

**This policy complies with Ministerial Order 706 – Anaphylaxis Management in Schools- updated August 2016**

## **Reservoir Views Primary School**

### **Rationale**

**Anaphylaxis is a severe and rapidly progressing allergic reaction that is potentially life threatening. The most common allergens in school age children are peanuts, eggs, tree nuts (eg cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.**

**The key to prevention of anaphylaxis in schools is having knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and the prevention of exposure to these triggers. The partnership between Reservoir Views Primary School and its parents is important in ensuring that certain foods or items are kept away from the student whilst he/she is at school.**

**Adrenaline given through an EpiPen, Epipen Jnr or Anapen autoinjector to the muscle of the outer mid-thigh is the most effective first-aid treatment for anaphylaxis.**

### **School Statement**

Reservoir Views Primary School is fully compliant with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time with regard to its Anaphylaxis management policy and practices.

### **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 (based on a written diagnosis from a Medical Practitioner);
- strategies to minimise the risk of exposure to known and notified 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 strategies;
- information on where the student's medication will be stored;
- the student's emergency contact details; and
- an ASCIA Action Plan.

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

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

It is the responsibility of the Parents to:

- provide the ASCIA Action Plan;
- inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
- provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

### **Prevention Strategies**

Minimisation of the risk of anaphylaxis is everyone's responsibility: the School (including the Principal and all School Staff), Parents, students and the broader school community.

Parents have important obligations under the Order (and the School's Anaphylaxis Management Policy). These obligations will assist their child's School to manage the risk of anaphylaxis.

### **Parents must:**

- communicate their child's allergies and risk of anaphylaxis to the School at the earliest opportunity, preferably on enrolment;
- continue to communicate with School Staff and provide up to date information about their child's medical condition;
- provide the School Staff with an ASCIA Action Plan;
- participate in yearly reviews of their child's Individual Anaphylaxis Management Plan; and
- ensure that their child has an Adrenaline Autoinjector that is current and not expired at all times.

### **General Prevention strategies:**

- To minimise the risk of a first time reaction to peanuts and nuts staff should not use peanuts, nuts, peanut butter or other peanut or nut products during in-school and out-of-school activities.
- School activities should not place pressure on student to try foods, whether they contain a known allergen or not.
- All staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable.
- The school will purchase "back up" adrenaline auto-injector(s) as part of the school's first aid kit(s), for general use.

More information about peanut and nut banning can be found in the ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, available from the ASCIA website at: [www.allergy.org.au](http://www.allergy.org.au)

Risk minimisation and prevention strategies have been included for all relevant in-school and out-of-school settings including 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; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

Specific strategies to address each of the contexts as above are to be found in Appendix 2.

### **Storage of Adrenaline Autoinjectors**

- Adrenaline Autoinjectors for individual students, or for general use, will be stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes;
- Adrenaline Autoinjectors will be stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer;
- Each Adrenaline Autoinjector will be clearly labelled with the student's name and be stored with a copy of the student's ASCIA Action Plan;
- An Adrenaline Autoinjector for General Use will be clearly labelled and distinguishable from those for students at risk of anaphylaxis; and
- Trainer Adrenaline Autoinjectors (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion.
- Reservoir View Primary School complies with the recommendations as above with regard to storage.

### **Regular review of Adrenaline Autoinjectors**

Regular reviews of students' and general use Adrenaline Autoinjectors are undertaken each term, and checked for the following factors:

- Adrenaline Autoinjectors are- stored correctly and can be accessed quickly/stored in an unlocked easily accessible place/clearly labelled with student's name or for general use/ duly authorised by First Aid Officer when taken from its usual place for camps and excursions etc.
- Each Adrenaline Autoinjector is distinguishable from other students and other medications and from general use Response kits.
- All school staff know location of Adrenaline Autoinjectors
- All First Aid bags including classroom First Aid bags have emergency photos of students at risk of Anaphylaxis for emergency identification and response.
- A copy of the child's ASCIA Action Plan is stored with their personal Adrenaline Autoinjector
- Training Autoinjectors are clearly marked and kept in a separate location to student and general use Adrenaline Autoinjectors.

