



## Anaphylaxis Management Policy

### **RATIONALE**

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 keeping certain foods or items away from the student while at school.

Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Adrenaline given through an adrenaline auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

This policy is formulated in accordance with [Ministerial Order No 706](#) and the updated Department of Education and Training Guidelines (August 2016).

### **PURPOSE**

- Orchard Grove Primary School will provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling;
- To raise awareness about anaphylaxis and the School's Anaphylaxis Management Policy in the school community and through the school's newsletter, website and social media;
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student;
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction;

### **Medical Information About Anaphylaxis**

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

### **Causes**

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

causes of anaphylaxis:

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

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

## Signs and Symptoms

Mild to moderate allergic reaction can include:

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

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

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

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

Students may not be able to express the symptoms of anaphylaxis. A reaction can develop within minutes of exposure to the allergen, however with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device, an EpiPen.

## Treatment

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

## **ROLES AND RESPONSIBILITIES**

It is the role and responsibility of OGPS to:

1.	Develop, implement and review the OGPS Anaphylaxis Management Policy.
2.	Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as at risk of anaphylaxis, at enrolment or at the time of diagnosis (whichever is earlier).
3.	Request that parents/carers provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan for Anaphylaxis, which has been signed by the student's medical practitioner and that contains an up-to-date (no older than 12 months) photograph of the student (see Appendix 1).

4.	Meet with parents/carers to develop an Individual Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation. The risk minimisation plan should be customised to the particular student, assessing and participating with school activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate/overseas trips). Refer to OGPS Food Policy.
5.	If using an external canteen/food provider, schools must ensure that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications for food-handling practices. This may include careful label reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies. A documented process for using external canteen/food providers is to be followed.
6.	Ensure that parents/carers provide the school with the student's EpiPen and that it is not out-of-date.
7.	Develop a communication plan to provide information to all staff, students and parents/carers about anaphylaxis and the school's anaphylaxis management policy.
8.	Ensure there are procedures in place for providing volunteers and casual relief staff with the following information: <ul style="list-style-type: none"> <li>● the school's Anaphylaxis Management Policy</li> <li>● the causes, symptoms and treatment of anaphylaxis</li> <li>● the identities of students at risk of anaphylaxis</li> <li>● their role in responding to an anaphylactic reaction by a student in their care</li> <li>● the location of the student's Individual Anaphylaxis Management Plans</li> <li>● the location of EpiPens for individual students and for general use.</li> </ul>
9.	Ensure that all school staff are briefed at least twice a year by one of two trained staff members who has up-to- date anaphylaxis management training on: <ul style="list-style-type: none"> <li>● the school's anaphylaxis management policy</li> <li>● the causes, symptoms and treatment of anaphylaxis</li> <li>● the identities of students diagnosed at risk and location of their medication</li> <li>● how to use an adrenaline auto-injecting device, including hands-on practice with a trainer adrenaline auto-injecting device (which does not contain adrenaline)</li> <li>● the school's first aid and emergency procedures.</li> </ul>
10.	All staff are to be trained in Anaphylaxis and the use of an auto-injector pen every two years and verified by a certified staff member. (Two staff members are to be trained in the verification course in the correct use of EpiPens.)
11.	Allocate time, such as during staff meetings, to discuss, practise and review the school's Anaphylaxis Management Policy.
12.	Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation. (minimum of every 18 months)
13.	Ensure that the student's Anaphylaxis Management Plan is reviewed whenever the first of the following occur: <ul style="list-style-type: none"> <li>● annually in consultation with parents</li> <li>● when the student's medical condition changes</li> <li>● reviewed immediately after a student has an anaphylactic reaction at school.</li> </ul>
14.	Ensure the Anaphylaxis Risk Management Checklist is completed annually.

