



PENINSULA

GRAMMAR

ANAPHYLAXIS POLICY 2018

BACKGROUND

On 14 July 2008, the Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008 came into effect amending the Children's Services Act 1996 and the Education and Training Reform Act 2006 requiring that all licensed children's services and schools have an anaphylaxis management policy in place.

Ministerial Order 706 - Anaphylaxis Management in Victorian Schools outlines points that schools need to ensure are included in their Anaphylaxis Management Policy. A revised Ministerial Order 706 came into effect on 3 December 2015.

INTRODUCTION

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, certain insect stings and medications. Adrenaline given through an Auto-injector to the muscle of the outer mid-thigh is the most effective First Aid treatment for anaphylaxis.

The key to prevention of anaphylaxis at Peninsula Grammar is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between the School and parents are important in ensuring that certain foods or items are kept away from the student while at school.

The School recognises the importance of all staff responsible for the student/s at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline Auto-injector.

PURPOSE

This policy details the approaches taken by the School to manage the risk of an anaphylactic reaction and to raise awareness of anaphylaxis across the school community. The aims of this policy are:

- 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 allergies and anaphylaxis and the School's Anaphylaxis Management Policy in the school community
- To actively engage with parents/carers of each student 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.

COMPLIANCE WITH MINISTERIAL ORDER NO 706: ANAPHYLAXIS IN VICTORIAN SCHOOLS

Peninsula Grammar is committed to being fully compliant with Ministerial Order No: 706 and guidelines related to anaphylaxis management in schools as published and amended by the Department of Education and Early Childhood Development (DEECD).

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Principal through School Health will ensure that an Individual Anaphylaxis Management Plan (see Appendix 1) is developed, in consultation with the student's parents and the student's Medical Practitioner, for each 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 has enrolled and where possible before their first day of school.

The student's 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 student's specific allergy or allergens (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 Peninsula Grammar Staff, for in-school and out of school settings including camps, excursions and tours
- The name of the person/s responsible for implementing the strategies information on where the student's medication will be stored
- The student's emergency contact details
- An ASCIA Action Plan (Refer to Appendix 2).

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents/carers 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 a student has an anaphylactic reaction at School.

It is the responsibility of the parent to:

- Provide the ASCIA Action Plan
- Inform the school if their child's medical condition changes, and if relevant, provide an updated ASCIA Action Plan
- Provide an up to date photo for the ASCIA Action Plan when the plan is provided to the School and when it is reviewed
- Keep the students' CareMonkey profile up to date

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- Provide an in-date Adrenaline Auto-injector and in the case of all School Camps and tours, provide two in-date Adrenaline Auto-injectors
- Provide anti-histamine if this is prescribed on the Action Plan.

PREVENTION STRATEGIES

For each student at risk of anaphylaxis, a list of risk minimisation/prevention strategies to be undertaken by the School will be put in place. These strategies cover the following:

- During classroom activities
- The School Tuckshop/Commons Café
- The time between classes and whilst students are at recess/lunch
- Before and after school
- Special events, such as sporting events, incursions, excursions, field trips and camps.

(Refer to Appendix 3 for examples)

SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

A complete and up-to-date list of students at risk of anaphylactic reactions is kept in the School Health Centre and the names, photographs and specific allergies of each of these students are displayed in student at risk folders in the Early Childhood Centre (ECC), DB Clarke Centre (Years 2- 6), Perry Building (Years 7 & 8), Senior Staffroom, Zammit Centre (Year 10-12), Tuckshop, Commons Cafeteria (Zammit Centre). Individual Anaphylaxis Management Plans and ASCIA Action Plans are located in:

- Early Childhood Centre (ECC Reception area)
- DB Clarke Centre (Staffroom)
- Perry Building (Staffroom)
- Zammit Centre (Staffroom ZC203)
- Senior Staffroom
- Tuckshop
- Health Centre.

The specific locations of Anaphylaxis Kits around the School are outlined in Appendix 4.

For a detailed description of the roles and responsibilities relating to the Schools management of anaphylaxis, refer to Appendix 5.