This process is undertaken by the First Aid Coordinator each term. Use by dates are also checked and parents notified if required to provide a new Autoinjector prior to the expiry date. This also applies to the general use Autoinjectors.

If the designated staff member identifies any Adrenaline Autoinjectors which are out of date, s/he will initiate the following actions:

- contact the student's Parents directly by phone or letter, to replace the Adrenaline Autoinjector;
- keep a written record of all such communications,

- advise the Principal that an Adrenaline Autoinjector needs to be replaced by a Parent; and
- work with the Principal to prepare an interim Individual Anaphylaxis Management Plan pending the receipt of the replacement Adrenaline Autoinjector, should the Autoinjector not be replaced by the expiry date. This plan may include the child being excluded from school until a replacement Autoinjector is made available to the school for health and safety reasons.

### **School Management and Emergency Response**

The school's Anaphylaxis Management Policy integrates with the School's general first aid and emergency response procedures.

School Emergency Response documentation contains an updated list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction and the emergency response procedures relating to anaphylactic reactions. Emergency Response Procedures for Anaphylaxis are also displayed around the school as part of DISPLAN information.

Individual Anaphylaxis Management Plans and ASCIA Action Plans are located in the First Aid room, staffroom, canteen and CRT Induction Folder. The Visitors Induction information sheet also contains general information relating to students with anaphylaxis and directs them to consult with relevant teachers as to the status of students with whom they may come into contact.

Adrenaline Autoinjectors for individual students are located in individually marked containers in the First Aid cupboard located at head height on the right hand side. Containers are marked with each child's name and photo and contain a copy of their Action Plan and relevant medications.

Additional generic Adrenaline Autoinjectors ( Junior and senior) are located in the same place in their own container. An additional set of junior and senior Adrenaline Autoinjectors are located in the Emergency Response generic medical kit which is used in evacuation situations.

The Principal/First Aid Coordinator will be responsible for ensuring that a communication plan is developed to provide information for all staff, students and parents about Anaphylaxis and the school's management policy.

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, the Principal will ensure that there are a sufficient number of School Staff present who have been current Anaphylaxis training. All staff at Reservoir Views are fully accredited Anaphylaxis trained.

In the event of an anaphylactic reaction, the Emergency Response Procedures set out as in Appendix 4 must be followed, together with the School's general first aid and emergency response procedures and the student's ASCIA Action Plan.

### **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 determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will 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 or organised by the School; and
- the Adrenaline Autoinjectors for General Use have a limited life, usually expiring 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.

### **Communication Plan**

The Principal/First Aid Co-Ordinator will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about Anaphylaxis and the school's Anaphylaxis management policy.

The communication plan will include information about what steps will be taken to respond to an Anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Volunteers and casual relief staff who may be working with students at risk of Anaphylaxis will be informed of such students and informed of their role in responding to an Anaphylactic reaction from a student in their care by the Principal or First Aid Co-ordinator.

All staff have up to date certified Anaphylaxis and Level 2 First Aid training which includes revision of Anaphylactic responses. Further briefings are scheduled twice yearly by a staff member who has up-to-date Anaphylaxis Management training as part of the schools OHS Activities calendar. These briefings include :

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis and where their medication is located
- how to use an auto adrenaline injecting device
- the school's first aid and emergency response procedures

Students will be informed through the classroom program as part of the Student Induction program in term 1, reminders at assembly and general follow-ups by teaching staff throughout the year. The focus for this follow-up is the schools 'no food sharing policy' and general hygiene program.

