

Policy Document No: ELC28  
Category: Early Learning  
Topic: **Anaphylaxis Management Policy**



Date of Issue: February 2006  
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## Rationale

Anaphylaxis is a severe, rapidly progressive and potentially life threatening allergic reaction.

The most common triggers (allergens) are peanuts, tree nuts (e.g. hazelnuts, cashews and almonds), cow's milk, eggs, wheat, soybean sesame (seeds/oil), fish and shellfish.

Although these are these are the most common triggers, any food can trigger an allergic reaction. Other common allergens include latex, insects and medications.

Peanuts and tree nuts are the allergens most often associated with fatal reactions; however people have died as a result of other triggers such as milk and shellfish.

The incidence of allergy, including anaphylaxis, is increasing. Although severe allergy allergy/anaphylaxis is now more common than it was in the 1990's, death from anaphylaxis remains rare. The only way to prevent anaphylaxis is to avoid the triggers.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk of anaphylaxis, awareness of triggers and prevention of exposure to these allergens.

First aid treatment for anaphylaxis is adrenaline. In the community setting, adrenaline is administered via an auto-injector, following instruction on the individual's Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis.

Those at risk of anaphylaxis are prescribed an Adrenaline auto-injector. The Adrenaline auto-injectors currently available in Australia are EpiPen® and Anapen®.

## Statement

Mount Scopus Memorial College is fully compliant with Ministerial order 706 and the associated Guidelines published and amended by the Department of Education and Early Childhood from time to time, by developing and maintaining an Anaphylaxis Policy.

## Purpose

The Anaphylaxis Management Policy aims 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 School life.
- Raise awareness about anaphylaxis and the College's Anaphylaxis Management Policy in the school community.
- Engage with parents/guardians of students at risk of anaphylaxis in assessing risks and developing risk minimisation and management strategies for those students.
- Ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the College's policy and procedures regarding responding to an anaphylactic reaction.

## Implementation

### Individual Anaphylaxis Management Plans (IMP)

The Principal/College Nurse, will ensure that an Individual Anaphylaxis Management Plan (see appendix A) is developed, in consultation with the student's parents/guardians, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management plan will be put in place as soon as practicable after a student enrolls and where possible before their first day at Mount Scopus Memorial College. All medical information regarding a student is to be given to nursing staff on a student's enrolment, by the Enrolment Director. All medical information is then stored in the College data base with access restricted to nursing staff.

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 or allergies the student has (based on a written diagnosis from a Medical Practitioner);
- Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of College 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 College;
  - The name(s) of the person(s) responsible for implementing the strategies;
  - Information regarding where the student's medication will be stored;
  - The student's emergency contact details; and
  - An emergency procedures plan (ASCIA Action Plan, see appendix B), provided by the parent/guardian, that:
    - sets out the emergency procedures to be taken in the event of an allergic reaction;
    - is signed by a treating medical practitioner;
    - includes an up to date photograph of the student as provided by the parent or from the College data base

Once developed the College Nurse will then implement and monitor the student's Individual Anaphylaxis Management Plan. Management Plans will be updated yearly, within the first week of the New School Year.

The Management Plan will be reviewed, in consultation with the student's parents/guardians in all of the following circumstances.

- Annually;-
  - o On transfer from one campus to another;
  - o If the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
  - o As soon as practicable after the student has an anaphylactic reaction at the College;
  - o When the student is to participate in an off-site activity, such as excursions, or at special events conducted, organised or attended by the College (e.g. class parties, elective subjects, cultural days and incursions).

The anaphylaxis management plan is stored in a red pencil case along with that particular student's Adrenaline auto-injector, antihistamine, ASCIA action plan and the communication plan. They are then kept in each individual Kindergarten Office relevant to each particular student.

The College Nurse is responsible for regularly checking the expiry date on the Adrenalin auto-injector and contacting the parents/guardians requesting a new Adrenalin Auto-injector prior to it expiring as well as an updated ASCIA Action Plan.