Parents are required to supply a student Anaphylaxis Kit which includes the student's Adrenaline Auto-injector, clearly labeled with the student's name, anti-histamine if prescribed on the Action Plan and the student's ASCIA Action Plan.

STORAGE OF ADRENALINE AUTO-INJECTORS

At School

The student's Anaphylaxis Kit is located in the following areas:

- Early Childhood Centre (ECC) - in the student's classroom in a nominated cupboard or drawer
- Years 2-6 - in the student's school bag or classroom in a nominated cupboard or drawer. An additional Adrenaline Auto-injector may be carried by the student in agreement with the parent
- Years 7-12 - in the student's school bag/locker
- Boarding Houses - stored in the student's room in the top drawer of their desk.

General use Adrenaline Auto-injectors can be found in the white box which is identified with a green medical symbol (+) and the word EpiPen® located in each of the main student buildings. Refer to Appendix 3 for specific locations.

A general use Adrenaline Auto-injector can also be found in the following areas:

- Early Childhood Centre (ECC) - in the white box in the ECC reception
- DB Clarke Centre - in the white box in the staffroom
- Zammit Centre Staffroom (ZC203)
- Health Centre
- Boarding Houses - in the white emergency box.

On school excursions or special event days away from school or in a distant location on the school property:

- Early Childhood Centre (ECC) - the student's Anaphylaxis Kit is to travel with the student's supervising teacher
- Years 2- 6 - the student's Anaphylaxis Kit is to travel with the student's supervising teacher or First Aid teacher if one is appointed unless, by agreement with the parent, the student carries the Anaphylaxis Kit with them.
- Years 7-12 - the student's Anaphylaxis Kit is to travel with the student in the student's school bag.
- Boarding House - the student's Anaphylaxis Kit is to travel with the student in the student's school bag.
- A general use Adrenaline Auto-injector can be found in the First Aid kit accompanying the supervising staff member when a student with diagnosed anaphylaxis participates in the activity.
- The supervising teacher must ensure that the First Aid kit has a general use Adrenaline Auto-injector for each student who has been diagnosed with anaphylaxis when they take a student away from School.

On school camps and tours

- Parents are required to supply two adrenaline auto-injectors (one kit)
- The student's ASCIA Action Plan should also be attached by the parents to the student medical form
- Years 2- 6 - the student's Anaphylaxis Kit is to travel with the student's supervising First Aid teacher, by agreement with the parent, the student carries their Anaphylaxis Kit with them
- Years 7-12 - the student's Anaphylaxis Kit is to travel with the student in the student's school bag
- Boarding House - the student's Anaphylaxis Kit is to travel with the student in the student's bag
- A general use Adrenaline Auto-injector can be found in the First Aid kit accompanying the supervising staff member when a student with diagnosed anaphylaxis participates in the activity
- The supervising teacher must ensure that the First Aid kit has a general use Adrenaline Auto-injector for each student who has been diagnosed with anaphylaxis when they take a student away from school.

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EMERGENCY RESPONSE TO AN ANAPHYLACTIC REACTION IN THE CLASSROOM, YARD, OR AWAY FROM SCHOOL

In the situation where a student with diagnosed anaphylaxis appears to be having an anaphylactic reaction, staff will refer to the student's Action Plan

In the situation where a **student who has not been previously diagnosed with an allergy** or being at risk of anaphylaxis, staff will:

- Administer a general use Adrenaline Auto-injector
- **Immediately** call an ambulance (000 or Mobile 112)
- Commence First Aid measures
- Contact School Health (internal phone system: dial 888 or Ext: 712, outside phone 97887712, or mobile 0419 581 302 / 0400 936 263)
- Then contact the student's parents or if unavailable the student's emergency contact.

School Health will conduct a review following a student experiencing an anaphylactic reaction and report to the Principal or their nominee.

