

## Anaphylaxis Management

### Shepparton ACE Secondary College

#### School statement

The school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time. The school will identify students with an allergy. On enrolment parents will fill out the section of the enrolment form, yes or no as to whether their child has an allergy.

#### Staff training

All school staff will attend training.

Option	Completed by	Course	Provider	Cost	Valid for
<b>Option 1</b>	<b>All school staff</b>	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
		<i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22579VIC</i>	Asthma Foundation	Paid by the school	3 years
<b>Option 2</b>	School staff as determined by the principal	<i>Course in First Aid Management of Anaphylaxis 22578VIC</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years
<b>Option 3</b>	School staff as determined by the principal	<i>Course in Anaphylaxis Awareness 10710NAT</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years

**Please note:** General First Aid training does **NOT** meet the anaphylaxis training requirements under MO706.

In addition, all staff are to participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on 30<sup>th</sup> January. The briefing will include:

- legal requirements as outlined in Ministerial Order 706
- pictures of the students at your school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
- signs and symptoms of anaphylaxis
- ASCIA Anaphylaxis e-training
- ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen®
- your school's First Aid policy and emergency response procedures
- on-going support and training

The briefing will be conducted by the school's OHS Officer who acts as the School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the last 2 years.

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. Training will be provided to relevant school staff as soon as practicable after the student enrolls, and preferably before the student's first day at school.

The principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of school staff present who have successfully completed an anaphylaxis management training course.

### **Individual Anaphylaxis Management Plans**

The principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school.

The Individual Anaphylaxis Management Plan will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has and the signs or symptoms the student might exhibit in the event of an allergic reaction (based on a written diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Plan
- information on where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

**Note:** The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found in Appendix E of the Anaphylaxis Guidelines or downloaded from [www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx)

School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan as required.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents in all of the following circumstances:

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school

- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

### **Parent's responsibilities**

- obtain the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with an adrenaline autoinjector that is current (ie the device has not expired) for their child
- participate in annual reviews of their child's Plan.

### **Risk Minimisation strategies**

This section should detail the Risk Minimisation Strategies that your school will put in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in canteens
- during recess and lunchtimes
- before and after school
- camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

### **School planning and emergency response**

The school's Anaphylaxis Management Policy must include Emergency Response Procedures relating to anaphylactic reactions including:

- a complete and up to date list of students identified as being at risk of anaphylaxis
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis and where these are located within the school and during school excursions, school camps and special events conducted, organised or attended by the school
- an outline of the storage and accessibility of adrenaline autoinjectors, including those for general use
- staff training and biannual briefing sessions
- information about anaphylaxis on the school's website

### **Adrenaline autoinjectors for general use**

The principal will purchase adrenaline autoinjector(s) for general use (purchased by the school) and as a back up to those supplied by parents.

The principal will also need to determine the **number** of additional adrenaline autoinjector(s) required to be purchased by the school. In doing so, the principal should take into account the following relevant considerations:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis

- the availability and sufficient supply of adrenaline autoinjectors for general use in specified locations at the school including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school
- the adrenaline autoinjectors for general use have a limited life, and will usually expire within 12-18 months, and will need to be replaced at the school's expense either at the time of use or expiry, whichever is first
- the expiry date of adrenaline autoinjectors should be checked regularly to ensure they are ready for use.

### Communication Plan

The school will provide information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy in the following ways:

#### Raising staff awareness

- Anaphylaxis training every 2 years
- Briefed twice a year through an in house school briefing
- Providing information to new staff about students with anaphylaxis and the location of the adrenalin auto-injector

#### Raising student awareness

- Fact sheets and posters in hallways and classrooms

##### *Student messages about anaphylaxis*

1. Always take food allergies seriously – severe allergies are no joke.
2. Don't share your food with friends who have food allergies
3. Wash your hands after eating
4. Know what your friends are allergic to
5. If a school friend becomes sick, get help immediately even if the friend does not want you to
6. Be respectful of a school's adrenaline auto-injector.
7. Don't pressure your friends to eat food that they are allergic to.

#### Raising community awareness

#### Anaphylaxis management policy on the website

It is the responsibility of the principal of the school to ensure that relevant school staff are:

- adequately trained (either through face-to face or online training)

#### AND

- briefed at least twice per calendar year through an in-house school briefing.

### Organisations providing information and resources

- **Royal Children's Hospital Anaphylaxis Advisory Line** provides advice and support on implementing anaphylaxis legislation to schools, early childhood education and care services and Victorian children's services. The Anaphylaxis Advisory Line is available between the hours of 8:30 a.m. to 5:00 p.m., Monday to Friday. Phone 1300 725 911 (toll free) or (03) 9345 4235. Further information is available at: [www.rch.org.au/allergy/advisory/anaphylaxis\\_Support\\_advisory\\_line/](http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/)
- **Australasian Society of Clinical Immunology and Allergy (ASCIA)** is the peak medical body for allergy and immunology. ASCIA provides information about allergies for health professionals, schools and the broader community. ASCIA anaphylaxis e-training provides ready access to anaphylaxis management education throughout Australia and New Zealand, at no charge. All staff at all Victorian schools are strongly encouraged to complete the ASCIA anaphylaxis e-training for Victorian schools. Further information is available at: [www.allergy.org.au/](http://www.allergy.org.au/)

- **Allergy & Anaphylaxis Australia** is a national non-profit organisation that raises awareness of allergy and anaphylaxis in the Australian community. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. A free online curriculum resource is also available. Further information is available at: <https://allergyfacts.org.au/>
- **Royal Children's Hospital, Department of Allergy and Immunology** provide information about allergies and the services provided by the hospital. Further information is available at: [www.rch.org.au/allergy/](http://www.rch.org.au/allergy/)
- **EpiClub** provides a wide range of resources and information for managing the use and storage of the adrenaline autoinjector device EpiPen®. They also provide a free service that sends a reminder by email, SMS or standard mail prior to the expiry date of an EpiPen®. Further information is available at: [www.epiclub.com.au](http://www.epiclub.com.au)

### **Annual risk management checklist**

The principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations. The annual checklist is designed to step schools through each area of their responsibilities in relation to the management of anaphylaxis in schools.

