



# ANAPHYLAXIS MANAGEMENT POLICY

## PURPOSE

Newmark Primary (the school) is committed to the care, safety and welfare of staff and students.

The Anaphylaxis Management Policy sets out the principles and framework, which ensure the school discharges its legal responsibilities and supports the care of staff and students. The policy should be understood by staff and parents.

## PRINCIPLES

- The school and its staff have a duty of care towards its students.
- The school makes proper arrangements for students and staff who are ill or injured or who have a medical condition that requires a reasonable adjustment or response to be made.
- The school provides a safe working environment for students and staff.

## AIMS

- To provide the framework within which the detailed anaphylaxis procedures are set.
- To comply with Ministerial Order 706 - Anaphylaxis Management in Victorian Schools.
- To comply with the requirements of Education and Training Reform Act 2006 (Vic) to develop and implement first aid policies and procedures.
- To provide a safe and supportive environment for students at risk of anaphylaxis, ensuring they can participate in all aspects of school life.
- To raise awareness of anaphylaxis and emergency procedures for anaphylaxis in the school community.
- To ensure staff have adequate knowledge to respond to an anaphylaxis reaction.

## LEGAL AND REGULATORY BASIS FOR COMPLIANCE

- Ministerial Order 706 - Anaphylaxis Management in Schools
- Duty of Care
- Education and Training Reform Act 2006 (Vic)
- Victorian Registration and Qualifications Authority (VRQA) Minimum Standards
- WorkSafe Compliance Code – First Aid in the Workplace
- Equal Opportunity Act 2010 (Vic) and the Disability Discrimination Act 1992 (Cth).

## KEY DEFINITIONS

**Allergic Reactions:** An allergic reaction occurs when the body reacts to something in the environment that is usually harmless. There are many different causes of allergies and symptoms vary from mild to potentially life-threatening.

**Anaphylaxis:** This is a severe, rapidly progressive allergic reaction that is life threatening.

**Adrenaline autoinjector device:** A device approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis).

**EpiPen:** The person affected by anaphylaxis will require administration of an auto-injector (EpiPen or EpiPen Jr) to prevent their symptoms from worsening. The key to preventing anaphylaxis is to prevent and avoid exposing individuals to the particular anaphylaxis triggers.

**Duty of Care:** All schools have a duty of care (legal duty) to take steps to protect their students from reasonably foreseeable risks of injury.

In relation to Anaphylaxis Management, a school's obligations extend to whether it knows or 'ought reasonably to know' that an enrolled student has been diagnosed as being at risk of anaphylaxis. The school and its staff have a duty to take reasonable steps to inform themselves as to whether an enrolled student is at risk of anaphylaxis.

When determining what actions or steps need to be undertaken to comply with their obligations under the Act, the Order and the relevant Guidelines as well as this Anaphylaxis Management Policy, school staff should ask themselves what a reasonable person would do in all the circumstances.

School staff should be regularly reminded that they have a duty of care to take reasonable steps to protect students from reasonably foreseeable risks of injury. The development and implementation of appropriate risk minimisation strategies to reduce the risk of incidents of anaphylaxis is an important step to be undertaken by schools in discharging this duty of care.

**ASCIA** stands for Australasian Society of Clinical Immunology and Allergy. This is the peak professional body of clinical immunology and allergy in Australia and New Zealand.

**ASCIA Action Plan for Anaphylaxis** refers to a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device-specific; that is, they list the students prescribed adrenaline autoinjector (EpiPen® or EpiPen® Jr) and must be completed by the student's medical practitioner. Should a different adrenaline autoinjector become available in Australia, then a different ASCIA Action Plan specific to that device would be developed. This plan is one of the components of the student's Individual Anaphylaxis Management Plan.

**Emergency Response Procedures:** These are procedures which each school develops for

emergency response to anaphylactic reactions for all in-school and out-of-school activities (i.e. how to raise the alarm to first aid staff, how to get the adrenaline autoinjector to the student, who will call the ambulance etc.). The emergency response procedures, which are included in the school's Anaphylaxis Management Policy, are not limited to the ASCIA Action Plan for Anaphylaxis.

