

Management of Students at Risk of Anaphylaxis

This policy is compatible and compliant with The Brotherhood of St Laurence – High Street Centre Frankston, Victorian Registration and Qualifications Authority (VRQA) and the broader Brotherhood of St Laurence policies.

Source of Obligation The Education and Training Reform Act 2006 (Vic) (s 4.3.1 (6)(c)) requires all schools to develop an anaphylaxis management policy, where the school knows or ought to reasonably know, that a student enrolled at the school has been diagnosed as being at risk of anaphylaxis.

'Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools' prescribes specific matters that schools applying for registration and registered schools in Victoria must contain in their anaphylaxis management policy for the purposes of section 4.3.1 (6)(c) of the Act.

The Hazard – Anaphylaxis

Anaphylaxis is the most severe form of allergic reaction. Individuals can have a mild, moderate or severe allergic reaction. Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. The most common allergies in school-aged children are peanuts, cow's milk, egg, tree nuts (e.g. cashews and walnuts), wheat, soy, sesame and certain insect bites and stings (particularly bees, wasps, ants and ticks).

The key to prevention of anaphylaxis in school is knowledge of students who have been diagnosed as at risk, awareness of allergies and prevention of exposure to those triggers that cause allergic reactions.

Partnerships between the School and parents/guardians are important in helping students avoid exposure as well as age appropriate education for students.

Adrenaline given through an adrenaline (epinephrine) autoinjector (such as an EpiPen® or EpiPen® Jr) into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis. Adrenaline autoinjectors are designed for use by laypeople.

It is important to remember that minimisation strategies to help reduce the risk of anaphylaxis are everyone's responsibility, including the Principal and all School staff, parents/guardians, students and the broader School community.

David Scott School's Policy

David Scott School is committed to providing a safe learning environment for all our students and complying with Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools, and the Department of Education and Training's Anaphylaxis Guidelines as amended by the Department from time to time.

The School recognises that while policies and procedures to reduce the risk of an allergic reaction can be developed and maintained, they cannot achieve a completely allergen-free environment.

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It is critical that staff can recognise an allergic reaction and a potential anaphylaxis risk and treat it appropriately in an emergency.

It is our policy to:

- provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling
- raise awareness of food and insect allergy and the risk of anaphylaxis and the School's anaphylaxis management policy in the School community
- engage with parents/guardians of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student
- ensure that staff have knowledge about allergies, can recognise an allergic reaction including anaphylaxis and understand the School's policy and guidelines and emergency procedures in responding to anaphylaxis.

Our Duty of Care

The School has a common law duty of care to put in place strategies to manage students at risk of anaphylaxis while they are at the School and engaged in School-related activities.

When a student is diagnosed as being at risk of anaphylaxis, the exercise of the School's duty of care requires the development of an Individual Anaphylaxis Management Plan, which includes an ASCIA Action Plan for Anaphylaxis (emergency response plan) and risk minimisation strategies.

Students at risk of allergic reactions, including anaphylaxis, could also be singled out or subjected to bullying behaviour within the wider School community. As part of our Bullying Prevention and Intervention policy, the School maintains an atmosphere of respectful relationships and actively develops and implements programs for bullying prevention, provides support for any student who is at risk of being bullied and empowers the whole School community to recognise and respond appropriately to bullying and behave as responsible bystanders.

Safe Work Practices

School has developed the following work practices and procedures for managing the risk of anaphylaxis:

- Individual Anaphylaxis Management Plans (This plan includes Risk Minimisation Strategies)
- Adrenaline Autoinjectors – Purchase, Storage and Use
- Communication Plan
- Emergency Response Procedures
- Staff Training
- Risk Management Checklist.

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David Scott School has also developed a flowchart which outlines our practices for enrolled students or students presenting for enrolment.

Risk Management Checklist

The Principal or School Anaphylaxis Supervisor completes an annual Risk Management Checklist included in the Anaphylaxis Guidelines for Victorian Schools, to monitor our obligations.

We regularly check the Department of Education and Training's Anaphylaxis Management in Schools page to ensure the latest version of the Risk Management Checklist is used.

Roles and Responsibilities: Principal

The Principal is responsible for:

- ensuring that the School develops, implements and annually reviews this policy in accordance with the Order and the Guidelines
- actively seeking information to identify students with allergies to food and insects for example, that have not been prescribed
- an adrenaline autoinjector and those who have been diagnosed as being at risk of anaphylaxis and been prescribed an adrenaline autoinjector, either at enrolment or at the time of diagnosis (whichever is earlier)
- ensuring that parents/guardians provide an ASCIA Action Plan which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student
- ensuring that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/guardians for any student that has been diagnosed by a medical practitioner with a medical condition relating to allergy and the potential for an anaphylaxis reaction, where the School has been notified of that diagnosis
- ensuring that an Interim Individual Anaphylaxis Management Plan is developed for a student where:
- the School has not been notified of a student's potential for anaphylaxis, but there is reason to believe that the student is at risk (e.g. where the parents/guardians have not told the school about any allergies, but the student mentions it class), or

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- a student's adrenaline autoinjector has been used or lost and not yet replaced, or
- a student's adrenaline autoinjector is identified as out of date or cloudy/discoloured, or
- relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis.
- ensuring students' Individual Anaphylaxis Management Plans are appropriately communicated to all relevant staff
- ensuring that the canteen provider and all of its employees can demonstrate satisfactory training in the area of food allergy
- and anaphylaxis and its implications for food-handling practices. See free online training for food service staff
- ensuring that parents/guardians provide the School with an adrenaline autoinjector for their child that is not out-of-date and a replacement adrenaline autoinjector when requested to do so
- ensuring that an appropriate Communication Plan is developed to provide information to all School staff, students and parents/guardians about anaphylaxis and this policy
- ensuring there are procedures in place for providing information to School volunteers and casual relief staff about students
- who are at risk of anaphylaxis and their role in recognising an allergic reaction and responding to an allergic reaction, including anaphylaxis, of a student in their care
- ensuring that relevant School staff have successfully completed an approved anaphylaxis management training course and that their accreditation is current
- ensuring that School staff who are appointed as School Anaphylaxis Supervisors are appropriately trained in conducting autoinjector competency checks and that their accreditation is current
- ensuring that all School staff are briefed at least twice a year by a School Anaphylaxis Supervisor (or other appropriately

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- trained member of the School staff), with the first briefing to occur at the start of each year
- allocating time, such as during staff meetings, to discuss, practise and review this policy
- encouraging regular and ongoing communication between parents/guardians and School staff about the current status of the student's allergies, the School's policies and their implementation
- ensuring that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with parents/guardians annually at the beginning of each school year, when the student's medical condition changes, as soon as practicable after a student has an anaphylaxis reaction at the School, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the School
- ensuring the Risk Management Checklist for anaphylaxis is completed and reviewed annually
- arranging to purchase and maintain an appropriate number of adrenaline autoinjectors for general use to be part of the School's first aid kit, stored with a copy of the ASCIA Action Plan for Anaphylaxis (Orange) for general use.

Roles and Responsibilities: School Anaphylaxis Supervisor

The School appoints appropriate School staff for the role of School Anaphylaxis Supervisor ('the Supervisor') (two are recommended).

These staff may include:

- a School-employed nurse
- a first aid coordinator
- a health and wellbeing coordinator or other health and wellbeing staff, and/or
- a senior/leading teacher.

