



ANAPHYLAXIS MANAGEMENT POLICY FOR **MINARET COLLEGE**

1. Policy statement

1.1 Values

Minaret College believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole community responsibility. We are committed to:

- provide, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences
- raise awareness about allergies and anaphylaxis amongst the service community and children in attendance
- actively involve the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation and management strategies for their child
- ensure each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures
- facilitate communication to ensure the safety and wellbeing of children at risk of anaphylaxis

1.2 Purpose

The aim of this policy is to:

- ensure that staff members have adequate knowledge about allergies, anaphylaxis and the Minaret College policies regarding the procedures in responding to an anaphylactic reaction
- raise the service community's awareness of anaphylaxis and its management through education and policy implementation
- engage with parents/guardian of students at risk of anaphylaxis in assessing the risks and developing management strategies to minimise this risk

2. Scope

This policy applies to children diagnosed by a medical practitioner to be at risk of anaphylaxis. It applies to children enrolled at the preschool/college, their parents/guardians, staff and other relevant members of the service community, such as volunteers and visiting specialists

3. Background and legislation

- Anaphylaxis is a severe, life-threatening allergic reaction. Up to 2% of the general population and up to 5% of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications.
- A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device-EpiPen.
- The college recognises the importance of all staff/carers responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, early recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto-injection device. The college will comply with Ministerial Order 706 and the Anaphylaxis Guidelines related to anaphylaxis management as published and amended by the DET from time to time.
- Staff /carers 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. Staff /parents/carers should not have a false sense of security that an allergen has been eliminated from the environment. The college adopted a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction.

4. Responsibility

The Principals will ensure that, an individual anaphylaxis management plan is developed in collaboration with student's parents and the ASCIA Action Plan signed by the medical practitioner for any student diagnosed to be at risk of anaphylaxis. The individual anaphylaxis management plan will be in place as soon as practicable. For newly enrolled students, it is desirable to be in place before their first day of school.

The Principals are responsible to allocate sufficient funds to purchase additional adrenaline auto-injectors for general use as a back-up for those supplied by the parents. Due to their limited life warranty (12-18 months), the number of auto-injectors is to be decided according to the number of the students diagnosed with anaphylactic reaction and the number of the locations to be stored, such as the number of the buildings and number of off-site events planned during the year by the college. After usage/expiry date, the EpiPen stock has to be refreshed.

5. Implementation

5.1 General Guidelines for Minaret College Community

- Families are requested not to provide food containing eggs, nuts (or traces of egg and nuts listed on the official ingredients list on the label) during school hours, whilst at school function or on camps/excursions
- Canteens in both campuses, Springvale and Officer do not sell products that have nuts listed on the manufacturer's ingredients list on the product label
- Food provided at school catered functions, open days/graduations events will be nut free
- Students should not share food, food utensils and/or food containers
- Students with severe food allergies should only eat home prepared lunches and snacks

- The school First Aid Policy requires that a student record including medical history and known allergies to be kept up-to-date by the college nurse. The college nurse will disclose appropriate information of existing medical conditions/ allergies to staff, according to the circumstances
- Updated records of the students with allergies will be maintained by the college nurse and photos of the students at risk of anaphylaxis will be placed in classroom, staff room and sick bay area and handed over to Yard Duty Teachers during recess/lunch breaks. In a discrete manner, the canteen staff will be informed about the possible presence of the students with severe allergic reaction to minimise the risk of exposure to allergens
- Preventing strategies (see Appendix 4) are already implemented in Minaret College and parents, students and staff must abide to them
- During normal school activities and off-site activities, the Principals are responsible to ensure the presence of a sufficient number of staff trained in anaphylaxis management and emergency response procedures. The staff trained in anaphylaxis management and emergency response procedures will be briefed twice per calendar year to refresh their skills.
- In the event of an anaphylactic reaction, the emergency response procedures from this policy must be followed, along with the student's ASCIA Action Plan and the general first aid procedures as described in Appendices 2 and 3
- Students with food allergies are identified and recorded at the commencement of food technology classes. Students will be given the option to complete their tasks at a separate work bench
- Whilst Minaret College will do its best to adhere to these guidelines, students of an appropriate age to understand their medical condition should also be aware and proactive in helping themselves