**Individual Anaphylaxis Management Plan:** This is an individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents. The Individual Anaphylaxis Management Plan includes the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's adrenaline autoinjector should the student display symptoms of an anaphylactic reaction. The Individual Anaphylaxis Management Plan also importantly includes age-appropriate strategies to reduce the risk of an allergic reaction occurring.

**Medical Practitioner:** A registered medical practitioner within the meaning of the Health Professions Registration Act 2005, but excludes a person registered as a non-practising health practitioner.

## SCOPE

The application of the policy is relevant to school staff, parents/carers and students.

## ROLES AND RESPONSIBILITIES

The **school board** is responsible for:

- reviewing and endorsing the Anaphylaxis Management Policy.

The **principal** is responsible for:

- ensuring that the school develops, implements and routinely reviews its school Anaphylaxis Management Policy;
- completing an annual Risk Management Checklist to monitor obligations, alongside the School Anaphylaxis Supervisor;
- actively seeking information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at enrolment or at the time of diagnosis (whichever is earlier);
- ensuring parents/carers provide an ASCIA Action Plan for Anaphylaxis which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student;
- ensuring that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/carers for any student that has been diagnosed by a medical practitioner with a medical condition relating to allergy and the potential for an anaphylactic reaction, where the school has been notified of that diagnosis;
- ensuring students' Individual Anaphylaxis Management Plans are appropriately communicated to all relevant staff;

- ensuring that parents/carers provide the school with an adrenaline autoinjector for their child that is not out-of-date and a replacement adrenaline autoinjector when requested to do so;
- ensuring information is provided to all school staff, students and parents/carers about anaphylaxis and the school's Anaphylaxis Management Policy;
- ensuring there are procedures in place for providing information to volunteers and casual relief staff about: students who are at risk of anaphylaxis, and their role in responding to an anaphylactic reaction of a student in their care;
- ensuring that relevant school staff have successfully completed an approved anaphylaxis management training course in the prior three years (for face-to-face training in 22300VIC), or two years (for the ASCIA e-training);
- ensuring that school staff who are appointed as School Anaphylaxis Supervisors are appropriately trained in the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22579VIC (every 3 years);
- ensuring that all school staff are briefed at least twice a year by the School Anaphylaxis Supervisor (or other appropriately trained member of the school staff);
- ensuring that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with parents/carers annually at the beginning of each school year, when the student's medical condition changes, and/or as soon as practicable after a student has an anaphylactic reaction at school.

The **Anaphylaxis Supervisor** is responsible for:

- assisting with the development, implementation and review of the school's Anaphylaxis Management Policy;
- assisting with the annual Risk Management Checklist to monitor obligations;
- verifying the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools;
- providing access to the adrenaline autoinjector (trainer) device for practice by school staff;
- sending reminders to staff or information to new staff about anaphylaxis training requirements and liaising with the principal to maintain records of training undertaken by staff at the school;
- leading the twice-yearly anaphylaxis school briefing;
- keeping an up-to-date register of students at risk of anaphylaxis;
- keeping a register of adrenaline autoinjectors;
- working with principals, parents/carers and students to develop, implement and review Individual Anaphylaxis Management Plans;
- providing advice and guidance to school staff about anaphylaxis management in the school, and undertake regular risk identification and implement appropriate minimisation strategies;
- working with school staff to develop strategies to raise their own, students' and school community awareness about severe allergies; and
- providing or arrange post-incident support (e.g. counselling) to students and school staff, if appropriate.

