



Anaphylaxis Management Policy

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RATIONAL

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. At Mentone Primary School, the key to prevention of anaphylaxis is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and minimising the risk of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

AIM

- 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 school life.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.
- Our aim is to comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

IMPLEMENTATION

- The School will develop, review and monitor Individual Anaphylaxis Management Plans in accordance with Ministerial Order 706 in accordance with Part C.
- Parents are responsible for informing the school of the allergy at the time of enrolment and providing an ASCIA action plan, completed and signed by a Medical Practitioner.
- Parents will inform the school as soon as possible if there are any changes to a child's plan or medication.
- Parents are responsible for making two auto-injectors (Epipens) available to the school, one which will remain permanently at school on the anaphylaxis medication board and the other to remain in the front pocket of the child's school bag. The school will identify this bag by placing a yellow star above the bag so that the bag is easily identifiable.
- The School will monitor the expiry date of an auto-injector stored at school and will notify parents prior to its expiry. Parents will monitor the auto-injector stored in the child's school bag. Parents will be responsible for supplying new medication in a timely manner.
- To minimise the risk of an anaphylactic reaction the school will put in place a range of prevention strategies (as outlined in Appendix 1). Mentone Primary School will not ban any foods as it is not a recommended management strategy however the School has a strict no food sharing policy.

- The School will have an Anaphylaxis Board where students Individual Anaphylaxis Management Plans, ASCIA action plans and an auto-injector will be clearly kept in packs identifiable with student names and photographs.
- A second copy of the ASCIA plan is located in the child's classroom.
- Identification posters of children with anaphylaxis will be distributed to each staff member to be discretely displayed within the classroom and will be placed in each Yard Duty bag.
- The school will provide General Use Adrenaline Auto-injectors in accordance with the Ministerial Order 70.
- During excursions and camps any anaphylaxis management plans will be taken from the main communication board and will go with the attending teacher to the event. Staff are to follow the risk management strategies outlined in the child's individual plan and will follow the management/communication strategies outlined in their event risk assessment.
- Mentone Primary School will develop a communication plan that will include staff, CRT's, students, parents and volunteers and will include the processes and responsibilities of each in line with DEECD policies.
- In the event of an anaphylactic reaction, staff will follow the Code Blue Communication and Management strategy, there is a strategy available for both class time and out of class time management (see Appendix 2).
- A copy of the Code Blue Communication strategy for class time will be displayed in every classroom and in the administration area.
- A copy of the Code Blue Communication strategy for play time will be displayed in the staff room and the administration area.
- Mentone Primary School will train school staff that conduct classes and any extra staff as deemed necessary by the Principal and all training will be provided in accordance with Ministerial Order 70. The staff briefings conducted by schools will be done using the resources provided by DET.
- It is the responsibility of the Principal to ensure that there is a sufficient number of school staff present who have been trained in accordance with Ministerial Order, Clause 12, when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school.
- At Mentone Primary School the annual Risk Management Checklist published by the Department will be completed by the Principal.

This policy was last ratified by School Council on 27 June 2019

APPENDIX 1

PREVENTION STRATEGIES

Risk Minimisation and Prevention Strategies that Mentone Primary School will put in place for in-school and out-of-school settings include (but are not limited to) the following:

Classrooms	
1.	Keeping a copy of the student's ASCIA Plan in the classroom. Students will have an epi-pen stored in the front pocket of their school bag, which is clearly identifiable by a star placed near it.
2.	Liaise with Parents about food-related activities ahead of time.
3.	Use non-food treats where possible, but if food treats are used in class, it is recommended that Parents of students with food allergies provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student. Alternately teachers and parents can discuss what treats are suitable for the child and teachers can use these 'safe' treats.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
7.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g., egg or milk cartons, empty peanut butter jars).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10.	A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Auto injector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. i.e., seeking a trained staff member.

Special Lunch Days

1. Special Lunch day coordinators (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. and be able to oversee volunteer helpers and advise them of any necessary precautions Refer to:
'Safe Food Handling' in the School Policy and Advisory Guide, available at:<http://www.education.vic.gov.au/school/Principals/spag/governance/pages/foodhandling.aspx>
Helpful resources for food services:
<http://www.allergyfacts.org.au/component/virtuemart/>
2. Special Lunch day volunteers should be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls.
4. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
6. Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7. Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not offer peanut and tree nut products (e.g., hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads during special lunch days.
8. Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Icy Pole Shop

1. Parents of anaphylactic children need to send their child's icy pole shop money in a sealed envelope with the child's name and what icy pole they will have written clearly on the front. This envelope is to be handed to the child's classroom teacher.

