

Rationale

This policy provides staff of Bayview College with guidelines to ensure the safety of themselves and the students in their care when dealing with members of the community who have an anaphylactic reaction. The policy acknowledges the duty of care owed by the school to the student, other students, staff and other people who access the school. Our Mission states that “We provide excellence in education within the context of Christian values, pastoral care and community” and as such high quality First Aid provision is necessary. The policy applies during the course of a normal school day and during school activities outside normal school hours.

This policy addresses Bayview College's obligation to comply with Ministerial Order 706 and Anaphylaxis Guidelines related to anaphylaxis management as published and amended by the DEECD.

Policy Statement

This policy sits under the First Aid Policy. The purposes of this policy are:

- To raise awareness about anaphylaxis and the School's anaphylaxis management policy through education, staff training and policy implementation to minimise the risk of a student having an anaphylactic reaction at school.
- To provide, as far as practicable, a safe & supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling

Teachers and staff members, as part of their general duty of care, are obligated to provide assistance to students who suffer from an anaphylactic reaction when necessary within the limits of their skill, expertise and training. Under the obligation of Ministerial Order 706 all staff are trained and have their skills regularly updated.

The Health Officer is responsible for ensuring that this training takes place on a regular basis, for all staff and volunteers. The Health Officer is also responsible for ensuring that the school has up-to-date Anaphylaxis management plans in place for all students known to have the condition, participating in the risk management process for students with known serious conditions.

Procedures for Implementation

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings and some medications.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens) and prevention of exposure to these triggers.

Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

A reaction can develop within minutes of exposure to the allergen, but with awareness, planning and training, a reaction can be treated effectively by using an adrenaline auto-injector called an [EpiPen®](#) injected into the muscle of the outer mid-thigh.

Bayview recognises that it is difficult to achieve a completely allergen free environment in a school context. Bayview is committed to adopting and implementing a range of procedures and risk minimisation strategies:

- To reduce the risk of a student having an anaphylactic reaction at school
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the School's policy & procedures to respond to an anaphylactic reaction.
- To ensure all staff members (teaching and non-teaching) are trained to respond appropriately if a student has an anaphylactic reaction.
- To have a communication plan in place which is available to staff, parents and students
- To facilitate communication between the School and families to ensure the safety and wellbeing of students at risk of anaphylaxis.
- Actively to involve parents/guardians of students at risk of anaphylaxis in assessing risks.
- To ensure that the location of EpiPens® is well known and appropriate.

Role of Bayview

The Principal will ensure the following measures are taken for students 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.
- Display an ASCIA generic poster called *Action plan for Anaphylaxis* in key locations throughout the School; in the staff room, and sick bay.
- Provide EpiPens® for general use as a back up to those provided by parents, considering the number of students at risk of anaphylaxis and their access to their own EpiPen®. These are stored in the first aid room for use in the school and taken on external school events as required.
- Ensure that EpiPens® for general use are checked regularly and replaced at the time of use or expiry, whichever comes first
- Organise the twice-yearly staff briefings and ensure all staff have completed the annual accredited anaphylaxis management training
- Organise for staff to undertake the practise of EpiPen® administration annually.
- Ensure that procedures are in place for informing casual relief teachers or volunteers of the:
 - students at risk of anaphylaxis
 - symptoms of an anaphylactic reaction
 - students' allergies
 - individual anaphylaxis management plans
 - location of the EpiPen® kits
- If reasonably practicable, ensure that casual relief teachers undertake relevant anaphylaxis training.

- Develop a communication plan, which is accessible by staff, students and parents and reviewed by staff upon induction and bi-annually thereafter.
- Inform parents at information sessions of the Bayview Anaphylaxis Management Policy and requirements for anaphylaxis action plans. Make parents aware of the Bayview Anaphylaxis Management Policy and requirements for anaphylaxis action plans. Provide access to the policy on request.
- Ensure that an anaphylaxis management action plan is provided to the School by parent / caregiver and has been signed by the student's registered medical practitioner. Record when the student's anaphylaxis action plan is provided. Record expiry date of the EpiPen®.
- Check that a complete EpiPen® kit is supplied for the student and is stored in a location (away from direct sources of heat) that is known to all staff and easily accessible to adults [but inaccessible to children].
- Display an ambulance contact card by telephones. Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the School, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide an anaphylaxis action plan signed by a registered medical practitioner.
- Ensure that a student's individual anaphylaxis action plan signed by a registered medical practitioner is inserted into the enrolment records for that student. This will outline the allergies and describe the prescribed medication for that student and the circumstances in which it should be used.
- Review this policy annually, completing a Risk Management Checklist.

Individual Anaphylaxis Management Plans

The Principal will ensure that an Individual Anaphylaxis Management Plan (IAMP) 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. This plan will be in place as soon as practicable after the student enrolls, and where possible before the 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 the school year, 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 provided by the parent that:
 - Sets out emergency procedures to be taken in the event of an allergic reaction
 - Is signed by a medical practitioner who was treating the child on the date of signing the ASCIA plan.

The IAMP will be reviewed:

- Annually

- If the student's medical condition, insofar as it related 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, or at a special event.

