

# Anaphylaxis policy

## PURPOSE

Melbourne Archdiocese Catholic Schools Ltd (MACS), and the schools it governs and operates, strive to be communities of faith, hope and love where the wellbeing and interests of all students is foremost. We have a responsibility to provide a safe, work environment for all members of our school community. We have a particular duty of care for the safety of our students. It is important, therefore to identify the arrangements and procedures for the management of students who are at risk of anaphylaxis in our schools.

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Schools must will comply with Ministerial Order 706 and the Guidelines in Anaphylaxis Management in Schools (DET), and with amendments made to these Guidelines from time to time. Appropriate resources and training must be in place in each school or workplace to meet the needs of staff, students and others in the workplace or school or involved in school approved activities, including those activities that take place off site or out of school hours.

## RELEVANT LEGISLATION

### [Children's Services and Education Legislation Amendment \(Anaphylaxis Management\) Act 2008 \(Vic\)](#)

On 14 July 2008, the Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008 came into effect amending the Children's Services Act 1996 and the Education and Training Reform Act 2006 requiring that all licensed children's services and schools have an anaphylaxis management policy in place.

### [Ministerial Order 706](#) (updated on 3 December 2015)

Ministerial Order 706 — Anaphylaxis Management in Victorian schools outlines points that schools need to ensure are included in their anaphylaxis management policy. A revised Ministerial Order 706 came into effect on 3 December 2015.

## SCOPE

This policy applies to:

- All staff, including casual relief staff and volunteers
- All students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction and
- Their parents, guardians and/or carers

## DEFINITIONS

**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, lupin and certain insect stings (particularly bee stings).

**Autoinjector** is a medical device designed to deliver a dose of a particular drug.

**Ministerial Order 706** - Anaphylaxis Management in Victorian Schools outlines points that schools must ensure are included in their Anaphylaxis Management Policy.

## PRINCIPLES

MACS schools will:

- Engage with parents/guardians/carers of students affected by anaphylaxis in developing a management plan
- Ensure that the management of student health records complies with the Health Records Act and the Privacy policy
- Assist student with the administration of prescribed medication or health care procedures where this support cannot reasonably be undertaken by the students themselves
- Ensure that each staff member has adequate knowledge about anaphylaxis, the potential triggers and the policy and procedures in responding to a student's anaphylactic episode.

## POLICY

### 1. Individual Anaphylaxis Management Plans

Principals are responsible for ensuring all students who have been diagnosed by a medical practitioner as being at risk of anaphylaxis have an Individual Anaphylaxis Management Plan (the Plan) developed in consultation with the student's parents, guardians and/or carers. These plans will be updated:

- Annually
- When the student's medical condition changes
- As soon as possible after a student has an anaphylactic reaction at school
- When a student is to participate in an off-site excursion or special event organised or attended by the school.

The Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of school. An Interim management Plan will be put into place for a student who is diagnosed with anaphylaxis after enrolment at the school until the Plan is developed. The principal will develop the interim Plan in consultation with parents. Training and a briefing will occur as soon as possible after the interim plan is developed.

The Individual Anaphylaxis Management Plan will record:

- Student allergies
- Locally relevant risk minimisation and prevention strategies
- Names of people responsible for implementing risk minimisation and prevention strategies
- Storage of medication
- Student emergency contact details
- Student Australian Society of Clinical Immunology and Allergy (ASCIA) action plans

Individual Anaphylaxis Management Plans will be updated if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

See Anaphylaxis Support Resource 1: Example of Individual anaphylaxis management plan

## 2. Risk Minimisation and Prevention Strategies

The anaphylaxis management policy must include prevention strategies to be used by the school to minimise the risk of a student suffering an anaphylactic reaction.

The principal will determine who is responsible for the implementation of risk minimization and prevention strategies. The selected risk minimisation strategies must be specified in the school anaphylaxis management policy.

Principals will ensure that the risk minimisation strategies will be in place for all on site and off site school settings and activities including:

- During classroom activities
- Between classes and other breaks
- During recess and lunchtimes
- Before and after school
- At special events including incursions, excursions, camps and school organised activities.

A risk assessment checklist is available on CEVN and in Asthma Support Resource .

Principals, or their delegate, will complete an annual risk management checklist. See Appendix 3.

Parents/carers must assist the school in managing the risk of anaphylaxis by:

- ❑ Communicating with the school about their child's allergies and risk of anaphylaxis at the earliest opportunity in writing and preferably at time of enrolment.
- ❑ Continue to communicate with staff about their child's medical condition and risk factors.
- ❑ Obtain and provide the school with an ASCIA Action Plan, with current photo, for Anaphylaxis completed by a Medical practitioner.
- ❑ Immediately inform the school in writing if there is a change in their child's medical condition related to allergy, providing up-to-date information including a new action plan.
- ❑ Ensure their child has a current, in-date adrenaline autoinjector at school at all times.
- ❑ Participate in annual reviews of their child's individual anaphylaxis management plan.

