



Mt Eliza Primary School

Anaphylaxis Management Policy



Help for non-English speakers

If you need help to understand the information in this policy please contact our office, 03 9787 1385.

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This policy was last ratified by School Council on 06/06/22

Purpose

To explain to Mt Eliza Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being of risk from anaphylaxis.

Mt Eliza Primary School has a duty of care towards students, which includes protecting a student at risk of anaphylactic reaction from risks that the school should reasonably have foreseen.

Mt Eliza Primary School will fully comply with Ministerial Order 706 and the associated guidelines published and amended by the Department from time to time. The school acknowledges its responsibility to develop and maintain an Anaphylaxis Management Policy.

Scope

This policy applies to:

- All staff, including casual relief staff and volunteers
- All students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

Anaphylaxis

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

Signs and symptoms of anaphylaxis

A mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts, tingling mouth; and
- abdominal pain and/or vomiting (these are signs of a severe allergic reaction to insects).

A severe allergic reaction can include:

- difficulty breathing or noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse; and
- children may appear pale and floppy.

Symptoms usually develop within 10 minutes to several hours after exposure to an allergen, but can appear within a few minutes.



Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline auto-injector for use in an emergency. These adrenaline auto-injectors are designed so that anyone can use them in an emergency.

To facilitate the safety of students at risk from anaphylaxis, the school will follow DET Anaphylaxis guidelines for students who are recognised as at risk.

Individual Anaphylaxis Management Plans

Anaphylaxis Management Plans will be developed for every student who has been diagnosed as at risk of anaphylaxis.

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 student's Anaphylaxis Management Plan should clearly 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)
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner.
 - the student's emergency contact details
 - 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 the school yard, at camps and excursions, or at special events conducted, organised or attended by the school; including:
 - » during classroom activities
 - » in the canteen or during lunch or snack times
 - » before and after school in the yard and during breaks
 - » for special events such as incursions, sport days or class parties
 - » for excursions and camps.
 - the name of the person/s responsible for implementing the strategies
 - information on where the student's medication will be stored; and an Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan
 - an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

It is the responsibility of parents/carers to complete an ASCIA Action Plan, in consultation with their child's medical practitioner, and provide a copy to the school. The ASCIA Action Plan must be signed by the student's medical practitioner, and have an up to date photograph of the student. The student's Individual 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 participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts

A copy of the student's ASCIA Action Plan will be displayed in the first aid office with the student's medication and will be easily accessible by staff in the event of an incident. Another copy will be provided to the student's teacher to be displayed in the classroom.

Responsibilities:

Mt Eliza Primary School is responsible for:

- actively seeking information to identify students with severe life threatening allergies at enrolment
- meeting with parents/carers to obtain information about student's allergies and prevention strategies if a student has been diagnosed as being at risk of anaphylaxis
- conducting a risk assessment to allergens while the student is in the care of the school
- requesting that parents provide an ASCIA Action Plan that has been signed by the student's medical practitioner and has an up to date photograph of the student
- ensuring that parents provide the student's Adrenaline Autoinjector and that it is not out of date
- ensuring that relevant staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector
- developing a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies through newsletters, posters, meetings and training; providing information to all staff (including teaching and non-teaching, CRT staff, new staff, canteen staff and volunteers) so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures
- ensuring that the canteen and other program providers can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices
- Principal and/or nominee meets with parent/classroom teacher to develop and review the student's Anaphylaxis Management Plan annually including an annual risk assessment together
- Principal and/or nominee meets with the parent as soon as practicable after the student has had an anaphylactic reaction at school.

Relevant staff are responsible for:

- knowing the identity of students who are at risk of anaphylaxis
- understanding the causes, symptoms, and treatment of anaphylaxis
- obtaining training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector
- knowing the school's first aid emergency procedures and what their role is in relation to responding to an anaphylactic reaction
- know where the student's Adrenaline Autoinjector is kept. Remember that the Adrenaline Autoinjector is designed so that anyone can administer it in an emergency
- know and follow the prevention strategies in the student's Anaphylaxis Management Plan
- planning ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Working with parents/carers to provide appropriate food for the student
- avoiding the use of food treats in class or as rewards, as these may contain hidden allergens
- being careful of the risk of cross-contamination when preparing, handling and displaying food; in Kitchen Garden, making sure that tables and surfaces are wiped down regularly and that students at risk are given an allocated workspace
- raising student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