- The Adrenaline Auto-injector is to be replaced by the parent as soon as possible
- The School Health Manager will arrange an interim plan ensuring access to a general use Adrenaline Auto-injector until the student's own is supplied
- The student's Individual Anaphylaxis Management Plan reviewed with parents
- The School's Anaphylaxis Management Policy including risk assessments and preventative strategies reviewed.

Regular reviews of the Adrenaline Auto-injectors are to be carried out by the Health Services Manager or their nominee to ensure they are in date, are not discoloured, and do not have substances floating in them.

Students should have their Adrenaline Auto-injector on school premises at all times.

If it is identified that a student's Adrenaline Auto-injector is out of date then the Health Services Manager or their nominee will contact the parent in writing one month before the expiry date requesting immediate replacement.

COMMUNICATION PLAN

Staff

All staff who conduct classes or have a supervisory role of students will be briefed at least once a semester by a staff member from School Health or a service provider who has up-to-date Anaphylaxis Management Training.

They will brief the staff on the following:

- The School's Anaphylaxis Management Policy
- The causes, signs and symptoms and treatment of anaphylaxis
- The identities of students diagnosed at risk of anaphylaxis and their Management Plan (refer to Student At Risk folders in each staff room and the Tuckshop)
- How to use an Adrenaline Auto-injector
- The School's First Aid and emergency response procedures.

Volunteers and casual relief staff

- Volunteers and casual relief staff who may be responsible for the supervision 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 following:
- Head of the ECC/Junior Years (Mrs. Louise Nicholls-Easley), or her Nominee eg Senior Teacher in the Junior Years.
- Daily Organizer for Years 7-12 and English Language Centre or their Nominee.

New Staff

The Health Services Manager will brief all new staff including Administration and Office staff, Tuckshop/Cafeteria staff, Property staff and sessional teachers regarding:

- The School's Anaphylaxis Management Policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of students diagnosed at risk of anaphylaxis, their allergens and where their medication is located
- How to administer an Adrenaline Auto-injector
- The School's First Aid and emergency response procedures
- Staff Anaphylaxis training.

Health Services will display anaphylaxis awareness posters in all staff rooms and provide staff access to a photo list of all students who are known to suffer from anaphylaxis and their Individual Anaphylaxis Action Plan.

Students

Fact sheets and posters are displayed in all main buildings organized by Health Services in liaison with the Heads of Junior/Middle/Senior Years.

Class teachers are encouraged to discuss the topic with students with emphasis on the following key messages:

Student messages about anaphylaxis

1. Always take food allergies seriously - severe allergies are no joke
2. Don't share your food with friends who have food allergies
3. Wash your hands after eating
4. Know what your friends are allergic to
5. If a school friend becomes sick, get help immediately.
6. Be respectful of a school friend's Adrenaline auto-injector
7. Don't pressure your friends to eat food that they are allergic to.

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis is to be treated as a serious and dangerous incident and treated accordingly.

Parents / Carers

Health Services will contact the parents/carers of each child with known anaphylaxis during Term 1, with a view to updating the student's Individual Anaphylaxis Management Plan. The student's individual management plan will also be reviewed by the School's Health Services:

- 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.

School Community

Parents are informed via CareMonkey, the News section via the School's intranet site, the School website or through the School's smartphone app of information regarding anaphylaxis matters.

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STAFF TRAINING - NEW GUIDELINES

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

Option 1

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.

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 an RTO that has this course in their scope of practice and is paid for by each school. 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 and is paid for by each school. The training is valid for 3 years.

ANNUAL RISK MANAGEMENT CHECKLIST

The Principal (or his delegate) will complete an Annual Risk Management Checklist (Refer to Appendix 6) as published by the Department of Education and Early Childhood Development to monitor compliance with Ministerial Order: 706.

