

# ANAPHYLAXIS MANAGEMENT POLICY

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 at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school. Adrenaline given through an EpiPen® auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Refer *Appendix 1*.

## 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 and to comply with the Department of Education Ministerial Order 706 and the related guidelines.

## SCOPE OF ANAPHYLAXIS MANAGEMENT POLICY

Melbourne Montessori School's (MMS) anaphylaxis medical management policy addresses the following concerns:

1. Individual anaphylaxis action plan
2. Individual anaphylaxis risk management plan
3. Communication plan
4. Procedures for the training of school staff and emergency response
5. Risk minimisation for the whole School
6. Ministerial Order 706 – Anaphylaxis Management in Victorian Schools

## DEFINITIONS

The terms defined in this section relate specifically to this policy.

**Adrenaline Auto-Injection Device:** An intramuscular injection device containing a single dose of adrenaline designed to be administered by people who are not medically trained. This device is called an EpiPen® or EpiPen Jnr®. The anaphylaxis medical management action plan (refer to *Definitions*) must be specific for the size they have been prescribed. Used adrenaline auto-injectors should be placed in a rigid sharps disposal unit, or another rigid container if a sharps container is not available.

**Allergen:** A substance that can cause an allergic reaction.

**Allergy:** An immune system response to an external stimulus that the body identifies as an allergen. People genetically programmed to experience an allergic reaction will make antibodies to particular allergens.

**Allergic Reaction:** A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, coughing or wheezing, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

**Anaphylaxis:** A severe, rapid and potentially fatal allergic reaction that affects normal functioning of the major body systems, particularly the respiratory (breathing) and/or circulation systems.

**ASCIA Action Plan** (sometimes simply referred to as a Medical Management Plan): An individual action plan prepared and signed by the registered medical practitioner that provides the student's name and allergies, a photograph of the student, a description of the prescribed anaphylaxis medication for that student and clear instructions on treating an anaphylactic episode. The plan must be specific for the size of auto-injection device prescribed for each student. Examples of plans specific to different adrenaline auto-injector brands are available for download on the Australasian Society of Clinical Immunology and Allergy (ASCIA) website:  
[www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis](http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis)

**At-Risk Child:** A student whose allergies have been medically diagnosed and who is at risk of anaphylaxis.

**Communication Plan:** A plan that forms part of the policy outlining how the service will communicate with parents/guardians and staff in relation to the policy. The communication plan also describes how parents/guardians and staff will be informed about risk minimisation plans and emergency procedures to be followed when a child diagnosed as at risk of anaphylaxis is enrolled at a service.

**Duty of Care:** A common law concept that refers to the responsibilities of organisations to provide people with an adequate level of protection against harm and all reasonable foreseeable risk of injury.

**EpiPen®:** A type of adrenaline auto-injection device (refer to *Definitions*) containing a single dose of adrenaline which is delivered via a spring-activated needle that is concealed until administration is required. Two strengths are available: an EpiPen® and an EpiPen Jr®, and each is prescribed according to a child's weight. The EpiPen Jr® is recommended for a child weighing 10–20kg. An EpiPen® is recommended for use when a child weighs more than 20kg. The child's anaphylaxis medical management action plan (refer to *Definitions*) must be specific for the size they have been prescribed.

**Individual Anaphylaxis Risk Management Plan:** A service-specific plan that documents a student's allergy, practical strategies to minimise risk of exposure to allergens at the service and details of the person/s responsible for implementing these strategies. A risk minimisation plan should be developed by the Approved Provider/Nominated Supervisor in consultation with the parents/guardians of the student at risk of anaphylaxis and service staff. The plan should be developed upon a student's enrolment or initial diagnosis, and reviewed at least annually and always on re-enrolment. A sample risk minimisation plan is provided as *Attachment 2*

**Intolerance:** Often confused with allergy, intolerance is an adverse reaction to ingested foods or chemicals experienced by the body but not involving the immune system.

**Ministerial Order 706:** Refer to the attached Order.

**Risk Minimisation:** The practice of developing and implementing a range of strategies to reduce hazards for a child at risk of anaphylaxis, by removing, as far as is practicable, major allergen sources from the service.

## 1. Individual Anaphylaxis Risk Management Plans

On enrolment, parents of children with anaphylaxis will be issued with 3 forms: the School's Anaphylaxis Management Policy, ASCIA Action Plan and the Individual Anaphylaxis Risk Management Plan. The School will provide the parents with a blank copy of the ASCIA Action Plan to take to their registered medical practitioner for signing and to ensure all symptoms and recommended procedures (both risk management and emergency management) are noted by the medical practitioner on this form (*Attachment 1*). The Principal has the responsibility to ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any at-risk student, where the School has been notified of a diagnosis. This will include the student's ASCIA Action Plan. The Principal and the OH&S Committee will ensure the ASCIA Action Plan is in place and that all staff understand this plan.

- 1.1 The Individual Anaphylaxis Risk Management Plan must be in place as soon as practicable after the student enrolls, and before the student's first day at that school, with an interim plan to be developed in the meantime.
- 1.2 The Individual Anaphylaxis Risk Management Plan must record information about:
  - the student's allergies, including signs and symptoms outlined for that individual student
  - locally relevant risk minimisation/prevention strategies
  - names of people responsible for implementing risk minimisation/prevention strategies
  - storage of medication
  - student's emergency contact details
  - the student's ASCIA Action plan.
- 1.3 The School will review the student's individual Anaphylaxis Risk Management Plan in consultation with the student's parents:
  - annually, and/or
  - if the student's medical condition changes, and/or
  - immediately after a student has an anaphylactic reaction at School
  - 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.
- 1.4 An ASCIA Action Plan must:
  - set out the emergency procedures to be taken in the event of an allergic reaction
  - be signed in the current year by a registered medical practitioner who was treating the student on the date the practitioner signs the emergency procedures plan
  - details signs and symptoms outlined for that student
  - include an up-to-date photograph of the student.