5.2 Staff responsible for the student at risk of anaphylaxis shall:

- In the event of an allergic reaction, which may progress to anaphylaxis, staff will follow the student's ASCIA Action Plan as indicated in Appendices 2 and 3
- In the situation where a student who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction the emergency response procedures in place have to be followed as indicated in Appendices 2 and 3:
- ***IF IN DOUBT (THE STUDENT IS NOT IN THE RECORDS AS HAVING ALLERGIES/ASTHMA), GIVE THE ADRENALINE AUTOINJECTOR (EPIPEN)***
- ***COMMENCE CPR AT ANY TIME IF THE PERSON IS UNRESPONSIVE AND NOT BREATHING NORMALLY***
- ***IF UNSURE WHETHER IT IS ASTHMA OR ANAPHYLAXIS, GIVE ADRENALINE AUTOINJECTOR (EPIPEN) FIRST, THEN THE ASTHMA RELIEVER***
- Practice the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and "anaphylaxis scenarios" on a regular basis; keep informed about the locations of the student's auto-injection kit and the college back-up adrenaline auto-injectors
- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the college, whether the child has allergies and document this information on the child's enrolment

record. If the child is stated to have allergies, ask the parents/guardians to provide a medical management action plan signed by a registered medical practitioner

- Ensure that an Individual ASCIA Action Plan signed by the child's registered medical practitioner and a complete auto-injection device kit (which must contain the child's name, date of birth and the name of the treating doctor) is provided by the parent/guardian for the child while at the college on the first day of the student's attendance
- Ensure that the auto-injection device kit is stored in a location as stated in the Individual Anaphylaxis Management Plan along with an ASCIA Action Plan. During normal school activities on the college premises, the location has to be known by all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children and away from direct sources of heat
- During off-site activities, ensure that the auto-injection device kit and a copy of the Individual Anaphylaxis Management Plan and ASCIA Action Plan for each student at risk of anaphylaxis are carried by a staff member accompanying the student while he/she is out e.g. on excursions, camps or special events conducted by the college
- Regularly check the adrenaline auto-injection device expiry date. (The manufacturer will only guarantee the effectiveness of the adrenaline auto-injection device to the end of the nominated expiry month)
- College canteen staff will not sell foods containing nuts/traces of nuts to any student to minimise the risk of possible exposure
- Inform the parents when providing food for celebrations/ events involving food catered by families about dietary restriction in charge for the particular class
- Year coordinators will inform the relief teachers and volunteers of:
 1. the college's Anaphylaxis Management Policy
 2. causes, symptoms, treatment and emergency response in anaphylaxis
 3. identity of the students at risk of anaphylaxis and where the ASCIA Action Plan, Individual Anaphylaxis Management Plan and EpiPen are located

5.3 Parents/guardians of children are responsible to:

- Inform staff at the college, on enrolment or on diagnosis, of their child's allergies
- Not to provide food that contains nuts/traces of nuts for their children to consume during school hours while on campus/excursions
- Clearly label their child's drink bottle and lunch box to avoid mix-ups
- Consult with the form teacher to ascertain student's dietary restrictions when parents provide food for birthday celebrations
- Teach their children who are in danger of having an anaphylactic reaction to be aware and proactive in helping themselves
- Provide staff at the beginning of each year and after an anaphylactic reaction an updated ASCIA Action Plan signed by the child's registered medical practitioner giving written consent to use the

auto-injection device in line with this action plan and a current photo along with a new EpiPen to replace the used one

- Provide staff with a complete auto-injection device kit which is not expired, correctly labelled with the child's name, date of birth and the name of the treating doctor
- Regularly check the adrenaline auto-injection device expiry date
- Assist staff by offering information and answering any questions regarding their child's allergies
- Notify the school of any changes to their child's allergy status and provide a new ASCIA Action Plan in accordance with these changes along with a current photo of the child
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child
- Keep home their child/children if is/are unwell
- Comply with the college policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the service or its programs without that device and the ASCIA Action Plan
- Parents/carers of students with anaphylaxis are encouraged to assist their child/children to be easily and discreetly identifiable by registering with and wearing a MedicAlert bracelet. They are required to meet with the College Nurse to develop an action management plan for their child in the event their child suffers from anaphylactic reaction.