A person should complete the School Anaphylaxis Supervisors course before being nominated the School Anaphylaxis Supervisor. The School Anaphylaxis Supervisor must complete the School Anaphylaxis Supervisor Observation Checklist, in conjunction with the Principal and other School staff to ensure that responsibilities, training requirements and tasks relating to anaphylaxis are being met by the School.

Responsibilities of the School Anaphylaxis Supervisor/s include:

- working with the Principal to develop, implement and regularly review this policy

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- obtaining regular training on how to recognise and respond to anaphylaxis, including administering an adrenaline autoinjector
- verifying the correct use of adrenaline autoinjector (trainer) devices by other School staff undertaking online anaphylaxis
- training through completion of the School Supervisors' Observation Checklist
- providing access to the adrenaline autoinjector (trainer) device for practice by School staff
- sending reminders to staff or information to new staff about anaphylaxis training requirements and liaising with the Principal to maintain records of training undertaken by staff at the School
- leading the twice-yearly anaphylaxis School briefing
- developing School-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment, for example a bee sting occurs on School grounds and the student with bee allergy is conscious, or an allergic reaction where the student has collapsed on School grounds and the student is not conscious
- organising anaphylaxis drills (not unlike a fire drill) in the School to practise getting an adrenaline autoinjector to a student
- requiring it quickly in an emergency
- keeping an up-to-date register of students at risk of anaphylaxis
- keeping a register of adrenaline autoinjectors, including a record of when they are 'in' and 'out' from the central storage point. For instance, when they have been taken on excursions, camps etc.
- working with parents/guardians (and students) to develop, implement and review each Individual Anaphylaxis and Allergic Reactions Management Plan in accordance with this policy
- providing advice and guidance to School staff about anaphylaxis management in the School and undertaking regular risk
- identification and implement appropriate minimisation strategies

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- working with School staff to develop strategies to raise their own, students' and School community awareness about severe allergies
- providing or arranging post-incident support (e.g. counselling) to students and School staff, if appropriate.

Roles and Responsibilities: Staff

The responsibilities of School staff include:

- knowing and understanding the requirements of this policy
- knowing the identity of students who are at risk of anaphylaxis and knowing their face if possible
- understanding the causes, signs and symptoms, and treatment of anaphylaxis
- obtaining regular training on how to recognise and respond to an allergic reaction (including anaphylaxis), including
- administration of an adrenaline autoinjector
- knowing where to find a copy of each student's ASCIA Action Plan quickly and following it in the event of an allergic reaction
- knowing the School's general first aid and emergency response procedures and understanding their role in relation to responding to anaphylaxis
- knowing where students' adrenaline autoinjectors and the adrenaline autoinjectors for general use are kept
- knowing and following the individual risk minimisation strategies in the student's Individual Anaphylaxis or Allergic Reaction Management Plan
- planning 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), either at school, or away from school
- working with parents/guardians to provide appropriate food for their child if the food the School/class is providing may present an allergy risk for them
- avoiding the use of food treats in class or as rewards, as these may contain allergens. If food treats are used, however, work with

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parents/guardians to provide appropriate treats for students at risk of anaphylaxis

- being 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
- being aware of the risk of cross-contamination when preparing, handling and displaying food
- making sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food
- raising student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a School environment that is safe and supportive for their peers.

Roles and Responsibilities: Parents/Guardians

The responsibilities of parents/guardians of students at risk of anaphylaxis include:

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

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- informing School staff in writing of any changes to the student's emergency contact details
- participating in reviews of the student's Individual Anaphylaxis or Allergic Reactions Management Plan.

Staff Responsibilities All staff must follow the anaphylaxis management guidelines set out in this policy.

Signage Copies of the ASCIA Action Plans are posted in the staff room and are located with first aid procedures as well as being in each student's medical kit with their adrenaline autoinjector/s.

With permission from parents/guardians (and older students), it may be appropriate to have a student's name, photo and the food/insect they are allergic to, displayed in other locations around the School.

Implementation This policy is implemented through a combination of:

- school premises inspections (to identify wasp and bee hives)
- staff training and supervision
- maintenance of student medical records
- effective incident notification procedures
- effective communication with the student at risk and their parent/guardian
- completion of annual risk management checklist
- effective communication procedures with the school community including all students' parents/guardians
- initiation of corrective actions where necessary.

Discipline for Breach of Policy Where a staff member breaches this policy, David Scott School may take disciplinary action.

Related Documents

- Individual Anaphylaxis Management Plan Template
- Facilitator Guide for Anaphylaxis Management
- Anaphylaxis Management Briefing Presentation
- Risk Management Checklist
- School Anaphylaxis Supervisor Checklist
- School Supervisors' Observation Checklist
- Risk Minimisation strategies for schools Template

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Individual Anaphylaxis Management Plans

Identification of Students at Risk Parents/guardians are requested to notify the School of all medical conditions including allergies. Refer to our Medical Records(Student) policy.

Students who are identified as being at risk of anaphylaxis are considered high risk. (This includes students with ASCIA Action Plans for Anaphylaxis and ASCIA Action Plans for Allergic Reactions). For each of these students an Individual Anaphylaxis Management Plan should be developed, regularly reviewed and updated.

The School maintains a complete and up-to-date list of students identifying as having a medical condition that relates to allergy and the potential for anaphylaxis. It is the responsibility of the Business Manager to keep this list up to date. The list is kept on Compass.

For students who are showing signs of an allergic reaction or anaphylaxis for the first time, and do not otherwise have an individual ASCIA Action Plan for Anaphylaxis or Allergic Reactions, the School should follow the Allergy Awareness policy.

If a teacher or other staff member administering first aid is required to use an adrenaline autoinjector for general use in the School first aid kit they should refer to the ASCIA Action Plan for Anaphylaxis for General Use (Orange), stored with it, for instructions on administering an adrenaline autoinjector.

Individuals with an allergy that have only ever had mild/moderate allergic reactions are at low risk of having an anaphylaxis reaction(not no risk but low risk). They are often not prescribed an adrenaline autoinjector but should have an ASCIA Action Plan for Allergic Reactions (Green).

Individuals that have had a previous severe allergic/anaphylaxis reaction to triggers (other than medications) and those deemed to be high risk by their medical practitioner are prescribed an adrenaline autoinjector and given an ASCIA Action Plan for Anaphylaxis (Red).

Those with an ASCIA Action Plan for Allergic Reactions (Green) must still have strategies implemented to reduce risk as detailed on their Individual Management Plan.

Preparing an Individual Anaphylaxis Management Plan Where the School has been notified, the Principal or School Anaphylaxis Supervisor is responsible for developing an Individual Anaphylaxis Management Plan in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

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The Individual Anaphylaxis Management Plan should be in place as soon as practicable after the student is enrolled, and where possible, before their first day at the School.

The template individual Anaphylaxis Management Plan included in the Anaphylaxis Guidelines for Victorian Schools should be used to complete a student's Individual Anaphylaxis Management Plan.

David Scott School has also developed a flowchart that outlines our practices for enrolled students or students presenting for enrolment.