*Note: The red and blue 'ASCIA Action Plan' is the most common form of emergency procedures plan that is provided by a registered medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found at <http://www.sofweb.vic.edu.au/wellbeing/support/anaphyl.htm>*
- 1.5 The parents will inform the School in writing of their child's medical condition and will:
  - provide the ASCIA Action Plan signed by a registered medical practitioner
  - inform the School if their child's medical condition changes and if relevant provide an updated ASCIA Action Plan signed by a registered medical practitioner
  - provide an up to date photo of the student for the ASCIA Action Plan
  - provide the School with any updates of their child's medication prescribed or otherwise, ensure the EpiPen® is kept within the expiry date. Parents must provide the School with two (2) sets of any medication prescribed. One must be kept in the classroom and one in the Sick Bay (eg EpiPen® x 2 and Zyrtec x 2)
  - ensure any other medication prescribed or otherwise is kept within the expiry date.
- 1.6 The Anaphylaxis Action Plan for each Junior School child is to be displayed in the classroom, every room where the children have classes, Sick Bay and teachers' emergency Pink Folders (specialists and classroom). For Senior School students the Action Plan should be in the Emergency Pink Folders and in the Staff Room.
- 1.7 The adrenaline auto injection devices are to be stored, out of daylight, in a bag with the student's name and date of expiry clearly visible. (General Auto injectors are located in the Sick Bay.)
- 1.8 One adrenaline auto injection device is to be stored in the Emergency Basket in the Junior School student's classroom. Senior School students need to have this device in the Advisory Group Room and Staff Room. (General auto injectors are located in the Sick Bay.)

- 1.9 All staff are to be made aware of each adrenaline auto injection device kit location and the location of the student's Anaphylaxis Action Plan. (General Auto injectors are located in the Sick Bay.)
- 1.10 The Principal and the OH&S Committee will ensure the Anaphylaxis Action Plan is in place and that all staff understand this plan.
- 1.11 The School will review the student's individual Anaphylaxis Action Plan in consultation with the student's parents:
  - annually, and/or
  - if the student's medical condition changes, and/or
  - immediately after a student has an anaphylactic reaction at School
  - 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.
- 1.12 The parents will inform the School in writing of their child's medical condition and will:
  - provide the Anaphylaxis Action Plan signed by a registered medical practitioner
  - provide the School with any updates of their child's medication prescribed or otherwise,
  - ensure the EpiPen® is kept within the expiry date
  - ensure any other medication prescribed or otherwise is kept within the expiry date
  - inform the School if their child's medical condition changes and if relevant provide an updated Anaphylaxis Action Plan signed by a registered medical practitioner.

*Note: The red and blue 'ASCIA Action Plan' is the most common form of emergency procedures plan that is provided by a registered medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found at <http://www.sofweb.vic.edu.au/wellbeing/support/anaphyl.htm>*

## **2. Individual Anaphylaxis Risk Management Guidelines**

Classroom teachers/Advisors will meet with parents as early in the year as possible to complete the Anaphylaxis Risk Management Plan (*Attachment 2*).

The following procedures are to be developed in consultation with the parents and implemented to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to allergens:

In relation to the child at risk:

- 2.1 All parents in a Junior School classroom of an at-risk child will receive and sign the Allergy Awareness Form (*Attachment 3*).
- 2.2 In Cycles 1 and 2, the child should only eat food that has been specifically prepared for him/her.
- 2.3 During classroom celebrations the Junior School child should have their own treat box.
- 2.4 Parents are to provide a safe treat box and ensure treats are kept within the expiry date and are regularly replenished.
- 2.5 Bottles, other drinks and lunch boxes, including any treats, provided by the parents for this child should be clearly labeled with the child's name.
- 2.6 There should be no trading or sharing of food, food utensils and containers with an anaphylactic child.
- 2.7 In some circumstances it may be appropriate that a highly allergenic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- 2.8 Increased supervision of the child on special occasions such as excursions, off site activities, incursions or special event days.

In relation to other practices at the School:

- 2.9 Ensure tables and bench tops are washed down after eating.
- 2.10 Ensure hand washing for all children before and after eating.
- 2.11 Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergens of the particular children.

- 2.12 Staff should discuss the use of foods in activities with the parents of a child at risk of anaphylaxis and these foods should be consistent with risk minimisation.
- 2.13 All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk, children should not 'wander around' whilst eating.
- 2.14 When food is brought from home to Junior School classrooms, all parents will be asked not to send food containing specified allergens or ingredients as determined in the Anaphylaxis Risk Minimisation Plan via the Allergy Awareness Form (*Attachment 3*).