Student messages about anaphylaxis	
1.	Always take food allergies seriously – severe allergies are no joke.
2.	No food sharing policy school-wide.
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 to.
6.	Be respectful of a school friend's Adrenaline Autoinjector.
7.	Don't pressure your friends to eat food that they are allergic to.

The general community will be informed through regular newsletter items, assembly reminders, the Parent Handbook, classroom newsletters and the availability of this policy on the school's website.

### **Staff training**

All on-going staff are appropriately trained in Anaphylaxis Management. New staff to the school are expected to organise their training in the first 3 months of their contract. The First Aid Officer will facilitate and oversee this process. Certified training is current for a 3 year period. (For on-going staff the current expiry date for intensive Anaphylaxis Training is February 2016.)

School staff will further participate in follow-up refresher training as outlined above. (See Communication Plan section)

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. 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 in the three years prior.

## Annual Risk Management Checklist

The Principal in consultation with the First Aid Officer will complete an Annual Risk Management checklist as published by the department of Education and early Childhood to monitor compliance with their obligations.

Approved by School Council 2016

This policy to be reviewed in 2017

## Appendix 2

### Prevention strategies:

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
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 allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
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.	Office staff to inform casual relief teachers, specialist teachers and volunteers as part of the induction process of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

## Canteens

Canteen staff are 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.

References:

'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/>

Canteen staff, including volunteers, are briefed about students at risk of anaphylaxis by First Aid Coordinator initially and Canteen Manager as follow up. Canteen Manager to have First Aid training which includes knowledge of Anaphylaxis management and prevention strategies.

Display the student's name and photo in the canteen as a reminder to canteen staff.

Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.

Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.

Make sure that tables and surfaces are wiped down with warm soapy water regularly.

The school has a 'no-sharing' food policy as recommended by DEECD for food, utensils and food containers.

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.

## Yard

1. If a 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 Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.  
At Reservoir Views Primary School all staff are suitably trained.
2. The Adrenaline Autoinjector 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)**. Autoinjectors and copies of Anaphylaxis Plans are kept in individual containers in the First Aid room clearly marked with student's names and photos.
3. The 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 notebooks and pens in First Aid bags to notify First Aid staff in First Aid station of child requiring urgent medical attention for Anaphylaxis. First Aid bags are checked and updated termly. All staff on yard duty aware of the School's Emergency Response Procedures with regard to notifying the first aid team of an anaphylactic reaction in the yard.  
School currently moving to providing ID photos of students at risk of Anaphylaxis in all staff First Aid bags for instant ID in case of the need for an Emergency response.
4. Yard duty staff able to identify, by face, those students at risk of anaphylaxis. Copies of students with Anaphylaxis, plans with student photos are displayed in prominent places ie. in the staff room for all staff to view.
5. Students with anaphylactic responses to insects are 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. School garden is planted with approved shrubs and bushes which do not overly attract bees and wasps.
6. Lawns and grassed areas mowed and outdoor bins covered.
7. Students provided time to eat inside to minimise food and drinks being taken into yard.

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

1.	If the School has a student at risk of anaphylaxis attending, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required. First Aid staff prepare First Aid kits for special events based on students attending. Paperwork for planning events asks for students with special needs to be identified in the planning stage to raise awareness so that their medical needs can be catered for.
2.	School Staff to minimise using food in activities or games, including as rewards.
3.	For special occasions, School Staff 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 are 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. The Parent Handbook and regular school newsletter items are used to communicate the schools management practices with regard to preventing anaphylaxis events to occur.
5.	Party balloons should not be used if any student is allergic to latex.

### Out-of-school settings

School Staff determine which strategies set out below for various out-of-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the School, and the general School environment.

### Travel to and from School by bus

Where students travel to and/or from school by bus, School Staff should liaise 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 in this setting. This includes the availability and administration of an Adrenaline Autoinjector.

Parents should ensure that the Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student when travelling by bus even if this child is deemed too young to normally carry an Adrenaline Autoinjector on their person at School.