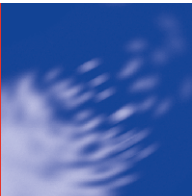


INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN

STUDENT	
NAME	
DETAILS	
Date of birth:	Year Level:
Severely Allergic to:	
Other Health Conditions:	
MEDICATIONS	
At School:	
PARENT / CARER CONTACT DETAILS:	
Contact 1:	Contact 2:
Name:	Name:
Relationship:	Relationship:
Home Phone:	Home Phone:
Work Phone:	Work Phone:
Mobile:	Mobile:
Address:	Address:
Other Emergency Contact if Parent / Carer unavailable:	
MEDICAL PRACTITIONER	
Name:	
Contact number	
EMERGENCY CARE TO BE PROVIDED AT SCHOOL	
Details: As per Anaphylaxis Action Plan signed by a Doctor and provided by Parent	
EpiPen Storage:	
Expiry Date:	
ANAPHYLAXIS MANAGEMENT PLAN WILL BE REVIEWED	
Date: March 2018	
Signature of Parent:	Date:
Signature of Principal or Nominee:	Date:

Revised: March 2017

ACTION PLAN FOR Anaphylaxis



Name: _____
Date of birth: _____

For EpiPen® adrenaline (epinephrine) autoinjectors



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____
Home Ph: _____
Mobile Ph: _____
Plan prepared by medical or nurse practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan
Signed:

Date: _____
Action Plan due for review: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

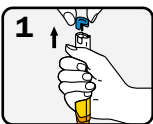
5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

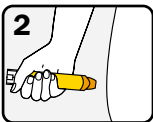
If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

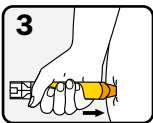
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

ANAPHYLAXIS POLICY 2018 - APPENDIX 3

PREVENTION STRATEGIES – INSECTS

IN SCHOOL SETTINGS

Classrooms	Person Responsible	✓
Keep a copy of the student's ASCIA Action Plan in the classroom and staff only areas.	School Nurse	✓
All students at risk of Anaphylaxis should have an in date adrenaline auto injector, ASCIA Action Plan for Anaphylaxis and any other medication they require in school at all times.	Parent	
A designated staff member should inform casual relief teachers of students at risk of anaphylaxis, preventative strategies in place and the school's emergency procedures.	Daily Organiser/ Operations Manager	✓

Yard	Person Responsible	✓
The EpiPen should be easily accessible from the yard. Staff in designated areas should carry a communication device to notify School Health / Office of a reaction.	School Nurse/Teacher	✓
Teachers should not leave a student who is experiencing an anaphylactic reaction unattended – the teacher must direct another person to bring the EpiPen.	Teacher	✓
Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. Students should wear closed shoes, long pants and long-sleeved garments when outdoors.	Parent/Student	
Consideration should be given to plants and sources of water in the playground so that the student can avoid them without being unfairly limited. Keep lawns and clover mowed. Consider plants less likely to attract bees and wasps.	Gardening Staff	✓
Cover garbage receptacles that may attract stinging insects.	Gardening Staff	✓
Have honey bee and wasp nests removed by a professional	Gardening Staff	✓
Advise students not to drink from open drink containers, particularly those containing sweet drinks that may attract stinging insects.	Parent	

Special Events, e.g. sporting events, incursions, class parties etc.	Person Responsible	✓
Staff must know where the EpiPen is located and how to access it if required.	School Nurse	✓
Discuss these activities with the parents/guardians of the student with allergies in advance	Teacher	✓

OUT OF SCHOOL SETTINGS

Field trips, excursions	Person Responsible	✓
The student's EpiPen, ASCIA Action Plan, any other required medication/s and a mobile phone must be taken on all excursions. Ensure the child at risk of anaphylaxis is in the care of the person carrying the adrenaline auto injector.	Teacher/Parent	✓
A staff member who has been trained in the recognition of anaphylaxis and the administration of the EpiPen must accompany the student on excursions.	Head of Learning Area School Nurse	
All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis.		✓

