



Bendigo Special Developmental School

Anaphylaxis Management Policy

RATIONALE

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Bendigo Special Developmental School believes that the safety and wellbeing of students who are at risk of anaphylaxis is a community wide responsibility. It is a joint obligation of the school and parents/carers to minimise an anaphylactic incident.

Bendigo Special Developmental School is committed to:

- providing, 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
- actively involving parents/carers of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student
- ensuring all staff members have adequate knowledge of allergies, anaphylaxis and training in dealing with emergency procedures
- facilitating communication to optimise the safety and wellbeing of students at risk of anaphylaxis.
- fully complying with Ministerial Order 706 and the associated Guidelines (published and amended) by the Department of Education and Training, including a responsibility for, and commitment to, develop and maintain and regularly review an Anaphylaxis Management Policy.

Medical information about Anaphylaxis

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life-threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency requiring a rapid response.

Causes

Certain foods and insect stings are the most common causes of anaphylaxis. According to current medical information, eight foods cause 95 per cent of food allergic reactions in Australia and can be common causes of anaphylaxis:

- Peanuts
- Tree nuts (i.e. hazelnuts, cashews, almonds, walnuts, pistachios, macadamias, brazil nuts, pecans, chestnuts, coconuts and pine nuts- all nuts)
- Eggs
- Cow's milk
- Wheat
- Soy
- Fish and shellfish (e.g. oysters, lobster, clams, mussel, shrimp, crab and prawns)
- Sesame seeds.

Other common allergens include some insect stings, particularly bee stings but also wasp and jumper jack ant stings, tick bites, some medications (e.g. antibiotics and anaesthetic drugs) and latex.

Signs and Symptoms

Mild to moderate allergic reaction can include:

- Swelling of the lips, face and eyes
- Hives or welts
- Tingling mouth
- Abdominal pain and/or vomiting.

Anaphylaxis (severe allergic reaction) can include the **above symptoms** and:

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

Symptoms usually develop within 10 minutes to several hours after exposure to an allergen, but can appear within a few minutes.

Treatment

Adrenaline given through an EpiPen auto injector to the muscle of the outer thigh is the most effective first aid treatment for anaphylaxis. An ambulance is to be called immediately following administration or concurrently if more than one adult is available at the scene.

PURPOSE

The aim of this policy is to:

- minimise the risk of an anaphylactic reaction occurring while the student is in the care of the school
- ensure all staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen
- to raise the community's awareness of anaphylaxis and its management through education and policy implementation.

All members of the school community should be aware that it is not possible to achieve a completely allergen-free environment. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead the school recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a student having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the school.

IMPLEMENTATION

The Anaphylaxis Act 2008, the 2014 Anaphylaxis Guidelines for Victorian Schools and Ministerial Order 706 (amended in 2015) require all schools to have an Anaphylaxis policy in place. This policy is required whether or not there is a student diagnosed at risk of anaphylaxis enrolled at the school. It applies to students enrolled at Bendigo Special Developmental School, their parent/carers, staff, as well as other relevant members of the community, including volunteers and visiting specialists.

ROLES AND RESPONSIBILITIES

It is the role and responsibility of Bendigo Special Developmental School to:

1.	Develop, implement and review their School Anaphylaxis Management Policy.
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).
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 (no older than 12 months) photograph of the student (see Appendix 1).
4.	Meet with parents/carers to develop an Individual Anaphylaxis Management Plan 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. athletics sports, camps and excursions).
5.	If using an external food provider, schools must ensure that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications for food-handling practices. This may include careful label reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies. A documented process for using external canteen/food providers is to be followed.
6.	Ensure that parents/carers provide the school with the student's autoinjector and that it is not out-of-date.
7.	Develop a communication plan to provide information to all staff, students and parents/carers about anaphylaxis and the school's anaphylaxis management policy.
8.	Ensure there are procedures in place for providing volunteers and casual relief staff with the following information: <ul style="list-style-type: none"> ● 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 Management Plans ● the location of adrenaline autoinjectors for individual students and for general use.
9.	Ensure that all school staff are briefed at least twice a year by one of two trained staff members who has up-

	<p>to- date anaphylaxis management training on:</p> <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.
10.	All staff are to be trained in Anaphylaxis and the use of an auto-injector pen every two years and verified by a certified staff member. (Two staff members are to be trained in the verification course in the correct use of adrenaline auto-injector pens.)
11.	Allocate time, such as during staff meetings, to discuss, practise and review the school's Anaphylaxis Management Policy and Anaphylaxis Management procedures.
12.	Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation. (minimum of every 12 months)
13.	<p>Ensure that the student's Anaphylaxis Management Plan is reviewed whenever the first of the following occur:</p> <ul style="list-style-type: none"> ● annually in consultation with parents ● when the student's medical condition changes ● immediately after a student has an anaphylactic reaction at school.
14.	Ensure the Anaphylaxis Risk Management Checklist is completed annually.
15.	Purchase and maintain an appropriate number of adrenaline auto injector devices for general use to be part of the school's first aid kit.