Preparing an Interim Individual Anaphylaxis Management Plan

The Principal or School Anaphylaxis Supervisor should develop an Interim Individual Anaphylaxis Management Plan for the student where:

- the School has not been notified of a student's potential for anaphylaxis, but there is reason to believe that the student is at risk (e.g., where the parents/guardians have not told the school about any allergies, but the student mentions it in class), or
- a student's adrenaline autoinjector has been used or lost and not yet replaced, or
- a student's adrenaline autoinjector is identified as out of date or cloudy/discoloured, or
- relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis.

As soon as practicable, the Principal or School Anaphylaxis Supervisor should put the Interim Individual Anaphylaxis Management Plan in place and take steps to consult with the student's parents and prepare an Individual Anaphylaxis Management Plan if necessary.

The template Individual Anaphylaxis Management Plan included in the Anaphylaxis Guidelines for Victorian Schools should be used to complete a student's Interim Individual Anaphylaxis Management Plan.

David Scott School has also developed a flowchart that outlines our practices for enrolled students or students presenting for enrolment.

Plan Contents

Individual Anaphylaxis Management Plans must include the following:

- information on allergen/s
- information on other health conditions
- medication prescribed
- emergency contact details of parent/guardian and alternate person
- medical practitioner contact details
- emergency care to be provided at the School
- where the student's adrenaline autoinjector will be stored

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- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of the School
- name of the person(s) responsible for implementing the risk management strategies
- the current ASCIA Action Plan.

Review of Plan The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents/guardians:

- annually
- if the student's condition changes
- as soon as practicable after the student has an anaphylaxis reaction
- when the student participates in an off-site activity or a special event organised by the School.

Parents/guardians are required to inform the School if their child's medical condition changes, and if relevant, provide an updated ASCIA Action Plan. The ASCIA Action Plan must be completed and signed by a medical practitioner. The ASCIA Action Plan needs to be renewed at least every 18-24 months (most students renew their ASCIA Action Plan with each new prescription of adrenaline autoinjector as they expire every 12-16 months). If staff and parents/guardians have difficulty agreeing on management strategies, communication with the student's medical practitioner or Royal Children's Hospital Anaphylaxis Advice and Support service (1300 725911) should be considered.

The Individual Anaphylaxis Management Plan must be signed off by the parent/guardian and a designated staff member.

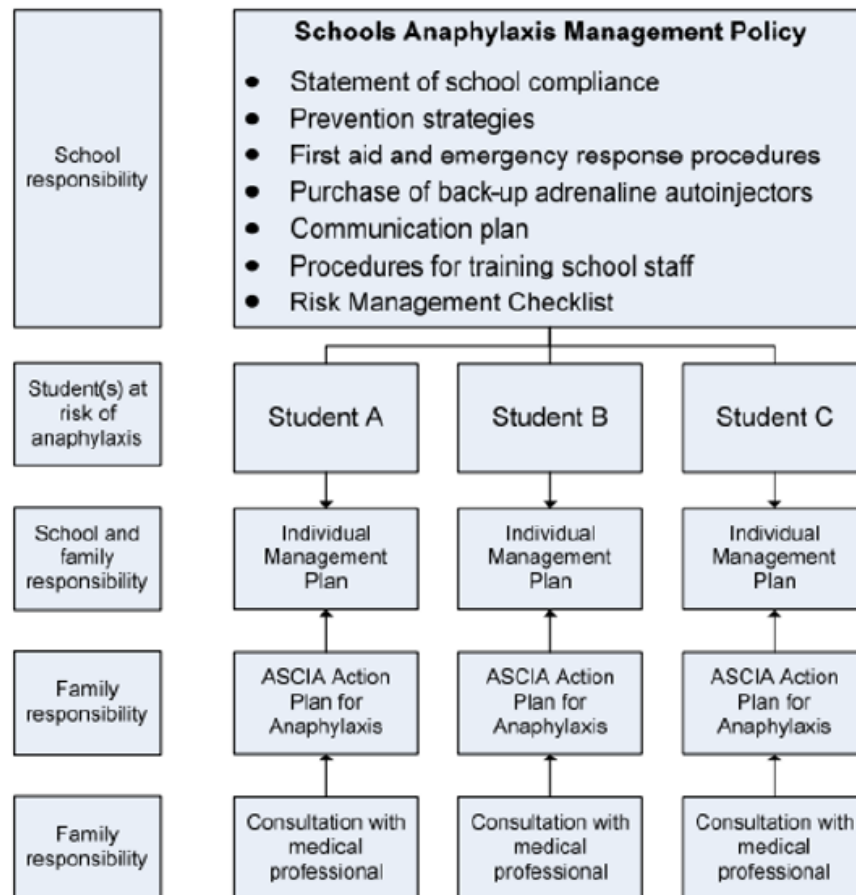
Responsibilities in Relation to Plan The School Anaphylaxis Supervisor will work with the Principal, parents/guardians and students to develop, implement and review each Individual Anaphylaxis Management Plan to:

- ensure that the student's emergency contact details are up-to-date
- ensure that the student's ASCIA Action Plan for Anaphylaxis matches the student's supplied adrenaline autoinjector
- regularly check that the student's adrenaline autoinjector is not out-of-date, such as at the beginning or end of each term, and record this information in the register of adrenaline autoinjectors
- inform parents/guardians in writing that the adrenaline autoinjector needs to be replaced one month prior to the expiry date, and follow up with parents/guardians if the autoinjector is not replaced
- ensure that the student's adrenaline autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place
- ensure that a copy of each student's ASCIA Action Plan for Anaphylaxis is stored with that student's adrenaline autoinjector.

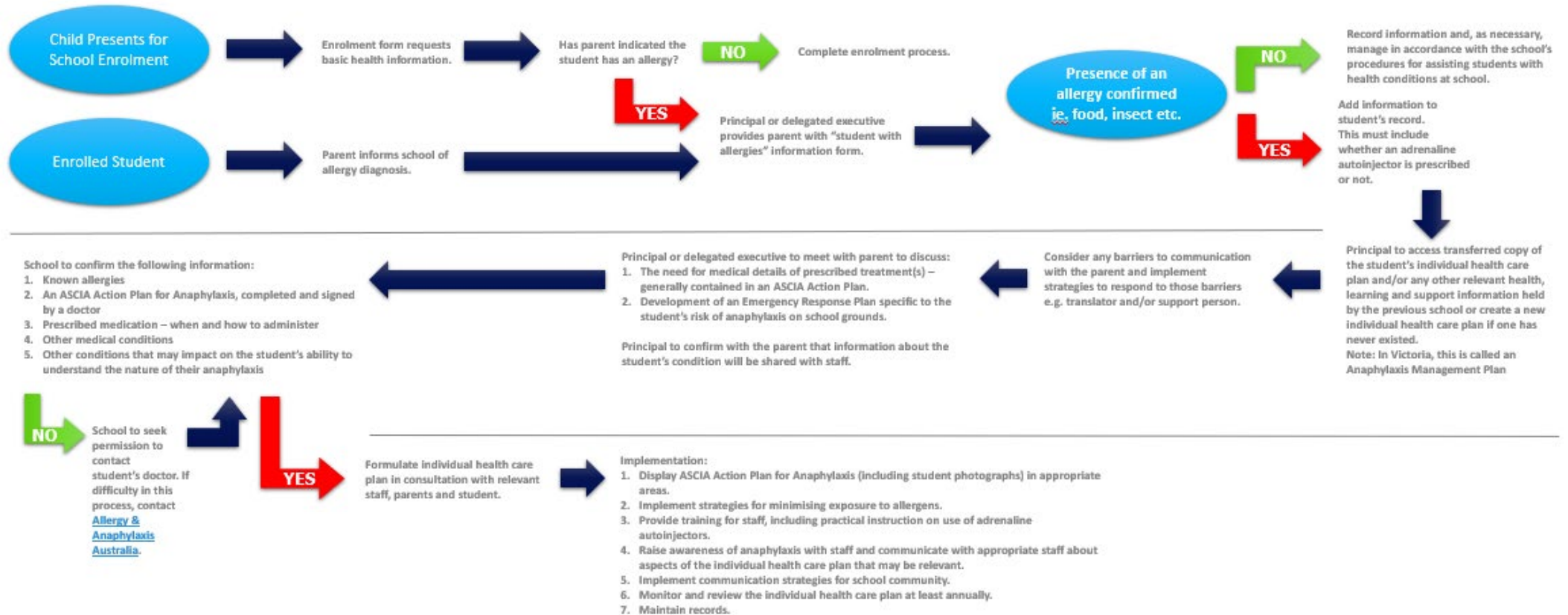
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Interactions between the Plan and this Policy