Yard

1. If the School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Auto injector (i.e., EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.

2.	The Adrenaline Auto injector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes).
3.	Mentone Primary School has a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This includes all yard duty staff carrying emergency cards in yard-duty bags. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4.	Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6.	Keep lawns and clover mowed and outdoor bins covered.
7.	Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)

1.	If the School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Auto injector to be able to respond quickly to an anaphylactic reaction if required.
2.	School Staff should avoid using food in activities or games, including as rewards, if necessary, School Staff should discuss with parents which foods are 'safe' for their child.
3.	For special occasions, School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.
5.	Party balloons should not be used if any student is allergic to latex.

Out of School Settings

Travel to and from School by bus

1. School Staff should consult with Parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from School on the bus. This includes the availability and administration of an Adrenaline Auto injector. The Adrenaline Auto injector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Auto injector on their person at School.

Field trips/excursions/sporting events

1. If the School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Auto injector and be able to respond quickly to an anaphylactic reaction if required.
2. A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Auto injector must accompany any student at risk of anaphylaxis on field trips or excursions.
3. School Staff should avoid using food in activities or games, including as rewards - if necessary, School Staff should discuss with the parents prior.
4. The Adrenaline Auto injector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and School Staff must be aware of their exact location.
5. For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
All School Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
6. The School should consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required).
7. Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis.
8. Prior to the excursion taking place School Staff should consult with the student's Parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion/activity.

