SUNSHINE HEIGHTS PRIMARY SCHOOL
ANAPHYLAXIS MANAGEMENT POLICY

DEFINITIONS

Anaphylaxis is a severe, 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, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed as at risk, awareness of triggers (allergens) and prevention of exposure to these triggers. Partnerships between schools and parents/carers are important in ensuring that certain foods or items are kept away from the student while at school. Adrenaline given through an EpiPen®/Anapen® auto injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Sunshine Heights Primary School will comply with Ministerial Order 706 and the Guidelines which are set by the Department of Education.

PURPOSE

• To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student’s schooling.

• To raise awareness about anaphylaxis and the school’s anaphylaxis management Policy in the school community.

• To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.

• To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school’s policy and procedures in responding to an anaphylactic reaction.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

• Students at risk of anaphylaxis are identified upon enrolment.

• The principal will ensure that an individual anaphylaxis plan is developed, in consultation with the students’ 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 put in place as soon as practicable after the student enrolls and, where possible, before their first day of school.

• The individual anaphylaxis management plan sets out the following:
  - Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
  - Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including adventure programs and excursions.
INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS (cont')

- The name of the person/s responsible for implementing the strategies.
- Information on where the student’s medication will be stored.
- The student’s emergency contact details.

- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that: sets out the emergency procedures to be taken in the event of an allergic reaction; is signed by a medical practitioner who was treating the child on the date the practitioner signed the emergency procedures plan; and includes an up to date photograph of the student.

- The student’s individual management plan will be reviewed, in consultation with the student’s parents/carers: annually, and as applicable, if the student’s condition changes, or immediately after a student has an anaphylactic reaction at school.

- The Students’ emergency procedures plans (ASCIA Action Plans) are located in:
  - the child’s classroom
  - the sick bay
  - the child’s EpiPen®/Anapen® container
  - the canteen
  - the staffroom
  - Yard Duty Waist Bags
  - Specialist Classrooms

- It is the responsibility of the parent/carer to provide:
  - an in date EpiPen®/Anapen®
  - the child’s emergency procedures plan (ASCIA Action Plan) and notify the school with details if their child’s medical condition changes, and if relevant, provide an updated emergency procedures plan (ASCIA Action Plan) and individual anaphylaxis plan.
  - An up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

COMMUNICATION PLAN

Staff:
- All staff provided with information at the beginning of each school year in relation to students at risk of Anaphylaxis (or upon enrolment of a new student). Training will be provided to these staff as soon as practicable after the student enrols.
- All staff to have up to date training in an anaphylaxis management accredited training course every three years.
- Wherever possible, training will take place before the student’s first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.
COMMUNICATION PLAN (cont’)

- All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:
  
  o the school’s anaphylaxis management policy
  o the causes, symptoms and treatment of anaphylaxis
  o the identities of students diagnosed at risk of anaphylaxis and where their EpiPen®/Anapen® and other medication is located
  o how to use an auto adrenaline injecting device
  o the school’s first aid and emergency response procedures

- Briefing will also include ways to raise student awareness. This will include:
  
  o always take food allergies seriously – severe allergies are no joke
  o don’t share your food with friends who have food allergies
  o wash your hands after eating
  o know what your friends are allergic to
  o if a schoolmate becomes sick, get help immediately
  o be respectful of a schoolmate’s EpiPen®/Anapen®
  o don’t pressure your friends to eat food that they are allergic to.

  o It is important to be aware that some students at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

- Student’s ASCIA Action Plan will be placed in canteens, classrooms and staff room with approval of parent/guardian.

- Yard Duty
  
  o An individual Red Alert Card is completed for each at risk student and kept in all Yard Duty Waist Bags. These will be kept up to date by the school’s First Aid Officer who handles first aid.

Volunteers and casual relief staff:

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 of a student in their care through an information booklet provided on their arrival to the school.

At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal will ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.

The school’s first aid procedures and student’s emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.
Management of EpiPen/Anapens:

The First Aid Officer will:

- Ensure there is an up to date register of students at risk of anaphylaxis.
- Ensure that students’ emergency contact details are up to date.
- Organise staff training on how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®/Anapen®
- Check that the EpiPen®/Anapen® is not cloudy or out of date at the beginning or end of each term.
- Inform parents/carers a month prior in writing if the EpiPen®/Anapen® needs to be replaced.
- Ensure that the EpiPen®/Anapen® is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place and that it is appropriately labelled.
- Arrange post-incident support (e.g. counselling) to students and staff, if appropriate.
- Work with staff to conduct regular reviews of prevention and management strategies.
- Ensure that EpiPen®/Anapen® is signed in and out in the register when taken from the storage location for excursions, sports days etc.

