoria (03) 8588 8391 to organise training for staff in anaphylaxis management.

- In compliance with MO706, all staff, teaching and non-teaching, will be briefed once per semester by a staff member who has completed course 10313NAT in Anaphylaxis Management in the last twelve months.
- A presentation has been developed to help schools ensure they are complying with the legislation. The briefing presentation incorporates information on how to administer an EpiPen and all staff will practice with the EpiPen trainer devices provided to the school. As part of the briefing, school staff will familiarise themselves with the children and young people in the school at risk of an anaphylactic reaction and their anaphylaxis management plans.
- The first briefing will take place at the beginning of Term 1.
- New staff will be trained as part of the induction process.
- In the event of an anaphylactic reaction, students and staff may benefit from post-incident counseling provided, for example, by the school nurse, guidance officer, Student Welfare Coordinator or school psychologist.
- Please refer also to the school's *Health Care Needs Policy* and the *Duty of Care Policy*.

### **Prevention Strategies**

The school will use the checklist and recommendations in the Anaphylaxis Guidelines (pages 20-28) to implement Risk Minimisation and Prevention Strategies in-school and out-of-school settings which include (but are not limited to) the following:

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

Some of the prevention strategies that will be implemented by the school to assist anaphylaxis management include:

- providing professional development for all staff including the identification and response to anaphylaxis and the proper use of an EpiPen®/Anapen®.
- identifying susceptible students and knowing their allergens
- informing the community about anaphylaxis via the newsletter
- not allowing food sharing and restricting food to that approved by parents
- keeping the lawns well mown and ensuring children always wear shoes
- requiring parents to provide an Emergency Management Plan developed in consultation with a health professional and an EpiPen®/Anapen® if necessary, both of which will be maintained in the first aid room for reference as required
- ensuring the school keeps a spare, in date EpiPen®/Anapen® for adult and child use in a central location

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

**In the event of an anaphylactic reaction the school's first aid and emergency response procedures and the effected student's Individual Anaphylaxis Management Plan must be followed.**

School staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff and volunteers. Members of staff are expected to:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®/Anapen®.

- Know the school's first aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction.
- Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
- Know where the student's EpiPen®/Anapen® is kept. Remember that the EpiPen®/Anapen® is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the student's Anaphylaxis Management Plan.
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student.
- 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.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Raise student and school community awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

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

The Principal will purchase Adrenaline Autoinjector(s) for General Use and as a back up to those supplied by parents.

The Principal will determine the number of additional Adrenaline Autoinjector(s) 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 be replaced either at the time of use or expiry, whichever is first.

### **Communication Plan**

The Principal will be responsible for ensuring that a Communication Plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

The Communication Plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the assistant principal or student wellbeing officer.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis and where their medication is located
- how to use an autoadrenaline injecting device
- the school's first aid and emergency response procedures

### **Evaluation**

- This policy will be reviewed as part of the school's three-year review cycle or if guidelines change (latest DET update late February 2016).

This update was ratified by School Council on 18<sup>th</sup> April 2016

References:

[www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx](http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx)  
[www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx](http://www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx)  
[www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxischl.aspx](http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxischl.aspx)

(MO706 effective 3 December 2015)