## 3. Register of Students at risk of anaphylactic reactions

The principal will nominate a staff member to maintain an up-to-date register of students at risk of anaphylactic reaction. This information will be shared with all staff and accessible to all staff in an emergency.

## 4. Location of Plans, storage and accessibility of autoinjectors (Epipens)

The location of individual anaphylaxis management plans and ASCIA plans during on-site normal school activities and during off-site activities will be known to staff so they are accessible in an emergency.

It is the responsibility of the principal to purchase autoinjectors for the school for general use:

- as a back up to autoinjectors that are provided for individual students by parents,
- in case there is a need for an autoinjector for another patient who has not previously been diagnosed at risk of anaphylaxis.

The Principal determines the number of additional autoinjector(s) required. In doing so, the Principal should take into account the following relevant considerations:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis, including those with an ASCIA Action Plan for allergic reactions (they are potentially at risk of anaphylaxis)
- the accessibility of autoinjectors (and the type) that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis
- the availability and sufficient supply of autoinjectors for general use in specified locations at the school including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school and
- that autoinjectors for general use have a limited life, and will usually expire within 12-18 months, and will need to be replaced at the school's expense either at the time of use or expiry, whichever is first.

The Principal will need to determine the type of autoinjector to purchase for general use. In doing so, it is important to note the following:

- autoinjectors available in Australia are EpiPen® and EpiPen Jnr®
- autoinjectors are designed so that anyone can use them in an emergency.

#### **4.1 When to use an Autoinjector for general use**

Autoinjectors for general use will be used when:

- a student's prescribed autoinjector does not work, is misplaced, out of date or has already been used; or
- when instructed by a medical officer after calling 000

First time reaction to be treated with adrenaline before calling 000.

*RCH help desk advise that you do not require permission or advice, this only delays the administration of adrenaline – if in doubt, give autoinjector as per ASCIA Action Plans.*

## **5. Emergency response to anaphylactic reaction**

In an emergency anaphylaxis situation the student's ASCIA Action Plan, the emergency response procedures in this policy and general first aid procedures of the school must be followed.

The principal must ensure that when a student at risk of an anaphylactic reaction is under the care or supervision of the school outside normal class activities, such as in the school yard, on camps or excursions or at special events conducted, organised or attended by the school, there are sufficient staff present who have been trained in accordance with MO 706.

Details of the location of Individual Anaphylaxis Management Plans and ASCIA Plans within the school, during excursions, camps and special events conducted, organised or attended by the school must be communicated to staff

All staff are to be familiar with the location and storage and accessibility of autoinjectors in the school, including those for general use.

The principal must determine how appropriate communication with school staff, students and parents is to occur in event of an emergency about anaphylaxis.

Copies of the emergency procedures are prominently displayed in the relevant places in the school, for example, first aid room, classrooms and in/around other school facilities, including the canteen.

## Emergency Response to anaphylactic reaction

In all situations

1. If safe to do so, lay the person flat, do not allow patient to stand or walk.
2. If breathing is difficult allow patient to sit
  - Be calm, reassuring
  - Do not leave them alone
  - Seek assistance from another staff member or reliable student to locate the autoinjector or a general use autoinjector, and the student's Individual Anaphylaxis Management Plan
  - If the student appears to be experiencing a first time reaction, continue with steps 2 – 6.
3. Administer prescribed adrenaline autoinjector or EpiPen– note the time given and retain used EpiPen to give ambulance paramedics
4. Phone ambulance 000 (112 – mobile)
5. If there is no improvement or severe symptoms progress, further adrenaline doses may be given every five minutes (if another autoinjector is available)
6. Phone family/emergency contact

**If in doubt, give autoinjector.**

**If the student has not been previously diagnosed with an allergy or at risk of anaphylaxis but appears to be having a severe allergic reaction, follow Steps 2-6 above.**

## 6. Staff training

In compliance with Ministerial Order 706, it is recommended that all Victorian school staff undertake the Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training course and have their competency in using an autoinjector tested in person within 30 days of completing the course. Staff are required to complete this training every two years.

School staff must undertake training in anaphylaxis management if they:

- Conduct classes attended by students with a medical condition related to allergy and the potential for anaphylactic reaction

- Are specifically identified and requested to do so by the principal based on the principal's assessment of the risk of an anaphylactic reaction occurring while a student is under that staff member's care, authority or supervision.