The interaction between the School's anaphylaxis management policy and each student's Individual Anaphylaxis Management Plan is represented below, including the responsibilities of the Principal and the student's family.



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Anaphylaxis Communication Plan Requirements

Plan Contents

The Principal is responsible for developing a communication plan to provide information to all staff, students and parents/guardians about anaphylaxis and the School's Management of Students at Risk of Anaphylaxis policy.

The Communication Plan includes the following information:

- the School's policy/guidelines which includes information on strategies to reduce the risk of an allergic reaction
- information on who needs to be trained, how often they are trained and what training to access/complete
- strategies for advising staff, students and parents/guardians about how to respond to anaphylaxis during normal School activities
- strategies for advising staff, students and parents/guardians about how to respond to anaphylaxis during off-site or out-of-School activities
- procedures to inform casual relief staff on arrival at the School if they are caring for a student at risk of anaphylaxis and their role in recognising an allergic reaction and responding to instructions on the ASCIA Action Plan
- the responsibility of the Principal or School Anaphylaxis Supervisor for ensuring that all School staff are trained and briefed at least twice per calendar year. Refer to Staff Training.

Raising Staff Awareness

The Communication Plan must include arrangements for all School staff to be briefed at least twice per year by the School Anaphylaxis Supervisor or a staff member who has current anaphylaxis management training (within the last 2 years).

School Anaphylaxis Supervisor(s) or other designated staff member(s) should ensure all casual relief staff, and new School staff (including administration and office staff, canteen staff, sessional teachers, and specialist teachers) are trained on the above information and their role in responding to a mild to moderate allergic reaction experienced by a student in their care. Students at risk of anaphylaxis must not be left in the care of a volunteer unless the volunteer is related to the student at risk of anaphylaxis.

Raising Student Awareness

The School will promote student awareness of allergy (including food and insect allergy) and the risk of anaphylaxis. The following methods maybe used as appropriate:

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- Displaying fact sheets or posters in hallways, canteens and classrooms.
- Discussion by class teachers (such as use of the Be a MATE resources and national school curriculum resource at Allergy & Anaphylaxis Australia).
- Acknowledging that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.
- Dealing with any bullying or attempt to harm a student in accordance with the School's Student Discipline Policy.

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Adrenaline Autoinjectors – Purchase, Storage and Use

Adrenaline Autoinjectors for General Use

The Principal or School Anaphylaxis Supervisor also purchases adrenaline autoinjectors for general use, which are additional to the prescribed adrenaline autoinjectors for individuals provided by parents/guardians. These adrenaline autoinjectors are not a substitute for individuals at high risk of anaphylaxis having their own prescribed autoinjectors.

General use adrenaline autoinjectors are used when:

- a student's prescribed autoinjector cannot be administered, is misplaced, has been misfired, is out of date or has already been used, or the individual needs a second dose
- a student is having a suspected first-time anaphylaxis
- instructed by a medical officer after calling 000.
- The number and type of adrenaline autoinjectors are purchased considering:
 - the number of students enrolled who have been diagnosed as being at risk of anaphylaxis
 - the accessibility of adrenaline autoinjectors that have been provided by parents/guardians
 - the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the School (e.g. school yard, at excursions, camps and special events)
 - that adrenaline autoinjectors have a limited life, usually expire within 12-18 months, and will need to be replaced either at the time of use or expiry, whichever is first
- adrenaline autoinjectors are designed so that anyone (i.e. people without medical training) can use them in an emergency.

Even when there are no students enrolled with a prescribed adrenaline autoinjector, the Principal or School Anaphylaxis Supervisor must purchase at least one adrenaline autoinjector for general use (300mcg dose) for students/staff who may experience their first anaphylaxis while at the School and for other already diagnosed students if needed.

Storage and Location of Adrenaline Autoinjectors

All adrenaline autoinjectors and other emergency medications must be stored with a student's ASCIA Action Plan for Anaphylaxis and checked regularly to ensure that they have not expired, become discoloured or sediment is visible.

Students above the age of 10 years may carry their own medical kit (including their adrenaline autoinjector and ASCIA Action Plan) on their person at all times. If this is the case, it will be listed in the student's Individual Anaphylaxis Health Care Plan.

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Students in high school must always have their adrenaline autoinjector with them as they move from class to class, are at activities off the School grounds and during travel to and from the School without parental/adult supervision. These students can either carry their medical kit in a bum bag, pocket, sports belt, belt holster or in their school bag. If in their school bag, the bag must be taken with them everywhere and not placed in their locker or on other communal bag racks. The medical kit must be easily accessible at all times.

For all students, adrenaline autoinjectors must be stored in locations at the School which are easily accessible and unlocked.

Those who do not carry their medication on their person must have it located in a central location where it can be accessed quickly in an emergency. A copy of each student's ASCIA Action Plan for Anaphylaxis must also be stored with their medical kit. Although some students aged 10 and over carry their own medical kit containing their medication, some schools ask for another adrenaline autoinjector to be kept at the school in case the student forgets or misplaces their device.

The following procedures will be followed for storage of adrenaline autoinjectors:

- adrenaline autoinjectors for individual students, or for general use, are stored correctly and able to be accessed quickly
- adrenaline autoinjectors are stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer
- each adrenaline autoinjector is clearly labelled with the student's name and stored with a copy of the student's ASCIA Action Plan for Anaphylaxis
- an adrenaline autoinjector for general use will be clearly labelled and distinguishable from those for students at risk of anaphylaxis and stored with a general ASCIA Action Plan for Anaphylaxis (Orange), and
- adrenaline autoinjector trainer devices (which do not contain adrenaline or a needle) are not stored in the same location as the adrenaline autoinjector which must be used in an emergency (containing adrenaline and a needle) due to the risk of confusion.

Whenever adrenaline autoinjectors for general use are taken and returned to/from their usual location, such as for camps and excursions, this must be clearly recorded showing date, time and person taking or returning the adrenaline autoinjector for general use with the ASCIA Action Plan for Anaphylaxis for General Use.

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The School maintains general adrenaline autoinjectors and other relevant medication in the following location/s:

- Administration Cupboard

All staff should be aware of these locations.

Review of Adrenaline Autoinjectors

The School will undertake regular reviews of students' adrenaline autoinjectors, and those for general use, to ensure the requirements of this policy are being met.