Camps and remote settings	Person Responsible	✓
Camps must be advised in advance of any students with allergies. Risk minimisation strategies must be included in the Camp/Excursion Risk Assessment.	Teacher	✓
Parents or guardians should supply two adrenaline auto injectors with the ASCIA Action Plan for Anaphylaxis and any other required medications.	Parent	
A team of staff who have been trained in the recognition of anaphylaxis and the administration of the EpiPen must accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis.	Head of Learning Area School Nurse	✓
Be aware of local emergency services in the area and how to access them. Liaise with them before the camp. Ascertain location of local hospital. Confirm mobile phone coverage for standard mobile phones prior to camp.	Teacher/Parent	✓
The EpiPen should remain close to the student and staff must be aware of its location at all times. Ensure the child at risk of anaphylaxis is in the care of the person carrying the adrenaline auto injector	Teacher/Student	✓
Cooking and art and craft games should not involve the use of known allergens.	Teacher	✓
Students with anaphylactic responses to insects should always wear closed shoes, long pants and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.	Student/Parent	

ANAPHYLAXIS POLICY 2018 - APPENDIX 3

Use of EpiPen

Has your child ever needed an EpiPen administered? Yes No

If yes, what year? _____

How did exposure to allergen occur? _____

Identification of students

The name, photograph and allergies of each student at risk of anaphylaxis will be displayed in the staff only areas of the ECC, Clarke Centre, Perry Building, Zammit Senior Centre, Canteen and the School Health Centre.

I consent to my child's photograph, name and allergies to be displayed in the staff only areas listed above.

Signature of Parent/Carer: _____

Date: _____

Name of Parent/Carer: _____

ANAPHYLAXIS POLICY 2018 - APPENDIX 4

LOCATION OF ASTHMA KITS & EPIPENS	
ECC	Office
DB CLARKE CENTRE	Staff Room
PERFORMING ARTS CENTRE	Inside AED Cabinet in Foyer near entrance
ADMINISTRATION BUILDING	Senior Staff Room on 1st floor
K BLOCK	Outside K18
VCE SCIENCE CENTRE	Studio 02
Q BLOCK	Q15 - Staff Room
R BLOCK	R11
S BLOCK	S7
PERRY BUILDING	Ground floor Staff Room
RESOURCE CENTRE	IT Department
SENIOR PE CENTRE	Inside AED Cabinet in Foyer
JUNIOR GYM	Inside AED Cabinet in Foyer
HEATHER REILLY HOUSE	Corridor near kitchen
JAFFRAY HOUSE	Staff Room
SCHOOL HEALTH CENTRE	Treatment Room
ZAMMIT CENTRE	ZC203 (English Staff Room near The Commons)
THE PAVILION	Cupboard, inside front door on right

This equipment is checked each term. Please notify the School Health Centre immediately if anything is used

AUTOMATED EXTERNAL DEFIBRILLATORS (AED)	
SCHOOL HEALTH	PERFORMING ARTS CENTRE - FOYER
PAVILION - FOYER	PHYSICAL EDUCATION CENTRE (SENIOR GYM) - FOYER
JUNIOR GYM - FOYER	AEDS are checked monthly

LOCATION OF FIRST AID KITS ON CAMPUS	
Jaffray House x 2 (Fixed and mobile)	Junior Art room
Heather Reilly House and back pack	Junior Discovery Room
Maintenance x 2	DB Clarke Centre Office
Chapel - Forrest Room	Woodwork
Administration Building - Senior Staff Room	Ceramics
Safety and Transport Manager's office	Senior Art Room
Sports Pavilion - Detmold	Year 10 Commons
Pavilion - Kitchen	Zammit Centre - Staff Rooms (ZC203) (ZC318) (ZC112)
Old Gym	Performing Arts Staff Room (upstairs & downstairs)
ECC Office / ECC Art room	Science Rooms - S2, Q5, Q6, Q12 & Prep Room between S4/S6
Kinder 4yo x 2 Kinder 3yo x 1	PE Centre Office
Junior Gym (downstairs kitchen/office & mobile in store room)	Perry Building - Staff Room
Junior Gym (upstairs staff office)	Horsburgh Pool (Senior)
DB Clarke Centre - Staff Room / Office	Student Services - Kitchen
Year 9	Head of Pre Senior Year 9 office
S Block	