Location of EpiPen/Anapen:

Once the EpiPen®/Anapen® is received it is to be stored in an individual container displaying the student’s name, grade and expiry date.

A copy of the students ASCIA Action Plan is kept with the EpiPen®/Anapen®

The container which is clearly marked is then stored in the First Aid Room.

EMERGENCY RESPONSE:

Steps taken to respond to an anaphylactic reaction by a student in a classroom:

- Contact the office and provide them with the following information:
  o (student’s full name) is having an anaphylactic shock
  o Exact location in the school
- Office staff will transport EpiPen®/Anapen® to the relevant classroom
- Follow the student’s individual emergency procedures plan (ASCIA Action Plan) stored with EpiPen®/Anapen®, that sets out the emergency procedures to be taken in the event of an allergic reaction
- Office staff will call an ambulance (000) and the student’s emergency contact details and notify the Principal
EMERGENCY RESPONSE: (cont’)

- EpiPen®/Anapen® to be administered, following the instructions in the student’s ASCIA Action Plan located in the individual container and the student’s classroom. The time that the EpiPen®/Anapen® has been administered must be recorded for Emergency Services.

- 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 repeat reaction. Ask another staff member to move other students away and reassure them elsewhere.

- In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan) are present, a second injection (of the same dosage) may be administered after 5 to 10 minutes if available.

- Contact Emergency Services Management, Department of Education & Training on 9589 6266 (available 24 hours a day, 7 hours a week) and report incident.

Steps taken to respond to an anaphylactic reaction by a student in the yard:

- Contact the office via long range phone and send the student’s individual alert stored in the yard duty waist bag (if on hand). If contact is made by phone then provide the following information:
  - (Students full name) is having an anaphylactic shock
  - Exact location in the school

- Office staff will transport EpiPen®/Anapen® to the relevant area of the school.

- Office staff will call an ambulance (000) and the student’s parents/guardians or emergency contact details and notify the Principal
  - EpiPen®/Anapen® to be administered, following the instructions in the student’s ASCIA Action Plan located in the individual container and yard duty waist bag (if on hand) time to be recorded.

- 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 repeat reaction. Ask another staff member to move other students away and reassure them elsewhere.

- In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan) are present, a second injection (of the same dosage) may be administered after 5 to 10 minutes if available.

- Contact Emergency Services Management, Department of Education & Training on 9589 6266 (available 24 hours a day, 7 hours a week).
Steps taken to respond to an anaphylactic reaction by a student on special events days, school adventure programs and excursions:

It is the responsibility of the person in charge to ensure all staff and volunteers who attend special events days and excursions etc. are aware of students at risk of anaphylaxis. This includes the student’s anaphylaxis management plans. Staff/volunteers in charge of students at risk of anaphylaxis must have access to the student’s anaphylaxis management plans, an EpiPen®/Anapen® and a mobile phone. All staff must sign the EpiPen / Anapen out from Sick Bay and sign them back in on their return.

- EpiPen®/Anapen® to be administered, following the instructions in the student’s ASCIA Action Plan. The time the EpiPen®/Anapen® has been administered must be noted for Emergency Services
- Contact an ambulance (000) and the student’s emergency contact details
- 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 repeat reaction. Ask another staff member to move other students away and reassure them elsewhere. In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan) are present, a second injection (of the same dosage) may be administered after 5 to 10 minutes if available.
- Contact the Principal
- Contact Emergency Services Management, Department of Education & Training on 9589 6266 (available 24 hours a day, 7 hours a week).