**Note: The Risk Management Checklist can be found at Appendix F of the Anaphylaxis Guidelines for Victorian Schools on the Department's website:**  
[www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx)

## Individual Anaphylaxis Management Plan

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (**ASCIA Action Plan for Anaphylaxis**) provided by the parent.

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

<b>School</b>		<b>Phone</b>	
<b>Student</b>			
<b>DOB</b>		<b>Year level</b>	
<b>Severely allergic to:</b>			
<b>Other health conditions</b>			
<b>Medication at school</b>			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>EMERGENCY CONTACT DETAILS (ALTERNATE)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>Medical practitioner contact</b>	<b>Name</b>		
	<b>Phone</b>		
<b>Emergency care to be provided at school</b>			
<b>Storage location for adrenaline autoinjector (device specific) (EpiPen®)</b>			

<b>ENVIRONMENT</b>			
To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.			
<b>Name of environment/area: Classrooms</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Access to AMP and Adrenaline Autoinjector</b>	Twice yearly briefings regarding the exact location of the Adrenaline Autoinjector and student AMPs	OHS Officer	January and July
<b>Cleanliness of crockery and cutlery</b>	Twice yearly briefings to staff	OHS Officer Teaching staff	January and July Ongoing
<b>Awareness of food labelling</b>	Twice yearly briefings to staff	OHS officer Teaching Staff	January and July Ongoing
<b>Identification of students</b>	Twice yearly briefings regarding the location of Photo ID of students provided on the medical notice board	OHS Officer	January July
<b>Name of environment/area: The school yard</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Access to AMP and Adrenaline Autoinjector</b>	Twice yearly briefings to staff so staff will be aware of the of the exact location of Adrenaline Autoinjector AMPs in student rolls	Yard duty teachers	Ongoing
<b>Identification of students</b>	Twice yearly briefings to staff regarding the location of the photo ID on the medical board	OHS Officer	Ongoing
<b>Name of environment/area: Excursions and camps</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Access to Adrenaline Autoinjector</b>	Teacher to take Adrenaline Autoinjector to camps and to all activities on camp and to all excursions	Teacher in charge	As required
<b>Identification of students</b>	Twice yearly briefings regarding the location of photo ID on the medical notice board	OHS Officer	January and July
<b>Changes to the AMP</b>	Prior to the school camp the Year level Coordinator will consult with parents and review the AMP	Year Level Coordinator	As required
<b>Food provided on camp sites</b>	The school will not sign any disclaimer from a camp site and will enquire as to the camp site providing food that is safe for an anaphylactic student.	Teacher in charge/Year Level Coordinator	As required
<b>Name of environment/area: Before and after school</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Access to Adrenaline Autoinjector and AMPs</b>	Twice yearly briefings to all staff regarding the exact location of the Adrenaline Auto Injector and AMPs	OHS Officer	January July
<b>Identification of students</b>	Twice yearly briefings regarding the location of photo ID on the medical notice board	OHS Officer	January July
<b>Sufficient staff trained and available</b>	Staff training in the administration of the Adrenaline Autoinjector	OHS Officer	As required
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>



# ACTION PLAN FOR Anaphylaxis

Name: \_\_\_\_\_ Date of birth: DD / MM / YYYY  
 Confirmed allergen(s): \_\_\_\_\_  
 Family/emergency contact(s):  
 1. \_\_\_\_\_ Mobile: \_\_\_\_\_  
 2. \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Plan prepared by: \_\_\_\_\_ (doctor or nurse practitioner) who  
 authorises medications to be given, as consented by the parent/guardian, according to this plan.  
 Signed: \_\_\_\_\_ Date: DD / MM / YYYY  
 Antihistamine: \_\_\_\_\_ Dose: \_\_\_\_\_  
 This plan does not expire but review is recommended by: DD / MM / YYYY



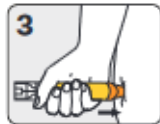
## How to give EpiPen® adrenaline (epinephrine) injector



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



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



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. REMOVE EpiPen®

Instructions are also on device labels. For video instructions scan this QR code:



EpiPen® is prescribed as follows:  
 EpiPen® Jr (150 mcg) for children 7.5-20kg  
 EpiPen® (300 mcg) for children over 20kg and adults

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

## MILD TO MODERATE ALLERGIC REACTIONS

### SIGNS:

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

Mild to moderate allergic reactions may not always occur before anaphylaxis

### ACTIONS:

- Stay with person, call for help
- Locate adrenaline injector
- Give antihistamine - see above
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

## SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:

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

## ACTIONS FOR ANAPHYLAXIS

### 1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



### 2 GIVE ADRENALINE INJECTOR

- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Further adrenaline may be given if no response after 5 minutes
- 6 Transfer person to hospital for at least 4 hours of observation

### IF IN DOUBT GIVE ADRENALINE INJECTOR

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

**ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer** if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.



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

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

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

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of principal (or nominee):	
Date:	

Date	Version No.	Change	Author(s)
2014	1.0	Issue	Irene James
June 2019	2.0	Update for VRQA School Review	Joel Hoffman Irene James
Feb 2020	3.0	Update for VRQA School Review	Bronwyn Rose Irene James
July 2023	3.1	Updated course codes and current example of action plan	Kylie Richards