5.4 The Individual Anaphylaxis Management Plan will contain:

- Information about the diagnosis, type of allergy (allergies) the student has according to the medical practitioner's diagnosis
- Measures to minimise the risk of exposure to allergens while the student is on the school premises or out (excursions, camps)
- Nominated person/s to ensure the strategies are implemented
- Information regarding the student's medication storage
- Emergency procedures plan, provided by the parent, including:
 - ◆ student emergency contact details
 - ◆ emergency procedures in place in case of allergic reaction
 - ◆ ASCIA Action Plan signed by the treating medical practitioner on the date when the emergency procedures have been instructed
 - ◆ a recent photo of the student

The Individual ASCIA Action Plan is a medical document and therefore must be completed and signed by the treating doctor e.g. Immunology/Allergy Specialist, Paediatrician or General Practitioner (*ASCIA Action Plans, Treatment Plans and checklists* 2016) .The format of the plan is provided by Australian Society and Clinical Immunology and Allergy (see Appendix 6) will be reviewed, according to the situation: annually / if medical condition is changed/ immediately after an anaphylactic episode at college/ when the student will attend off-site activities such as camps, excursions, special events organised or attended by the college.

5.5 Communication Plan

- The College Principals are responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about the anaphylaxis in general, how to respond to an anaphylactic reaction and the college's Anaphylaxis Management Policy.
- The College Principals are responsible for ensuring that relevant number of staff are trained every year and also will be briefed twice per calendar year.
- Posters with ASCIA Action Plan will be displayed along the hallways, staff rooms and sick bays to raise awareness among the Minaret College community in respect to allergies, how to avoid, recognise and apply first aid in case of an allergic reaction event.
- A non-sharing food rule is in place for students to prevent accidents and cross-contamination with allergens
- Reminders are sent home to parents at the beginning of the year to raise awareness about the presence of students with food allergies and/or anaphylaxis. Parents are required to refrain from providing for their children food containing allergens like nuts, egg
- Before on-site events involving food catering like open days, fundraising, parents and casual/permanent staff, visitors or volunteers are reminded by the event organiser to be aware of the potential presence of persons with allergies and invited to refrain from providing food containing the known allergens. Canteens in both campuses will not prepare or/and serve any foods containing nuts
- Before off-site events like sport days, excursions and camps, parents and casual/permanent staff or volunteers are reminded by the event organiser to be aware of the potential presence of persons with allergies and invited to refrain from providing food containing the known allergens
- An Individual Anaphylaxis Management Plan along with the student's ASCIA Action Plan will be given to the Form Teacher of the student at risk of anaphylaxis and, if required by the plan, the EpiPen device will be also handed over to be stored accordingly.
- The college nurse will brief all staff via email every semester about:
 - The college's Anaphylaxis Management Policy
 - The causes, symptoms and intervention in anaphylaxis
 - The identities of students diagnosed at risk of anaphylaxis and where their medication is located, according with the individual anaphylaxis management plans
 - The existence and the content of the Anaphylaxis Emergency Response Procedure and the location of the EpiPens for both campuses as described in Appendices 2 and 3
 - How to use an adrenaline auto-injection device
 - The existence in the intranet of the anaphylaxis demo DVD which enables staff to update themselves with this medical condition and how to use the EpiPen in case of allergic/anaphylactic reaction.

5.6 Staff training

Priority staff must have completed an anaphylaxis management training course in the last three years. The new staff must have completed an anaphylaxis management training course in the last three years or have completed an online anaphylaxis management training course in the last two years.