It is the responsibility of the **parent** to:

- Communicate their child's allergies and risk of anaphylaxis to the College at the earliest opportunity, preferably on enrolment.
- Continue to communicate with the College and provide up to date information about their child's medical condition and if necessary provide an updated ASCIA Action Plan and Anaphylaxis Management Plan.
- Provide the College with an Adrenaline auto-injector and antihistamine that are current and not expired for their child.
- Replace the child's Adrenalin auto-injector and any other medication as needed, before the expiry date or when used.
- After notifying the parent an adrenaline auto-injector has expired, the school reserves the right to discard the adrenaline auto-injector.
- Provide the up-to-date ASCIA Action Plan from the child's Medical Practitioner that details their condition, any medications to be administered, and other emergency procedures;
- Provide an anaphylaxis risk management plan formed in conjunction with nursing staff which is reviewed annually;
- Inform the school in writing if their child's medical condition; in so far as it relates to allergy and the potential for anaphylactic reaction, changes, and if relevant, provide an updated ASCIA action plan.
- Inform the College in writing of any changes to contact details.
- Provide an up-to-date photo for the ASCIA action when that plan is provided to the college and when it is reviewed.
- Assist College staff in planning and preparation for the student prior to excursions etc
- Provide food options for their child if requested by College Staff.

Note: Parents/guardians are to comply with this college policy which states: A student who has been prescribed an Adrenaline auto-injecting device is not permitted to attend the College or its programs without an auto-injecting device, antihistamine, ASCIA Action plan and anaphylaxis management plan that are current and not expired. .

### **Prevention Strategies**

The College has an 'Allergy Aware' policy in the Early Learning Centres and Primary School but cannot guarantee the campus is nut free. Staff and students are strongly encouraged not to bring nut or nut based products onto the College Campus, however this cannot be guaranteed. All anaphylactic students are strongly encouraged to question the ingredients of all foods they eat.

The College Tuck Shops are 'Nut Free' as are all special school celebrations/activities catered for by the college.

All staff will be trained in Anaphylaxis Management every three years with twice yearly update.

See Appendix C for more detailed prevention strategies.

### **College Management and Emergency Response**

In the event of an anaphylactic reaction, the following Emergency Response Procedures (see appendix D) must be followed, together with the students ASCIA Action Plan.

### **Role and Responsibilities of College Staff**

All staff have a duty of care to take reasonable steps to protect a student in your care from risks of injury that are reasonably foreseeable. This includes administrators, casual relief staff, specialist staff, sessional teachers and volunteers.

Staff are required to:

- Know and understand the School Anaphylaxis Management Policy
- Know the identity of students by face who are at risk of anaphylaxis.
- Understand the causes, symptoms and treatment of anaphylaxis
- Obtain regular training in how to recognise and respond to an anaphylactic reaction, including how to administer an Adrenaline Auto-injector.
- Know where to find each student's Individual Anaphylaxis Management Plan and what your responsibilities are in relation to that plan.
- Know the emergency response procedures you would put in place in the case of an anaphylactic in the classroom; yard and excursions.
- Know where the 'General Use' Auto-injectors are kept.
- Planning ahead for special class activities (e.g. cooking and art) or special occasions (e.g. excursions, cultural days and parties) involving food. This may include working with parents to provide appropriate food for their child if the food may present a risk to that child.
- Avoid the use of food treats in class or as rewards.
- Awareness of hidden allergens and traces of allergens when using items such as egg or milk cartons.
- Be aware of the risk of cross-contamination when preparing, handling and displaying food.
- Ensure tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Foster a school environment that is safe and supportive for those students at risk of anaphylaxis.

### **Role and Responsibility of the College Nurse**

The College Nurse will:

- Take a lead role in supporting the Principal and other College staff to implement the College Anaphylaxis Management Policy.
- Obtain regular training in how to recognise and respond to an anaphylactic reaction including administering an Adrenaline auto-injector.
- Arrange regular training for College staff in Anaphylaxis Management.
- Keep an up-to-date register of students with anaphylaxis.
- Work closely with parents to develop, implement and review management plans; action plans and soon to be expired Adrenaline Auto-injectors. This includes ensuring all emergency contact details are up-to-date; the ASCIA Action plan matches the student's supplied Adrenaline auto-injector; alerting parents regarding the need to replace the Auto-injector one month prior to it expiring; ensuring the Adrenaline Auto-injectors are stored correctly in an unlocked, easily accessible place and that the Management Plan and Action Plans are stored with the Adrenaline Auto-injector.
- Provide or arrange post-incident support (e.g. counselling) to students and College staff if appropriate.
- Post incident, the College's Anaphylaxis Management Policy should be reviewed to ensure it adequately responds to anaphylactic reactions by students who are in the care of College Staff.

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

The College will purchase Adrenaline Auto-injector(s) for 'General Use' (at cost to the College) and as a back up to those supplied by Parents/Guardians. These are available for purchase at any chemist without a prescription.