Schools are encouraged to consider whether casual relief teachers and volunteers should also undertake training. Include information about how this is done.

School staff must:

- Successfully complete an anaphylaxis management training course (either online or face to face)
- Participate in the school's twice yearly briefings conducted by the school's anaphylaxis supervisor or another person nominated by the principal, who has completed an approved anaphylaxis management training program in the past two years.

A range of training programs are available and schools need to determine their own anaphylaxis training strategy and implement this for their own staff. Each school must ensure that their staff are adequately trained and that a sufficient number of staff are trained in the management of anaphylaxis.

It is recommended that principals identify two staff per school or campus to become School Anaphylaxis Supervisors. A key role will be to undertake competency checks on all staff who have successfully completed the online training course. To qualify as a School Anaphylaxis Supervisor, the nominated staff members will need to complete an accredited short course that teaches them how to conduct a competency check on those who have completed the online training course.

See Appendix 4 for list of training programs and the conditions required to maintain currency.

### **6.1 Staff Briefing**

The principal is responsible for ensuring that twice yearly anaphylaxis management briefings, with one briefing held at the start of the year, will be conducted by staff who have completed an Anaphylaxis Management Course in the last two years. The briefing will include information about the following:

- the school's anaphylaxis management policy
- causes, symptoms and treatment of anaphylaxis
- identities of students at risk of anaphylaxis, details of their medical condition and location of their medication
- how to use an auto injector, including practising with a trainer auto injector
- the school's general first aid and emergency responses
- location of and access to auto injectors that have been provided by parents or purchased by the school for general use

It is recommended that all school staff are briefed on a regular basis about anaphylaxis and the school's anaphylaxis management policy.

## **7. Anaphylaxis communication plan**

The Principal is responsible for ensuring 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.

This communication plan must include strategies for advising school staff, students and parents about how to respond to an anaphylaxis reaction of a student in various environments:



- during normal school activities, including in a classroom, in the school yard, in all school buildings and sites
- during off-site or out of school activities such as excursions, camps and special events conducted, organised or attended by the College

The communication plan must include procedures to inform volunteers and casual relief staff of students at risk of anaphylaxis and their roles in responding to an anaphylactic reaction of a student in their care.

## 8. Procedures

Schools must provide the actions and procedures to be undertaken in the school to ensure that the requirements of the MACS policy are enacted.

### 1. Risk minimisation and prevention strategies

Develop and provide the school's risk minimisation and prevention strategies and procedures for:

- ☐ identifying students at risk within the school community (eg on roll, photographs, intranet etc)
- ☐ Classrooms – eg food technology, art, science
- ☐ Canteens
- ☐ Events including camps and excursions

Determine who will complete the annual risk assessment, when this will be undertaken

Determine communication plan

### 2. Register of students with anaphylaxis

- ☐ How this information will be recorded, what will be included
- ☐ Where it is located and
- ☐ Who will maintain and update the register

### 3. Location, storage and accessibility of autoinjectors (EpiPen)

- ☐ Where the plans and EpiPen's will be located – student and those for general use
- ☐ Procedures for camps, excursions and special activities

### 4. Emergency Response

- ☐ Complete and up-to-date list of students identified at risk of anaphylaxis and where this is located
- ☐ Details of Individual Anaphylaxis Management Plans and ASCIA action plans and their locations within the school and during off site activities or special events
- ☐ Location and storage of autoinjectors, including those for general use
- ☐ How appropriate communication with staff, students, parents is to occur

### 5. Staff training

- ☐ Expectations in the school for training and how this will be done.
- ☐ How the records of training will be maintained and by whom.
- ☐ Who are the anaphylaxis supervisors in the school

### 6. Communication plan

Outline the practices within the school for the following

- ❑ Raising staff awareness – arrangements for twice yearly briefing, regular briefings, induction of new staff, CRT staff, etc.
- ❑ Raising student awareness – Use of fact sheets, posters with messages about anaphylaxis, peer support, etc.
- ❑ Working with parents – developing open, cooperative relationships with parents, how information will be shared; requesting and updating medical information
- ❑ Methods for raising school community awareness – eg. Newsletter, website, information nights, assemblies

### **ANAPHYLAXIS SUPPORT RESOURCES**

Anaphylaxis Support Resource 1: Individual Anaphylaxis Management Plan

Anaphylaxis Support Resource 2: Risk Assessment Checklist for camps, excursions, etc.

Anaphylaxis Support Resource 3: Annual risk assessment checklist

### **RELATED POLICIES –**

Asthma Management Policy

Emergency Management Plan

First Aid Policy

Distribution of Medicines Policy