ADMINISTRATING THE EPIPen/ANAPen® / ANAPen®

- Where possible, only staff trained in the administration of the EpiPen®/Anapen® should administer the EpiPen®/Anapen®.
- However, the EpiPen®/Anapen® is designed for general use and in the event of an emergency it may be administered by any person, following the instructions in the student’s ASCIA Action Plan.
- How to administer the EpiPen®/Anapen®:
  1) Remove from plastic container
  2) Form a fist around EpiPen®/Anapen® and pull off grey cap
  3) Place black end against outer mid-thigh
  4) Push down hard until a click is heard or felt and hold in place for 10 seconds
  5) Remove EpiPen®/Anapen® and be careful not to touch the needle
  6) Note the time you gave the EpiPen®/Anapen®
  7) Return EpiPen®/Anapen® to its plastic container
8) If an EpiPen®/Anapen® is administered, the school/person in charge will:

- Immediately: call an ambulance (000)
- Then: contact the student’s emergency contacts and notify the Principal
- Later: contact Emergency Services Management, Department of Education & Training on 9589 6266 (available 24 hours a day, 7 hours a week).

- 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 repeat reaction. Ask another staff member to move other students away and reassure them elsewhere.
- In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan) are present, a second injection (of the same dosage) may be administered after 5 to 10 minutes if available.

PROCESS FOR POST INCIDENT SUPPORT

All procedures to be reassessed and reconfirmed with all staff.

Liaise with Student Welfare Co-ordinator and conduct a student Support Group Meeting.

Follow up with parents to confirm child is ok and all information is current and up to date.

Refresher to students about the risks and importance of following procedures in place.

Following is the Ministerial Order 706
PART A: PRELIMINARY

Background

Division 1 of Part 4.3 of the Education and Training Reform Act 2006 sets out the requirements for initial and ongoing registration of Government and non-Government schools in Victoria.

Section 4.3.1(6) of the Act and Schedule 2 of the Education and Training Reform Regulations 2007 set out the prescribed minimum standards for registration of schools.

Sub clause (c) of section 4.3.1(6) of the Act states that if a school has enrolled a student in circumstances where the school knows, or ought reasonably to know that the student has been diagnosed as being at risk of anaphylaxis, then the school must have an anaphylaxis management policy containing matters required by Ministerial Order.

Sections 4.3.2 to 4.3.5 of the Act enable the Victorian Registration and Qualifications Authority to take steps to satisfy itself as to whether or not a school complies and continues to comply with the prescribed minimum standards for registration, including the formulation and implementation of an appropriate anaphylaxis management policy in accordance with the Act, any relevant Ministerial Order, and any other applicable law or instrument.

Purpose

The purpose of this Order is to specify the matters that:

- schools applying for registration; and registered schools; must contain in their anaphylaxis management policy for the purposes of section 4.3.1(6)(c) of the Act.

Commencement

This Order comes into operation on 22 April 2014.
Ministerial Order 90 is repealed with effect from the date that this Order comes into operation.

Authorising provisions

This Order is made under sections 4.3.1, 5.2.12, 5.10.4 and clause 11 of Schedule 6 of the Act.

Definitions

Unless the contrary intention appears, words and phrases used in this Order have the same meaning as in the Act.


“adrenaline autoinjector” means an adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis.

“adrenaline autoinjector for general use” means a ‘back up’ or ‘unassigned’ adrenaline autoinjector.
“anaphylaxis management training course” means:

- a course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the National Vocational Education and Training Regulator Act 2011 (Cth) that includes a competency check in the administration of an adrenaline autoinjector;

- a course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an adrenaline autoinjector;

- a course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline autoinjector; and

- any other course approved by the Secretary to the Department for the purpose of this Order as published by the Department.

“Department” means the Department of Education and Early Childhood Development.

“medical practitioner” means a registered medical practitioner within the meaning of the Health Professions Registration Act 2005, but excludes a person registered as a non-practicing health practitioner.

“parent” in relation to a child means any person who has parental responsibility for ‘major long term issues’ as defined in the Family Law Act 1975 (Cth) or has been granted ‘guardianship’ for the child pursuant to the Children, Youth and Families Act 2005 or other state welfare legislation.

“school staff” means any person employed or engaged at a school who:

- is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part;

- is in an educational support role, including a teacher’s aide, in respect of a student with a medical condition that relates to allergy and the potential for anaphylactic reaction; and

- the principal determines should comply with the school’s anaphylaxis management policy.

PART B: SCHOOL ANAPHYLAXIS POLICY REQUIREMENTS

School Anaphylaxis Policy

A school’s anaphylaxis management policy must contain the following matters:

- a statement that the school will comply with:

  - this Ministerial Order; and

  - guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time.