### 3. Communication Plan

- 3.1 The Principal is responsible that all Staff will be provided with the School's Anaphylaxis Management Policy, completed Action Plans and Anaphylaxis Risk Minimisation Plans in the Pink Folders.
- 3.2 The Principal is responsible that the Risk Minimisation Plan is designed to inform classroom staff, CRTs and specialists about what steps must be taken to respond to anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care and there are procedures in place to inform all CRTs of students at risk and steps to advise external food providers. (*Attachment 2*)
- 3.3 The Principal is responsible that if any information changes during the year, this information will be updated at staff meetings, in the classrooms, sickbay, teachers' emergency Pink Folders and the child's file.
- 3.4 The Principal is responsible that at the induction of any new staff member or emergency relief personnel, the Anaphylaxis Management Policy, Anaphylaxis Action Plans and Anaphylaxis Risk Minimisation Plans will be shown in the Sick Bay/Staff Room and in the classroom Emergency Pink Folder where they will be working.
- 3.5 The Principal is responsible that in addition the Allergy Awareness Form (*Attachment 3*) which explains the needs of any allergic children in a specific Junior School classroom will be sent home to parents to sign so that both teachers and parents are informed of the classroom issues.
- 3.6 Communication will occur via email to parents of students with anaphylaxis prior to and when auto injector expiry dates are imminent or expired. On a yearly basis, communicate to parents of students at risk of anaphylaxis to provide an up to date ASCIA action plan endorsed by a medical practitioner.
- 3.7 The Principal is responsible for the Senior School classroom:

#### Raising Student Awareness

Peer support is an important element of support for students at risk of anaphylaxis. School staff can raise awareness in School through fact sheets or posters displayed in hallways, canteens and classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages, outlined in the following:

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 even if the friend does not want to.
6. Be respectful of a school friend's adrenaline auto injector.

Don't pressure your friends to eat food that they are allergic to.

Source: Be a MATE kit, published by Anaphylaxis & Allergy Australia.

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. All staff should 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.

Staff should 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 must be treated as a serious and dangerous incident and dealt with in line with the School's anti-bullying policy.

Schools can refer to the Bully Stoppers website, an anti-bullying resource for ideas and strategies for dealing with bullying situations. Further information about Bully Stoppers is available at:

<http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx>

3.8 The Principal is responsible that Action Plans will be displayed in every classroom, Sick Bay, Hall, Library, Art Room, Staff Room and Cycle 1 playground.

3.9 The Principal is responsible for ensuring the availability of a sufficient number of Adrenaline auto-injectors for general use in specified locations at School, including the school yard, excursions, camps and special events conducted, organised or attended by the School. There will be one generic Adrenaline auto-injector at each campus and one generic Adrenaline auto-injector to be taken on excursions, camps or special events.

#### **4. Staff Training and Emergency Response**

4.1 The Principal is responsible for ensuring that relevant staff are trained in accordance with ministerial order 706 and briefed at least twice per calendar year.

4.2 Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend and must have up to date training in an anaphylaxis management training course.

4.3 All staff undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practice with an auto injection device trainer. This will be reinforced every 6 months. Training will include every three years one of the following approved courses: 22099VIC, 22300VIC or 10313NAT.

4.4 Training will be provided for all staff annually in the first preparation days of each school year before students start school. Any staff member who joins the School after this date will be sent for training at the first available opportunity. Complete and on line anaphylaxis management training course in the two years prior. (ASCIA e-training for Victorian Schools and verified by a staff member that has completed 22303VIC)

4.5 Twice per calendar year there will be a follow up training session on Anaphylaxis by either an accredited training organisation or by a staff member who has successfully completed the Anaphylaxis training course within the last two years of delivering the session. The briefing will include:

- the School's Anaphylaxis Management Policy
- causes, symptoms and treatment of anaphylaxis, identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline auto-injector
- the School's general first aid and emergency response procedures, and
- the location and access to adrenaline auto-injectors that have been provided by parents or purchased by the School for general use.

4.6 The Principal is responsible that all staff will be briefed when a new student is enrolled who is anaphylactic at the next available Staff Meeting. The briefing will include the Training in Emergency Response information, set out in Section 4 of this document.

4.7 The Principal is responsible to ensure that sufficient number of staff are trained.

In case of a student requires an emergency response, refer to your general first aid procedures or the students ASCIA Action Plan (if applicable) to be followed during an Anaphylaxis emergency. Anaphylaxis Action Plans and student's auto injectors can be found in the classroom and in the First Aid area at each campus, and in excursion bags.

- Remove the allergen
- Call for assistance
- Ring 000
- Lay the student flat and elevate their legs. Student is not to stand or walk. If breathing is difficult for them, allow to sit but not stand

- Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline.
- Watch the student closely in case of a worsening condition
- Ask a staff member to move other students away and reassure them elsewhere. In the rare situation where there is no marked improvement and severe symptoms are present, a second injection may be administered after five minutes, with approval from Ambulance Victoria
- Contact the student's emergency contacts
- Notify the Principal of the incident

## 5. Risk Minimisation for the whole School

### 5.1 Risk Management Register

The Business Manager and the School Principal will maintain a Risk Minimisation Register as below:

Who are the students at the School who are anaphylactic?	List full name, classroom and campus location of students at risk. The Risk Minimisation Register will be checked quarterly by Administration and by the appointed OH&S officer.
What are they allergic to?	List all the known allergens for each of the at risk students.
Does everyone recognize the at risk students?	Confirm where each student's emergency action plan will be displayed (including the student's photograph).