It is the role and responsibilities of all school staff to:

1.	Know and understand the School Anaphylaxis Management Policy and Communication Plan.
2.	Know the identity of students who are at risk of anaphylaxis.
3.	Understand the causes, symptoms, and treatment of anaphylaxis.
4.	Attend online and inhouse training every two years in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector.
5.	Keep a copy of each student's ASCIA Action Plan for Anaphylaxis in all Student Welfare Folders, displayed on the wall in the staffroom, each common room, the First Aid room (administration block) and the kitchen. A plan must also must be visible on the student's classroom wall. Each student's ASCIA Action Plan for Anaphylaxis must be followed 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 each students' adrenaline autoinjectors are kept. Each student's adrenaline autoinjector will be stored in a yellow pouch and be located with their ASCIA Action Plan in their classroom, on the wall above

	<p>the teacher's desk.</p> <p>(Remember that the adrenaline autoinjector is designed so that anyone can administer it in an emergency.)</p>
8.	Know and follow the prevention and risk minimisation strategies in the student's 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, celebrations 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. Refer to ENPS Food Policy.
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.

It is the role and responsibilities of the School's Student Welfare Coordinator:

1.	Work with the Principal to develop, implement and review the school's Anaphylaxis Management Policy and every student's Anaphylaxis Management Plan.
2.	Attend bi-annual certified training (with other staff member) in how to recognise and respond to an anaphylactic reaction, including the verification of all staff members in administering an adrenaline autoinjector (i.e. EpiPen®).
3.	Provide or arrange annual 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.
5.	<p>Work with the Principal, parents/carers and students to develop, implement and review each Individual Anaphylaxis Management Plan to:</p> <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 autoinjector ● Check that the adrenaline autoinjector is not out-of-date, such as at the beginning or end of each term. For those students with an EpiPen®, check the adrenaline is not cloudy through the EpiPen® window ● Inform parents/carers one month prior to the expiry date if the adrenaline autoinjector needs to be replaced.

	<ul style="list-style-type: none"> • Ensure that adrenaline autoinjectors are stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that this storage area is appropriately labelled • Ensure that a copy of each Individual Anaphylaxis Management Plan is stored with the Students' adrenaline autoinjector.
6.	Work with staff to conduct ongoing risk prevention, minimisation, assessment and management strategies as required.
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. counselling) to students and staff, if appropriate.

It is the role and responsibilities of the Parents/Carers to:

1.	Inform the school, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed at the time, of being at risk of anaphylaxis.
2.	<p>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.</p> <ul style="list-style-type: none"> • 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 adrenaline autoinjector (EpiPen®) and any other medications to the school.
5.	Replace the adrenaline autoinjector and any other medication as needed and before their expiry date.
6.	<p>Assist school staff in planning and preparation for the student prior to school camps, incursions, excursions or special events (e.g. class parties, cultural days, celebrations or sport days).</p> <ul style="list-style-type: none"> • Supply alternative food options for the student when needed.
7.	Inform staff of any changes to the student's emergency contact details.
8.	<p>Participate in reviews of the student's Individual Anaphylaxis Management Plan:</p> <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.

MINIMISATION OF ANAPHYLAXIS AT BENDIGO SPECIAL DEVELOPMENTAL SCHOOL

Minimisation of anaphylaxis is everyone's responsibility. Parents and carers should communicate their child's allergies and risk of anaphylaxis to the school at the earliest opportunity. Parents and carers should continue to communicate with the school staff and provide up to date information, provide the school staff with an Individual Anaphylaxis Management Plan and ensure that their child has an adrenaline autoinjector at all times.

Prevention- Staff Training

Bendigo Special Developmental 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 EpiPen.