If the School Anaphylaxis Supervisor or other designated School staff member identifies any adrenaline autoinjectors which are out of date or cloudy/discoloured, they should:

- immediately call the parent/guardian and send a written reminder to the student's parent/guardian to replace the adrenaline autoinjector as soon as possible (and follow this up if no response is received from the parent/guardian or if no replacement adrenaline autoinjector is provided)
- advise the Principal that an adrenaline autoinjector needs to be replaced.

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David Scott School Anaphylaxis Communication Plan

What are the School's policy/guidelines, including strategies to reduce the risk of an allergic reaction?

David Scott School is committed to providing a safe learning environment for all our students and complying with Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools, and the Department of Education and Training's Anaphylaxis Guidelines as amended by the Department from time to time.

The School recognises that while policies and procedures to reduce the risk of an allergic reaction can be developed and maintained, they cannot achieve a completely allergen-free environment.

It is critical that staff can recognise an allergic reaction and a potential anaphylaxis risk and treat it appropriately in an emergency.

It is our policy to:

- provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling
- raise awareness of food and insect allergy and the risk of anaphylaxis and the School's anaphylaxis management policy in the School community
- engage with parents/guardians of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student
- ensure that staff have knowledge about allergies, can recognise an allergic reaction including anaphylaxis and understand the School's policy and guidelines and emergency procedures in responding to anaphylaxis.

The Principal or delegate:

- actively seeks information to identify students with allergies to food and insects for example, that have not been prescribed an adrenaline autoinjector and those who have been diagnosed as being at risk of anaphylaxis and been prescribed an adrenaline autoinjector, either at enrolment or at the time of diagnosis (whichever is earlier)
- ensures that parents/guardians provide an ASCIA Action Plan which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student
- ensures that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/guardians for any student that has been diagnosed by a medical practitioner with a medical condition relating to allergy and the potential for an anaphylaxis, where the School has been notified of that diagnosis

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- ensures that an Interim Individual Anaphylaxis Management Plan is developed for a student where:
 - the School has not been notified of a student's potential for anaphylaxis, but there is reason to believe that the student is at risk (e.g. where the parents/guardians have not told the school about any allergies, but the student mentions it in class), or
 - a student's adrenaline autoinjector has been used or lost and not yet replaced, or
 - a student's adrenaline autoinjector is identified as out of date or cloudy/discoloured, or
 - relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis.
- ensures that a students' Individual Anaphylaxis Management Plans are appropriately communicated to all relevant staff
- ensures that the canteen provider and all of its employees can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices.
- ensures that parents/guardians provide the School with an adrenaline autoinjector for their child that is not out-of-date and a replacement adrenaline autoinjector when requested to do so
- ensures that an appropriate Communication Plan is developed to provide information to all School staff, students and parents/guardians about anaphylaxis management
- ensures that there are procedures in place for providing information to School volunteers and casual relief staff about students who are at risk of anaphylaxis and their role in recognising an allergic reaction and responding to an allergic reaction, including anaphylaxis, of a student in their care
- ensures that relevant School staff have successfully completed an approved anaphylaxis management training course and that their accreditation is current
- ensures that School staff who are appointed as School Anaphylaxis Supervisors are appropriately trained in conducting autoinjector competency checks and that their accreditation is current
- ensures that all School staff are briefed at least twice a year by a School Anaphylaxis Supervisor (or other appropriately trained member of the School staff), with the first briefing to occur at the start of each year
- allocates time, such as during staff meetings, to discuss, practise and review this policy
- encourages regular and ongoing communication between parents/guardians and School staff about the current status of the student's allergies, the School's policies and their implementation

Management of Students at Risk of Anaphylaxis

- ensures that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with parents/guardians annually at the beginning of each school year, when the student's medical condition changes, as soon as practicable after a student has an anaphylaxis at the School, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the School
- ensures the Risk Management Checklist for anaphylaxis is completed and reviewed annually
- arranges to purchase and maintain an appropriate number of adrenaline autoinjectors for general use to be part of the School's first aid kit, stored with a copy of the ASCIA Action Plan for Anaphylaxis (Orange) for general use.
- The School appoints two staff members for the role of School Anaphylaxis Supervisor ('the Supervisor').
- Responsibilities of the School Anaphylaxis Supervisor/s include:
 - working with the Principal to develop, implement and regularly review this policy
 - obtaining regular training on how to recognise and respond to anaphylaxis, including administering an adrenaline autoinjector
 - verifying the correct use of adrenaline autoinjector (trainer) devices by other School staff undertaking online anaphylaxis training through completion of the School Supervisors' Observation Checklist
 - providing access to the adrenaline autoinjector (trainer) device for practice by School staff
 - sending reminders to staff or information to new staff about anaphylaxis training requirements and liaising with the Principal to maintain records of training undertaken by staff at the School
 - leading the twice-yearly anaphylaxis School briefing
 - developing School-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment, for example a bee sting occurs on School grounds and the student with bee allergy is conscious, or an allergic reaction where the student has collapsed on School grounds and the student is not conscious
 - organising anaphylaxis drills (not unlike a fire drill) in the School to practise getting an adrenaline autoinjector to a student requiring it quickly in an emergency
- keeping an up-to-date register of students at risk of anaphylaxis

Management of Students at Risk of Anaphylaxis

- keeping a register of adrenaline autoinjectors, including a record of when they are 'in' and 'out' from the central storage point. For instance, when they have been taken on excursions, camps etc.
- working with parents/guardians (and students) to develop, implement and review each Individual Anaphylaxis and Allergic Reactions Management Plan in accordance with this policy
- providing advice and guidance to School staff about anaphylaxis management in the School and undertaking regular risk identification and implement appropriate minimisation strategies
- working with School staff to develop strategies to raise their own, students' and School community awareness about severe allergies
- providing or arranging post-incident support (e.g. counselling) to students and School staff, if appropriate.

Information on who needs to be trained, how often they are trained and what training to access/complete

The following staff members will be appropriately trained in accordance with Ministerial Order No. 706:

- staff who have any education or supervisory role of students at risk of anaphylaxis
- staff identified by the Principal, based on a risk assessment of anaphylaxis occurring while a student is under the care or supervision of the School
- staff identified by the Principal to become School Anaphylaxis Supervisors (two are recommended).
- The staff members identified above must have successfully completed the following training:
 - a face-to-face anaphylaxis management training course at least once every three years; or
 - an online anaphylaxis management training course at least once every two years.

All face-to-face courses must be attended by the staff member in person and must include a competency check in the administration of an adrenaline autoinjector.

The School Anaphylaxis Supervisor will undertake a competency check on the administration of an adrenaline autoinjector within 30 days of a relevant member of the School staff completing the online training course.

Autoinjector Competency Check Training

Management of Students at Risk of Anaphylaxis

Staff members identified as School Anaphylaxis Supervisors must also undertake autoinjector competency check training at least once every three years.

Anaphylaxis Briefings

All School staff must also participate in anaphylaxis briefings. Briefings must occur twice per year, with the first to be held at the beginning of the school year.