It is the responsibility of the parent to provide the emergency procedures plan (ASCIA Action Plan) and inform the school if the child's medical condition changes and, if relevant, provide an updated emergency procedures plan (ASCIA Action Plan).

Health Officer Role

Bayview will designate two school members to undertake the role of Health Officer (School Anaphylaxis Supervisors). A key role of the Health Officer will be to undertake competency checks on all staff that have successfully completed the online training course.

To qualify as a Health Officer, the nominated staff member(s) will need to complete an accredited short course conducted by the Asthma Foundation who been contracted by the Department to deliver training in the *Course in Verifying the Use of Adrenaline Autoinjector Devices*.

Schools will be notified of training sessions scheduled across Victoria and asked to [register two staff](#) per school or campus to attend. Training in this course is current for three years.

Registration for the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices* 22303VIC can be accessed from the Asthma Foundation by phone 1300 314 806 or by visiting: www.asthma.org.au

Schools will need to determine their own anaphylaxis training strategy and implement this for their school staff.

The Health Officer(s) will:

- ensure they have currency in the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices* 22303VIC (every 3 years) and the *ASCIA Anaphylaxis e-training for Victorian Schools* (every 2 years)
- ensure that they provide the principal with documentary evidence of currency in the above courses
- assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the *ASCIA Anaphylaxis e-training for Victorian Schools*
- send periodic reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to ensure records of the anaphylaxis training undertaken by all school staff are stored on-site at the school
- provide access to the adrenaline autoinjector (trainer) device for practice use by school staff
- provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required
- liaise with parents or guardians (and, where appropriate, the student) to manage and implement Individual Anaphylaxis Management Plans
- liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school

- lead the twice-yearly anaphylaxis school briefing
- develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency requiring anaphylaxis treatment. For example:
 - a bee sting occurs on school grounds and the allergic student is conscious
 - an allergic reaction where the student has collapsed on school grounds and the student is not conscious.
- develop similar scenarios for when staff are demonstrating the correct use of the adrenaline autoinjector (trainer) device.

Staff Training and Emergency Response

Bayview College requires all staff to be complete regular training in anaphylaxis management. Staff will complete the online training course which is accessed at:

<https://etrainingvic.allergy.org.au/> and then to complete this training staff will also be required to show the School Health Officer that they are able to appropriately and competently use an adrenaline autoinjector. This capability must be tested within 30 days of completion of the online training course. The designated Health Officer (and other staff as deemed necessary) will undertake an Anaphylaxis Management Training Course at least once every three years.

All staff will be briefed at least twice each academic year (with first briefing being held at the beginning of the school year) by a staff member who has current anaphylaxis management training on:

- The legal requirements as outlined in Ministerial Order 706
- 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, including pictures of the students at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
- The location of, and access to, adrenaline auto-injectors that have been provided by parents or purchased by the school for general use
- signs and symptoms of anaphylaxis
- ASCIA Anaphylaxis e-training
- ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen®
- How to use an auto adrenaline injecting device
- The School's first aid and emergency response procedures.
- on-going support and training.

When a student who is at risk of anaphylaxis commences at the school after training has occurred, staff will be briefed at the next weekly staff meeting. The Principal will develop an interim plan in consultation with parents, until an IAMP is developed. When a new staff member is employed who has not been trained, they will be briefed as part of their induction process on which students are at risk of anaphylaxis, and will be required to familiarise themselves with the anaphylaxis policy and communication plan. They will be briefed by the designated Health Officer in anaphylaxis management and receive full anaphylaxis training at the next annual staff training session or next available external training session, whichever occurs first.

Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend or give instruction to students at risk of anaphylaxis must have current training in an anaphylaxis management training course.

At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, it must be ensured that there is a sufficient number of staff present who have current training in anaphylaxis management.

Role of staff responsible for the student at risk of anaphylaxis

- Ensure that a copy of the student's ASCIA anaphylaxis action plan is visible to all staff.
- Regularly check and record the EpiPen® expiry date.
- Ensure sufficient supply of school owned EpiPens for general use and camp provision.
- Check that a copy of the student's anaphylaxis management plan is also stored with the EpiPen® kit.
- Follow the student's anaphylaxis action plan in the event of an allergic reaction.
- Where a student who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
 - Call an ambulance immediately by dialling 000.
 - Commence first aid measures.
 - Contact the parent / guardian or person to be notified in the event of illness if parent / guardian cannot be contacted.
- Encourage no food sharing: The practice where the student at risk of anaphylaxis eats only that food that is supplied or permitted by the parent / guardian, and does not share food with, or accept other food from any other person.
- Ensure that the EpiPen® kit for each student at risk of anaphylaxis is carried by a trained adult on excursions that this student attends.