The Principal/College Nurse will determine the number of additional Adrenaline Auto-injector(s) required. In doing so, the Principal/College Nurse will take into account the following relevant considerations:

- The number of students enrolled at the College who have been diagnosed as being at risk of anaphylaxis;
- The accessibility of Adrenaline Auto-injectors that have been provided by Parents/Guardians of students who have been diagnosed as being at risk of anaphylaxis;
- The availability and sufficient supply of Adrenaline Auto-injectors for General Use in specific locations at the College, including; In the College yard, and at excursions and special events conducted or organised by the College
- The Adrenaline Auto-injectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the College's expense, either at the time of use or expiry, whichever is first.

### **Communication Plan (see appendix E)**

The communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

This communication plan includes information about the steps to be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions and special event days.

At Mount Scopus Memorial College all Adrenalin auto-injectors, Action Plans, Management Plans, Communication Plans and antihistamine are store in a red pencil case, for each individual student. This red pencil case has the students name, picture and their allergy type on the front. The 'General Use' Adrenalin auto-injector is also stored in a red pencil case along with ventolin and a spacer.

The Principal/College Nurse will ensure that relevant (see 'Staff Training' below) College staff are:

- Trained in anaphylaxis; and
- Briefed at least twice per calendar year.

### **Raising Staff Awareness**

All staff will be trained in Anaphylaxis management every three years and will be briefed at least twice pre calendar year by the school nurse or 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 auto adrenaline injecting device
- The school's first aid and emergency response procedures

New staff (including targeted administration and office staff, sessional teachers and specialist teachers), casual relief staff and volunteers will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care prior to them having contact with the student by the Head of the Early Learning Centre.

## Raising Student Awareness

Peer support is an important element of support for student at risk of anaphylaxis. Bullying can be a real risk.

At the beginning of each New Year and after any incident or episode of anaphylaxis and after any incident related to anaphylaxis bullying, class teachers will be encouraged to discuss the following with students:

- The importance always taking food allergies seriously;
- Not sharing food with friends who have allergies;
- Knowing what their friends are allergic to;
- The importance of washing their hands after eating;
- If a friend becomes sick, they are to get help immediately, even if their friend doesn't want to;
- Being respectful of a friend's Adrenaline auto injector;
- Not pressuring friends into eating foods they are allergic to.

It is important that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Bullying 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.

Refer to the College anti-bully policy see link below, page 30:

[http://www.scopus.vic.edu.au/Documents/Document%20Library/Scopus%20Parents/Parent\\_Handbook\\_2014\\_Combined.pdf](http://www.scopus.vic.edu.au/Documents/Document%20Library/Scopus%20Parents/Parent_Handbook_2014_Combined.pdf)

## Working with Parents

Parents of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to school. Nursing staff and class teachers will encourage an open and cooperative relationship with parents so they can feel confident that appropriate management strategies are in place. Regular communication and support is vital to help reducing a parent's anxiety.

## Raising School Community Awareness

Regular information regarding anaphylaxis in the school newsletters will help increase understanding throughout the community of this condition.

## Staff Training

The following Early Learning Staff will be appropriately trained:

- Early Learning staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any further Early Learning Staff that are determined by the Principal.

Although the Order only specifies that relevant Early Learning Staff must be briefed regularly, the Department considers that it is best practice for the Early Learning Staff to brief **all** Early Learning Staff on a regular basis regarding anaphylaxis and the College's Anaphylaxis Management Policy (including hands on practise with trainer Adrenaline Auto-injectors by all staff)

The identified Early Learning Staff will undertake the following training:

- An Anaphylaxis Management training course in the three years prior; and
- Participate in a briefing, to occur twice per calendar year, with the first briefing to be held at the beginning of the year on:
  - The College Anaphylaxis Management Policy;
  - The causes, symptoms and treatment of anaphylaxis;
  - The identities of the students with anaphylaxis, and where their medication is located;
  - How to use an Adrenaline Auto-injector, including hands on practice with a trainer Adrenaline Auto-injector device;
  - The College's general first aid and emergency response procedures; and
  - The location of, and access to, Adrenaline Auto-injector that have been provided by parents or purchased by the College for General use.

The briefing must be conducted by a member of College Staff who has successfully completed an Anaphylaxis Management Training course in the last 12 months.

This ensures that the designated staff member conducting the briefing has recently refreshed their knowledge relating to anaphylaxis management, and, importantly in the correct use of an Adrenaline Auto-injector.

