Anaphylaxis Management Policy

Ministerial Order 706 – Anaphylaxis Management in Schools

School Name: Distance Education Centre Victoria (DECV)

School Statement
The DECV will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time. It is acknowledged that it is the DECV’s responsibility to develop and maintain an Anaphylaxis Management Policy.

Individual Anaphylaxis Management Plans
An Individual Anaphylaxis Management Plan will be provided by the student’s parent/carer, 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 at the time of enrolment or as soon as practicable after the student enrols.

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.

A template of an Individual Anaphylaxis Management Plan can be found on the DECV website at www.distance.vic.edu.au/lamp/ The red and blue ‘ASCIA Action Plan for Anaphylaxis’ is the recognised form for emergency procedure plans that is provided by medical practitioners to parents/carers when a child is diagnosed at risk of anaphylaxis. An example can be downloaded from http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

Supervising DECV teachers will implement and monitor the student’s Individual Anaphylaxis Management Plan.

The student’s Individual Anaphylaxis Management Plan will be reviewed by the relevant Student Coordinator, in consultation with the student’s parents/carers 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
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It is the responsibility of the parent/carer to:

- provide the IAMP and 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 DECV and when it is reviewed; and
- provide an Adrenaline Autoinjector that is current and not expired for their child which will be carried by the student or handed to the teacher, whichever is most appropriate depending on the students age and circumstances.

Prevention Strategies

DECV teachers have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. Appropriate prevention strategies to minimise the risk of incidents of anaphylaxis are important when trying to satisfy this duty of care. This section details the risk minimisation and prevention strategies that are in place at the DECV:

- Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis. This is undertaken at enrolment and recorded on the student database.
- A copy of a student’s Individual Anaphylaxis Management Plan is saved in the relevant Student Folder along with a copy of the ASCIA Action Plan and an alert is placed on the database.
- Teachers are responsible for identifying students attending a DECV event (E.g. excursions/seminars/practicals/field trips/camps etc.) who are at risk of anaphylaxis. Students are identified on the database and within required permission forms.
- The Adrenaline Autoinjector and each student’s Individual Anaphylaxis Management Plan for should be easily accessible and the supervising teacher should be aware of their exact location.
- Sufficient teachers supervising the event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction, if required. Anaphylactic trained staff (including photos) will be identified and an anaphylactic reaction flowchart will be displayed on notice boards around the school.
- A risk assessment should be undertaken by the supervising teacher for each individual student attending the event who is at risk of anaphylaxis. The risks and risk management strategies may vary according to the number of anaphylactic students attending, the nature of the event, size of venue, distance from medical assistance, the structure of the event and corresponding staff-student ratio. E.g. students may be informed that the event is a nut free event if a student attending has a nut allergy.
- Products labelled ‘may contain traces of nuts’ should not be served to students allergic to nuts. Likewise, products labelled ‘may contain milk or egg’ should not be served to students with milk or egg allergy and so forth.
- It is recommended to avoid providing food during DECV events. If provided, students should be advised that the food provided may contain allergens and should not be eaten by students at risk of anaphylaxis.
- School staff should consult parents/carers of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents/carers provide a meal (if required).
- Zak’s Cafe will display visual resources related to allergens which should not be eaten by students at risk of anaphylaxis. A disclaimer is to be displayed that warns customers that food
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purchased from the canteen may contain ingredients that have the potential to cause an anaphylactic reaction.

School Management and Emergency Response
Where possible, only DECV 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.

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).

DECV staff may use phones/personal mobile phones to raise the alarm by alerting Reception that a reaction has occurred, triggering other emergency response protocols. Reception will call an ambulance and nominate a nearby staff member to wait for ambulance at the DECV’s front entrance on Clarendon Street. The portable telephone located in Reception will be taken to the DECV staff attending to the student.

A member of the DECV 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 DECV 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.