### 5.2 Managing the Risk of Anaphylaxis

The Principal is responsible and the Business Manager needs to:

- 5.2.1 record when each family of an at risk child is provided with a copy of the Anaphylaxis Management Policy,
- 5.2.2 record when each family provides a complete auto injection device kit and Anaphylaxis Action Plan,
- 5.2.3 ensure all staff, including CRT staff, know where the auto injection device kit is kept for each at risk child,
- 5.2.4 ensure regular checks (usually quarterly) are made of the auto injection device kit to check expiry dates,
- 5.2.5 where possible, ensure all families as they enter the School are aware of and receive a copy of the Anaphylaxis Management Policy,
- 5.2.6 check that a copy of the student's Anaphylaxis Action Plan is carried with the responsible staff member when the child leaves the School grounds during an excursion, off site activity, camp and in the event of an emergency,
- 5.2.7 send the School community Allergy Awareness Forms requesting that specific procedures be followed to minimise the risk of exposure to know allergens. This may include requesting the following are not sent to the School (*Attachment 3*):
- 5.2.8 food containing the major source of allergens, or food where transfer from one student to another is likely e.g. peanut, nut products, whole egg, chocolate,
- 5.2.9 complete Anaphylaxis Risk Management checklist (*Attachment 5*) every six months,
- 5.2.10 require the Principal to develop an interim plan and consult with parents if training or briefing has not occurred as required,
- 5.2.11 require training and a briefing to occur ASAP after an interim plan is developed,
- 5.2.12 in case of a student requires an emergency response, refer to general first aid procedures and the students ASCIA Action Plan to be followed during an Anaphylaxis emergency.

## EVALUATION

In order to assess whether the values and purposes of the policy have been achieved, the Principal is responsible and the Business Manager will:

- selectively audit enrolment checklists (for example, annually) to ensure that documentation is current and complete,
- regularly seek feedback from everyone affected by the policy regarding its effectiveness,

- monitor the implementation, compliance, complaints and incidents in relation to this policy,
- keep the policy up to date with current legislation, research, policy and best practice,
- review the policy and procedures as part of the service's policy review cycle or following an anaphylactic episode at the service, or as otherwise required,
- notify parents/guardians at least 14 days before making any changes to this policy or its procedures.

**THE SCHOOL is responsible for:**

1. ensuring that an anaphylaxis policy, which meets legislative requirements and includes a risk minimisation plan and communication plan, is developed and displayed at the School, and reviewed regularly,
2. providing approved anaphylaxis management training to staff as required under the National Regulations,
3. ensuring that at least one educator with current approved anaphylaxis management training is in attendance and immediately available at all times the service is in operation (Regulations 136, 137),
4. ensuring the staff members and parent/guardians of at-risk children at the service are provided with a copy of the *Anaphylaxis Management Policy*,
5. ensuring that staff practice administration of treatment for anaphylaxis using an adrenaline auto-injection device trainer at least annually, and preferably quarterly, and that participation is documented on the staff record,
6. ensuring that parents/guardians or a person authorised in the student's enrolment record provide written authorisation for excursions and off site activities outside the service premises (Regulation 102) (refer to *Excursion & Camp Policy*),
7. identifying students with anaphylaxis during the enrolment process and informing staff.

In services where a student diagnosed as at risk of anaphylaxis is enrolled, the School is also responsible for:

8. displaying a notice prominently at the service stating that a student diagnosed as at risk of anaphylaxis is being cared for and/or educated by the service (Regulation 173(2)(f)),
9. ensuring an Anaphylaxis Medical Management action plan, Anaphylaxis Risk Management Plan are developed for each student at the service who has been diagnosed as at risk of anaphylaxis, in consultation with that student's parents/guardians and with a registered medical practitioner,
10. ensuring that all students diagnosed as at risk of anaphylaxis have details of their allergy, their Anaphylaxis Medical Management action plan and their Anaphylaxis Risk Minimisation Plan filed with their enrolment record (Regulation 162),
11. ensuring a medication record is kept for each student to who medication is to be administered by the service (Regulation 92),
12. ensuring parents/guardians of all students with anaphylaxis provide two (2) unused, in-date adrenaline auto-injection device plus any other medication required at all times their child is attending the service. Where this is not provided, students will be unable to attend the School,
13. ensuring that the child's Anaphylaxis Medical Management action plan is specific to the size of adrenaline auto-injection device prescribed by the student's medical practitioner,
14. implementing a procedure for first aid treatment (refer to Attachment 6) for anaphylaxis consistent with current national recommendations and ensuring all staff are aware of the procedure,
15. ensuring adequate provision and maintenance of adrenaline auto-injector kits,
16. ensuring the expiry date of the adrenaline auto-injection device is checked regularly and replaced when required,
17. ensuring that a sharps disposal unit is available at the School for the safe disposal of used adrenaline auto-injection devices,
18. implementing a Communication Plan and encouraging ongoing communication between parents/guardians and staff regarding the current status of the student's allergies, this policy and its implementation,
19. identifying and minimising allergens (refer to *Definitions*) at the service, where possible,
20. ensuring measures are in place to prevent cross-contamination of any food given to students diagnosed as at risk of anaphylaxis,
21. ensuring that students with anaphylaxis are not discriminated against in any way,