ANAPHYLAXIS POLICY 2018 - APPENDIX 5

ROLES AND RESPONSIBILITIES

SCHOOL PRINCIPAL		
	Role or Responsibility	Nominee/s
1	Develop, implement and review the School's Anaphylaxis Management Policy.	Deputy Principal (Student Wellbeing)
2	Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as at risk of anaphylaxis, at enrolment or at the time of diagnosis (whichever is earlier).	Registrar/ Health Services Manager
3	Request that parents/carers provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan for Anaphylaxis, which has been signed by the student's medical practitioner and that contains an up-to-date photograph of the student.	Deputy Principal (Student Wellbeing)/ Health Services Manager
4	Meet with parents/carers to develop an Individual Anaphylaxis Management Plan (Appendix 1) for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation. The risk minimisation plan should be customised to the particular student, assessing and participating with school activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate/overseas trips).	Health Services Manager
5	Ensure that parents/carers provide the school with the student's Auto-injector and that it is in date. They are required to provide two for overnight camps, tours excursions etc.	Event Coordinator/ Health Services Manager
6	Develop a communication plan to provide information to all staff, students and parents/carers about anaphylaxis and the School's Anaphylaxis Management Policy.	Deputy Principal (Student Wellbeing)
7	Ensure there are procedures in place for providing volunteers and casual relief staff with the following information: The School's Anaphylaxis Management Policy, the causes, symptoms and treatment of anaphylaxis, the identities of students at risk of anaphylaxis, their role in responding to an anaphylactic reaction by a student in their care, the location of the students' Individual Anaphylaxis Action Plans, the location of adrenaline Auto-injectors for individual students and for general use.	Head of the ECC and Junior Years/ Senior Teacher in the Junior Years/ Daily Organizer for Years 7-12 and English Language Centre
8	Ensure that all school staff are briefed at least twice a year by a staff member from School Health who has up-to-date anaphylaxis management training on: <ul style="list-style-type: none"> - The School's Anaphylaxis Management Policy - The causes, symptoms and treatment of anaphylaxis - The identities of students diagnosed at risk and location of their medication - How to use an Adrenaline auto-injecting device, including hands-on practice with a trainer Adrenaline auto-injecting device (which does not contain adrenaline) - The School's First Aid and emergency procedures. 	Health Services Manager/Deputy Principal (Learning and Development)/ Business Manager
9	Allocate time during Staff Meetings or Staff Conference Days to discuss, practice and review the School's Anaphylaxis Management Policy. Practice using the trainer adrenaline Auto-injectors as a group.	Deputy Principal (Learning and Development)
10	Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.	Health Services Manager/Deputy Principal (Student Wellbeing)/ Heads of ECC/Junior, Middle and Senior Years
11	Ensure that the student's Anaphylaxis Management Plan is reviewed in consultation with parents annually and when the student's medical condition changes and reviewed immediately after a student has an anaphylactic reaction.	Health Services Manager/Deputy Principal (Student Wellbeing)
12	Ensure the Annual Risk Management Checklist is completed annually.	Health Services Manager/Deputy Principal (Student Wellbeing)
13	Purchase and maintain an appropriate number of Adrenaline Auto-injector devices for general use to be part of the school's First Aid kit.	Health Services Manager
14	When using an external food provider ensure that the provider can demonstrate satisfactory training in the area of anaphylaxis and major food allergens that trigger anaphylaxis.	Business Manager
15	Maintain a register of staff qualifications and expiry dates with regard to anaphylaxis management accreditation	Health Services Manager