15.	Purchase and maintain an appropriate number of adrenaline auto injector devices for general use to be part of the school's first aid kit.
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**It is the role and responsibilities of all school staff to:**

1.	Know and understand the OGPS Anaphylaxis Management Policy and Communication Plan.
2.	Know the identity of students who are at risk of anaphylaxis.
3.	Understand the causes, symptoms, and treatment of anaphylaxis.
4.	Attend online and in house training every year in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen.
5.	Keep a copy of each student's ASCIA Action Plan for Anaphylaxis in classroom roll and visible on classroom wall, and follow it in the event of an allergic reaction.
6.	Know the school's first aid emergency procedures and their role in relation to responding to an anaphylactic reaction.
7.	Know where students' EpiPens are kept. (Remember that the EpiPen is designed so that anyone can administer it in an emergency.)
8.	Know and follow the prevention and risk minimisation strategies in the student's Anaphylaxis Management Plan.
9.	Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties). Work with parents/carers to provide appropriate food for their child if the food the school/class is providing may present a risk for him or her.
10.	Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies provided in this document (see Appendix 2). Work with parents/carers to provide appropriate treats for anaphylactic students.
11.	Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
12.	Be aware of the risk of cross-contamination when preparing, handling and displaying food.
13.	Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
14.	Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

**The roles and responsibilities of the School First Aid Officer and Anaphylaxis Supervisors are to:**

1.	Work with Principal Class to develop, implement and review the school's Anaphylaxis Management Policy and every student's Anaphylaxis Management Plan.
2.	Attend bi-annual certified training (with other staff member) in how to recognise and respond to an anaphylactic reaction, including the verification of all staff members in administering an EpiPen.

3.	Provide or arrange annual training to other staff members to recognise and respond to anaphylactic reaction, including administration of an adrenaline auto injector.
4.	Keep an up-to-date register of students at risk of anaphylaxis.
5.	<p>Work with Principals, parents/carers and students to develop, implement and review each Individual Anaphylaxis Management Plan to:</p> <ul style="list-style-type: none"> <li>• Ensure that students' emergency contact details are up-to-date</li> <li>• Ensure that the ASCIA device-specific Action Plan for Anaphylaxis matches the supplied autoinjector</li> <li>• Check that the EpiPen is not out-of-date, such as at the beginning or end of each term. For those students with an EpiPen®, check the adrenaline is not cloudy through the EpiPen® window</li> <li>• Inform parents/carers in writing a month prior to the expiry date if the EpiPen needs to be replaced.</li> <li>• Ensure that EpiPens are stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that this storage area is appropriately labelled</li> <li>• Ensure that a copy of each Individual Anaphylaxis Management Plan is stored with the Student's EpiPen.</li> </ul>
6.	Work with staff to conduct ongoing risk prevention, minimisation, assessment and management strategies as required.
7.	Work with staff to develop strategies to raise school staff, student and community awareness about severe allergies.
8.	Provide or arrange post-incident support (e.g. counselling) to students and staff, if appropriate.

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

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

- At its annual review.

## Risk Minimisation and Prevention Strategies In-School Settings

Classrooms	
1.	A copy of the student's Individual Anaphylaxis Management Plan is kept in the classroom. The plan is to have easy access even if the EpiPen is kept at another location.
2.	The school will liaise with parents about food-related activities ahead of time.
3.	Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and handled by the student. Treats for other students should be treated with absolute care to ensure there is no cross contamination of food. If possible, foods should not contain the substance to which the student is allergic to.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
6.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes, eg: milk or egg cartons, empty peanut butter jars
7.	When cooking utensils are used in the classrooms they are washed and cleaned thoroughly after preparation of food and cooking, such as; preparation dishes, plates, knives and forks and other utensils.
8.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
9.	A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident ie: seeking a trained staff member.
Yard	
1	The school will ensure all staff are trained in the administration of the EpiPen to be able to respond quickly to an anaphylaxis reaction if needed.
2	EpiPens are stored in two locations around the school for ease of access; First Aid Room and Staff Room.
3	Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed in shoes and long sleeved garments when outdoors.
4	Keep the school grounds well maintained with grass areas mowed and bins covered.
5	Students should keep drinks and food covered while outdoors.
Special Events (for example; sporting events, incursions, class celebrations)	
1	Sufficient school staff supervising the special event must be trained in the administration of an EpiPen to be able to respond quickly to an anaphylactic reaction if required.
2	School staff should avoid using food in activities or games, including as rewards.

3	For special occasions, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
4	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request they avoid providing students with treats whilst they are at school or at a special event.
5	Party balloons should not be used if any student is allergic to latex.