22. ensuring that students with anaphylaxis can participate in all activities safely and to their full potential,
23. immediately communicating any concerns with parents/guardians regarding the management of children diagnosed as at risk of anaphylaxis attending the service,
24. ensuring that medication is not administered to a student at the service unless it has been authorised and administered in accordance with Regulations 95 and 96,
25. ensuring that parents/guardians of a student and emergency services are notified as soon as is practicable if medication has been administered to that student in an anaphylaxis emergency without authorisation from a parent/guardian or authorised nominee (Regulation 94),
26. ensuring that a medication record is kept that includes all details required by Regulation 92(3) for each student to whom medication is to be administered,
27. ensuring that written notice is given to a parent/guardian as soon as is practicable if medication is administered to a student in the case of an emergency,
28. responding to complaints and notifying DEECD, in writing and within 24 hours, of any incident or complaint in which the health, safety or wellbeing of a student may have been at risk,
29. displaying the Australasian Society of Clinical Immunology and Allergy (ASCIA) generic poster *Action Plan for Anaphylaxis* in the classrooms and Sickbay/Staff Room,
30. complying with the risk minimisation procedures outlined in *Attachment 4*,
31. when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care of or supervision of the School outside of normal class activities, including in the School yard at camps, excursions, or at special events conducted, organised or attended by the School, the Principal will ensure that there is a sufficient number of staff present who have been trained in accordance with Clause 12 of the Ministerial Order,
32. maintaining spare EpiPens in the sickbay and First Aid kits which are taken on excursions, off site activities and camps. The Principal is responsible for the purchase of general use Auto Injectors and the School will carry a minimum of 2 general use Auto Injectors per campus,
33. the general use auto injectors are can be accessed from the Sick Bay area at the Caulfield Campus, in the Staff Room at the Brighton Campus and First Aid bags that are carried during lunch time and on excursion and camps,
34. auto Injectors have a limited life, usually 12-18 months. The School and the Principal are responsible for ensuring that auto injectors are within the expiry dates and parents contacted to supply up to date auto injectors (2 per student). This will apply to the general use auto injectors and this will be at the School's expense.

**REVIEWED: 2018**

**LINKED WITH:**

**Dealing with Medical Conditions Policy**  
**Food & Safety Policy**  
**Health and Wellbeing Policy**  
**Induction Policy**  
**OH&S Policy**  
**Safe Administration of Medication Policy**  
**First Aid Policy**

Attachment 1



australasian society of clinical immunology and allergy

www.allergy.org.au

## ACTION PLAN FOR Anaphylaxis

**For use with EpiPen® adrenaline autoinjectors**

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Photo

Confirmed allergens: \_\_\_\_\_

Family/emergency contact name(s): \_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

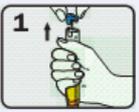
Plan prepared by: \_\_\_\_\_

Dr: \_\_\_\_\_

Signed: \_\_\_\_\_

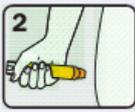
Date: \_\_\_\_\_

### How to give EpiPen®



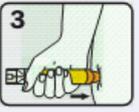
**1**

Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



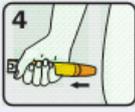
**2**

PLACE ORANGE END against outer mid-thigh (with or without clothing).



**3**

PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.



**4**

REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at [www.allergy.org.au/health-professionals/anaphylaxis/resources](http://www.allergy.org.au/health-professionals/anaphylaxis/resources)

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) .....
- Dose: .....
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

**Watch for any one of the following signs of Anaphylaxis**

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- 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)

ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr**
- 3 Phone ambulance\*- 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give adrenaline autoinjector

After giving adrenaline:

- Commence CPR if there are no signs of life
- Give asthma medication if unsure whether it is asthma or anaphylaxis

EpiPen® is generally prescribed for adults and children over 5 years.  
EpiPen® Jr is generally prescribed for children aged 1-5 years.  
\* Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information \_\_\_\_\_

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

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**Attachment 2****ANAPHYLAXIS RISK MINIMISATION PLAN**

**Cover Sheet:** This Plan is to be completed by the classroom teacher in conjunction with the parents and with reference to the information from the student's medical practitioner provided on the Anaphylaxis Action Plan.

Student's name:		
Campus :	Classroom:	
Anaphylaxis Action Plan provided by parent/carer (please circle): YES / NO		
My child reacts in the following ways:		
<p>1. Administer _____ mls of _____</p> <p>2. Ring parent: telephone no: _____</p> <p style="text-align: center;"><b><i>DO NOT LEAVE A MESSAGE - SPEAK TO A PERSON!</i></b></p> <p>3. Ring Reception and Principal</p> <p>4. Ring 000 (triple zero)</p> <p>5. Locate EpiPen</p>		
Parent/carer contact details:	Parent/carer information (1)	Parent/carer information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
Other emergency contacts (if parent/carer not available):		
Medical practitioner contact:		
The following Anaphylaxis Risk Minimisation Plan has been developed with my knowledge and input and will be reviewed on (record date):		
Signature of parent/carer:		Date:
Signature of Principal (or Business Manager):		Date:

## STRATEGIES TO MINIMISE ANAPHYLAXIS TRIGGERS

Student's name:		
Date of birth:	Year level:	
Predominant Anaphylaxis Trigger/s:		
Other medical condition triggers:		
Risk (suggested risks listed in <b>Appendix</b> )	Strategy	Who is Responsible?
On School excursions	The School will ensure the emergency action plan and the auto injection device kit accompanies the person designated to be in charge of the child throughout the excursion. The generic Auto Injector is to be carried on all School excursions.	Classroom teacher
On School camps	The School will ensure the emergency action plan and the auto injection device kit accompanies the person designated to be in charge of the child throughout the camp. The generic Auto Injector is to be carried on all School camps.	Classroom teacher and Excursion Manager
Special event days conducted or organised by the School.	The School will ensure the emergency action plan and the auto injection device kit accompanies the person designated to be in charge of the child throughout the special event day. The generic Auto Injector is to be present at all special event days	Classroom teacher
Steps to be taken to ensure relief staff understand their role in the event of an anaphylactic reaction	Staff will be informed when they sign in for the day's work if there is an anaphylactic child in their care for the day. They will be informed where the child's Action Plan is displayed and where their auto injection device kit is stored. A copy of the School's Emergency Management procedure is available in the Pink Folder provided in each classroom. Pink Folders are to be taken off site when required and in case of emergency. Relief Staff are to be shown where the generic auto injectors are located.	Inductor – either the Deputy Principal, Business Manager or Nominated Supervisor