**Staff** are responsible for:

- understanding the school's Anaphylaxis Management Policy;
- knowing the identity of students who are at risk of anaphylaxis;
- understanding the causes, symptoms, and treatment of anaphylaxis;
- attending training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector;
- knowing where to find a copy of each student's ASCIA Action Plan for Anaphylaxis quickly, and follow it in the event of an allergic reaction;
- knowing the school's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction;
- knowing where student's adrenaline autoinjectors, and the adrenaline autoinjectors for general use are kept;
- knowing and following the risk minimisation strategies in the student's Individual Anaphylaxis Management Plan;
- planning ahead for special activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at school, or away from school and working with parents/carers to provide appropriate food for their child if the food the school is providing may present an allergy risk; and
- raising student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a school environment that is safe and supportive for their peers.

**Parents/carers** are responsible for:

- informing the school in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis;
- obtaining and providing the school with an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner that details their condition, any medications to be administered, and any other relevant emergency procedures;
- immediately informing school staff in writing of any changes to the student's medical condition and if necessary, obtain and provide an updated ASCIA Action Plan for Anaphylaxis;
- providing the school with an up-to-date photo for the student's ASCIA Action Plan for Anaphylaxis when the plan is reviewed;
- assisting the school to develop the student's Individual Anaphylaxis Management Plan, including risk minimisation and management strategies;
- providing the school with an adrenaline autoinjector and any other medications that are current and not expired;
- replacing the student's adrenaline autoinjector and any other medication as needed, before their expiry date or when used;
- assisting school staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days);

- if requested by school staff, assisting in identifying and/or providing alternative food options for the student when needed;
- informing school staff in writing of any changes to the student's emergency contact details; and
- participating in reviews of the student's Individual Anaphylaxis Management Plan either when there is a change to the student's condition; as soon as practicable after the student has an anaphylactic reaction at school and/or annually.

## TRAINING

### Staff Training

All school staff will complete anaphylaxis training. This training will be offered annually, and the school will keep records of staff participation. If staff are unable to attend the training, the school will support the staff to book into training at an alternate time and location.

Staff training will include:

- ASCIA anaphylaxis e-training and adrenaline autoinjector competency assessment (every 2 years) <https://etrainingvic.allergy.org.au/> OR face-to-face training in 22300VIC Anaphylaxis (every 3 years)
- Anaphylaxis briefings (twice every year)

In addition to the training outlined above, an in-house anaphylaxis school briefing with all school staff will be conducted twice a year, and will be led by the Anaphylaxis Supervisor (or delegate).

The briefing will include information on:

- the school's legal requirements as outlined in Ministerial Order 706;
- pictures of the students at the school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place;
- signs and symptoms of anaphylaxis;
- relevant anaphylaxis training;
- ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen®; and
- the school's First Aid Policy and Emergency Response Procedures.

### Anaphylaxis Supervisor Training

In addition to the general training outlined above, the Anaphylaxis Supervisor will also complete the following training:

- 22579VIC Correct Use of Adrenaline Autoinjector Devices (every 3 years)

## INDIVIDUAL MANAGEMENT PLANS

Students diagnosed with anaphylaxis will have an Individual Management Plan. The plan will be developed in consultation with parents/carers, and contextualised for various school settings.

Each Individual Anaphylaxis Management Plan will include:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has and the signs or symptoms the student might exhibit in the event of an allergic reaction (based on a written diagnosis from a medical practitioner);
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, on campus, on outings, at camp, and at the park (recess and lunch);
- the name/position of the staff responsible for implementing the strategies;
- information on where the student's medication will be stored;
- the student's emergency contact details; and
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

A copy of each student's Individual Anaphylaxis Management Plan will be stored with:

- the student's ASCIA Action Plan for Anaphylaxis; and
- the student's adrenaline autoinjector.

Folders with copies of students Individual Anaphylaxis Management Plans are:

- given to every teacher who takes classes;
- kept in the Front Office; and
- kept in all first aid backpacks.

If a student is at risk of an allergic reaction but is not diagnosed with anaphylaxis, the parents/carers are required to provide the school with a green ASCIA Action Plan for Allergic Reaction completed by a medical practitioner.