First Aid Officer are responsible for supporting Principals and teachers to implement prevention and management strategies for the school that include:

- maintaining an up to date register of students at risk of anaphylaxis
- expecting that students' emergency contact details are up to date
- obtaining training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector
- regularly checking that the Adrenaline Autoinjector is not cloudy or out of date, e.g. at the beginning or end of each term
- informing parents/carers a month prior if the Adrenaline Autoinjector needs to be replaced
- ensuring that the Adrenaline Autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that it is appropriately labelled

- supporting staff in conducting regular reviews of prevention and management strategies and individual student management plans
- supporting staff in developing strategies to raise school staff, student and community awareness about severe allergies.

Parents/Carers of a student at risk of anaphylaxis are responsible for:

- informing the school, either at enrolment or diagnosis, of the student’s allergies, and whether the student has been diagnosed as being at risk of anaphylaxis and provide the ASCIA Action Plan which is signed by a medical practitioner
- providing an up to date photo for the ASCIA Action Plan when that plan is provided to the school and when it is reviewed
- informing 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
- obtaining information from the student’s medical practitioner about their condition and any medications to be administered. Inform school staff of all relevant information and concerns relating to the health of the student
- meeting with the school to develop the student’s Anaphylaxis Management Plan
- providing the school with an Adrenaline Autoinjector that is current and not expired for their child
- replacing the Adrenaline Autoinjector before it expires
- assisting school staff in planning and preparation for the student prior to school camps, field trips, incursions, excursions or special events such as class parties or sport days
- supplying alternative food options for the student when needed
- informing staff of any changes to the student’s emergency contact details
- participating in reviews of the student’s Anaphylaxis Management Plan, e.g. when there is a change to the student’s condition or at an annual review
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student’s medical practitioner.

School Management and Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures outlined in this policy must be followed, together with the school’s general first aid and emergency response procedures and the student’s ASCIA Action Plan.

- The school will maintain a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction. This list will be provided to casual relief staff.
- Individual Anaphylaxis Management Plans and ASCIA Action Plans will be located and displayed:
 - In the school First Aid room
 - In child’s classroom
 - On school excursions
 - On school camps; and
 - At special events conducted, organised or attended by the school.

Step	Action
1.	<ul style="list-style-type: none"> ● Lay the person flat ● Do not allow them to stand or walk ● If breathing is difficult, allow them to sit ● Be calm and reassuring ● Do not leave them alone ● Seek assistance from another staff member or reliable student to locate the student’s adrenaline autoinjector or the school’s general use autoinjector, and the student’s Individual Anaphylaxis Management Plan, stored in the first aid room. ● If the student’s plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	<p>Specific instructions for administering an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none"> ● Remove from plastic container ● Form a fist around the EpiPen and pull off the blue safety release (cap) ● Place orange end against the student’s 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
- Note the time the EpiPen is administered
- Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration

Specific instructions for administering an Anapen

- Remove black needle shield.
- Remove grey safety cap from red button.
- Place needle end against outer thigh. With or without light clothing.
- Press red firing button so it clicks. Hold for 10 seconds. Remove Anapen®

3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

[Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction. Refer to page 41 of the [Anaphylaxis Guidelines](#).]

Location and Accessibility of Plans and Adrenaline Autoinjector

If a student has been prescribed an Adrenaline Autoinjector, the Adrenaline Autoinjector must be provided by the student's parent/carers to the school.

- Adrenaline Autoinjectors will be located in the first aid office, sport office and where deemed appropriate by parents and the school, another Adrenaline Autoinjector may be carried by an at risk student
- Adrenaline Autoinjectors should be clearly labelled with the student's name;
- a copy of the student's ASCIA Action Plan and Individual Anaphylaxis Management Plan should be kept with the Adrenaline Autoinjector;
- each student's Adrenaline Autoinjector should be labelled from other students' Adrenaline Autoinjector and medications;
- all staff should know where the Adrenaline Autoinjector is located.

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. These will be located in the first aid room and at Kitchen Garden.

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.

Note: Adrenaline Autoinjectors for general use are available for purchase at any chemist. No prescriptions are necessary.

Communication

The Principal of the school is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents/carers about anaphylaxis and the school's Anaphylaxis Management Policy.