Parents of students at risk of Anaphylaxis need to consider the use of public transport for their unaccompanied child on a case by case basis.

## Field trips/excursions/sporting events

1. If a School has a student at risk of anaphylaxis attending, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.  
At Reservoir Views Primary School all staff are Anaphylactic trained.
2. A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector 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.
4. The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis must 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 student's attending who are 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 will, where necessary, consult with 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 or be requested 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 will 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

Prior to engaging a camp owner/operator's services the School will 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 will consider using an alternative service provider.

The school uses only DET accredited camp providers. Irrespective of the camp policy the school will institute a 'snack/ lolly free' policy for the students with regard to bringing food and snacks on camp to control types of food brought on-site.

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.

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.

Schools will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This is developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.

School Staff will 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.**

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.

Use of substances containing allergens will be avoided where possible.

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.

The student's Adrenaline Autoinjector, 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.

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.

<p>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.</p>
<p>First Aid Officer on camp will 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. Contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.</p>
<p>Schools should consider taking an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back up device in the event of an emergency.</p>
<p>School has purchased a number of junior and senior Adrenaline Autoinjectors for General Use to be kept in the first aid kit and in the Generic First Aid Emergency Kit for evacuations and other emergency responses.</p>
<p>The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.</p>
<p>The Adrenaline Autoinjector must be carried in the school first aid kit which must accompany the child with Anaphylaxis on all camp activities. Staff to manage the First Aid kit at all times.</p>
<p>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.</p>
<p>Cooking and art and craft games should not involve the use of known allergens.</p>
<p>Consider the potential exposure to allergens when consuming food on buses and in cabins.</p>

#### Overseas travel

Review and consider the strategies listed under “Field Trips/Excursions/Sporting Events” and “Camps and Remote Settings”. Where an excursion or camp is occurring overseas, Schools should involve Parents in discussions regarding risk management well in advance. Staff planning excursions involving overseas travel should consult further the DET Anaphylaxis Guidelines issued February 2016 or more up to date publications.

## Appendix 3

### Role and responsibilities of Principals

School Principals have overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis. The key obligations related to the Principal's responsibilities under the Order, and suggested prevention strategies, is set out below. This is a guide only.

<p>Ensure that the School develops, implements and reviews its School Anaphylaxis Management Policy in accordance with the Order and these Guidelines.</p>
<p>Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at enrolment or at the time of diagnosis (whichever is earlier).</p>
<p>Ensure that Parents provide an ASCIA Action Plan which has been signed by the student's Medical Practitioner and that contains an up-to-date photograph of the student.</p>
<p>Ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's Parents for any student that has been diagnosed by a Medical Practitioner with a medical condition relating to allergy and the potential for anaphylactic reaction, where the School has been notified of that diagnosis.</p> <p>This includes ensuring the documentation of practical strategies for activities in both in-School and out-of-School settings to minimise the risk of exposure to allergens, and nomination of staff who are responsible for implementation of those strategies. The risk minimisation plan should be customised to the particular student for participation in normal School activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate/overseas trips). Ensure students' Individual Anaphylaxis Management Plans are communicated to staff.</p>
<p>If using an external canteen provider, be satisfied that that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications for food-handling practices. This includes careful label reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies.</p>

Ensure that Parents 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.

Ensure that a Communication Plan is developed to provide information to all School Staff, Students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy.

Ensure there are procedures in place for providing volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

Ensure that relevant School Staff have successfully completed an anaphylaxis management training course in the three years prior.

Ensure that relevant School Staff are briefed at least twice a year by a staff member who has completed current anaphylaxis management training on:

- the School's Anaphylaxis Management Policy;
- the causes, symptoms and treatment of anaphylaxis;
- the identities of students diagnosed at risk of anaphylaxis and the location of their medication;
- how to use an Adrenaline Autoinjector, including hands-on practise with a trainer Adrenaline Autoinjector (which does not contain adrenaline);
- the School's general first aid and emergency procedures; and

the location of Adrenaline Autoinjecting devices that have been purchased by the School for General Use.

Allocate time, such as during staff meetings, to discuss, practise and review the School's Anaphylaxis Management Policy. Practise using the trainer Adrenaline Autoinjectors as a group and undertake drills to test effectiveness of the School's general first aid procedures.

Encourage ongoing communication between Parents and School Staff about the current status of the student's allergies, the school's policies and their implementation.

Ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with Parents annually, when the student's medical condition changes, as soon as practicably after a student has an anaphylactic reaction at 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.
Ensure the Risk Management Checklist for anaphylaxis is completed annually.
Arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for General Use to be part of the School's first aid kit.

### Role and responsibilities of School Staff

All School Staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers.

To assist School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend, and other School Staff where relevant, a summary of some of the key obligations under the Order, and suggested prevention strategies, is set out below. This is a guide only for staff to follow in undertaking their duty of care.

Know and understand the School Anaphylaxis Management Policy.
Know the identity of students who are at risk of anaphylaxis. Know the students by face.
Understand the causes, symptoms, and treatment of anaphylaxis.
Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
Know where to find a copy of each student's Individual Anaphylaxis Management Plan quickly, and follow it in the event of an allergic reaction.
Know the School's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction.

<p>Know where students' Adrenaline Autoinjectors and the Adrenaline Autoinjectors for General Use are kept. (Remember that the Adrenaline Autoinjector is designed so that anyone can administer it in an emergency).</p>
<p>Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.</p>
<p>Plan 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. Work with Parents to provide appropriate food for their child if the food the School/class is providing may present a risk for him or her.</p>
<p>Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Work with Parents to provide appropriate treats for students at risk of anaphylaxis.</p>
<p>Be 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.</p>
<p>Be aware of the risk of cross-contamination when preparing, handling and displaying food.</p>
<p>Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.</p>
<p>Raise student awareness about severe allergies and the importance of their role in fostering a School environment that is safe and supportive for their peers.</p>

### **Role and responsibilities of the First Aid Coordinator**

The First Aid Coordinators will take a lead role in supporting the Principal and other School Staff to implement the School's Anaphylaxis Management Policy.

The First Aid Coordinators will provide assistance and advice in the following areas and other aspects of the schools management of students at risk of Anaphylaxis across the range of settings in which the school and staff are responsible for the health and well-being of students:

	Work with Principals to develop, implement and review the School's Anaphylaxis Management Policy.
	Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector (i.e. EpiPen®/Anapen®).
	Provide or arrange regular training to other School Staff to recognise and respond to anaphylactic reaction, including administration of an Adrenaline Autoinjector.
	Keep an up-to-date register of students at risk of anaphylaxis.
	Keep a register of Adrenaline Autoinjectors as they are 'in' and 'out' from the central storage point. For instance when they have been taken on excursions, camps etc.
6.	<p>Work with Principals, Parents and students to develop, implement and review each Individual Anaphylaxis Management Plan to:</p> <ul style="list-style-type: none"> <li>○ ensure that the student's emergency contact details are up-to-date;</li> <li>○ ensure that the student's ASCIA Action Plan matches the student's supplied Adrenaline Autoinjector;</li> <li>○ regularly check that the student's Adrenaline Autoinjector is not out-of-date, such as at the beginning or end of each term;</li> <li>○ inform Parents in writing that the Adrenaline Autoinjector needs to be replaced a month prior to the expiry date;</li> <li>○ ensure that the student's Adrenaline Autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place; and</li> <li>○ ensure that a copy of the Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) is stored with the student's Adrenaline Autoinjector.</li> </ul>
	Work with School Staff to conduct regular risk prevention, minimisation, assessment and management strategies.
	Work with School Staff to develop strategies to raise their own, students and school community awareness about severe allergies.
	Provide or arrange post-incident support (e.g. counselling) to students and School Staff, if appropriate.

### **Role and responsibilities of Parents of a student at risk of anaphylaxis**

Parents have an important role in working with the School to minimise the risk of anaphylaxis. Set out below is a summary of some of the key obligations for Parents under the Order, and some

suggested areas where they may actively assist the School. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by Parents.

<p>Inform the School in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed at the time as being at risk of anaphylaxis.</p>
<p>Obtain an ASCIA Action Plan from the student's Medical Practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the School.</p>
<p>Inform School Staff in writing of any changes to the student's medical condition and if necessary, provide an updated ASCIA Action Plan.</p>
<p>Provide the School with an up to date photo for the student's ASCIA Action Plan and when the plan is reviewed.</p>
<p>Meet with and assist the School to develop the student's Individual Anaphylaxis Management Plan, including risk management strategies.</p>
<p>Provide the School with an Adrenaline Autoinjector and any other medications that are current and not expired.</p>
<p>Replace the student's Adrenaline Autoinjector and any other medication as needed, before their expiry date or when used.</p>
<p>Assist 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).</p>
<p>If requested by School Staff, assist in identifying and/or providing alternative food options for the student when needed.</p>
<p>Inform School Staff in writing of any changes to the student's emergency contact details.</p>
<p>Participate in reviews of the student's Individual Anaphylaxis Management Plan:</p> <ul style="list-style-type: none"><li>○ when there is a change to the student's condition;</li><li>○ as soon as practicable after the student has an anaphylactic reaction at School;</li><li>○ at its annual review; and</li><li>○ prior to the student participating in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the School.</li></ul>

## Appendix 4

### **DURING ALL ANAPHYLACTIC EVENTS AT RESERVOIR VIEWS PRIMARY SCHOOL THE FOLLOWING WILL OCCUR:**

#### Emergency Response

All staff are required to be active during an emergency response for Anaphylaxis.

Reservoir Views has in place first aid and emergency response procedures that allow staff to react quickly if an anaphylactic reaction occurs, for both in-school and out-of-school settings. Drills to test the effectiveness of these procedures are undertaken as per the OHS Activities Calendar.

#### **Self-administration of the Adrenaline Autoinjector**

Due to the age of our students it is a school-based decision that students do not carry and/or administer their own Autoinjectors.

#### **Responding to an incident**

Where possible, only School Staff with training in the administration of the Adrenaline Autoinjector should administer the student's Adrenaline Autoinjector. However, it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan. All staff at Reservoir Views Primary School are fully trained in Anaphylaxis and the administration of Autoinjectors.

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by).

#### **General procedure**

Suspected Anaphylaxis patient not to be moved.

Attending staff will send for Anaphylaxis kit for child from First Aid room and Box B.

Staff member to deliver Anaphylaxis kit and Box B with spare Adrenaline Autoinjector and mobile phone. Not to be given to a child to deliver.

Second staff member to stay at incident site upon delivering Anaphylaxis kit to provide on-site support by ringing ambulance immediately and providing on-going assistance and information to ambulance service. Dial 000.

Epipen, Epipen Jnr or Anapen will be given to the child as per their Action Plan.

Staff administering medication to remain with child to monitor situation and support until ambulance arrives.

Second staff member to provide feedback to ambulance as required.

Second Epipen, Epipen Jnr or Anapen only to be administered if directed by Ambulance Controller.

Other staff members may be used as crowd control/runner/meeting and directing ambulance on arrival etc as required.

Office staff or other staff, if not available, to contact the child's parents/carers.

A staff member will wait at the closest entrance for an ambulance to arrive and to guide the ambulance.

Staff member will accompany the child to hospital, if hospitalization is required.

Attending staff to complete necessary paperwork/reports and forward to office as soon as possible.

After an emergency Anaphylactic incident, a review will take place with all involved people to assess the effectiveness of the policy and procedures.