Anaphylaxis briefings are conducted by:

- the School Anaphylaxis Supervisor
- a staff member who has successfully completed an Anaphylaxis Management Training Course (either face-to-face or online as listed above) in the two years prior.
- The anaphylaxis briefing covers:
 - Our Management of Students at Risk of Anaphylaxis policy
 - the causes, signs and symptoms and treatment of anaphylaxis
 - the identities of students at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
 - the ASCIA Action Plan for Anaphylaxis
 - and how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector our general First Aid policy and Emergency Response Procedures
 - the location of, and access to, adrenaline autoinjectors provided by parents/guardians or purchased by the School for general use.
- Also refer to the following documents for the briefing:
 - Facilitator Guide for Anaphylaxis Management
 - Anaphylaxis Management Briefing Presentation

Training requirements

Staff must successfully complete anaphylaxis training within three years prior to supervising a student at risk.

Management of Students at Risk of Anaphylaxis

An interim plan must be developed with parents/guardians of any affected student at risk of anaphylaxis, if training and briefing has yet to occur. Training must occur as soon as possible after the student is enrolled at the School, and preferably before the student's first day at the School.

It is the School's policy that the Principal is to ensure that while the student is under the care of the School, including on excursions, camps and special event days such as sports carnivals, there are a sufficient number of School staff present who have successfully completed an Anaphylaxis Management Training Course.

What are the strategies for advising staff, students and parents/guardians about how to respond to anaphylaxis during normal School activities?

School has developed the following work practices and procedures for managing the risk of anaphylaxis:

- Individual Anaphylaxis Management Plans (This plan includes Risk Minimisation Strategies)
- Adrenaline Autoinjectors – Purchase, Storage and Use
- Communication Plan
- Emergency Response Procedures
- Staff Training
- Risk Management Checklist.

David Scott School has also developed a flowchart which outlines our practices for enrolled students or students presenting for enrolment.

The Principal or School Anaphylaxis Supervisor completes an annual Risk Management Checklist included in the Anaphylaxis Guidelines for Victorian Schools, to monitor our obligations.

We regularly check the Department of Education and Training's Anaphylaxis Management in Schools page to ensure the latest version of the Risk Management Checklist is used.

Copies of the ASCIA Action Plans are posted in the staff room and are located with first aid procedures as well as being in each student's medical kit with their adrenaline autoinjector/s.

Management of Students at Risk of Anaphylaxis

Emergency Response Procedures

Plan Contents

Generally, the School promotes allergy awareness. Refer to our Allergy Awareness policy. In the event that a student suffers anaphylaxis, the student will be managed in accordance with the individual's ASCIA Action Plan for Anaphylaxis and the School's Critical Incident (Emergency Situations) Response policy and Accident Management policy which set out how to respond to an anaphylaxis reaction. Student health incidents which do not require treatment for anaphylaxis are managed through our First Aid policy.

The procedures set out in this policy and a student's ASCIA Action Plan will be followed when responding to anaphylaxis reaction.

Planning for an Emergency

The School regularly undertakes drills to test the effectiveness of our Emergency Response Procedures, including responding to anaphylaxis. Staff should refer to the Anaphylaxis Guidelines for Victorian Schools to plan for and respond to anaphylaxis, including information on:

- self-administration of an adrenaline autoinjector
- responding to an incident
- procedures to follow in the School and out-of-School environments
- how to administer the student's prescribed adrenaline autoinjector
- steps to follow when an adrenaline autoinjector is administered
- first-time reactions
- post-incident support.

Common

Common food allergies include those caused by:

- egg
- milk
- peanuts
- tree nuts
- fish
- shellfish
- soy
- sesame
- wheat
- lupin
- mammalian meat (caused by tick bite exposure).

Other common allergies can be caused by:

- bites and stings
- latex
- certain medications.

Management of Students at Risk of Anaphylaxis

Signs and Symptoms of a Mild to Moderate Allergic Reaction

Signs and symptoms of a mild to moderate allergic reaction may include:

- swelling of lips, face or eyes
- hives or welts
- tingling mouth
- abdominal pain and vomiting (these are signs of anaphylaxis for insect allergy).

Signs and Symptoms for Anaphylaxis

Signs and symptoms for anaphylaxis may include:

- 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 (usually in younger children).

Emergency Response Procedures for Students at Risk of Anaphylaxis

A member of staff should remain with the student displaying signs of an anaphylaxis reaction at all times. Another member of School staff should immediately locate the student's adrenaline autoinjector and the student's ASCIA Action Plan for Anaphylaxis. Where possible, only School staff with training in the administration of an adrenaline autoinjector should administer the student's adrenaline autoinjector. However, it is imperative that an adrenaline autoinjector is administered as soon as signs of anaphylaxis are recognised by any staff member available if trained School staff are unavailable.

For students having anaphylaxis, the following first aid steps should be followed:

1. Lay the student flat and do not allow them to stand or walk. If breathing is difficult, allow the student to sit. The student must not stand or be moved unless they are in danger (for example from bees in a nearby hive).
2. If the student is carrying their adrenaline autoinjector, follow instructions on the ASCIA Action Plan and give the adrenaline autoinjector accordingly.
3. If the student is not carrying their adrenaline autoinjector, but has one in the office or their classroom, the classroom teacher must ring the School office and request the general adrenaline autoinjector. If no classroom phone or mobile phone is available, the teacher may send Education Support Officer or in extraordinary circumstances two students from the class to immediately interrupt administration staff and bring back an adrenaline autoinjector and ASCIA Action Plan. A trained staff member will make their way to the scene immediately. An adrenaline autoinjector for general use

Management of Students at Risk of Anaphylaxis

from one of the School's communal medication locations using the general ASCIA Action Plan for instructions can also be administered.

4. At the delegation of the qualified staff member, a staff member will be asked to call for an ambulance on triple zero "000". The student should be supported until the handover to the emergency service is complete.
5. The administering staff member will delegate a staff member to document time and date dose(s) were administered
6. The principal or delegate will alert the student's parents/guardians.
7. Further adrenaline autoinjector doses may be given if no response after five minutes.
8. Ensure used adrenaline autoinjector is handed over to emergency services.
9. The student must remain in hospital for at least four hours of observation.

Always give the adrenaline autoinjector first, and then the asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has sudden severe breathing difficulty (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms. For other incidents, refer to our Critical Incident (Emergency Situations) Response policy and our First Aid policy.

Emergency response in the Classroom

The School has developed the following emergency response in the classroom:

1. The classroom teacher must ring the School office and request the general adrenaline autoinjector. If no classroom phone or mobile phone is available, the teacher may send Education Support Officer or two responsible students from the class to immediately interrupt the adults and bring back an adrenaline autoinjector and ASCIA Action Plan and a trained staff member.
2. If a student has their own adrenaline autoinjector, a trained staff member should immediately administer the adrenaline autoinjector. Otherwise a trained staff member should administer the general adrenaline autoinjector.
3. The Principal or delegate will contact the student's parent/carer. The administering staff member will delegate a staff member to call the ambulance on 000, stating that an adrenaline autoinjector was

Management of Students at Risk of Anaphylaxis

given and the road closest to the David Scott School entrance (High Street). Student should be kept lying down. If breathing is difficult, allow the student to sit. The student must not stand or be moved unless they are in danger.

4. A trained staff member from the School office should also bring student's spare adrenaline autoinjector to the classroom if needed.
5. A staff member from the School office will direct the ambulance to the appropriate classroom on arrival.