All staff will be emailed and briefed twice per calendar year as per Communication Plan described at 5.5. The college nurse will arrange a suitable time to deliver the information regarding the present policy and specific information regarding the anaphylaxis. The briefing will cover the following points:

- The school's anaphylaxis management policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of students at risk of anaphylaxis, allergens, medication and the location of the medication
- How to use an EpiPen and where the students' personal EpiPen and the school back up EpiPens are located
- The College's Emergency Response Procedures in case of an anaphylactic reaction of any of the students

Priority staff will be the staff teaching students at risk of anaphylaxis, such as:

- Form teachers and subject teachers who conduct classes that students at risk of anaphylaxis attend
- Food technology staff
- Laboratory technicians
- Camp staff
- Canteen first aid officer
- Sport staff
- First aid/Teacher aids staff

Training will be organised annually to ensure an adequate number of staff ready for intervention. To address this, the Head of Schools/ Team Leaders will ensure the teaching and non-teaching staff conducting the class(es) with students with at risk of anaphylaxis have a current training in **10313NAT-Anaphylaxis Awareness** (supersedes 22099VIC-First Aid Management of Anaphylaxis).

The staff designated to participate in training is also required to keep themselves informed by reading the information updated and delivered twice per calendar year by the college nurse via email and access the DVD and other materials provided in the email. If for any reason staff that hasn't been trained yet (like relief teacher) is conducting the class that students at risk of anaphylaxis attend, an interim communication plan is in place, delivered by the Year Coordinator in accordance with clause **5.2** of this policy.

The staff that is trained in First Aid and Anaphylaxis Awareness must be proactive in promoting allergy and anaphylaxis awareness among students, parents and work colleagues to offer a safe environment for those who suffer from different medical conditions in general and allergies/anaphylaxis in particular.

The Principals will ensure adequate financial resources for first aid training and supplies to maintain suitable number of qualified first aid staff and appropriate stock for first aid supplies.

If for any reason training and briefing has not yet occurred as scheduled, the Principals must develop an interim plan in consultation with the parents of any student with medical condition related to allergies with potential for anaphylactic reaction and training must take place as soon as possible thereafter.

The current body who is training the Minaret College staff is the **Integrated Safety Training P/L** (RTO code 21897) for the First Aid and **The Asthma Foundation of Victoria** (Provider 4987) for the Anaphylaxis Awareness

5.7 Annual Risk Management Checklist

The College Principals will complete an Annual Risk Management Checklist to monitor the policy's compliance with the MO706 and Anaphylaxis Guidelines (see Appendix 5).

6. Evaluation:

This policy will be reviewed as part of the College's three-year review cycle.

7. Appendix:

1. Anaphylaxis Management Plan, Springvale and Officer Campuses
2. Anaphylaxis Emergency Response Procedure, Springvale Campus
3. Anaphylaxis Emergency Response Procedure, Officer Campus
4. Strategies and procedures to avoid allergens and treat anaphylaxis Springvale and Officer Campuses
5. Annual Risk Management Checklist form
6. ASCIA Action Plan

8. References:

- Children's Services Act 1996
- Children's Services Regulations 2009
- Health Act 1958
- Health Records Act 2001
- Occupational Health and Safety Act 2004
- Ministerial Order 706 amended December 2015
- Anaphylaxis Guidelines amended August 2016
- Australian Society and Clinical Immunology and Allergy 2016, *ASCIA Action Plans for Anaphylaxis*, viewed 08 November 2016, <https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>
- Australian Society and Clinical Immunology and Allergy 2016, *First Aid treatment for Anaphylaxis*, viewed 08 November 2016, https://www.allergy.org.au/images/stories/anaphylaxis/2015/ASCIA_FIRST_AID_FOR_ANAPHYLAXIS_2015.pdf
- ASCIA guidelines for prevention of anaphylaxis in schools, pre-schools and childcare: 2015 update, *Journal of Paediatrics and Child Health*, Volume 51, Issue 10, pages 949–954, October 2015.
- Australian Society and Clinical Immunology and Allergy 2016, *Examples of risk minimisation strategies for schools, preschools and childcare services*, viewed 09 November 2016, https://www.allergy.org.au/images/scc/ASCIA_Risk_minimisation_strategies_table_030315.pdf

This policy was last ratified by Minaret College Board in September 2016 and amended in November 2016. This policy will be next reviewed by Minaret College Board in September 2019, or earlier if required.

Appendix 1

Individual Anaphylaxis Management Plan, Springvale and Officer Campuses

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 parent's 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 location for adrenaline auto-injector (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?