ANAPHYLAXIS POLICY 2018 - APPENDIX 5

ROLES AND RESPONSIBILITIES

STAFF	
1	Know and understand the School's Anaphylaxis Management Policy.
2	Know the identity of students who are at risk of anaphylaxis.
3	Understand the causes, symptoms, and treatment of anaphylaxis.
4	Obtain regular training in how to recognize and respond to an anaphylactic reaction, including administering an Adrenaline Auto-injector.
5	Keep a copy of each student's ASCIA Action Plan for Anaphylaxis, or know where to find one quickly, and follow it in the event of an allergic reaction.
6	Know the School's First Aid emergency procedures and their role in relation to responding to an anaphylactic reaction.
7	Know where students' Adrenaline Auto-injectors are kept. (Remember that the Adrenalin Auto-injector is designed so that anyone can administer it in an emergency.)
8	Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.
9	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). Work with parents/carers to provide appropriate food for their child if the food the school/class is providing may present a risk for him or her.
10	Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies provided in this document (see Appendix 2). Work with parents/carers to provide appropriate treats for anaphylactic students.
11	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.
12	Be aware of the risk of cross-contamination when preparing, handling and displaying food.
13	Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
14	Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

SCHOOL NURSES under the direction of the Health Services Manager	
1	Work with the Deputy Principal - Student Wellbeing to develop, implement and review the School's Anaphylaxis Management Policy.
2	Obtain regular training in how to recognize and respond to an anaphylactic reaction, including administering an Adrenalin Auto-injector (i.e. EpiPen®/Anapen®).
3	Provide or arrange regular training to other staff members to recognise and respond to anaphylactic reaction, including administration of an Adrenaline Auto-injector.
4	Keep an up-to-date register of students at risk of anaphylaxis and display in staff rooms.
5	Work with the Deputy Principal (Student Wellbeing), parents/carers and students to develop, implement and review each Individual Anaphylaxis Management Plan to: <ul style="list-style-type: none"> - Ensure that students' emergency contact details are up-to-date - Ensure that the ASCIA device-specific Action Plan for Anaphylaxis matches the supplied Auto-injector - Check that the Adrenalin Auto-injector is in date, such as at the beginning or end of each term. For those students with an EpiPen®, check the adrenaline is not cloudy, discoloured through the EpiPen® window - Inform parents/carers by contacting a month prior to the expiry date if the Adrenalin Auto-injector needs to be replaced - Ensure that Adrenaline Auto-injectors are stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that this storage area is appropriately labeled - Ensure that a copy of each Individual Anaphylaxis Management Plan is stored with the Students' Anaphylaxis Action Plan.
6	Work with staff to conduct regular risk prevention, minimisation, assessment and management strategies.
7	Work with staff to develop strategies to raise school staff, student and community awareness about severe allergies.
8	Provide or arrange post-incident support (e.g. counseling) to students and staff, if appropriate.

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ROLES AND RESPONSIBILITIES

PARENTS	
1	Inform the School, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed at the time as being at risk of anaphylaxis.
2	Obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the School. Inform staff of any changes to the student's medical condition and if necessary, provide an updated ASCIA Action Plan. Provide the School with an up to date photo for the student's ASCIA Action Plan.
3	Meet with the School to develop the student's Individual Anaphylaxis Management Plan.
4	Provide the Adrenalin Auto-injector (EpiPen®) and any other medications to the school.
5	Replace the Adrenalin Auto-injector and any other medication as needed and before their expiry date.
6	Assist school staff in planning and preparation for the student prior to school camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days). Supply alternative food options for the student when needed.
7	Inform staff of any changes to the student's emergency contact details.
8	Participate in reviews of the student's Individual Anaphylaxis Management Plan: <ul style="list-style-type: none">- When there is a change to the student's condition- Immediately after the student has an anaphylactic reaction at school- At its annual review.

Annual risk management checklist

(to be completed at the start of each year)

School name:		
Date of review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name	
	Position	
Comments:		
General information		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?		
2. How many of these students carry their adrenaline autoinjector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 1: Training		
7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<ul style="list-style-type: none"> • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 		

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<p>8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
<p>11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?</p>	
<p>a. During classroom activities, including elective classes</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. In canteens or during lunch or snack times</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. Before and after school, in the school yard and during breaks</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d. For special events, such as sports days, class parties and extra-curricular activities</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e. For excursions and camps</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>f. Other</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. Where are the Action Plans kept?</p>	
<p>15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

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SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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SECTION 4: Risk Minimisation strategies	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	

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45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

52. What are they?	
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ENQUIRIES

Please direct all enquiries to:

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