## Out of School Settings

EXCURSIONS	
1	Students at risk of anaphylaxis will have sufficient school staff supervising the special event that are trained in the administration of an EpiPen and be able to respond quickly to an anaphylactic reaction if needed.
2	There will always be school staff member trained in the administration of the EpiPen, accompany any student at risk of anaphylaxis on excursions.
3	School staff should avoid using food in activities or games, including as rewards
4	The EpiPen and a copy of the Individual Anaphylaxis Plan for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
5	For each excursion, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
6	All school staff members present during the excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
7	The school should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu or request the parents to provide the meal (if required).
8	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. Parents may wish to accompany their child on excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
9	Prior to the excursion taking place school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Plan to ensure that it is up to date and relevant to the particular excursion activity.

## Camps and Remote Settings

1	Prior to engaging a camp owner/operator's services the School will make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School will consider using an alternative service provider.
2	The camp catering staff should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3	The School must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. The School has a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.

4	The School will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5	School Staff will consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
6	If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
7	Use of substances containing allergens should be avoided where possible.
8	Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
9	The student's EpiPen, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
10	Prior to the camp taking place School Staff should consult with the student's Parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
11	School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.
12	Where necessary contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
13	The School will take an EpiPen for general use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
14	The School will purchase an EpiPen for general use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
15	The EpiPen should remain close to the student and School Staff must be aware of its location at all times.
16	The EpiPen will be carried in the school first aid kit or in a school staff backpack; however, Schools can consider allowing students, particularly adolescents, to carry their EpiPen on camp. Remembering that all School Staff members still have a duty of care towards the student even if they do carry their own EpiPen.
17	Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
18	Cooking and art and craft games should not involve the use of known allergens.
19	Consider the potential exposure to allergens when consuming food on buses and in cabins.

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

a) Prevent an anaphylactic incident



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

## Limit of Allergen Foods

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

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

OGPS request that food containing allergens, where possible, should not be brought into classrooms of those students at risk of anaphylaxis. Where appropriate this is in consultation with the parent/carer of the child with anaphylaxis.

For special occasions/ class parties, teachers will consult with parents/carers in advance to ensure an alternative food menu can be provided and that parents of other students are requested not to bring food that may cause an allergic reaction. The OGPS Food Policy is aligned with the OGPS Anaphylaxis Management Policy.

### **If an allergen turns up in a classroom/environment of an anaphylactic student:**

Where this is impractical to manage (for example anaphylaxis to dairy), an individual management plan will be developed and communicated.

1	Remove the allergen and the carrier of the allergen from the immediate environment
2	Support the anaphylactic student by ensuring they are removed from the site of the allergen (preferably in the same room- we do not want to cause panic in the student) with an adult or student with them to monitor and watch for any possible reaction.
3	Contact the office for First Aid Officer to attend
4	Area of contamination to be immediately cleaned (eg. tables are to be wiped down)
5	First Aid Officer to go immediately to area of contamination to support the anaphylactic student and the staff member/volunteer/relief teacher on duty
6	First Aid Officer/Office is to contact any families directly involved
7	At the Principal's discretion, communication may be sent home to all families from the group of students regarding anaphylaxis awareness at OGPS.

### **Individual Anaphylaxis Management Plans**

OGPS ensures that an ASCIA Action Plan and an Individual Anaphylaxis Management Plan is developed for each student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. (Refer to Appendix 1 - OGPS template for Individual Anaphylaxis Management Plan).

These plans should be developed in consultation with the student's parents and the student's medical practitioner. Plans should be in place as soon as practicable after the student enrolls, and before the student's first day at the school.

An ASCIA Action Plan must contain the following:

- an up to date photograph of the student
- the emergency procedures to be followed in the event of an allergic reaction by the student
- signature of the student's medical practitioner endorsing the contents of the Plan.

The plan must set out the following:

- information about the diagnosis, including the student's specific allergy/allergens
- strategies to minimize the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including camps and excursions
- the name of the person responsible for implementing the strategies
- information on where the student's medication will be stored
- the student's emergency contact details.

The plan should be reviewed in consultation with the student's parents/carers in all of the following circumstances:

- annually
- if the student's medical condition changes
- Immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parents/carers to inform the school if their child's medical condition changes.