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

Option	Completed by	Course	Provider	Cost	Valid for
Option 1	All school staff AND 2 staff per school or per campus (School Anaphylaxis Supervisor)	ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
		Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years
Option 2	School staff as determined by the principal	Course in First Aid Management of Anaphylaxis 22300 VIC (previously 22099VIC)	St John Ambulance or any RTO that has this course in their scope of practice	Free from St John Ambulance (for government schools) until 30/6/16, then paid by each school	3 years
Option 3	School staff as determined by the principal	Course in Anaphylaxis Awareness 10313NAT	Any RTO that has this course in their scope of practice	Paid by each school	3 years

Please note: First Aid training does **NOT** meet anaphylaxis training requirements under MO706

All staff will be briefed each semester by one of the school's 2 nominated School Anaphylaxis Supervisors who have 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 and EpiPen is located
- how to use an EpiPen

- the school's first Aid and emergency response procedures
- the location of EpiPens that are for general use (provided by the school).

*Each school will nominate 2 staff member as the School Anaphylaxis Supervisors who have successfully completed an Anaphylaxis Management Training Course in the last 2 years.

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the Principal will ensure that training will be provided to relevant school staff as soon as practicable.

The Principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of school staff present who have successfully completed an Anaphylaxis Management Training Course.

Training will be provided to all staff members. The School's First Aid procedures and students emergency procedures plan (ASCIA-Action Plan) will be followed in responding to an anaphylactic reaction.

Risk minimisation and prevention strategies should be put in place for in-school and out- of- school settings and include the following:

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

It is a joint responsibility of both the parents/carers and the school to take reasonable steps to:

- a) Prevent an anaphylactic incident
- b) If such an incident occurs, to respond to such incident in a timely, informed and appropriate manner

Individual Anaphylaxis Management Plans (see attached)

Note: A template for an Individual Anaphylaxis Management Plan can be found in Appendix E of the Anaphylaxis Guidelines for Victorian Schools on the Department's website:

www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

- The principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.
- The Individual Anaphylaxis Management Plan will set out the following:
 - Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (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
- An ASCIA Action Plan for Anaphylaxis.

Parents/carers must notify the school of any such condition.

The individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.

The individual anaphylaxis Management Plan will set out the following:

- Information about the 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 camps and excursions.
- 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 signs the emergency procedures plan; and
 - includes an up to date photograph of the student.

The student's Anaphylaxis 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.

It is the responsibility of the parent to:

- Provide the emergency procedures plan (ASCIA Action Plan).
- Inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).

Where medication is to be administered as part of the Medical Action Plan, parents/carers must provide the school with the appropriate medication and complete a Medication Request form (see Medication Policy).

Students requiring an Anaphylaxis Management Plan will be unable to participate in any "out of school" activities (i.e. swimming, hydrotherapy, excursions) until a clear, fully completed plan is provided.

Should the Principal or nominee deem the Anaphylaxis Management Plan incomplete or unclear, parents/carers will be contacted to provide further clarification. Students may be exempt from "out of school" activities until the Anaphylaxis Management Plan is considered complete.

Where an anaphylaxis Management Plan is not completed within a reasonable time frame, the Principal will refer the matter to the Department of Education and Early Childhood Development.

Communication Plan

The principal or nominee 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 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 volunteer and casual relief staff replacement coordinator (Assistant Principal) and, where practicable, the regular staff in the student's classroom.

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 (EpiPen)
- The school's first aid and emergency response procedures

Staff Training and Emergency Response

Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend should have up to date training in an anaphylaxis management training course (refer to Anaphylaxis guidelines page 4.4).

At other times while the student is under the care or supervision of the school, including excursions, yard care, camps and special event days, the principal must ensure that there is a sufficient number of staff present who are trained to an appropriate level of competency in First Aid.

The principal will identify the school staff to be trained.

Training will be provided to these staff as soon as practicable after the student enrolls.

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.

Copies of individual Anaphylaxis Management Plans will be made available to all staff in Medical Action Plan folders throughout the school including all classrooms and school vehicles. Health and Physical Education staff will ensure a folder is included in resource tubs for RDA, swimming, hydrotherapy etc.

Individual Anaphylaxis Management Plans and EpiPens must accompany the student during all "out of school" activities (i.e. excursions, camps, special events).

The school's first aid procedures and student's Anaphylaxis Management Plan will be provided with the appropriate forms (Anaphylaxis Management Plan & Medication Permission Form) early in Term 4 to provide adequate time for parents/carers to complete them, ready for the following year.

Evaluation

Date implemented	
Author	Barb Johnstone
Approved By	Consultative, School Council
Approval Authority (signature & date)	
Date reviewed	March 2017
Responsible for Review	Assistant Principal
Review date	March 2020
References	