The link below is the presentation which can be downloaded from the Department's website:

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

In the event that the relevant training and briefing has not occurred, the Head of Early Learning/College Nurse will develop an interim Anaphylaxis Management Plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to these staff as soon as practicable after the student enrolls, and wherever possible, training will take place before the students first day at school.

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

Accredited anaphylaxis management courses approved by the Secretary, Department of Education and Early Childhood Development that meet the requirements of Ministerial Order 706 are:

- o Course in First Aid Management of Anaphylaxis 22099VIC
- o Course in Anaphylaxis Awareness 10313NAT.

Note: General first-aid courses DO NOT meet the requirements Ministerial Order 706.

ASCIA provides an ASCIA anaphylaxis e-training course for Schools and childcare centres at:

<http://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare>

This course is always to be completed in conjunction with practise using Adrenaline Auto-injector training devices which must be checked by a qualified person (see above).

Senior Management have allocated the 'first staff only day' at the end of term 4 for all first aid requirements which includes time to discuss, practise and review the School's Anaphylaxis Management Policy.

## **Evaluation/Post incident Support**

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and parents. In the event of an anaphylactic reaction, students may benefit from post-incident counselling, provided by the College Counsellor.

If a child has an anaphylactic reaction, there will be a review of the adequacy of the response of the College and the College may consider the need for additional training and other corrective action. This will include the following:

1. The Adrenaline auto-injector must be replaced by the parent/guardian before the student is allowed to return to school.
2. If the 'General Use' Adrenaline auto-injector is used this should be replaced as soon as possible.
3. The students Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents/guardian.
4. The College Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to the anaphylactic reactions by students who are in the care of the College staff.

### **Annual Risk Management Checklist**

The Principal/College Nurse will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

### **References and Acknowledgements**

Anaphylaxis Australia Inc.  
Department of Education and Early Childhood Development  
Department of Human Services  
Ministerial Order 706 Anaphylaxis Management in Schools  
Royal Children's Hospital

Approved by the College Principal:



Dated: December 2016

## **Appendix A: Individual Anaphylaxis Management Plan (IMP)**

This plan is to be completed by the Principal or Nominee on the basis of information from the student's medical practitioner provided by the parent/carer

<b>Campus:</b>		<b>Phone:</b>	
<b>Student:</b>			
<b>DOB:</b>		<b>Year level:</b>	
<b>Severely allergic to:</b>			
<b>Other health conditions:</b>			
<b>Asthmatic:</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>Medication at school:</b>			

**EMERGENCY CONTACT DETAILS (PARENT)**

<b>Name:</b>		<b>Name:</b>	
<b>Relationship :</b>		<b>Relationship:</b>	
<b>Home phone:</b>		<b>Home phone:</b>	
<b>Work phone:</b>		<b>Work phone:</b>	
<b>Mobile:</b>		<b>Mobile:</b>	
<b>Address:</b>		<b>Address:</b>	

**EMERGENCY CONTACT DETAILS (OTHER THAN PARENT)**

<b>Name:</b>		<b>Name:</b>	
<b>Relationship :</b>		<b>Relationship:</b>	
<b>Home phone:</b>		<b>Home phone:</b>	
<b>Work phone:</b>		<b>Work phone:</b>	
<b>Mobile:</b>		<b>Mobile:</b>	
<b>Address:</b>		<b>Address:</b>	

<b>Medical practitioner contact</b>	<b>Name:</b>	<b>Phone:</b>
<b>Emergency care to be provided at school</b>	Follow the student's ASCIA Action Plan	
<b>Storage for Adrenaline Autoinjector (device specific) (EpiPen®/Anapen®)</b>		

## ENVIRONMENT

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

**Name of environment/area:**

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

**Name of environment/area:**

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

**Name of environment/area:**

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

**Name of environment/area:**

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

**Name of environment/area:**

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

**Name of environment/area:**

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?


The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed **yearly, if the student's medical condition changes or immediately after an anaphylactic reaction at school.**

## Appendix B: Anaphylaxis Action Plan



australian 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: \_\_\_\_\_

Asthma    Yes     No

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

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

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

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

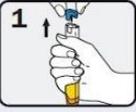
Plan prepared by: \_\_\_\_\_

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

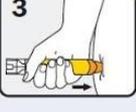
Signed: \_\_\_\_\_

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

**How to give EpiPen®**

**1** 

**2** 

**3** 

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

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 10 seconds.