<table>
<thead>
<tr>
<th>How to administer an EpiPen®</th>
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<tbody>
<tr>
<td>1. Remove from plastic container.</td>
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<tr>
<td>2. Form a fist around EpiPen® and pull off the blue safety cap.</td>
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<tr>
<td>3. Place orange end against the student's outer mid-thigh (with or without clothing).</td>
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<tr>
<td>4. Push down hard until a click is heard or felt and hold in place for 10 seconds.</td>
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<tr>
<td>5. Remove EpiPen®.</td>
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<tr>
<td>7. Massage injection site for 10 seconds.</td>
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<tr>
<td>8. Note the time you administered the EpiPen®.</td>
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<tr>
<td>9. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.</td>
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<tr>
<th>How to administer an AnaPen®</th>
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<tr>
<td>1. Remove from box container and check the expiry date.</td>
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<tr>
<td>2. Remove black needle shield.</td>
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<tr>
<td>3. Form a fist around AnaPen® and remember to have your thumb in reach of the red button, then remove grey safety cap.</td>
</tr>
<tr>
<td>4. Place needle end against the student's outer mid-thigh.</td>
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<tr>
<td>5. Press the red button with your thumb so it clicks and hold it for 10 seconds.</td>
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</table>
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6. Replace needle shield and note the time you administered the Anapen®.
7. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

If an Adrenaline Autoinjector is administered, the DECV must

1. **Immediately** 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 staff to move other students away and reassure them elsewhere.
4. In the situation where there is no improvement or **severe symptoms** 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. **The supervising teacher (or nominee) should** contact the student's emergency contacts as soon as practicable.
6. Contact Security Services Unit, Department of Education and Early Childhood Development to 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).

**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 DECV 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/carers. In the event of an anaphylactic reaction, students and DECV staff may benefit from post-incident counselling, provided by Student Wellbeing or the School Psychologist. In the event of an anaphylactic reaction, the DECV will evaluate its Anaphylaxis Management Policy in accordance with the response and the guidelines.

**Adrenaline Autoinjector for General Use**
An Adrenaline Autoinjector for General Use will be purchased by the DECV as a back up to those supplied by parents/carers. It is located in the Bursar’s office under the front counter in the side pocket of the green first aid backpack. The portable first aid kit for events such as excursions and camps also contains an Adrenaline Autoinjector for General Use. Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and are replaced at the DECV’s expense,
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Communication Plan
This section sets out a Communication Plan to provide information to all DECV staff, students and parents/carers about anaphylaxis and the School’s Anaphylaxis Management Policy.

Raising Staff Awareness
It is the responsibility of the Principal to ensure that relevant DECV staff are:
- trained; and
- briefed at least twice per calendar year

Raising student awareness
Student awareness is raised through fact sheets in newsletters or posters displayed in canteens, as well as on the permission form prior to the excursion or incursion. Teachers can discuss the topic with students in class, with a few simple key messages, outlined in the following:

<table>
<thead>
<tr>
<th>Student messages about anaphylaxis</th>
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<tbody>
<tr>
<td>1. Always take food allergies seriously – severe allergies are no joke.</td>
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<tr>
<td>2. Don’t share your food with friends who have food allergies.</td>
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<tr>
<td>3. Wash your hands after eating.</td>
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<tr>
<td>4. Know what your friends are allergic to.</td>
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<tr>
<td>5. If a school friend becomes sick, get help immediately even if the friend does not want to.</td>
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<tr>
<td>6. Be respectful of a school friend’s Adrenaline Autoinjector.</td>
</tr>
<tr>
<td>7. Don’t pressure your friends to eat food that they are allergic to.</td>
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Source: Be a MATE kit, published by Anaphylaxis & Allergy Australia.

Raising school community awareness
It is important to raise awareness about anaphylaxis in the school community 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/](http://www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/)

Staff Training
The DECV staff determined by the Principal (or nominee) will be appropriately trained. They will undertake the following training:
- an Anaphylaxis Management Training Course in the three years prior; and
- 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
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- the location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.

The briefing is conducted by a member of sub school leadership team who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

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 DECV staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

Annual Risk Management Checklist
The Principal or nominee will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations. A template of the Risk Management Checklist can be accessed on the DEECD website: http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx

Policy Review

<table>
<thead>
<tr>
<th>Author</th>
<th>Malcolm McIver</th>
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<tr>
<td>Date Reviewed</td>
<td>7th August 2014</td>
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<tr>
<td>Responsible for Review</td>
<td>Assistant Principal</td>
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<td>Review Date</td>
<td>August 2016</td>
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