Attending staff member to note time of administering medication and to provide paramedics with used Epipen, Epipen Jnr or Anapen.

**WHERE A CHILD HAS NOT BEEN DIAGNOSED AS ALLERGIC, BUT APPEARS TO BE HAVING AN ANAPHYLACTIC REACTION THE FOLLOWING WILL OCCUR:**

- Immediately call 000
- Immediately commence First Aid Procedures
- Contact Parents/Guardians or Emergency Contact if Parents/Guardians cannot be contacted

**In-School Environment**

- Classrooms – Staff will use classroom phones/personal mobile phones to raise the alarm that a reaction has occurred. The call will be made directly to the office on extension 222.
- Yard – Staff will use an Emergency Card with the child's photo as contained in staff First Aid bags to raise the alarm by sending with another child to the First Aid room for back-up support . If available they may also use their mobile or the schools cordless phone whilst on yard duty. Consideration needs to be given to the size of the campus, the number and age of students at risk, where first aiders will be stationed during lunch breaks etc.

**Out-of School Environments**

- Excursions and Camps - Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore emergency procedures will vary accordingly. A team of School Staff trained in anaphylaxis will attend each event, and appropriate methods of communication will be discussed, depending on the size of excursion/camp/venue. The process will also address:
  - the location of Adrenaline Autoinjectors i.e. who will be carrying them. Is there a second medical kit? Who has it?;
  - 'how' to get the Adrenaline Autoinjector to a student; and
  - 'who' will call for ambulance response, including giving detailed location address. e.g. Melway reference if city excursion, and best access point or camp address/GPS location.

**Students at risk of anaphylaxis**

A member of the School Staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan:

'Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.'

A member of the School Staff should immediately locate the student's Adrenaline Autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan.

The Adrenaline Autoinjector should then be administered following the instructions in the student's ASCIA Action Plan.

#### How to administer an EpiPen®

1. Remove from plastic container.
2. Form a fist around EpiPen® and pull off the blue safety cap.
3. Place orange end against the student's outer mid-thigh (with or without clothing).
4. Push down hard until a click is heard or felt and hold in place for 10 seconds.
5. Remove EpiPen®.
7. Massage injection site for 10 seconds.
8. Note the time you administered the EpiPen®.
9. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

#### How to administer an AnaPen®

1. Remove from box container and check the expiry date.
2. Remove black needle shield.
3. Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap.
4. Place needle end against the student's outer mid-thigh.
5. Press the red button with your thumb so it clicks and hold it for 10 seconds.
6. Replace needle shield and note the time you administered the Anapen®.

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| 7. | The used autoinjector must be handed to the ambulance paramedics along with the time of administration. |
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If an Adrenaline Autoinjector is administered, the School must

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| 1. | <b>Immediately</b> call an ambulance (000/112).  |
| 2. | Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.  |
| 3. | Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere. |
| 4. | In the situation where there is no improvement or <b>severe symptoms</b> progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).                                |
| 5. | <b>Then</b> contact the student's emergency contacts.  |
| 6. | Report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).  |
| 7. | Enact the school's emergency and critical incident management plan.  |

**Always call an ambulance as soon as possible (000)**

When using a standard phone call 000 (triple zero) for an ambulance.

If you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.

### First-time reactions

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the School Staff should follow the school's first aid procedures.

This should include immediately contacting an ambulance using 000.

It may also include locating and administering an Adrenaline Autoinjector for General Use.

### Post-incident support

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and Parents. In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident counselling, provided by the school nurse, guidance officer, student welfare coordinator or School psychologist.

### Review

After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision, it is important that the following review processes take place.

The Adrenaline Autoinjector must be replaced by the Parent as soon as possible.
In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
If the Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible.
In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided.
The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents.
The School's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.

Date Approved by School Council	Wednesday 16 <sup>th</sup> August 2016
To be reviewed	