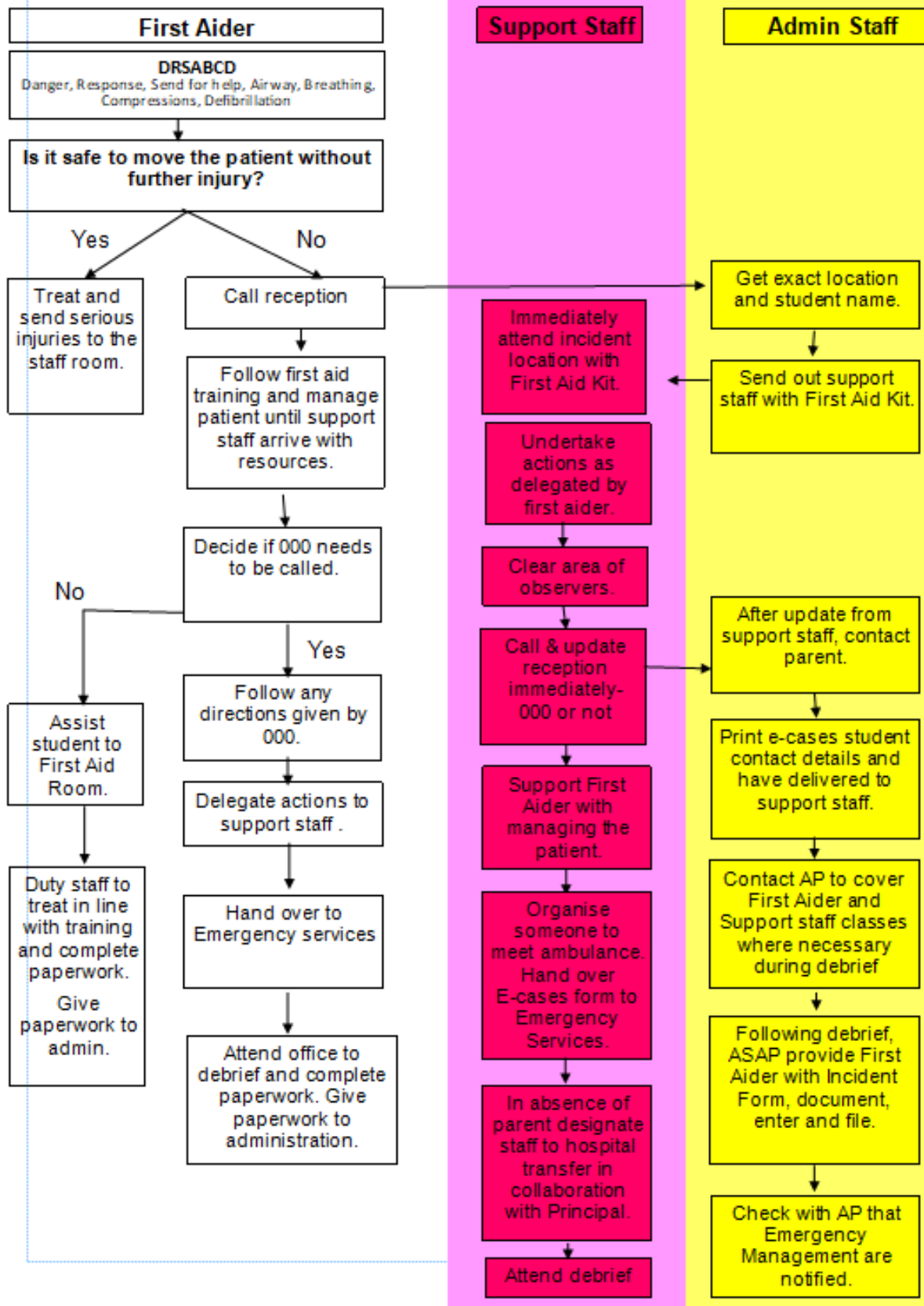
Camps and remote settings

1.	Prior to engaging a camp owner/operator's services the School should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider.
2.	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3.	Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4.	Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5.	School Staff should consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
6.	If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
7.	Use of substances containing allergens should be avoided where possible.
8.	Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
9.	The student's Adrenaline Auto injector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g., a satellite phone.
10.	Prior to the camp taking place School Staff should consult with the student's Parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
11.	School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.

12.	Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
13.	Schools should consider taking an Adrenaline Auto injector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
14.	Schools should consider purchasing an Adrenaline Auto injector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
15.	The Adrenaline Auto injector should remain close to the student and School Staff must be aware of its location at all times.
16.	The Adrenaline Auto injector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Auto injector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Auto injector.
17.	Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
18.	Cooking and art and craft games should not involve the use of known allergens.
19.	Consider the potential exposure to allergens when consuming food on buses and in cabins.

The Risk minimisation strategies for Overseas Travel and Work Experience have not been incorporated into this policy as they are areas that are beyond the scope of what the school will be engaging students in.

Code Green



Code Blue- Life Threatening

A Code Blue is a medical emergency that is time critical (life threatening) and will include involvement of emergency services. Examples of a code blue include:

- ◆ Unconscious person
- ◆ Respiratory or cardiac distress (including severe asthma attacks, anaphylaxis involving breathing difficulties or where the action plan has no management steps prior to Epi pen)
- ◆ Haemorrhage (major bleeding)

First Aider

DRSABCD

Danger, Response, Send for help, Airway, Breathing, Compressions, Defibrillation

Call reception- Say 'Code Blue', give exact location, child's name and advise you are calling 000.

Call 000

Follow first aid training and initiate any action plans (asthma and anaphylaxis).
Delegate actions to support staff.

Hand over to Principal class, First Aid Coordinator where needed.

Hand over to Emergency Services.

Attend office to debrief and complete paperwork.

Support Staff

Immediately attend incident location with First Aid Kit, Defib and Epipens.

Clear area of observers.

Assist with patient care and scene management.

Update office on situation including student name and what has been done.

Organise someone to meet the ambulance.

Hand over E-cases form to Emergency Services.

In absence of parent designate staff to hospital transfer in collaboration with Principal.

Attend debrief

Admin Staff

Get exact location and student name.

Send out First Aid Kit, Defib and Epipen urgently with Principal class if immediately available or staff member if not.

***Notify Principal class ASAP and Page 'Code Blue' to location.**
Send admin member to take class to IS.

Text student parent contact details to the Principal class member on scene.

Print e-cases student contact details and have delivered to support staff.

Contact AP to cover First Aider and Support staff classes where necessary during incident and debrief.

Following debrief, ASAP provide First Aider with Incident Form, document, enter and file.

Check that Principal class have informed Emergency Management.