It is the responsibility of the Parent / Caregiver to:

- Inform Principal in writing that their child is at risk of Anaphylaxis [on enrolment or on diagnosis of their child's condition.]
- Provide the ASCIA Action Plan, including an up-to-date photo, signed by a registered medical practitioner giving written consent to use the EpiPen® in line with this action plan.
- Read and be familiar with the School's Anaphylaxis Management Policy.
- Notify the School in writing of any advice from medical practitioner.
- Provide a complete EpiPen® kit to School.
- Ensure EpiPen® is clearly labelled with student's name and not out of date.
- Replace EpiPen® when it expires or upon being informed by staff that it has been used.
- Notify staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- Assist staff by offering information and answering any questions regarding their child's allergies.
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of their child.
- Encourage their child to have a "no food sharing" approach i.e. the practice where the student at risk of anaphylaxis eats only that food that is supplied or permitted by the parent

and/or guardian, and does not share food with, or accept other food from any other person.

Communication Plan

At the time of enrolment or upon diagnosis the Year Level Coordinator is informed of the medical needs of all students with anaphylaxis. An IAMP is put in place as soon as practicable upon diagnosis, or before their first day of school.

The management plan includes:

- Specifics of the allergy as determined by a medical practitioner
- Strategies to minimise the risk of exposure to allergens for in-school and out-of-school settings
- Student emergency contact details
- Information on medication storage and access

An EpiPen® is provided by the parent, and is stored in the first aid room at the school, in the medication cupboard and is available for use by the student.

All staff (teaching, non-teaching and Casual Relief Teachers) are trained in the administration of first aid relating to Anaphylaxis. Staff are briefed routinely twice per calendar year, and additionally as circumstances require. e.g. Enrolment of a new student at risk of anaphylaxis.

At School

In the event of an anaphylactic reaction at school:

The staff member present will stay with the student who is experiencing the reaction, bringing them to the first aid room, or sending a student to alert administration staff, depending on the severity of the reaction. The student's IAMP will be implemented immediately.

Excursions and camps

When leaving the school for any event, the teacher-in-charge will consult with the Health Officer to identify any student with anaphylaxis. The First Aid Coordinator will provide a copy of the student's IAMP and the EpiPen®.

In the event of an anaphylactic reaction away from the school:

- The teacher-in-charge will immediately implement the student's IAMP, call an ambulance and notify the school.
- The Principal will be notified immediately, who will arrange for the parents/guardians to be notified without delay.

Post-incident Action

It is expected that after an incident has occurred and has been resolved that staff members involved will:

- Complete an incident/accident report
- Collect the student's personal effects (if transported by ambulance) and return them to the school
- Debrief students directly involved as witnesses to the event
- Debrief other staff involved
- Communicate with the Principal actions taken and outcomes

The Principal will follow-up with parents/guardians after the event to ensure medical advice is received. The Principal and First Aid Coordinator will review the student's IAMP and implement any updated risk prevention strategies if necessary.

Associated Documentation

First Aid Policy

Medication Dispensing Policy

Pastoral Care Policy

Anaphylaxis Management Plan

Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian schools, July 2017

Definitions

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and / or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (student pale or floppy), or cessation of breathing.

Ambulance contact card: A card that the School has completed, which contains all the information that the Ambulance Service will request when phoned on 000.

Anaphylaxis: A severe, rapid, and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

Anaphylaxis Management plan: A medical management plan prepared and signed by a registered medical practitioner in consultation with the student's parents / guardian providing the student's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. See attached action plan for Anaphylaxis from the Australian Society of Clinical Immunology and Allergy (ASCI).

Children at risk of anaphylaxis/students at risk of anaphylaxis: Those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

EpiPen®: A device containing a single dose of adrenaline, delivered via a spring-activated needle which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPenJr® and are prescribed according to the child's weight. The EpiPenJr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

EpiPen® Kit: An insulated container, for example an insulated lunch pack. The kit should contain a current EpiPen®, a copy of the student's anaphylaxis plan, and telephone contact details for the student's parents / guardians, the doctor / medical service and the person to be notified in the event of a reaction if the parent / guardian cannot be contacted. If prescribed an antihistamine may be included in the kit. EpiPens® are stored away from direct heat.

Nominated staff member: A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the School. This person also checks the EpiPen® is current, the EpiPen® kit is complete and leads staff practise sessions after all staff have undertaken anaphylaxis management training.

No food sharing: The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent / guardian, and does not share food with, or accept food from another person.

Risk minimization: A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as practicable, major sources of the allergen from the School.

Risk minimization plan: A plan specific to the School that specifies each student's allergies. The plan should be developed by the families of the students and the staff at the school and should be reviewed at least annually, but always upon enrolment or diagnosis of each student who is at risk of anaphylaxis.

**Definitions adapted from Kindergarten Parents Victoria Anaphylaxis policy 2006 and the Anaphylaxis model policy (revised July 2008) published by the Victorian Government, Department Education and Early Childhood Development.*

References and Acknowledgements

Anaphylaxis Australia Inc

Royal Children's Hospital

Ministerial Order 706 Anaphylaxis Management in Schools

www.sofweb.vic.gov.au

Department of Human Services

The Department of Education and Early Childhood Development

<http://www.education.vic.gov.au/school/principals/health/pages/anaphylaxisschools.aspx>

http://www.rch.org.au/clinicalguide/guideline_index/Anaphylaxis/