**Examples of Risks, Situations, Concepts to consider when completing the Anaphylaxis Risk Minimisation Plan**

- Who are the children and what are their anaphylaxis triggers (is information provided on their Anaphylaxis Action Plan)?
- What are the potential sources of exposure to their anaphylaxis triggers?
- Where will the potential source of exposure to their anaphylaxis triggers occur?
- Are all staff (including relief staff, visitors and parent/carer volunteers) aware of which children have anaphylaxis?
- Is there age appropriate anaphylaxis education for children at the service and are children actively encouraged to seek help if they feel unwell?
- Do you have anaphylaxis information available at the service for parents/carers?
- What are the lines of communication in the children's service?
- Does the child have an Anaphylaxis Action Plan in all locations where they learn/play?
- Do all service staff know how to interpret and implement Anaphylaxis Action Plans in an emergency?
- Where are the epipens located?
- Where are the Anaphylaxis generic epipens kept?
- Do all staff and visitors to the service know where Anaphylaxis Emergency Kits are kept?
- Who is responsible for the contents of Anaphylaxis Emergency Kits? (checking expiry dates, replacing epipens as needed)
- Do you have a second Anaphylaxis Emergency Kit for excursions?
- What happens if a child's action plan and epipen are not brought to School?
- Does the child have any other health conditions, such as other allergies?
- Do they have an Action Plan and Risk Minimisation plan for each health condition?
- Do plants around the service attract bees, wasps or ants?
- Have you considered planting a low-allergen garden?
- Have you considered where food and drink consumption and disposal is occurring? (including food and drink consumed by all staff and visitors)
- Could traces of food allergens be present on craft materials used by the children? (*e.g.* egg cartons, cereal boxes, milk cartons)
- Do your cleaners use products that leave a strong smell, or do you plan to renovate or paint the centre when children are present?
- Do your staff use heavy perfumes or spray aerosol deodorants while at work?
- What special activities do you have planned that may introduce children to anaphylaxis triggers?

*Attachment 3*

**ALLERGY AWARENESS FORM**

Melbourne Montessori School would like to inform you that:

\_\_\_\_\_ (Student's Name)

in Room \_\_\_\_\_ Teacher \_\_\_\_\_ is allergic to the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We therefore ask you not to bring the following:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please sign and return to School to demonstrate your awareness of this issue.

Signed by Parent: \_\_\_\_\_ Date: \_\_\_\_\_

**Attachment 4**

**MANAGING THE RISK OF ANAPHYLAXIS**

CHILD'S FULL NAME: \_\_\_\_\_

CLASSROOM: \_\_\_\_\_ CAMPUS: \_\_\_\_\_ YEAR \_\_\_\_\_

ACTION	DATE
Family provided with a copy of the School's Anaphylaxis Management Policy	
Family has provided a complete auto injection device kit to the School	
Staff member checks the expiry date of the auto injection device kit – Term 1	
Staff member checks the expiry date of the auto injection device kit – Term 2	
Staff member checks the expiry date of the auto injection device kit – Term 3	
Staff member checks the expiry date of the auto injection device kit – Term 4	
Letter to School community requesting that specific procedures be followed to minimize the risk of exposure to know allergens.	

YEAR \_\_\_\_\_

ACTION	DATE
Family has provided a complete auto injection device kit to the School	
Staff member checks the expiry date of the auto injection device kit – Term 1	
Staff member checks the expiry date of the auto injection device kit – Term 2	
Staff member checks the expiry date of the auto injection device kit – Term 3	
Staff member checks the expiry date of the auto injection device kit – Term 4	

YEAR \_\_\_\_\_

ACTION	DATE
Family has provided a complete auto injection device kit to the School	
Staff member checks the expiry date of the auto injection device kit – Term 1	
Staff member checks the expiry date of the auto injection device kit – Term 2	
Staff member checks the expiry date of the auto injection device kit – Term 3	
Staff member checks the expiry date of the auto injection device kit – Term 4	

Attachment 5

# ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

## Refer to Risk Minimisation

School Name: \_\_\_\_\_

Primary / Secondary (Please Circle): Primary  Secondary

Location / Address: \_\_\_\_\_

Date of Review: \_\_\_\_\_ Time: \_\_\_\_\_

School Contract Person: Name:  
(Who provided information collected) \_\_\_\_\_

Position: \_\_\_\_\_

Review given to: Name:  
(if different from above) \_\_\_\_\_

Position: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

1. How many current students have been prescribed (and carry) an adrenaline auto injector? \_\_\_\_\_

2. Have any students ever had an allergic reaction while at School? Yes  No

If Yes, how many times? \_\_\_\_\_

If Yes, how many students? \_\_\_\_\_

3. Have any students ever had an Anaphylactic Reaction at School? Yes  No

If Yes, how many students? \_\_\_\_\_

If Yes, how many times \_\_\_\_\_

4. Has a staff member been required to administer an adrenaline auto injector to a student? Yes  No

If Yes, how many times? \_\_\_\_\_

**SECTION 1: Anaphylaxis Management Plans and ASCIA Action Plans**

1. Does every student who carries an adrenaline auto injector (either for allergic reaction or anaphylaxis) have an individual Anaphylaxis Management Plan signed by a medical practitioner in place (see Chapter 6 and Appendix 1, Anaphylaxis Guidelines for Victorian Schools)? Yes  No