REMOVE EpiPen®. Massage injection site for 10 seconds.

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

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

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

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.

## Appendix C: Prevention Strategies

The College will implement the following Risk Minimisation and Prevention strategies for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

### 1. During classroom activities

- 1.1. The Management plan will be kept in the red pencil case along with the Action Plan, communication plan and Adrenalin Auto-injector. It is the teacher's responsibility to make themselves aware of their responsibilities contained in the Management plan, of those students under their care.
- 1.2. Alert lists will be placed in the each individual Kindergarten Office.
- 1.3. Teachers are to liaise with parents about food related activities ahead of time and provide details if food is involved. Teachers are to avoid allergens where possible or provide an alternative, or only permit the student to consume food bought from home.
- 1.4. Teachers are to use non-food treats where possible. If food treats are used, parents of the student with the food allergy are to provide a treat box with alternative treats. These treat boxes are to be clearly labelled and handled only by the student.
- 1.5. Teachers are to educate students in their class as to why they are not allowed to share food, and the importance of hand washing before and after eating their own food.
- 1.6. Teachers/staff are to never give food from an outside source to a student who is at risk of anaphylaxis without parent approval.
- 1.7. Teachers are to be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, snack bar boxes, empty peanut butter jars).
- 1.8. Products labelled 'may contain traces of nuts' are not be served to students allergic to nuts without parental approval. Products labelled 'may contain milk or egg' are not be served to students with milk or egg allergy allergies without parental approval and so forth.
- 1.9. All cooking utensils, preparation dishes, plates' knives and forks etc. are to be cleaned thoroughly after preparation of food and cooking to prevent cross contamination.
- 1.10. The Head of the Early Learning Centre is to inform casual relief teachers, specialist teachers and volunteers of the names of the students at risk of anaphylaxis, the location of each individual Anaphylaxis Management Plan, Communication Plan, Adrenalin Auto injector and Action Plan (all in the red pencil case), the College's Anaphylaxis Management Policy and each individual person's responsibility in managing an incident i.e. seeking a trained staff member.

### 2. Yard

- 2.1. Early Learning staff are to be aware they must respond quickly to any anaphylactic reaction in the Early Learning grounds being cognisant of the distance to the red pencil cases containing the Adrenaline auto-injector, ASCIA Action Plan, Communication Plan and Management Plan. They also need to be aware of their exact location.
- 2.2. Early Learning staff are to send another staff member to retrieve the red pencil case from the Early Learning office which is a short distance from the playground. Staff are then to follow the emergency procedures as outlined in the Emergency Response Procedure and Communication plan.

- 2.3. Students with anaphylactic responses to insect bites are to be encouraged to stay away from water or flowering plants. They are also encouraged not to remove footwear when outdoors. If a nest of bees/wasps is observed, the anaphylactic student is to be removed from the area and the teacher on duty is to notify grounds staff for removal of the nest.
- 2.4. Grounds staff are to keep lawns mowed.
- 2.5. All outdoor bins are to be covered.
- 2.6. Students are to be encouraged to keep drinks and food covered while outdoors.

### **3. Special Events (e.g. incursions, class parties)**

- 3.1 Staff are to avoid using food as a reward or in games and activities.
- 3.2 Parents are to be alerted in advance of any food related activities and either develop an alternative menu or send an alternative meal from home.
- 3.3 Staff are to inform other parents not to send food treats to school or to school related events. A treat box may be supplied by the parent of the anaphylactic student if other treats are given out during events.
- 3.4 Party balloons should not be used if any student is allergic to latex.
- 3.5 On excursions etc, the risk assessment undertaken by staff before each event is to take into account the nature of the activity; the number of anaphylactic students participating; staff to student ratios; the size of the venue and the distance from medical assistance. Staff are to collect the students red pencil case before any excursion and be able to recognise those students by face.
- 3.6 Parents may wish to accompany their child on excursions etc. This is to be discussed with the teacher pre excursion.

## Appendix D: Emergency Response Procedures

In the event of an anaphylactic reaction, the following Emergency Response Procedures must be followed, together with the students ASCIA Action Plan.

The College Nurse will provide a complete and up to date list of students (with current photos) identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction. These are to be displayed in each individual Kindergarten room pertaining to the individual student.

The Adrenaline auto-injector, ASCIA action plan, Anaphylaxis management plan, communication plan and antihistamine are stored in a red pencil case. The front of the red pencil case displays the student's name; photo; description of allergy; the expiry date of the Adrenaline auto-injector; the College name and phone number.