Emergency Response in the School Yard

The School has developed the following emergency response in the school yard:

1. Staff on duty must remain with the student suffering anaphylaxis at all times.
2. A staff member on duty will call the school's emergency number 0 and advise of the incident.
3. If the student has their own adrenaline autoinjector, the trained staff member should immediately administer the adrenaline autoinjector. Otherwise the trained staff member should administer the general adrenaline autoinjector.
4. The School office will contact the student's parent/carer and the ambulance on 000, stating that an adrenaline autoinjector was given and the road closest to the School entrance. Student should be kept lying down. If breathing is difficult, allow the student to sit. The student must not stand or be moved unless they are in danger.
5. All other staff members are to clear the playground to ensure easy access for the ambulance to the student with anaphylaxis.
6. A staff member from the School office will also bring student's spare adrenaline autoinjector to the classroom if needed.
7. A staff member from the School office will direct the ambulance to the appropriate place in the playground on arrival.

The School does emergency drill training in the playground each Term.

Emergency Response During Excursions and Offsite

Each individual excursion and offsite activity (including School camps and special event days such as sport carnivals) requires an individual risk analysis following our Risk Mitigation Strategies.

Management of Students at Risk of Anaphylaxis

The School has developed the following emergency response during excursions and offsite activities:

1. If anaphylaxis occurs, a trained staff member should immediately administer the adrenaline autoinjector.
2. The lead teacher on the excursion, or the student's supervising staff member at an offsite activity (including camps for example) should contact the ambulance on 000, stating that an adrenaline autoinjector was given and the road closest to the location.
3. A staff member must immediately inform the Principal or Administration Office of Incident. The school office will then contact the student's parent/carer (if not already on the excursion/offsite activity) and other staff members and volunteers should manage other students, ensuring that they are kept at a safe distance and remain calm.
4. Another staff member should wait for the ambulance to direct paramedics to the student when they arrive on the scene.
5. 5. A supervising staff member or another trained staff member to travel with the student to the hospital if parents/carers are unavailable.

Review Procedures

After anaphylaxis has occurred that has involved a student in the School's care and supervision, the School's critical incident review will also include the following procedures:

- The adrenaline autoinjector must be replaced as soon as possible, by either the parent/guardian or the School if the adrenaline autoinjector for general use has been used.
- The Principal or School Anaphylaxis Supervisor should ensure that there is an interim Individual Anaphylaxis Management Plan, should another anaphylaxis occur prior to the replacement adrenaline autoinjector being provided.
- The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parent/guardian.
- This policy should be reviewed to ascertain whether there are any issues which require clarification or modification.

Management of Students at Risk of Anaphylaxis

Risk Minimisation Strategies

Risk Minimisation Strategies

The School may implement the following risk minimisation strategies that are designed to identify allergens, prevent exposure to them and enhance our response in case of an allergic reaction.

Staff should determine which strategies are appropriate after consideration of factors such as:

- the age of the student at risk
- what the allergy is to (e.g. food, insect etc)
- facilities and activities available at the School
- School activities away from the school location
- the likelihood of that student's exposure to the relevant allergen/s whilst at the School
- the general School environment.

Staff should also consult the Risk Minimisation strategies for schools included in the Anaphylaxis Guidelines for Victorian Schools.

In the Classroom

In the classroom, teachers should:

- ensure they are aware of the identity of any students who are considered at risk of anaphylaxis. Facial recognition is encouraged where possible.
- be familiar with the student's ASCIA Action Plan and adrenaline autoinjector and have medication readily accessible in an unlocked location.
- be familiar with how to respond to an allergic reaction using the ASCIA Action Plan and the School's Emergency Response Procedures.
- for students with food allergy, liaise with parents/guardians about food-related activities ahead of time.
- use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the School's Allergy Awareness policy.
- never give food to a student who is at risk of anaphylaxis without consulting a parent/guardian. Older students can read packaging themselves and should use caution about accepting food that is not labelled.

Management of Students at Risk of Anaphylaxis

- be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).
- have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

Casual and relief teachers are:

- required to have completed training in anaphylaxis management upon commencing employment
- provided with a copy of the student's Individual Anaphylaxis Management Plan (including ASCIA Action Plan for Anaphylaxis) upon commencing employment.

Kitchen

- in the event that we use an external/contracted food service provider, the provider should be able to demonstrate satisfactory training in the area of food allergen management and its implications on food handling.
- staff who have done the free online training for food service should be the staff members preparing food and serving students with food allergy as they are likely to be the most informed on food allergy management in the canteen.
- with permission from parents/guardians, canteen staff (including volunteers), should be briefed about students at risk of anaphylaxis and identified if possible, to canteen staff.
- with permission from parents/guardians, the School may have the student's name, photo and the foods they are allergic to displayed in the canteen as a reminder to staff and volunteers.
- food banning is not recommended; however we may choose not to stock peanut and tree nut products (including nut spreads), or replace foods which contain known allergens for our students with other suitable foods.
- products labelled as containing known allergens for our students will not be served to students with those allergies e.g. products labelled 'may contain traces' of peanuts/tree nuts/milk/egg for example should not be served to the student known to be allergic to the allergen.
- staff should be aware of the potential for cross contamination when storing, preparing, handling, displaying or storing food.
- staff should ensure tables and surfaces are wiped clean regularly.
- suppliers of food products to the School canteen must provide ingredient lists for the products supplied. If a supplier does not provide ingredient lists an alternate supplier should be found.
- if gloves are used to prepare food, non-latex gloves should be used.

In the School Yard

- a student with an allergy to insects should wear closed shoes at all times and long-sleeved garments where possible

Management of Students at Risk of Anaphylaxis

- outdoor bins should be kept covered
- lawns and clover should be kept regularly mowed
- a student with an insect allergy should keep open drinks covered while outdoors (e.g. drinks in bottles/cans)
- students with food/insect allergy will not be allocated to pick up papers or be on bin duty because of the risk of food contamination or insect sting/bite
- staff will be aware of the play areas that are of the lowest risk to a student identified as at risk of anaphylaxis to insects and encourage the student and their peers to play in these areas
- all staff who are on playground duty should be trained to recognise an allergic reaction and provide an emergency response to anaphylaxis outside of class times (e.g. recess and lunch)
- the adrenaline autoinjector and ASCIA Action Plan must be easily accessible at all times
- staff on duty need to be able to communicate that there is an anaphylaxis emergency without leaving the child experiencing the reaction unattended. The School has developed a Communication Plan for the Playground for this event.
- class teachers should consult parents/guardians in advance to either develop an appropriate food menu or request the parents/guardians to send a meal for the student.
- parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of our Allergy Awareness policy.
- all staff should be aware of the most common allergens during on-site events.
- although it is advised that food bans cannot be adhered to in environments such as School environments, staff should consider alternative foods that pose less risk for School activities involving food.
- if someone has a latex allergy, all staff should be aware of latex containing materials including latex gloves, balloons, band aids, latex swimming caps and goggles, and their use should be

During On-Site Events (e.g. sporting events, in School activities, class parties)

Management of Students at Risk of Anaphylaxis

restricted around students at risk of an anaphylaxis reaction from these materials.