2. Are all individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)? Yes  No

3. Do the Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for in-School and out of class settings?

During classroom activities, including elective classes Yes  No

In canteens or during lunch or snack times Yes  No

Before and after School, in the School yard and during breaks Yes  No

For special events, such as sports days, class parties and extra-curricular activities Yes  No

For excursions and camps Yes  No

Other

4. Do all students who carry an adrenaline auto injector have a copy of their ASCIA Emergency Action Plan for anaphylaxis kept at School (provided by the parent)? Yes  No

Where are they kept?

5. Does the ASCIA Emergency Action Plan for anaphylaxis have a recent photo of the student with them? Yes  No

**SECTION 2: Storage and Accessibility of adrenaline auto injectors**

1. Where are the students adrenaline auto injectors stored?

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2. Are the adrenaline auto injectors stored at room temperature?

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3. Is the storage safe (out of reach of students and not refrigerated)? Yes  No

Is the storage unlocked and accessible to staff at all times? Yes  No

Comments

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Are the adrenaline auto injectors easy to find? Yes  No

Comments

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4. Is a copy of students' ASCIA Emergency Action Plan for anaphylaxis kept together with their student's adrenaline auto injector? Yes  No

Comments

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5. Are the adrenaline auto injectors and ASCIA Emergency Action Plans for anaphylaxis clearly labelled with students' names? Yes  No

Comments

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6. Has someone been designated to check the adrenaline auto injector expiry dates on a regular basis? Yes  No

Who?

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Comments

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7. Has the School signed up to EpiClub or Ana-alert (free reminder services)? Yes  No

8. Do all staff know where the adrenaline auto injector and ASCIA Emergency Action Plan for anaphylaxis are stored? Yes  No

Comments

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9. Is there an adrenaline auto injector for general use in the School's first aid kit? Yes  No

If Yes, where is it located?

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10. Is this device clearly labelled as the 'General Use' adrenaline auto injector? Yes  No

**SECTION 3: Prevention Strategies**

- 
1. Have you done a risk assessment to identify potential accidental exposure to allergens for a student with anaphylaxis?      Yes       No

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  2. Have you implemented any of the prevention strategies (in Appendix 2 of the Guidelines)?      Yes       No

---

  3. Is there always a staff member on yard duty with current training in anaphylaxis emergency management?      Yes       No

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**SECTION 4: Training and Emergency Response**

1. Have all staff attended a twice yearly briefing?	Yes <input type="radio"/>	No <input type="radio"/>
2. Have you developed an Emergency Response Plan for when an allergic reaction occurs?		
In the class room?	Yes <input type="radio"/>	No <input type="radio"/>
In the School yard?	Yes <input type="radio"/>	No <input type="radio"/>
At School camps and excursions?	Yes <input type="radio"/>	No <input type="radio"/>
On special event days, such as sports days?	Yes <input type="radio"/>	No <input type="radio"/>
Does your plan include who will call the Ambulance?	Yes <input type="radio"/>	No <input type="radio"/>
3. Is there a designated person who will be sent to collect the student's adrenaline auto injector and ASCIA Emergency Action Plan?	Yes <input type="radio"/>	No <input type="radio"/>
4. Have you checked how long it will take to get to the adrenaline auto injector and ASCIA Emergency Action Plan to a student from various areas of the School including:	Yes <input type="radio"/>	No <input type="radio"/>
The class room?	Yes <input type="radio"/>	No <input type="radio"/>
The School yard?	Yes <input type="radio"/>	No <input type="radio"/>
The sports field?	Yes <input type="radio"/>	No <input type="radio"/>
5. On excursions or other out of School events is there a plan for who is responsible for ensuring the adrenaline auto injector(s) are correctly stored and available for use?	Yes <input type="radio"/>	No <input type="radio"/>
Who will do this on excursions?		
Who will do this on camps?		
Who will do this on sporting activities?		
6. Is there a process for post incident support in place?	Yes <input type="radio"/>	No <input type="radio"/>
Comments		
7. Have all staff been briefed on:		
The School's Anaphylaxis Management Policy?	Yes <input type="radio"/>	No <input type="radio"/>
The causes, symptoms and treatment of anaphylaxis?	Yes <input type="radio"/>	No <input type="radio"/>
The identities of students who carry an adrenaline auto injector and where their medication is located?	Yes <input type="radio"/>	No <input type="radio"/>
How to use an adrenaline auto injector device, including hands on practice with a training adrenaline auto injector device?	Yes <input type="radio"/>	No <input type="radio"/>
The School's first aid and emergency response procedures?	Yes <input type="radio"/>	No <input type="radio"/>
Where the adrenaline auto injector for general use is kept?	Yes <input type="radio"/>	No <input type="radio"/>
When the adrenaline auto injector for general use can be administered?	Yes <input type="radio"/>	No <input type="radio"/>