The 'General Use' Adrenaline auto-injector is also stored in a red pencil case along with ventolin and a spacer in the Health Centre (GBH and First Aid room (FKI)).

It is the responsibility of the staff taking excursions and events conducted, organised or attended by the College to request and take an alert list, first aid kit and the red pencil case for each individual anaphylactic student participating.

### Steps to responding to an anaphylactic reaction:

If uncertain whether it is anaphylaxis or asthma, give the Adrenaline Auto-injector first, then the asthma reliever.

### Early Learning Classrooms

1. Reassure the student and lay them flat. If breathing is difficult, allow them to sit. Do not allow them to stand or walk. Ask them their name.
2. React quickly but in a calm, reassuring and confident manner.
3. One staff member is to stay with the student while another staff member retrieves the students Adrenaline auto-injector from the Early Learning Office.
4. GBH only: A staff member is to phone Matron (677 internally or 9900 4677. Matron is in attendance between the hours of 10:00-3:00).
5. GBH: If Matron is not present (from 8:30-10:00) reception is to be called (600) and the 'General Use' Adrenaline is requested to be taken to the student.
6. FKI: Reception is to be called (702) and the 'General Use' Adrenaline is requested to be taken to the student.
7. While waiting for the Adrenaline auto-injector to arrive the staff member waiting with the student is to phone 000 (112 if there is no reception on the mobile).
8. For an insect bite, flick out the sting if it is visible. Only move the student if the beehive is close by.
9. If Matron is available, she will administer the Adrenaline auto-injector junior/senior as prescribed. If Matron is not available, the trained staff member is to administer the Adrenaline auto-injector following the ASCIA action plan. If the student is asthmatic, ventolin is to be given as per Asthma Victoria Guidelines (4x4x4), while waiting for ambulance to arrive.
10. Reassure the student experiencing the reaction, as they are likely to be feeling anxious or frightened as a result of the reaction and the side effects of the adrenaline. Observe the student closely in case of a worsening condition. Ask another member of the school staff to move other students away and reassure them elsewhere.
11. If needed for support, phone Hatzolah – 9527 5111
12. Matron or the attending staff member is to phone parents/guardian.
13. If the student does not respond after 5 minutes, administer the 'General Use' EpiPen. If unresponsive at any time, commence CPR.

14. Security guard is to be contacted by a staff member and told the location of the anaphylactic emergency so they can direct the ambulance.
15. Complete an incident form and send to Matron 'In Charge' at the Gandel campus.

## College Yards

All staff on yard duty are to carry either their personal or a school mobile phone to alert Matron of emergencies. Staff are to remain with the student and follow the points below:

1. Reassure the student and lay them flat. If breathing is difficult, allow them to sit. Do not allow them to stand or walk. Ask them their name.
2. React quickly but in a calm, reassuring and confident manner.
3. A staff member is to stay with the student while they phone Matron (677 internally or 9900 4677). If Matron is not in attendance (between the hours of 8:30-10:00), Reception is to be called on 600 internally or 9900 4600). The student's red pencil case and the 'General Use' Adrenaline auto-injector are to be taken to the student.
4. While waiting for the Adrenaline auto-injector to arrive the staff member waiting with the student is to phone 000 (112 if there is no reception on the mobile).
5. For an insect bite, flick out the sting if it is visible. Only move the student if the beehive is close by.
6. If Matron is available, she will administer the Adrenaline auto-injector junior/senior as prescribed. If Matron is not available, the trained staff member is to administer the Adrenaline auto-injector following the ASCIA action plan. If the student is asthmatic, ventolin is to be given as per Asthma Victoria Guidelines (4x4x4), while waiting for ambulance to arrive.
7. Reassure the student experiencing the reaction, as they are likely to be feeling anxious or frightened as a result of the reaction and the side effects of the adrenaline. Observe the student closely in case of a worsening condition. Ask another member of the school staff to move other students away and reassure them elsewhere.
8. If needed for support, phone Hatzolah – 9527 5111
9. Matron or the attending staff member is to phone parents/guardian.
10. If the student does not respond after 5 minutes, administer the 'General Use' Adrenaline auto-injector . If unresponsive at any time, commence CPR.
11. Security guard is to be contacted by a staff member and told the location of the anaphylactic emergency so they can direct the ambulance
12. Complete an incident form and send to Matron 'In Charge' at the Gandel campus.