- in accordance with Part C, information about the development, implementation, monitoring and regular review of Individual Anaphylaxis Management Plans, which include an individual ASCIA Action Plan for Anaphylaxis, in accordance with clause 0;
in accordance with Part D, information and guidance in relation to the school’s management of anaphylaxis, including:

(a) prevention strategies in accordance with clause 0; school management and emergency response procedures in accordance with clause 0; the purchase of adrenaline autoinjectors for general use in accordance with clause 0; a communication plan in accordance with clause 0; training of school staff in accordance with clause 0; and completion of a school anaphylaxis risk management checklist in accordance with clause 0.

PART C: MANAGEMENT OF STUDENTS DIAGNOSED AS AT RISK OF ANAPHYLAXIS

Individual Management Plans

A school’s anaphylaxis management policy must state the following in relation to Individual Anaphylaxis Management Plans for each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction:

that the principal of the school is responsible for ensuring 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 having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis;

that the Individual Anaphylaxis Management Plan must be in place as soon as practicable after the student enrols, and where possible before the student’s first day of attendance at that school;

that the Individual Anaphylaxis Management Plan must include the following:

(a) information about the medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or 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 action plan in a format approved by the Australasian Society of Clinical Immunology and Allergy (hereafter referred to as an ASCIA Action Plan), provided by the parent.

A school’s anaphylaxis management policy must require the school to review the student’s Individual Anaphylaxis Management Plan 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 is practicable after a student has an anaphylactic reaction at school; and

when a 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.

A school’s anaphylaxis management policy must state that it is the responsibility of the parent to:

provide the ASCIA Action Plan referred to in clause 00;

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

PART D: SCHOOL MANAGEMENT OF ANAPHYLAXIS

Prevention Strategies

A school’s anaphylaxis management policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction.

School management and emergency response

A school’s anaphylaxis management policy must include details of how the policy integrates with the school’s general first aid and emergency response procedures.

The school’s anaphylaxis management policy must include procedures for emergency response to anaphylactic reactions including:

- a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;
- details of Individual Anaphylaxis Management Plans and ACSIA Action Plans and where these can be located:
  - (a) during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
  - (b) during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;
  - (c) information about storage and accessibility of adrenaline autoinjectors including those for general use; and
  - (d) how communication with school staff, students and parents is to occur in accordance with a communications plan that complies with clause 11.

The school’s anaphylaxis management policy must state that when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the principal must ensure that there is a sufficient number of school staff present who have been trained in accordance with clause 0.

The school’s anaphylaxis management policy must state that in the event of an anaphylactic reaction, the emergency response procedures in its policy must be followed, together with the school’s general first aid and emergency response procedures and the student’s ASCIA Action Plan.

Adrenaline Autoinjectors for General Use

A school’s anaphylaxis management policy must prescribe the purchase of adrenaline autoinjectors for general use as follows:

- the principal is responsible for arranging for the purchase of additional adrenaline autoinjector(s) for general use and as a back up to those supplied by parents;
- the principal will determine the number and type of adrenaline autoinjector(s) for general use to purchase and in doing so consider all of the following:
(a) the number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction;

(b) the accessibility of adrenaline autoinjectors that have been provided by parents;

(c) the availability of a 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; and

(d) 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.

Communication Plan

A school’s anaphylaxis management policy must contain a communication plan that includes the following information:

that the principal of a school is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school’s anaphylaxis management policy;

strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction:

(a) during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and

(b) during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;

procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction of a student in their care; and

that the principal of a school is responsible for ensuring that the school staff identified in clause 12.1 are:

(a) trained; and

(b) briefed at least twice per calendar year in accordance with clause 12.

Staff Training

A school’s anaphylaxis management policy must state that the following school staff must be trained in accordance with this clause:

school staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend; and

any further school staff that the principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.

A school’s anaphylaxis management policy must state that school staff who are subject to training requirements in accordance with clause 0 must:

have successfully completed an anaphylaxis management training course in the three years prior; and
participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis management training course in the 12 months prior, on:

(a) the school’s anaphylaxis management policy;

(b) the causes, symptoms and treatment of anaphylaxis;

(c) the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;

(d) how to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector;

(e) the school’s general first aid and emergency response procedures; and

(f) the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

If for any reason training and briefing has not yet occurred in accordance with clauses 0 and 0, the principal must develop an interim plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.

Annual Risk Management Checklist

A school’s anaphylaxis management policy must include a requirement that the principal complete an annual Risk Management Checklist to monitor their obligations, as published and amended by the Department from time to time.