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 (e.g. 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.

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:	

Appendix 2

Anaphylaxis Emergency Response Procedure, Springvale Campus

- **CHECK IF THE STUDENT IS IN THE SCHOOL REGISTER WITH STUDENTS WITH MEDICAL CONDITION. THE REGISTER IS MAINTAINED UP TO DATE BY THE COLLEGE NURSE AND PHOTOS OF THE STUDENTS WITH ALLERGIES ARE DISPLAYED IN THE CLASSROOM, STAFFROOM AND YARD DUTY TEACHERS**
- **IF IN DOUBT(THE STUDENT IS NOT IN THE RECORDS AS HAVING ALLERGIES/ASTHMA), GIVE THE ADRENALINE AUTOINJECTOR (EPIPEN)**
- **COMMENCE CPR AT ANY TIME IF THE PERSON IS UNRESPONSIVE AND NOT BREATHING NORMALLY**
- **IF UNSURE WHETHER IT IS ASTHMA OR ANAPHYLAXIS, GIVE ADRENALINE AUTOINJECTOR (EPIPEN) FIRST, THEN THE ASTHMA RELIEVER**

MILD TO MODERATE ALLERGIC REACTION

In some cases, anaphylaxis is preceded by signs of a mild to moderate allergic reaction:

- Swelling of face, lips and eyes
- Hives on the skin
- Tingling mouth
- Stomach pain, vomiting (these are signs of a mild to moderate allergic reaction to most allergens, however, in insect allergy these are signs of anaphylaxis)

ACTION

1. **Stay with the person all the time and call for help**
2. Give medications if prescribed (whilst non-drowsy antihistamines may be used to treat mild to moderate allergic reactions, if these progress to anaphylaxis then adrenaline is the only suitable medication and action has to be taken as per anaphylaxis)
3. Locate the person's medication/EpiPen and ASCIA Action Plan. If in- school setting, ASCIA Action Plan and the medication/EpiPen have to be in the form teacher's desk. If out- of-school setting, the ASCIA Action Plan and the medication/EpiPen have to be in the person's possession or the teacher in charge
4. Contact parent/guardian/emergency contact

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

Continue to watch for any one of the following signs of anaphylaxis (severe allergic reaction):

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat

- Difficulty in talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (in young children)

ACTION

- 1. Stay with the person that has an anaphylactic reaction all the time**
- 2. Lay the person flat-if breathing is difficult, allow to sit-do not allow to stand/walk**
3. Locate the person's EpiPen and ASCIA Action Plan (location must be specified in the Individual Anaphylaxis Management Plan). If in- school setting, ASCIA Action Plan and the EpiPen have to be in the form teacher's desk. If out- of-school setting, the ASCIA Action Plan and the EpiPen have to be in the person's possession or the teacher in charge
4. Immediately administer the person's own EpiPen.
- 5. If the person's EpiPen is found to be expired/fails to work, use the emergency EpiPen . Emergency EpiPens are located in the Nurse's medication drawer, Wing B staff room (in the first aid box), Wing C ground floor (in the first aid box), Wing C first floor (in the first aid box), Wing E ground floor (in the coordinator's office) and Kindergarten Coordinator's office**
6. How to administer the EpiPen:
 - Remove from the plastic container
 - Form a fist around EpiPen and pull off the **BLUE** safety release
 - Place the **ORANGE** end against outer mid-thigh and push firmly into thigh so it "clicks"
 - Hold on thigh for approx 10 seconds to stimulate drug delivery
 - **Note the time** EpiPen was administered, the name of the student and the place of administration (left/right thigh)
 - Return the EpiPen in the plastic container
7. If the staff delivering the EpiPen is not the College Nurse, the College Nurse/reception staff need to be informed as soon as possible for further actions
8. The College Nurse/reception staff will ring the Ambulance stating a person suffered an anaphylactic response
9. Then the person's parents/emergency contact will be informed verbally or a message will be left on the voice mail if unavailable
10. Further adrenaline doses may be given (if additional EpiPens are available) if no response after 5 minutes
11. A staff member will meet the ambulance at the school entrance and direct the paramedics to the person's location