- all staff must know where the adrenaline autoinjector and ASCIA Action Plan for each at risk student is located and how to get it to the student quickly when required.
- staff should avoid using food in activities such as science experiments or games, including as rewards.
- for sporting events, it may be appropriate to take the student's adrenaline autoinjector and ASCIA Action Plan to the on-site event location. Ensure that the autoinjector is stored in the shade and out of direct sunlight.
- the student's adrenaline autoinjectors (two are recommended), ASCIA Action Plan and a means of contacting emergency assistance must be taken.
- mobile phone reception should be a priority and there should be at least two people on the off-site excursion who have mobile phone reception with two separate networks if possible. Phones must be charged, and a charger should be taken as required.
- staff members who have been trained in the recognition of an allergic reaction and anaphylaxis and administration of the adrenaline autoinjector must accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis on the excursion.
- staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylaxis reaction during that specific field trip.
- parents/guardians should be consulted in advance to discuss the excursion and forward plan. An appropriate food menu should be developed, or a request made for the parent/guardian to send a meal.
- consider the potential exposure to allergens when consuming food on public transport including buses/trains/planes.
- when planning School camps and overnight excursions, risk management plans for that specific excursion for students at risk

During Off-Site School settings – field trips, excursions

During Off-Site School settings-

Management of Students at Risk of Anaphylaxis

camps and remote settings

of anaphylaxis should be developed in consultation with parents/guardians and camp managers.

- the student's two adrenaline autoinjectors must always be taken on camps and overnight excursions.
- in the week prior to the camp, staff going on the camp must have a 15-minute briefing on students at risk of anaphylaxis attending, signs and symptoms of an allergic reaction and practice with an adrenaline autoinjector training device.
- camp site/accommodation providers and airlines should be advised of any student at risk of anaphylaxis well in advance of the event and on arrival.
- camp staff and School staff should liaise with parents/guardians to develop appropriate menus or allow students to bring their own meals.
- staff need to check food is appropriate for students with food allergies at all meal times and be present in the dining room during meal times.
- camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts/milk/egg may be served, but not to the student who is known to be allergic to peanuts/tree/nuts/milk/egg.
- students with food allergies should bring their own soaps, lotions and sunscreen as guided by their parents/guardians.
- staff must verify that each student brings their two adrenaline autoinjectors and accompanying ASCIA Action Plans on camp. Staff should also bring a mobile phone. Despite the student being old enough to bring their own medical kit, School staff are still responsible for making sure it is brought on camp. Some parents/guardians opt for two separate medical kits to be taken on camp, with one being for the student to carry and the other for staff.
- mobile phone reception should be a priority and there should be at least two people at the camp or remote setting who have mobile phone reception with two separate networks if possible. One of the phones must always be in the group with the student at risk of anaphylaxis.
- staff will be responsible for notifying the student's parent/guardian if there is an allergic or anaphylaxis reaction.
- a team of staff (majority if not all who are at the camp or remote setting) who have been trained in management of the risk of

Management of Students at Risk of Anaphylaxis

anaphylaxis, the recognition of an allergic reaction including anaphylaxis and the administration of the adrenaline autoinjector should accompany the student on camp. All staff present need to be aware if there is a student at risk of anaphylaxis and they should be able to recognise the student by face.

- staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylaxis reaction whilst at that camp location. This needs to be done with camp site staff who understand challenges in emergencies at that camp location (e.g. locked gates, difficult finding site, etc.).
- students at risk of anaphylaxis must always be in a group with a staff member trained in recognition and emergency treatment of anaphylaxis.
- adrenaline autoinjectors and the student's ASCIA Action Plan must always be easily accessible. Decisions on management/location of the medical kit need to be made if the student is canoeing/swimming etc.
- staff should be aware of what local emergency services are in the area and how to access them. The School should liaise with the local emergency services before the camp when possible.
- the adrenaline autoinjector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the School's first aid kit, although David Scott School can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own adrenaline autoinjector.
- students with allergies to insect bites and stings should always wear closed shoes when outdoors.
- cooking, art and craft, and games on camp should not involve the use of known allergens.
- consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.

Management of Students at Risk of Anaphylaxis

Anaphylaxis Training and Briefings

Staff Training

The following staff members will be appropriately trained in accordance with Ministerial Order No. 706:

- staff who have any education or supervisory role of students at risk of anaphylaxis
- staff identified by the Principal, based on a risk assessment of anaphylaxis occurring while a student is under the care or supervision of the School
- staff identified by the Principal to become School Anaphylaxis Supervisors (two are recommended).

The staff members identified above must have successfully completed the following training:

- a face-to-face anaphylaxis management training course at least once every three years; or
- an online anaphylaxis management training course at least once every two years.

Face to Face Anaphylaxis

A face-to-face anaphylaxis training course can be a course in anaphylaxis management training that is:

- accredited as a VET course
- accredited under Chapter 4 of the Education and Training Reform Act 2006 (Vic) by the VRQA
- endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital
- any other course approved and advertised by the Department of Education and Training.

All face-to-face courses must be attended by the staff member in person and must include a competency check in the administration of an adrenaline autoinjector.

Online Anaphylaxis Training

An online anaphylaxis training course means the ASCIA Anaphylaxis e-training for Victorian Schools course developed by the Australasian Society of Clinical Immunology and Allergy (ASCIA) and approved by the Secretary.

Under the online model for anaphylaxis training developed by the Department of Education and Training, it is recommended that all Victorian

Management of Students at Risk of Anaphylaxis

School staff undertake an online training course but remains at the discretion of the School.

The School Anaphylaxis Supervisor will undertake a competency check on the administration of an adrenaline autoinjector within 30days of a relevant member of the School staff completing the online training course.

Autoinjector Competency Check Training

Staff members identified as School Anaphylaxis Supervisors must also undertake autoinjector competency check training at least once every three years.

Autoinjector competency check training means the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303 VIC delivered by the Asthma Foundation or any other course approved and advertised by the Department of Education and Training as an alternative.

Anaphylaxis Briefings

All School staff must also participate in anaphylaxis briefings. Briefings must occur twice per year, with the first to be held at the beginning of the school year.

Anaphylaxis briefings are conducted by:

- the School Anaphylaxis Supervisor
- a staff member who has successfully completed an Anaphylaxis Management Training Course (either face-to-face or online as listed above) in the two years prior.

The anaphylaxis briefing covers:

- Our Management of Students at Risk of Anaphylaxis policy
- the causes, signs and symptoms and treatment of anaphylaxis
- the identities of students at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
- the ASCIA Action Plan for Anaphylaxis and how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector our general First Aid policy and Emergency Response Procedures
- the location of, and access to, adrenaline autoinjectors provided by parents/guardians or purchased by the School for general use.
- Also refer to the following documents for the briefing:
- Facilitator Guide for Anaphylaxis Management
- Anaphylaxis Management Briefing Presentation

Management of Students at Risk of Anaphylaxis

Training Requirements

Staff must successfully complete anaphylaxis training within three years prior to supervising a student at risk.

An interim plan must be developed with parents/guardians of any affected student at risk of anaphylaxis, if training and briefing has yet to occur. Training must occur as soon as possible after the student is enrolled at the School, and preferably before the student's first day at the School.

It is the School's policy that the Principal is to ensure that while the student is under the care of the School, including on excursions, camps and special event days such as sports carnivals, there are a sufficient number of School staff present who have successfully completed an Anaphylaxis Management Training Course.

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Prepared by	Craig Colgan – Business Manager
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Superseded documents	

Policy Changes

Date	Reason for Change	Made by

Management of Students at Risk of Anaphylaxis