The Anaphylaxis Supervisor will review an Individual Anaphylaxis Management Plan in consultation with the student's parents/carers in each of the following circumstances:

- annually (at the start of each school year);
- as soon as practicable after the student has an anaphylactic reaction at school; and/or
- when the student is to participate in a new outing or camp.

A student's Individual Anaphylaxis Management Plan will be reviewed if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

## RISK MINIMISATION STRATEGY

As part of the risk minimisation strategy, the school will embed a culture of awareness of anaphylaxis triggers. The school will not ban nuts or other foods associated with anaphylaxis and allergies because it can create complacency amongst staff and students.

However the school will embed the following practices as an approach to food allergens:

- Staff will talk with students about triggers/allergens to raise awareness.
- Staff will make sure students are aware of peers with anaphylaxis and allergies in their group, and simple strategies to avoid harm.
- Staff will have students sanitise or wash hands when eating.
- Students will not share or swap food.
- If food is bought in to celebrate a special event a list of ingredients will be provided (the school will keep a supply of alternate options for students with allergies who can not eat the food).
- If food is being sold as part of an event or fundraiser, a list of the ingredients will be provided to the school.
- If a student brings in food that contains an allergen, they will be asked to sit in a particular area to eat and to wash their hands immediately after eating the food.
- The school will ask all lunch order providers to provide information on the ingredients in food that are possible triggers. The school will inform parents/carers and students with allergies so as to avoid potential triggers.
- The school will not use peanuts, tree nuts, peanut butter or other peanut or tree nut products on campus or on outings.
- The school will not place pressure on students to try foods, whether they contain a known allergen or not.

## EMERGENCY RESPONSE PROCEDURE

Staff will monitor for any of the following signs of severe allergic reaction (anaphylaxis) - difficulty or noisy breathing, swelling of tongue, difficulty talking, swelling of throat, pale or floppy, hoarse voice. If one or more of these signs are visible, staff will proceed with the following actions:

1. Remain with the child who is displaying symptoms of anaphylaxis at all times; lay the child flat, do not allow the child to stand or walk, if breathing is difficult, get the child to sit up.
2. Immediately locate the child's adrenaline autoinjector and the child's ASCIA Action Plan for Anaphylaxis from the closest location. Check and prepare the child's adrenaline auto-injector.
3. If the child's adrenaline autoinjector can not be reached quickly, the General Use Adrenaline Autoinjector in either the Front Office or in a First Aid Backpack will be used (depending on what is most easily accessible).
4. Administer the adrenaline autoinjector, following the instructions in the child's ASCIA Action Plan for Anaphylaxis. If required, the adrenaline autoinjector will be administered by any person following the instructions in the child's ASCIA Action Plan for Anaphylaxis.
5. Call Ambulance 000.



6. Contact parents/carers.

Once the student has been taken in the ambulance, the staff who dealt with the incident must fill in an incident report, and an Individual Management Plan meeting will be held to review the incident.

## COMMUNICATION OF THIS POLICY

It is important that all school staff, students and parents/carers understand the Anaphylaxis Management Policy. This policy will be communicated in the following ways:

- made available to all new families as part of the enrolment package;
- made publicly accessible on the school website;
- incorporated into the staff training and briefings;
- included in the Casual Relief Teacher (CRT) folders;
- included in volunteers induction, as required;
- included in staff onboarding; and
- shared with students by staff.

## RELATED POLICIES

- First Aid Policy
- Distributing Medicine Policy
- Infection Control Policy
- Supervision Policy

## SUPPORTING DOCUMENTS

- Register of Students Medical Conditions
- Accidents and Incident Register
- First Aid Staff Training Register

## POLICY REVIEW

The school board and principal will review the Anaphylaxis Management Policy every second year, or following a major incident.

## ENDORSEMENT

<b>Updated date</b>	April 2023
<b>Endorsed by</b>	School Board
<b>Endorsed on</b>	May 2023