Appendix 3

Anaphylaxis Emergency Response Procedure, Officer Campus

- **CHECK IF THE STUDENT IS IN THE SCHOOL REGISTER WITH STUDENTS WITH MEDICAL CONDITION. THE REGISTER IS MAINTAINED UP TO DATE BY THE COLLEGE NURSE AND PHOTOS OF THE STUDENTS WITH ALLERGIES ARE DISPLAYED IN THE CLASSROOM, STAFFROOM AND YARD DUTY TEACHERS**
- **IF IN DOUBT(THE STUDENT IS NOT IN THE RECORDS AS HAVING ALLERGIES/ASTHMA), GIVE THE ADRENALINE AUTOINJECTOR (EPIPEN)**
- **COMMENCE CPR AT ANY TIME IF THE PERSON IS UNRESPONSIVE AND NOT BREATHING NORMALLY**
- **IF UNSURE WHETHER IT IS ASTHMA OR ANAPHYLAXIS, GIVE ADRENALINE AUTOINJECTOR (EPIPEN) FIRST, THEN THE ASTHMA RELIEVER**

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In some cases, anaphylaxis is preceded by signs of a mild to moderate allergic reaction:

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- Hives on the skin
- Tingling mouth
- Stomach pain, vomiting (these are signs of a mild to moderate allergic reaction to most allergens, however, in insect allergy these are signs of anaphylaxis)

ACTION

- 1. Stay with the person all the time and call for help**
2. Give medications if prescribed (whilst non-drowsy antihistamines may be used to treat mild to moderate allergic reactions, if these progress to anaphylaxis then adrenaline is the only suitable medication and action has to be taken as per anaphylaxis)
3. Locate the person's medication/EpiPen and ASCIA Action Plan. If in- school setting, ASCIA Action Plan and the medication/EpiPen have to be in the form teacher's desk. If out- of-school setting, the ASCIA Action Plan and the medication/EpiPen have to be in the person's possession or the teacher in charge
4. Contact parent/guardian/emergency contact

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

Continue to watch for any one of the following signs of anaphylaxis (severe allergic reaction):

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

ACTION

1. **Stay with the person that has an anaphylactic reaction all the time**
2. **Lay the person flat-if breathing is difficult, allow to sit-do not allow to stand/walk**
3. Locate the person's EpiPen and ASCIA Action Plan (location must be specified in the Individual Anaphylaxis Management Plan). If in- school setting, ASCIA Action Plan and the EpiPen have to be in the form teacher's desk. If out- of-school setting, the ASCIA Action Plan and the EpiPen have to be in the person's possession or the teacher in charge
4. Immediately administer the person's own EpiPen.
5. **If the person's EpiPen is found to be expired/fails to work, use the emergency EpiPen . Emergency EpiPens are located in the Reception area, in the first aid and medication box and the Secondary School building area, in the first aid box)**
6. How to administer the EpiPen:
 - a. Remove from the plastic container
 - b. Form a fist around EpiPen and pull off the **BLUE** safety release
 - c. Place the **ORANGE** end against outer mid-thigh and push firmly into thigh so it "clicks"
 - d. Hold on thigh for approx 10 seconds to stimulate drug delivery
 - e. **Note the time** EpiPen was administered, the name of the student and the place of administration (left/right thigh)
 - f. Return the EpiPen in the plastic container
7. If the staff delivering the EpiPen is not the First Aid Officer College Nurse, the Officer Campus Coordinators/reception staff need to be informed as soon as possible for further actions
8. The Coordinators/reception staff will ring the Ambulance stating a person suffered an anaphylactic response
9. Then the person's parents/emergency contact will be informed verbally or a message will be left on the voice mail if unavailable
10. Further adrenaline doses may be given (if additional EpiPens are available) if no response after 5 minutes
11. A staff member will meet the ambulance at the school entrance and direct the paramedics to the person's location

Appendix 4

Strategies and procedures to avoid allergens and treat anaphylaxis, Springvale and Officer Campuses

In-school settings

IN CLASSROOMS:

1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom
2. Liaise with parents/carers before food related activities
3. Use non-food treats or use parent-provided food treats (will need to be stored in a labeled container)
4. Do not give foods from outside sources to an anaphylactic student
5. Be aware of the possible contamination with allergens in cooking, food technology, science and art classes
6. Have regular discussions with students about the importance to wash hands, non-sharing foods containing nuts/egg
7. Year coordinators should inform the relief teachers and volunteers of:
 - the College's Anaphylaxis Management Policy
 - causes, symptoms, treatment and emergency response in anaphylaxis
 - identity of the students at risk of anaphylaxis and where the Individual Anaphylaxis Management Plan and EpiPen are located

CANTEENS:

1. Canteen staff should be able to demonstrate safe practice in food allergen management
2. Canteen staff will be informed in a discrete manner about the identity of the students at risk of anaphylaxis and encouraged to ask help from the Team Leader if in any doubt
3. Not to supply foods that have labeled nuts/traces of nuts as ingredients to avoid mix-ups
4. Ensure the working surfaces are wiped regularly to avoid contamination with allergens

SCHOOL PLAYGROUNDS:

1. Team Leaders/Coordinator must ensure when planning the Yard Duty Service that a sufficient number of staff trained in First Aid Management of Anaphylaxis is present in the area where the student(s) at risk are playing during recess and lunch breaks
2. Yard Duty staff must be able to identify the students at risk of anaphylaxis
3. Yard Duty staff must direct another person to bring the EpiPen from the location and **never** leave a student experiencing an anaphylactic reaction unattended
4. Yard Duty staff will send another staff/student to inform the College Nurse/ First Aid Officer/reception staff about the name of the student and location for further action
5. Reception staff will ring ambulance stating anaphylaxis reaction emergency and contact the parents/carers of the student
6. The student experiencing an anaphylactic response should not be moved; he will be repositioned in the recovery position and stay under supervision until the ambulance arrives
7. Student with anaphylactic response to insect stings should stay away from water, flowering plants or grass and keep their food and drinks covered whilst outdoors

SPECIAL EVENTS (SPORTING EVENTS, FUNDRAISING AND FOOD PARTIES EVENTS):

1. Staff supervising the event (teachers, volunteers, visiting staff) will be briefly informed by the Year Coordinator/Team Leader about the identity of the students at risk, where the Individual Management Plan, ASCIA Action Plan and EpiPen are located, who is attending the emergency response, who is bringing the EpiPen and who is contacting the College Nurse/reception staff for further actions
2. If the event involves food, parents should be contacted by the Form Teacher before the event to discuss menu options
3. Party balloons should be avoided if any student allergic to latex is attending the event
4. Swimming caps should not be used for a student allergic to latex

Out-of-school settings

TRAVEL TO AND FROM SCHOOL BY SCHOOL BUS

Students are advised not to consume foods/drinks during the travel to/from school to minimize the risk of accidents.

WORK EXPERIENCE

Form teachers will contact the parents and the employer to discuss possible risks and management prior the work experience commencement. The employer and relevant staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the adrenaline auto-injector in case the work experience student shows signs of an allergic reaction whilst at work experience.

EXCURSIONS

1. Year Coordinators will ensure a sufficient number of staff with current training in anaphylaxis management attends excursions where student(s) at risk are participating
2. Year coordinators/ Teachers in Charge will inform the relief teachers and volunteers of:
 - the College's Anaphylaxis Management Policy
 - causes, symptoms, treatment and emergency response in anaphylaxis
 - identity of the students at risk of anaphylaxis and where the Individual Anaphylaxis Management Plan, ASCIA Action Plan and EpiPen are located
 - Communication Plan
3. Staff and volunteers attending the excursion must be aware of the presence of the student(s) at risk and ensure they have the Individual Anaphylaxis Management Plan, ASCIA Action Plan, EpiPens and a mobile phone
4. Students at risk of anaphylaxis response must take the personal EpiPen on excursion
5. Staff attending the excursion must develop a role-taking procedure during the excursion:
 - Who carries and administer the EpiPen
 - Who rings ambulance
 - Who rings parents/carers