This policy will be available on the MEPS website so that parents and other members of the school community can easily access information about MEPS anaphylaxis management procedures. The parents and carers of students who are enrolled at MEPS and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and MEPS procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

Communication Plan

1. Raising Staff Awareness

Communication to staff will be provided at staff meeting forums (beginning of each school year) which includes formal staff meetings of teaching and non-teaching staff. Another meeting will be conducted with staff that have the responsibility of first aid. Training will be provided by a qualified instructor for all staff at least twice each year. Those staff who have a student at risk of anaphylactic reaction will be briefed separately about that particular student.

In case of a student having an anaphylactic reaction, in the classroom:

- staff member is to stay with the student. DO NOT leave the student unattended;
- urgently send another staff member to the general office to collect the Adrenaline Autoinjector or a student runner to have it delivered urgently by another staff member, or ring the general office;
- general office to ensure first aid officers or trained staff member is sent to location; and
- follow the individual student's Action Plan (ASCIA) – stored with the student's Adrenal Autoinjector;
- in mild/moderate reactions - give medications if prescribed and directed in plan;
- with severe reactions – administer the student's Adrenaline Autoinjector and note time administered;
- attending staff member to ensure an ambulance is called;
- contact the parents/carers;
- administer first aid as required.

In case of a student having an anaphylactic reaction, in other school buildings:

- staff member is to stay with the student. DO NOT leave the student unattended;
 - urgently send another staff member to the general office to collect the Adrenaline Autoinjector or a student runner to have it delivered urgently by another staff member, or ring the general office;
 - general office to ensure first aid officers or trained staff member is sent to location
- also;
- follow the individual students Action Plan (ASCIA) – stored with the student's Adrenaline Autoinjector;
 - in mild/moderate reactions - give medications if prescribed and directed in plan;
 - with severe reactions – administer the student's Adrenaline Autoinjector and note time administered;
 - attending staff member to ensure an ambulance is called;
 - contact the parents/carers;
 - administer first aid as required.

In case of a student having an anaphylactic reaction, in the playground:

- staff member on yard duty is to stay with the student. DO NOT leave the student unattended;
- urgently send another staff member to the general office to collect the Adrenaline Autoinjector or a student runner to have it delivered urgently by another staff member;
- general office to ensure first aid officers or trained staff member is sent to location also; follow the individual students Action Plan (ASCIA) – stored with the student's AdrenalinAutoinjector;
- in mild/moderate reactions - give medications if prescribed and directed in plan;
- with severe reactions – administer the student's Adrenaline Autoinjector and note time administered;

- attending staff member to ensure an ambulance is called;
- contact the parents/carers;
- administer first aid as required;
- the additional Adrenaline Autoinjector which is carried in the green yard duty in the First Aid room will only be used as instructed by the ambulance service.

2. Raising Student Awareness

Peer support is an important element of support for students at risk of anaphylaxis.

School Staff can raise awareness in school through fact sheets or posters displayed in hallways, canteens and classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages, outlined in the following:

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 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.

Source: Be a MATE kit, published by Anaphylaxis & Allergy Australia.

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis must be treated as a serious and dangerous incident and dealt with in line with the school's anti-bullying policy.

Schools can refer to the Bully Stoppers website, an anti-bullying resource for ideas and strategies for dealing with bullying situations. Further information about Bully Stoppers is available at: <http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx>

3. Work with Parents

The school is aware that parents of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to school. It is important to develop an open and cooperative relationship with them so that they can feel confident that appropriate management strategies are in place.

Aside from implementing practical prevention strategies in schools, the anxiety that parents and students may feel can be considerably reduced by regular communication and increased education, awareness and support from the school community.

4. Raising School Community Awareness

The school will raise awareness about anaphylaxis in the school community (including volunteers and PTA) so that there is an increased understanding of the condition. This can be done by providing information in the school newsletter.