The ASCIA Action Plan, including name and photograph, of each student at risk of anaphylaxis is displayed in the following locations:

- First Aid office/Sick Bay
- Staffroom
- Student's classroom
- Class CRT Folder

Individual Anaphylaxis Management Plans for Anaphylaxis are located:

- in a classroom of anaphylactic students
- in the First Aid room, Staffroom and PE Office
- are provided to Community Engagement event coordinators for special events conducted, organised or attended by the school.

### Storage of Medication

Medication is to be stored in the First Aid Office or in student's possession (at parent's discretion). Additional general use EpiPens are to be located in the First Aid Room.

Location	Individual Anaphylaxis Management Plans	ASCIA Plans	Adrenaline EpiPens	List of students with medical conditions
First Aid Room	✓	✓	✓	✓
Classrooms	✓	✓	as required	
STAFF Room				✓
Camp First Aid	✓	✓	✓	✓
Excursion First Aid	✓	✓	✓	✓

### EpiPens for general use

The school will purchase 3 EpiPen(s) for general use and as a back up to those supplied by parents.

The school will determine the number of additional EpiPen(s) required. In doing so, the school will take into account the following relevant considerations:

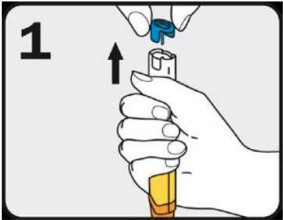
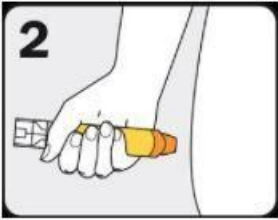
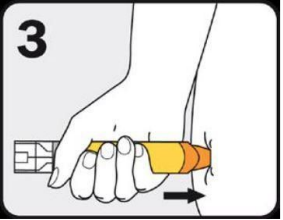
- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis
- the accessibility of EpiPens that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis
- the availability and sufficient supply of EpiPens for general use in specified locations at the school, including:
  - in the school yard, and at excursions, camps and special events conducted or organised by the school;
  - EpiPens for general use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

## **RESPONSE TO ANAPHYLACTIC REACTION**

### **Action for Anaphylaxis:**

	<b>Student EpiPen stored in First Aid Room / First Anaphylaxis reaction</b>	<b>Student carries EpiPen with them</b>
<b>1</b>	Lay person flat - do not allow them to stand or walk <ul style="list-style-type: none"> <li>- If unconscious place in recovery position</li> <li>- If breathing is difficult allow to sit</li> </ul>	
<b>2</b>	Contact the office immediately with the: <ul style="list-style-type: none"> <li>● Name of the student (confirm if known to be anaphylactic)</li> <li>● Location of the student</li> <li>● Cause of reaction (name of allergen if known)</li> <li>● Staff member to remain with student</li> </ul>	
<b>3</b>	First Aid Officer (or other office staff) to bring student's EpiPen and Plan OR instruct staff to access nearest general use EpiPen. Principal Class will attend with mobile phones.	
<b>4</b>	<b>Give EpiPen or EpiPen Jnr (Refer to section below)</b>	
<b>5</b>	<b>Call Ambulance, Call 000</b>	
<b>6</b>	Contact Parent/Carer	
<b>7</b>	Time of EpiPen administration to be recorded and provided to ambulance on arrival	
<b>8</b>	In the rare situation where there is no marked improvement and severe symptoms are present, a second injection may be administered after 5 to 10 minutes if available.	
<b>9</b>	After the event contact Emergency Services Management, Department of Education and Training on 9589 6266 (available 24 hrs, 7 days a week).	

## How to Administer an EpiPen or EpiPen Jnr:

1	Remove from plastic container
2	 <p data-bbox="643 384 1024 436">1. Form fist around EpiPen and PULL OFF BLUE SAFETY RELEASE.</p>
3	 <p data-bbox="643 695 987 772">2. PLACE ORANGE END against outer mid-thigh (with or without clothing).</p>
4	 <p data-bbox="643 1014 1019 1087">3. PUSH DOWN HARD until a click is heard or felt and hold for 10 seconds.</p> <p data-bbox="667 1119 954 1171">REMOVE EpiPen. Massage injection site for 10 seconds.</p>
5	Note the time you have administered EpiPen.
6	Return EpiPen to its plastic container.
<p>In the rare situation where there is no marked improvement and severe symptoms are present, a second injection may be administered after 5 to 10 minutes if available.</p>	

### Post Incident and Review Process

In the event of an anaphylactic reaction, staff and students may benefit from post- incident counseling, provided by the school's nurse, student welfare coordinator or school psychologist.

In the event of an anaphylactic reaction, review and evaluation of possible causes (e.g. triggers) will be assessed. OGPS will review the student's Anaphylaxis Management Plan and Action Plan (ASCIA) with the student, their parents/guardian and medical practitioner.

## COMMUNICATION PLAN

OGPS is responsible for communicating information to all staff, students, parents and the school community about anaphylaxis and the school's Anaphylaxis Management Policy. The Anaphylaxis Act 2008, the 2017 Anaphylaxis Guidelines for Victorian Schools and Ministerial Order 706 (amended in 2015) requires all schools to have an Anaphylaxis Communication Plan in place. The Communication Plan is to provide information to all School Staff, students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy.

The aim of the Communication Plan is to:

- Ensure all school community members and volunteers respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen
- Minimise the risk of an anaphylactic reaction occurring while the student is in the care of the school.

	Communication Provided	Timing	Target Audience
1	In house briefing for all OGPS Staff	Term 1 - First week of school year Term 3 - as timetabled	OGPS Staff
2	List of all Anaphylactic students displayed in Staff Room, First Aid Room, Grove Kitchen and PE Office	Term 1 - First day of school year	OGPS Staff
3	Class lists provided for all classrooms of all students with medical conditions including anaphylaxis	Term 1 - First day of school year OR as any changes required.	OGPS Staff
4	Response procedures (Appendix 2) to be displayed in all classrooms, other school buildings and included in Yard Duty bags.	Term 1 - First week of school year	OGPS Staff and Community
5	CRT folders contain photos, alerts and appropriate class lists of all students with medical conditions including anaphylaxis	Term 1 - First week of school year	CRTs
6	Staff folders contain photos, alerts and appropriate class lists of all students with medical conditions including anaphylaxis	Term 1 - First week of school year OR as any changes required.	OGPS staff
7	OGPS staff educate and provide children with information about anaphylactic reactions	Term 1	Students
8	Excursions/Camps <ul style="list-style-type: none"> <li>• The School will consult parents of anaphylactic students in advance to discuss Plans for appropriate management of anaphylactic reaction.</li> <li>• SIGN OUT and SIGN IN process for all Student's Individual Anaphylaxis Plans, ASCIA Plan and EpiPens.</li> </ul>	As required	OGPS Staff Parents
9	First Aid Coordinator advise parents of requirements to obtain ASCIA Plan for student prior to commencing new school year OR if any changes to the student's condition.	Term 4 prior to school closing for end of year or upon new enrolment or as required	Parents

10	First Aid Coordinator to send out Individual Anaphylaxis Management Plan for parents to review.	Term 4 prior to school closing for end of year or upon new enrolment or as required	Parents
11	OGPS Community Newsletter/ school website providing awareness to all parents and staff of Anaphylaxis	As required	OGPS school community

## Volunteers and Casual Relief Staff

All volunteers and Casual Relief Staff are provided as appropriate with information of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

### Casual Relief Staff

- Casual relief staff (CRTs) will be informed of the students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care.
- Casual relief staff (where available) employed by the school are required to have current anaphylactic training.
- All class CRT folders contain medical information for specific classes. Those with anaphylactic students have a highlighted sticker on the front cover to alert CRT and ASCIA Anaphylaxis Action Plans are provided
- ASCIA Anaphylaxis Action Plans are displayed in the classroom for those students in that room.

### Parent Helpers

- Where appropriate, any volunteers working with classes are to be made aware by the First Aid Officer and classroom teacher of any students at risk of anaphylaxis in the class and where the plans and Epipens are located.

## INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

1	The Principal will ensure that an individual management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis
2	The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school
3	The individual anaphylaxis management plan will set out the following: <ul style="list-style-type: none"> <li>• Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner);</li> <li>• Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions;</li> <li>• The name of the person/s responsible for implementing the strategies;</li> <li>• Information on where the student's medication will be stored;</li> <li>• The student's emergency contact details;</li> <li>• An emergency procedures plan (ASCIA Action Plan), provided by the parent, that: <ul style="list-style-type: none"> <li>• Sets out the emergency procedures to be taken in the event of an allergic reaction;</li> <li>• Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and</li> <li>• Includes an up to date photograph of the student.</li> </ul> </li> </ul>
4	The student's individual management plan will be reviewed, in consultation with the student's parents/carers: <ul style="list-style-type: none"> <li>• Annually, and as applicable;</li> </ul>

	<ul style="list-style-type: none"> <li>• If the student's condition changes, or</li> <li>• Immediately after a student has an anaphylactic reaction at school</li> </ul>
5	<p>The student's parents will:</p> <ul style="list-style-type: none"> <li>• provide the ASCIA Action Plan;</li> <li>• inform the school if their child's medical condition changes, and if relevant, provide an updated ASCIA Action Plan;</li> <li>• provide an up to date photo for the ASCIA Action Plan, when the plan is provided to the school and when it is reviewed;</li> <li>• update their child's EpiPen before the expiry date.</li> </ul>

## STAFF TRAINING AND EMERGENCY RESPONSE

1	All staff will receive training through an accredited anaphylaxis training course. Staff will be retrained annually.
2	Two <a href="#">anaphylaxis briefing sessions</a> will be held each year. These will include a familiarisation with students who have EpiPens and their Individual Anaphylaxis Management Plans. The presentation incorporates information on how to administer an EpiPen and it is expected all staff will practice with the EpiPen trainer devices provided
3	The briefings will be lead by our School Anaphylaxis Supervisors
4	All school staff will complete online anaphylaxis training through the ASCIA site: <a href="https://etrainingvic.allergy.org.au/login/index.php">https://etrainingvic.allergy.org.au/login/index.php</a> . Competency in using an autoinjector will be tested in person within 30 days of completing the course. From January 2017, staff must complete <a href="#">ASCIA anaphylaxis e-training VIC 3</a> . A record of <a href="#">training and competency checks</a> will be kept each year;
5	A minimum of three staff members from the School will undertake face-to-face training to skill them in providing competency checks to assess their colleagues' ability to use an EpiPen and become School Anaphylaxis Supervisors. This is: <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>
6	Training will be provided to new staff as soon as practicable
7	Wherever possible, training will take place before a student who is new to the School commences. Where this is not possible, an interim plan will be developed in consultation with the parents and the First Aid Officer;
8	The School's first aid procedures and students' emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction. See <a href="#">example here</a> .
9	The School will have a junior and adult EpiPen available for use in an emergency
10	Two anaphylaxis drills will be held at unannounced times annually
11	The School will complete an <a href="#">Annual Anaphylaxis Risk Management Checklist</a>

## Raising Student Awareness

Peer support is an important element of support for students at risk of anaphylaxis. Staff can raise awareness in school through fact sheets or posters displayed in hallways and classrooms.

Class teachers will discuss the topic with students in class, with a few simple key messages such as:

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

*Source: Be a Mate kit, published by Anaphylaxis and Allergy Australia*

### Related documents

- Enrolment checklist
- ASCIA action plan
- Individual Management Plan
- OGPS Food Policy
- Brochure titled "Anaphylaxis-a life threatening reaction", available through the Royal Children's Hospital, Department of Allergy

### Contact details for resources and support

Royal Children's Hospital, Anaphylaxis Advisory Line -1300 725 911 (toll free) or 9345 4235

Anaphylaxis Australia –[www.allergyfacts.org.au](http://www.allergyfacts.org.au) 1300 728

000 ASCIA - <http://www.allergy.org.au/schools-childcare>

### EVALUATION

This policy will be reviewed during 2019 or earlier if required, in conjunction with the Victorian DET's policies, guidelines and in line with Ministerial Order 706 (including amendments).



## APPENDIX 1

### OGPS Anaphylaxis Management 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>School: Orchard Grove Primary School</b>		
<b>Phone: 98943400</b>		
<b>Student's name:</b>		
<b>Date of birth:</b>	<b>Year level:</b>	
<b>Severely allergic to:</b>		
<b>Other health conditions:</b>		
<b>Medication at school:</b>		
<b>Parent/carer contact:</b>	<b>Parent/carer information (1)</b>	<b>Parent/carer information (2)</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>Other emergency contacts (if parent/carer not available):</b>		
<b>Medical practitioner contact:</b>		
<b>Emergency care to be provided at school:</b>		
<b>EpiPen® storage:</b>		

The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on

.....

(insert date of proposed review).

Signature of parent:	Date:
Signature of Principal (or nominee):	Date:

### Strategies To Avoid Allergens

Student's name:		
Date of birth:	Year level:	
Severe allergies:		
Other known allergies:		
Risk	Strategy	Who?

## APPENDIX 2 : For display in classrooms and other school buildings

The following procedures are to be put in place in the case of suspected\* anaphylactic reaction.

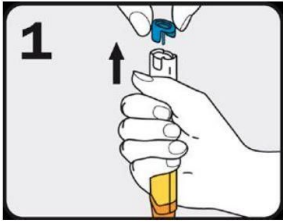
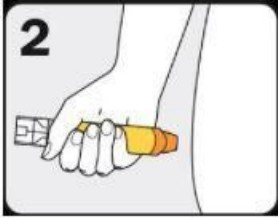
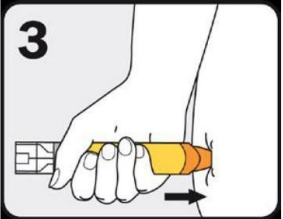
### If an allergen turns up in the classroom

1	Remove the allergen and the carrier of the allergen from the immediate environment
2	Support the anaphylactic student by ensuring they are removed from the site of the allergen (preferably in the same room- we do not want to cause panic in the student) with an adult or student with them to monitor and watch for any possible reaction
3	Contact the office for First Aid Officer to attend
4	Area of contamination to be immediately cleaned (eg. tables are to be wiped down)
5	First Aid Officer to go immediately to area of contamination to support the anaphylactic student and the staff member/volunteer/relief teacher on duty
6	First Aid Officer/Office is to contact any families directly involved
7	At the Principal's discretion, communication may be sent home to all families from the group of students regarding anaphylaxis awareness at OGPS.

### Action for Anaphylaxis:

	Student EpiPen stored in First Aid Room / First Anaphylaxis reaction	Student carries EpiPen with them
1	Lay person flat - do not allow them to stand or walk - If unconscious place in recovery position - If breathing is difficult allow to sit	
2	Contact the office immediately with the: <ul style="list-style-type: none"> <li>• Name of the student (confirm if known to be anaphylactic)</li> <li>• Location of the student</li> <li>• Cause of reaction (name of allergen if known)</li> <li>• Staff member to remain with student</li> </ul>	
3	First Aid Officer (or other office staff) to bring student's EpiPen and Plan OR instruct staff to access nearest general use EpiPen. Principal Class will attend with mobile phones.	
4	<b>Give EpiPen or EpiPen Jnr (Refer to section below)</b>	
5	<b>Call Ambulance, Call 000</b>	
6	Contact Parent/Carer	
7	Time of EpiPen administration to be recorded and provided to ambulance on arrival	
8	In the rare situation where there is no marked improvement and severe symptoms are present, a second injection may be administered after 5 to 10 minutes if available.	
9	After the event contact Emergency Services Management, Department of Education and Training on 9589 6266 (available 24 hrs, 7 days a week).	

## How to Administer an EpiPen or EpiPen Jnr:

1	Remove from plastic container
2	 <p>1. Form fist around EpiPen and PULL OFF BLUE SAFETY RELEASE.</p>
3	 <p>2. PLACE ORANGE END against outer mid-thigh (with or without clothing).</p>
4	 <p>3. PUSH DOWN HARD until a click is heard or felt and hold for 10 seconds.</p> <p>REMOVE EpiPen. Massage injection site for 10 seconds.</p>
5	Note the time you have administered EpiPen
6	Return EpiPen to its plastic container
<p>In the rare situation where there is no marked improvement and severe symptoms are present, a second injection may be administered after 5 to 10 minutes if available.</p>	

**Ratified by School Council: April 2017**  
**To be reviewed: 2019**