## Excursions and off campus events

Staff are to make themselves aware of any students they are taking with anaphylaxis, as well as taking a first aid kit and red pencil cases containing a student's individual Adrenaline auto-injector as well as a 'General Use' Adrenaline auto-injector on all activities when students are off campus.

Staff in charge of students with anaphylaxis must carry a fully charged mobile phone.

If an anaphylactic reaction occurs:

1. Reassure the student and lay them flat. If breathing is difficult, allow them to sit. Do not allow them to stand or walk. Ask them their name.
2. React quickly but in a calm, reassuring and confident manner.
3. In the case of an insect allergy, flick the sting out if it is visible. Only move the student if the beehive is close by.
4. A trained staff member present is to administer the Adrenaline auto-injector as per the ASCIA Action Plan.
5. Reassure the student experiencing the reaction, as they are likely to be feeling anxious or frightened as a result of the reaction and the side effects of the adrenaline. Observe the student closely in case of a worsening condition. Ask another member of the school staff to move other students away and reassure them somewhere else.
6. The staff member is to phone 000 (112 if no mobile reception). If asthmatic give ventolin as per Asthma Victoria Guidelines (4x4x4), while waiting for ambulance to arrive.

7. The staff member is to phone parents/guardian and Matron (GBH direct: 9900 4677 or Burwood direct: 9834 0077)
8. If the student does not respond after 5 minutes, administer the 'General Use' Adrenaline auto-injector. If unresponsive at any time, commence CPR.
9. Complete an incident form on return to the College and give to the Matron 'In Charge' at the Gandel campus.

The College is aware that some parents/guardians of anaphylactic students might not wish the identity of the student to be disclosed to the wider school community. Consent will always be obtained to display the student's name, photo and relevant treatment details in staffrooms, cafeteria or classroom offices.

**Self-Administration of the Adrenaline Auto-Injector**

A student who normally self-administers their Adrenaline Auto-Injector may not be physically able to self-administer, therefore a staff member must take over. If the student IS able to self-administer, a staff member/nurse should supervise and monitor the student while another staff member/nurse should contact the ambulance.

**Appendix E: Communication Plan**

This plan is to be completed by the Principal or Nominee on the basis of information from the student's medical practitioner provided by the parent/carer			
<b>Campus:</b>		<b>Phone:</b>	
<b>Student:</b>			
<b>DOB:</b>		<b>Year level:</b>	
<b>Severely allergic to:</b>			

<b>Other health conditions:</b>			
<b>Asthmatic:</b>	<input type="radio"/> Yes <input type="radio"/> No		
<b>Medication at school:</b>			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
<b>Name:</b>		<b>Name:</b>	
<b>Relationship:</b>		<b>Relationship:</b>	
<b>Home phone:</b>		<b>Home phone:</b>	
<b>Work phone:</b>		<b>Work phone:</b>	
<b>Mobile:</b>		<b>Mobile:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>EMERGENCY CONTACT DETAILS (OTHER THAN PARENT)</b>			
<b>Name:</b>		<b>Name:</b>	
<b>Relationship:</b>		<b>Relationship:</b>	
<b>Home phone:</b>		<b>Home phone:</b>	
<b>Work phone:</b>		<b>Work phone:</b>	
<b>Mobile:</b>		<b>Mobile:</b>	
<b>Address:</b>		<b>Address:</b>	
<b>Medical practitioner contact</b>	<b>Name:</b>		<b>Phone:</b>

The following communication procedures will be in place to ensure that relevant staff members and volunteers are informed about the Medical Conditions policy; the Action Plan for allergic reactions, and the Risk Minimisation plans for all students with Medical Conditions. The procedures also include the steps parents are to take to communicate with staff any changes to the medical management plan and risk management plan for their child.

**Parents/guardians Responsibilities:**

- Prior to or on enrolment, inform staff at the centre if their child has a known medical condition.
- On the first day a child attends the centre, the parent/guardian is to provide a written management plan and specific medication for their child’s medical condition.
- In consultation with staff, they are to develop a risk minimisation plan to be implemented while their child attends the centre.

- Ensure their child does not attend the centre without any medication prescribed by a medical practitioner in relation to their child's specific health care need, allergy or medical condition. That medication is not to be past the expiry date (see Medication policy).
- Communicate either verbally or in writing to staff, any changes to their child's medical condition; their management plan or their risk minimisation plan. This is to be done prior to the child recommencing at the centre, if they absent due to their medical condition or as soon as practicable. Any verbal communication is to be documented by staff then signed by the parent/guardian as soon as possible.