Parent Information Sheets that promote greater awareness of severe allergies can be downloaded from the Royal Children's Hospital website

At: www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/

Organisations Providing Information and Resources

- **Australasian Society of Clinical Immunology and Allergy (ASCIA)** provide information on allergies. ASCIA anaphylaxis e-training provides ready access to anaphylaxis management education throughout Australia and New Zealand, at no charge. The child care versions of the courses, incorporating training in the use of the Adrenaline Autoinjector devices

Epipen® and Anapen®, have been approved by ACECQA for the purposes of meeting the requirements of the National Regulations. Further information is available at: <http://www.allergy.org.au/>

- **ANAlert** is a free alert service that sends reminders to replace an Anapen® before it expires, helping to ensure it is within its 'use by' or 'expiry date'. ANAlert can be accessed at: <http://www.analert.com.au>
- **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
- **Allergy & Anaphylaxis Australia** is a non-profit organisation that raises awareness in the Australian community about allergy. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. Further information is available at: <http://www.allergyfacts.org.au/allergy-and-anaphylaxis>
- **Royal Children's Hospital Anaphylaxis Advisory Line** provides advice and support on implementing anaphylaxis legislation to 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: http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/
- **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: <http://www.rch.org.au/allergy/>

Staff Training

The following school staff will be appropriately trained:

- school staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- any further school staff that are determined by the Principal.

The identified school staff will undertake the following training:

- an Anaphylaxis Management Training Course 22300VIC in the three years prior; and
- ASCIA eTraining online course every 2 years.
- Staff member to complete Verifying Correct Use adrenaline Autoinjector Devices course 22303VIC
- 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:
 - the school's Anaphylaxis Management Policy;
 - the causes, symptoms and treatment of anaphylaxis;
 - the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
 - how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
 - the school's general first aid and emergency response procedures; and
 - the location of, and access to, Adrenaline Autoinjector that have been provided by parents or purchased by the school for general use.

The briefing must be conducted by a member of school staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

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.

Note: A video has been developed and can be viewed from

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>



Risk Minimisation and Prevention Strategies:

The minimisation of the risk of a student having an anaphylactic reaction is everyone's responsibility: the school (including the Principal and all school staff), parents, students and the broader school community.

Please consider strategies for all school activities.

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the class roll. 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.	A designated staff member will 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 Autoinjector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

Canteens and Kitchen Garden	
1.	Canteen and Kitchen Garden staff (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. Refer to: <ul style="list-style-type: none">• '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.	Canteen and Kitchen Garden staff, including volunteers, will 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.
3.	Display the student's name and photo in the canteen and Kitchen Garden as a reminder to school staff.
4.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5.	Canteen will provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6.	Tables and surfaces are to be 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 stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
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.

Yard

1. If a School has a student who is at risk of anaphylaxis, sufficient school staff on yard duty will 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.
2. The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan will be easily accessible from the yard, and staff will be aware of their exact location. **(Remember that an anaphylactic reaction can occur in as little as a few minutes).**
3. The school will have 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 will include all staff on yard duty being 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 will also be able to identify, by face, those students at risk of anaphylaxis. Photos are stored in the yard duty folder.
5. Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School staff will 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. The school will 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. Where there is a student at risk of anaphylaxis, sufficient school staff supervising the special event will be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2. School staff and parent helpers will avoid using food in activities or games, including as rewards.
3. For special occasions, school staff will 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.
6. PTA organised events need to follow the school's Anaphylactic policy.

Travel to and from School by bus

1. School staff will 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 Autoinjector. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Autoinjector on their person at school.

Field trips/excursions/sporting events

1. Where there is a student at risk of anaphylaxis, 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.
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 and parent helpers 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 will 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.

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| 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. |
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Camps and remote settings

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| 1. | 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 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. | The school will 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 Autoinjector, parent Adrenaline Autoinjector (spare), 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 students 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. | Schools should consider purchasing an Adrenaline Autoinjector for general use to be kept in the first aid kit and including this as part of the emergency response procedures. |
| 13. | The Adrenaline Autoinjector should remain close to the student and school staff must be aware of its location at all times. |
| 14. | The Adrenaline Autoinjector should be carried in the school first aid kit; however, schools can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector 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 Autoinjector. |
| 15. | 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. |
| 16. | Cooking and art and craft games should not involve the use of known allergens. |
| 17. | Consider the potential exposure to allergens when consuming food on buses and in cabins. |

Annual Risk Management Checklist

The Principal will complete an annual risk management checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.



Note: A template of the risk management checklist can be found at Appendix 4 of the Anaphylaxis Guidelines for Victorian Schools or the Department's website: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>
Further Resources: www.allergy.org.au (ASCIA)

Evaluation

This policy will be reviewed yearly.

Policy last reviewed

06/06/22

Consultation

Consultation occurred with the school council.

Approved by: Dean Charge, School Council President

Signature:



Approved by

Principal, Kim Wheeler



Next scheduled review date

06/06/23