**SECTION 5: Communicating with Staff, students and parents/carers**

1. Is there a communication plan in place to provide information about anaphylaxis and the School's policies? Yes  No

To staff? Yes  No

To students? Yes  No

To parents/carers? Yes  No

2. Are there procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response? Yes  No

Comments

3. Do all staff know which students suffer from anaphylaxis? Yes  No

Comments

4. How is this information kept up to date?

Comments

5. Are there strategies in place to increase awareness about severe allergies among students? Yes  No

Comments

***Attachment 6***

**First Aid Treatment for Anaphylaxis**

Download this attachment from the Australasian Society of Clinical Immunology and Allergy:  
<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/first-aid-for-anaphylaxis>

**APPENDIX 1**

In any service that is open to the general community it is not possible to achieve a completely allergen-free environment. A range of procedures and risk minimisation strategies, including strategies to minimise the presence of allergens in the service, can reduce the risk of anaphylactic reactions. Legislation that governs the operation of approved children's services is based on the health, safety and welfare of children, and requires that children are protected from hazards and harm. The Approved Provider will ensure that there is at least one educator on duty at all times who has current approved anaphylaxis management training in accordance with the *Education and Care Services National Regulations 2011* (Regulation 136(1)(b)). As a demonstration of duty of care and best practice, KPV recommends all educators have current approved anaphylaxis management training (refer to *Definitions*).

Approved anaphylaxis management training is listed on the ACECQA website (refer to *Sources*).

**Legislation and standards**

Relevant legislation and standards include but are not limited to:

- *Education and Care Services National Law Act 2010*: Sections 167, 169
- *Education and Care Services National Regulations 2011*: Regulations 90–96, 102, 136, 137, 146, 147, 160–162, 168(2)(d), 173, 177, 181, 183, 184, 246
- *Health Records Act 2001* (Vic)
- *National Quality Standard*, Quality Area 2: Children's Health and Safety
  - Standard 2.1: Each child's health is promoted
    - Element 2.1.1: Each child's health needs are supported
    - Element 2.1.4: Steps are taken to control the spread of infectious diseases and to manage injuries and illness, in accordance with recognised guidelines
  - Standard 2.3: Each child is protected
    - Element 2.3.3: Plans to effectively manage incidents and emergencies are developed in consultation with relevant authorities, practised and implemented
- *Occupational Health and Safety Act 2004* (Vic)
- *Privacy and Data Protection Act 2014* (Vic)
- *Privacy Act 1988* (Cth)
- *Public Health and Wellbeing Act 2008* (Vic)
- *Public Health and Wellbeing Regulations 2009* (Vic)

**APPENDIX 2****SOURCES AND RELATED POLICIES****Sources**

- ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: <http://acecqa.gov.au/qualifications/approved-first-aid-qualifications/>
- Anaphylaxis Australia Inc is a not-for-profit support organisation for families of children with food-related anaphylaxis. Resources include a telephone support line and items available for sale including storybooks, tapes and EpiPen® trainers. [www.allergyfacts.org.au](http://www.allergyfacts.org.au)
- Australasian Society of Clinical Immunology and Allergy (ASCIA): <https://www.allergy.org.au/> Provides information and resources on allergies. Action Plans for Anaphylaxis can be downloaded from this site. Also available is a procedure for the First Aid Treatment for Anaphylaxis (refer to Attachment 6). Contact details of clinical immunologists and allergy specialists are also provided.
- Department of Education and Early Childhood Development (DEECD) provides information and resources related to anaphylaxis and anaphylaxis training. Anaphylaxis resource kits have also been distributed to all Victorian licensed children's services for the purpose of undertaking training in the administration of an auto-injection device. [www.education.vic.gov.au/ecsmanagement/educareservices/anaphylaxis.htm](http://www.education.vic.gov.au/ecsmanagement/educareservices/anaphylaxis.htm)
- Department of Allergy and Immunology at The Royal Children's Hospital Melbourne ([www.rch.org.au](http://www.rch.org.au)) provides information about allergies and services available at the hospital. This department can evaluate a child's allergies and provide an adrenaline auto-injector prescription. An EpiPen® trainer kit can also be purchased. Kids Health Info fact sheets are also available from the website, including the following:
  - Allergic and anaphylactic reactions: [www.rch.org.au/kidsinfo/factsheets.cfm?doc\\_id=11148](http://www.rch.org.au/kidsinfo/factsheets.cfm?doc_id=11148)
  - Auto-injectors (epi-pens) for anaphylaxis – an overview: [https://www.rch.org.au/kidsinfo/fact\\_sheets/Allergic\\_and\\_anaphylactic\\_reactions/](https://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions/)

The Royal Children's Hospital has been contracted by the Department of Education and Early Childhood Development (DEECD) to provide an Anaphylaxis Support Line to central and regional DEECD staff, School principals and representatives, School staff, children's services staff and parents/guardians wanting support. The Anaphylaxis Support Line can be contacted on 1300 725 911 or 9345 4235, or by email: [carol.whitehead@rch.org.au](mailto:carol.whitehead@rch.org.au)

**Service Policies**

- *Administration of First Aid Policy*
- *Administration of Medication Policy*
- *Asthma Policy*
- *Dealing with Medical Conditions Policy*
- *Diabetes Policy*
- *Emergency Response Procedures*
- *Enrolment and Orientation Policy*
- *Excursions and Service Events Policy*
- *Food Safety Policy*
- *Hygiene Policy*
- *Incident, Injury, Trauma and Illness Policy*
- *Inclusion and Equity Policy*
- *Nutrition and Active Play Policy*
- *Privacy and Confidentiality Policy*
- *Supervision of Children Policy*
- *Ministerial Order 706 – Anaphylaxis Management in Victorian Schools*
- *Emergency Management Plan*