### **Staff Responsibilities:**

- Make themselves aware of any medical management plans and any risk management plans for all children with specific health care needs, allergies or medical conditions who attend their centre. This is to be done on a child's enrolment to the centre.
- In consultation with parents, Early Learning staff are to develop a risk minimisation plan of those children with medical conditions be implemented while the child attends the centre.
- Early Learning Centre teacher will inform new relief staff or volunteers of all students in their class with medical conditions, their action plans and their risk management plans. This is to take place at the beginning of each year, or when a new relief staff member or volunteer is engaged in the Early Learning Centre.
- Staff are to ensure all relief staff and volunteers to the centre can identify the child with a medical condition, know the location of the child's medication.
- Ensure relief staff trained in how and where to record all administration of medications (see Medication Policy).
- A list of all students with medical conditions is displayed in each Early Learning Centre office and on their fridge. This information is also available on the TASS data base which is accessible by all employed staff.
- Along with the medical conditions list in the Early Learning Centre, is each individual child's medication, their Allergy Action Plan and their Risk Minimisation Plan.
- General ASCIA Action Plan posters are displayed in each Early Learning room in key locations as nominated by teaching staff.
- Staff are to promptly communicate any concerns to a parent in relation to a student with a medical condition. This can be verbally or in writing.
- Staff are to ensure the child with a medical condition does not attend the Early Learning Centre without medication (which is not expired) prescribed by a medical practitioner in relation to the child's specific health care need, allergy or medical condition.
- Staff are to be aware and make written changes to a child's medical condition; their management plan or their risk management plan as soon as practicable. This may have been communicated either verbally or in writing by a parent/guardian or verbally and in writing from management. Any verbal communication is to be documented by staff then signed by the parent/guardian.

## Appendix F: Annual Risk Management Checklist

School Name:	Mount Scopus Memorial College
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 Auto-injector?	
2. How many of these students carry their Adrenaline Auto-injector 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 Auto-injector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. 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: Individual Anaphylaxis Management Plans

7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Auto-injector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. 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?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after School, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do all students who carry an Adrenaline Auto-injector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 2: Storage and Accessibility of Adrenaline Auto-injectors</b>	
12. Where are the student(s) Adrenaline Auto-injectors stored?	
13. Do all School Staff know where the School's Adrenaline Auto-injectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are the Adrenaline Auto-injectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>16. Is the storage unlocked and accessible to School Staff at all times?</p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>17. Are the Adrenaline Auto-injectors easy to find?</p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Auto-injector?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>19. Are the Adrenaline Auto-injectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>20. Has someone been designated to check the Adrenaline Auto-injector expiry dates on a regular basis?</p> <p>Who? .....</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>21. Are there Adrenaline Auto-injectors which are currently in the possession of the School and which have expired?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>23. Do all School Staff know where the Adrenaline Auto-injectors and the Individual Anaphylaxis Management Plans are stored?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>24. Has the School purchased Adrenaline Auto-injector(s) for General Use, and have they been placed in the School's first aid kit(s)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>25. Where are these first aid kits located?</p>	
<p>26. Is the Adrenaline Auto-injector for General Use clearly labelled as the 'General Use' Adrenaline Auto-injector?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>27. Is there a register for signing Adrenaline Auto-injectors in and out when taken for excursions, camps etc.?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>SECTION 3: Prevention Strategies</b></p>	
<p>28. 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?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: School Management and Emergency Response</b>	
32. 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
33. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. 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
35. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is there a designated person who will be sent to collect the student's Adrenaline Auto-injector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the Adrenaline Auto-injector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student 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

38. On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Auto-injector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the Adrenaline Auto-injector for General Use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Who will make these arrangements during excursions? .....	
40. Who will make these arrangements during camps? .....	
41. Who will make these arrangements during sporting activities? .....	
42. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed 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 with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Auto-injector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an Adrenaline Auto-injector, including hands on practise with a trainer Adrenaline Auto-injector?	<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 Auto-injector(s) for General Use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the Adrenaline Auto-injectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: Communication Plan</b>	
44. 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?

Yes  No

e. To casual relief staff?	
45. Is there a process for distributing this information to the relevant School Staff?	
a. What is it?	
46. How is this information kept up to date?	
47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	
48. What are they?	