6. Teachers and volunteers attending the excursion to consider potential exposure to allergens when consuming foods
7. Teachers should consult the parent of the student at risk before attending the event to discuss issues that might arise, menu, possibility for the parent to attend the event

SCHOOL CAMPS

1. Camp Coordinators/Year coordinators will inform the attending teachers and volunteers of:
 - i. the College's Anaphylaxis Management Policy
 - ii. causes, symptoms, treatment and emergency response in anaphylaxis
 - iii. identity of the students at risk of anaphylaxis and where the Individual Anaphylaxis Management Plan, ASCIA Action Plan and EpiPen are located
 - iv. Communication Plan
2. Camp Coordinators will ensure a sufficient number of staff with current training in anaphylaxis management attends camps where student(s) at risk are participating
3. Staff and volunteers attending the camp must be aware of the presence of the student(s) at risk and ensure they have the Individual Anaphylaxis Management Plan, ASCIA Action Plan, EpiPens and a mobile phone
4. Camp Coordinators will liaise with parents/carers to develop alternative menus or allow students to bring own food
5. Camp must be advised in advance of any student with food allergies
6. Camp Coordinators should ensure the camps have a minimization policy avoiding nut products
7. Students at risk need to carry their Individual Anaphylaxis Management Plan, ASCIA Action Plan and EpiPen
8. All staff attending the camp must be instructed and develop a role-taking procedure during the camp:
 - i. Who carries and administer the EpiPen
 - ii. Who rings ambulance
 - iii. Who rings parents/carers
9. Camp Coordinators must locate Emergency Services in the area where the camp is organized and how to access them; liaise with them before camp
10. Cooking, art and craft games should not involve the use of known allergens
11. Staff to consider the potential exposure to allergens when consuming food on the camp premises or during the travel to/from camps.
12. Students with anaphylactic response to insects should always wear adequate closed shoes and body-covering clothes and should be encouraged to stay away from water and flowering plants

Appendix 5

Annual Risk Management Checklist

School name:	Minaret College Springvale / Officer Campus
Date of review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	

General information

1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline auto-injector?	
2. How many of these students carry their adrenaline auto-injector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times	

5. Has a staff member been required to administer an adrenaline auto-injector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1: Training

7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Does all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: <p>a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline auto-injectors (EpiPen®)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Is your school staff being assessed for their competency in using adrenaline auto-injectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: Individual Anaphylaxis Management Plans

11. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do all students who carry an adrenaline auto-injector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where is/are the student(s) adrenaline auto-injector(s) stored?	
18. Does all school staff know where the school's adrenaline auto-injectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline auto-injectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline auto-injectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline auto-injector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline auto-injectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has someone been designated to check the adrenaline auto-injector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline auto-injectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline auto-injectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline auto-injector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? Does staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline auto-injector for general use clearly labelled as the 'General Use' adrenaline auto-injector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline auto-injectors in and out when taken for excursions, camps etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: Risk Minimisation strategies

33. 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

34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration. Yes No

35. 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

36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff? Yes No

37. Does school staff know when their training needs to be renewed? Yes No

38. 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

39. Does your plan include who will call the ambulance? Yes No

40. 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

41. Have you checked how long it takes to get an individual's adrenaline auto-injector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including: Yes No

a. The class room? Yes No

b. The school yard? Yes No

c. The sports field? Yes No

d. The school canteen? Yes No


42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline auto-injector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline auto-injector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	
45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline auto-injector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline auto-injector, including hands on practice with a trainer adrenaline auto-injector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline auto-injector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline auto-injectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6: Communication Plan

48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No

49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	

ASCIA Action Plan for Anaphylaxis



www.allergy.org.au

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 Dr or NP: _____

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

Signed: _____

Date: _____

Action Plan due for review: _____

SIGNIS 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)

<ul style="list-style-type: none"> Difficult/noisy breathing Swelling of tongue Swelling/tightness in throat Wheeze or persistent cough 	<ul style="list-style-type: none"> Difficulty talking and/or hoarse voice Persistent dizziness or collapse Pale and floppy (young children)
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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

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

How to give EpiPen®



1

Form fit around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2

Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



3

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

REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

© ASCIA 2016 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission