

ANAPHYLAXIS MANAGEMENT POLICY

Lowanna College: School Number 01-8821

Rationale:

Anaphylaxis is a potentially life threatening, severe allergic reaction, that occurs after exposure to an allergen and should always be treated as a medical emergency. Preparations and safeguards should therefore be put in place to ensure that these students are able to participate fully in the school's educational and social programs, whilst maintaining an appropriate level of privacy and dignity.

Aims:

Lowanna College will fully comply with Ministerial Order 706 (MO706) and the associated guidelines published and amended by the Department of Education and Training (DET) from time to time to ensure students at risk of anaphylaxis are supported, safe, participatory members of our school.

Implementation:

1. Staff Training

- a. Lowanna College staff must complete the anaphylaxis training requirements as detailed in Option 1, to meet the requirements of MO706. This training option is also offered to regular casual relief staff and contract workers.

OPTION	COMPLETED BY	COURSE	PROVIDER	COST	VALID FOR
Option 1 (chosen by Lowanna College)	All school staff AND 2 staff per school or per campus (School Anaphylaxis Supervisor)	ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
		Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC	Asthma Foundation	Free from the Asthma Foundation (for government schools)	2 years
Option 2	School staff as determined by the principal	Course in First Aid Management of Anaphylaxis 22300 VIC (previously 22099VIC)	St John Ambulance or any RTO that has this course in their scope of practice	Paid by each school	3 years
Option 3	School staff as determined by the principal	Course in Anaphylaxis Awareness 10313NAT	Any RTO that has this course in their scope of practice	Paid by each school	3 years

- b. In addition, all Lowanna College staff are to participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year), on:
 - i. the Lowanna College 'Anaphylaxis Management Policy';
 - ii. the causes, symptoms and treatment of anaphylaxis;
 - iii. the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
 - iv. how to use an adrenaline auto-injector, including hands on practise with a trainer adrenaline auto-injector device;
 - v. general first aid and emergency response procedures at Lowanna College;
 - vi. the location of, and access to, adrenaline auto-injector(s) that have been provided by parents or purchased by Lowanna College for general use.

This briefing must be conducted by a member of staff nominated as the School Anaphylaxis Supervisor who has successfully completed an Anaphylaxis Management Training Course in the previous 2 years.

2. Individual Anaphylaxis Management Plan

- a. The designated Lowanna College First Aid Officer will ensure that an Individual Anaphylaxis Management Plan (attached) is developed, in consultation with the student's parent or guardian, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis. This Individual Anaphylaxis Management Plan will be in place as soon as practical after the student enrolls, and where possible, before their first day of school.
- b. The student's Individual Anaphylaxis Management Plan will be reviewed by the College Principal or delegate, in consultation with the student's parent or guardian, in all of the following circumstances:
 - i. annually;
 - ii. if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
 - iii. as soon as practical after the student has an anaphylactic reaction at school.
- c. It is the responsibility of a parent or guardian of a child with anaphylaxis to:
 - i. provide Lowanna College with the ASCIA Action Plan;
 - ii. inform Lowanna College in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
 - iii. provide an up to date photo for the ASCIA Action Plan when that plan is provided to Lowanna College and when it is reviewed; and
 - iv. provide Lowanna College with an adrenaline auto-injector that is current and not expired for their child.
- d. It is the responsibility of a student with anaphylaxis to adhere to all obligations determined within their Individual Anaphylaxis Management Plan, inclusive of the condition that an EpiPen is to be carried with them at all times. Failure to do so may require Lowanna College to refuse permission for the student to participate in extra-curricular activities.

3. Prevention Strategies

Using DET resources, including the 'Anaphylaxis Guidelines for Victorian Schools', the designated Lowanna College First Aid Officer will work with relevant school staff to develop specific risk minimisation and prevention strategies for individual students with anaphylaxis.

4. School Management and Emergency Response

- a. in the event of an anaphylactic reaction, the Emergency Response Procedure is to treat the student as per their ASCIA Action Plan, and to call 000 (see 'First Aid Policy and Procedures').
- b. Detailed records of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction will be maintained by the designated Lowanna College First Aid Officer. Individual Anaphylaxis Management Plans and ASCIA Action Plans will be located in the First Aid room. Copies of these are to be taken on all camps and excursions (see 'Camps and Excursions Policy'). Each student will also carry a copy of their ASCIA Action Plan, along with their EpiPen, on them at all times.

5. Adrenaline Auto-Injectors for General Use

- a. The designated Lowanna College First Aid Officer will purchase adrenaline auto-injector(s) at the expense of the College for general use and as a back up to those supplied by a parent or guardian of a child with anaphylaxis.
- b. The designated Lowanna College First Aid Officer will determine the number of additional adrenaline auto-injector(s) required. In doing so, the following considerations will also be taken into account:
 - i. the number of students enrolled at Lowanna College who have been diagnosed as being at risk of anaphylaxis;
 - ii. the accessibility of adrenaline auto-injectors that have been provided by a parent or guardian of students who have been diagnosed as being at risk of anaphylaxis;
 - iii. the availability and sufficient supply of adrenaline auto-injectors for general use in specified locations at Lowanna College, including:
 - in the school yard, and at excursions, camps and special events conducted or organised by Lowanna College; and
 - 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 expense of Lowanna College, either at the time of use or expiry, whichever is first.

6. Communication Plan

- a. The Lowanna College 'Anaphylaxis Management Policy' will be communicated to all staff, students, parents or guardians, and the general community as per the schedule set out in the 'Policy Development and Communication Policy'.
- b. Lowanna College will endeavour to educate the school community and help raise awareness that anaphylactic reactions may be affected or influenced by the attitude or behaviour of others.
- c. Casual relief staff will also be informed of students in their care with a medical condition that relates to allergy and the potential for anaphylactic reaction.
- d. Lowanna College will openly publish and enforce anti-bullying and anti-discrimination policies.

7. Annual Risk Management Checklist

The designated Lowanna College First Aid Officer will complete an annual Risk Management Checklist (attached) as published by DET to monitor compliance with obligations within MO706.

This policy is to be read in conjunction with other policies and procedures relating to first aid.

Evaluation:

This policy will undergo a major review as part of the College's three-year review cycle. Lowanna College Council will review compliance with Ministerial Order 706 annually and in doing so, will be consistent with any advice or instruction received from the DET.

This policy was last ratified by College Council on 21 May 2018.

Individual 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 (ASCIA Action Plan for Anaphylaxis) provided by the parent.

It is the parents' responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			

EMERGENCY CONTACT DETAILS (PARENT)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

EMERGENCY CONTACT DETAILS (ALTERNATE)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

Medical practitioner contact	Name	
	Phone	
Emergency care to be provided at school		
Storage for adrenaline autoinjector (device specific) (EpiPen®)		

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?

ACTION PLAN FOR Anaphylaxis

Name: _____

For EpiPen® adrenaline (epinephrine) autoinjectors

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan

Signed:

Date: _____

Action Plan due for review: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

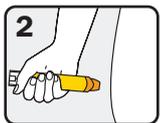
If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

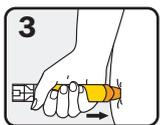
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and 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 3 seconds REMOVE EpiPen®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer

if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent: Date:/...../.....

I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

Signature of Principal (or nominee): Date:/...../.....

Annual risk management checklist (reviewed at the start of each year)

School name:	
Date of review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name:
	Position:
Comments:	<hr/> <hr/> <hr/> <hr/> <hr/>

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? yes no
 - a. If Yes, how many times?
4. Have any students ever had an anaphylactic reaction at school? yes 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? yes no
 - a. If Yes, how many times?
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)? yes no

SECTION 1: Training

- 7. 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 approved Anaphylaxis Management Training Course, either:
 - a. ASCIA e-training within the last 2 years, or
 - b. accredited face to face training (22300VIC or 10313NAT) within the last 3 years? yes no
- 8. Does your school conduct twice yearly briefings annually? yes no
 - a. If no, why not as this is a requirement for school registration?
.....
.....
.....
.....
.....
- 9. Do all school staff participate in a twice yearly briefing? yes no
 - a. If no, why not as this is a requirement for school registration?
.....
.....
.....
.....
- 10. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline auto-injectors (EpiPen®)? yes no
- 11. Are your school staff being assessed for their competency in using adrenaline auto-injectors (EpiPen®) within 30 day of completing the ASCIA Anaphylaxis e-training for Victorian Schools? yes no

SECTION 2: Individual Anaphylaxis Management Plans

- 12. 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 which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner? yes no
- 13. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)? yes no
- 14. 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 yes no
 - b. In canteens or during lunch or snack times yes no
 - c. Before and after school, in the school yard and during breaks yes no
 - d. For special events, such as sports days, class parties and extra-curricular activities yes no
 - e. For excursions and camps yes no
 - f. Other yes no

15. 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)? yes no
- a. Where are the Action Plans kept?
-
16. Does the ASCIA Action Plan include a recent photo of the student? yes no
17. Have the Individual Management Plans (for students at risk of anaphylaxis) been reviewed prior to any off site activities (such as sport, camps or special events), and where appropriate reviewed in consultation with the student's parent/s? yes no

SECTION 3: Storage and accessibility of adrenaline autoinjectors

18. Where are the student(s) adrenaline auto-injectors stored?
-
19. Do all school staff know where the school's adrenaline auto-injectors for general use are stored? yes no
20. Are the adrenaline auto-injectors stored at room temperature (not refrigerated)? yes no
21. Is the storage safe? yes no
22. Is the storage unlocked and accessible to school staff at all times? yes no

Comments:

.....

.....

.....

.....

23. Are the adrenaline auto-injectors easy to find? yes no

Comments:

.....

.....

.....

.....

24. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline auto-injector? yes no
25. Are the adrenaline auto-injectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names? yes no
26. Has someone been designated to check the adrenaline auto-injector expiry dates on a regular basis? yes no

Who?

.....

27. Are there adrenaline auto-injectors which are currently in the possession of the school and which have expired? yes no

28. Has the school signed up to EpiClub or ANA-alert (optional free reminder services)? yes no
29. Do all school staff know where the adrenaline auto-injectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored? yes no
30. Has the school purchased adrenaline auto-injector(s) for general use, and have they been placed in the school's first aid kit(s)? yes no
31. Where are these first aid kits located?

.....

.....

- a. Do staff know where they are located? yes no
32. Is the adrenaline auto-injector for general use clearly labelled as the 'General Use' adrenaline auto-injector? yes no
33. Is there a register for signing adrenaline auto-injectors in and out when taken for excursions, camps etc.? yes no

SECTION 4: Prevention strategies

34. 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? yes no
35. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not, record why not as this is a requirement for school registration? yes no

.....

.....

.....

.....

36. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training? yes no

SECTION 5: School management and emergency response

37. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff? yes no
38. Do school staff know when their training needs to be renewed? yes no
39. Have you developed Emergency Response Procedures for when an allergic reaction occurs? yes no
- a. In the class room? yes no
- b. In the school yard? yes no
- c. In all school buildings and sites, including gymnasiums and halls? yes no
- d. At school camps and excursions? yes no
- e. On special event days (such as sports days) conducted, organised or attended by the school? yes no
40. Does your plan include who will call the ambulance? yes no
41. Is there a designated person who will be sent to collect the student's adrenaline auto-injector and individual ASCIA Action Plan for Anaphylaxis? yes no

42. Have you checked how long it will take to get to the adrenaline auto-injector and the individual ASCIA Action Plan for Anaphylaxis to a student from various areas of the school including:
- a. The class room? yes no
 - b. The school yard? yes no
 - c. The sports field? yes no
43. 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? yes no
44. Who will make these arrangements during excursions?

45. Who will make these arrangements during camps?

46. Who will make these arrangements during sporting activities?

47. Is there a process for post incident support in place? yes no
48. Have all school staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction attend, and any other staff identified by the principal, been briefed on:
- a. The school's Anaphylaxis Management Policy? yes no
 - b. The causes, symptoms and treatment of anaphylaxis? yes 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? yes no
 - d. How to use an adrenaline auto-injector, including hands on practise with a trainer adrenaline auto-injector? yes no
 - e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments? yes no
 - f. Where the adrenaline auto-injector(s) for general use is kept? yes no
 - g. Where the adrenaline auto-injectors for individual students are located including if they carry it on their person? yes no

SECTION 6: Communication Plan

49. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?
- a. To school staff? yes no
 - b. To students? yes no
 - c. To parents? yes no
 - d. To volunteers? yes no
 - e. To casual relief staff? yes no

