Dimboola Memorial Secondary College
ANAPHYLAXIS MANAGEMENT POLICY

Rationale: Revised Ministerial Order 706 – Anaphylaxis Management in Victorian Schools

Aims:
Dimboola Memorial Secondary College will fully comply with the Revised Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

Implementation:

Individual Anaphylaxis Management Plans

1. The Principal will ensure that an Individual Anaphylaxis Management Plan (see appendix for sample) 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.

2. The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrols, and where possible before their first day of school.

3. 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 provided by the parent

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

5. The student’s Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student’s Parents in all of the following circumstances:
   - Annually;
   - If the student’s medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
   - As soon as practicable after the student has an anaphylactic reaction at School; and
   - When the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (e.g. class parties, elective subjects, cultural days, fetes, incursions).

6. It is the responsibility of the Parents to:
   - Provide the ASCIA Action Plan;
   - Inform the School in writing if their child’s medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
• Provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
• Provide the School with an Adrenaline Auto injector that is current and not expired for their child.

Prevention Strategies
Dimboola Memorial Secondary College will put prevention strategies in place for all relevant in-school and out-of-school settings, which include (but are not limited to) the following:

- During classroom activities (including class rotations, specialist and elective classes);
- Between classes and other breaks;
- In canteens;
- During recess and lunchtimes;
- Before and after school; and
- Special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

The prevention strategies include:

- Ensuring the appointment of an appropriately qualified Anaphylaxis Training Supervisor.
- Running Anaphylaxis Information and Management Briefings twice per year. (Beginning of Sem 1 and Sem 2.)
- All staff to undertake the ASCIA Anaphylaxis e-training every 2 years and School Anaphylaxis Supervisors must update their Verifying the Correct Use of Adrenaline Autoinjector Devices every 3 years.
  
  [https://etrainingvic.allergy.org.au/](https://etrainingvic.allergy.org.au/)

- Ensuring all teaching staff are aware of the trigger allergens for each student.
- Ensuring volunteers and CRT staff are informed upon arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.
- Ensuring students and parents are aware of anaphylaxis symptoms and procedures.
- Ensuring that at all times while the student is under the care of the school, including excursions, yard duty, camps and special event days, there are sufficient staff present who have up to date training and know how to recognise and treat anaphylaxis.
- Ensuring that the school’s first aid procedures and the student’s ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

Other prevention strategies

<table>
<thead>
<tr>
<th>Setting</th>
<th>Strategies</th>
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<tbody>
<tr>
<td>School</td>
<td>• A copy of the student’s management plan will be clearly displayed and accessible in the General Office, the work staffroom and the social staffroom.</td>
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<td>• Medications including EpiPens® and Anapens will be stored in the First Aid Office</td>
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<td>• The school community will be made aware of the school’s anaphylaxis policy through newsletter articles</td>
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<td>Classroom</td>
<td>• Liaise with parents/guardians about food related events ahead of time</td>
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<td>• Use non-food treats if possible or supply alternative treats. Treats for other students should aim to minimise known allergens</td>
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<td>• Be aware of hidden allergens in food technology, art and science classes e.g. egg cartons</td>
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</table>
- Ensure regular reminders are given to students about the importance of hand washing and not sharing food
- Ensure CRT staff are familiar with the ASCIA plan

| Yard | • Ensure bins are covered to prevent insects  
• Ensure yard duty teachers wear the high visibility vests  
• Ensure yard duty teachers are aware of first aid responses  
  - Identify the incident  
  - Stay with patient  
  - Send two students to office to report anaphylactic incident  
  - Office staff to alert Principal or person in charge, collect medication and/or EpiPens® and deliver to incident site, then administer the EpiPens®  
  - Principal or senior person in charge to attend incident, call 000, as soon as practicable, inform family |

| On-site events | • Inform all parents in advance about foods that may cause allergic reactions  
• Ensure staff trained in anaphylaxis are present at the event |

| Off-site events | • Ensure students ASCIA plan and EpiPens® are signed out  
• Ensure emergency services can be contacted  
• Ensure trained staff are accompanying the student and that all staff are aware if there is a student at risk of anaphylaxis present  
• Ensure all staff know who the teacher in charge is  
• Ensure the teacher in charge has discussed in advance any issues that may arise if off site meals are to be consumed  
• Discuss whether parents/guardians of primary children should accompany the student on the off-site event  
• Consider the potential exposure to allergens when food is consumed on buses |

| Off-site remote events | • Develop a risk management plan in consultation with the parent/guardian  
• Inform any off site staff of students with food allergies  
• Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals  
• The student's adrenaline auto injector, ASCIA Action plan and a mobile phone must be taken on camp  
• Anaphylaxis trained staff must accompany the student on camp and all staff must be aware there is a student at risk of anaphylaxis  
• Ensure all staff know who the teacher in charge is  
• The auto injector must be with the student at all times |
School Management and Emergency Response

Procedures for emergency response to anaphylactic reactions:

- 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 will be displayed in the office.

- Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans will be displayed:
  - In the General Office, the work staffroom, social staffroom for all students and in the Sick Bay areas.

- Information about the storage and accessibility of Adrenaline Auto injectors;
  - These are kept in the General Office.

- How communication with School Staff, students and Parents is to occur in in accordance with a communications plan:
  - The student wellbeing coordinator or school nurse will oversee all communications

In the case of an anaphylactic reaction staff will: **Onsite**

- Identify the incident
- Stay with patient
- Send two students to office to report anaphylactic incident
- Office staff to alert Principal or person in charge, collect medication and/or EpiPens®, and deliver to incident site, then administer the EpiPens®

Principal or senior person in charge to attend incident, call 000, as soon as practicable, inform family

*These actions conform to the usual Dimboola Memorial Secondary College emergency response for general first aid or emergency responses.*

In the case of an anaphylactic reaction staff will: **Offsite (camps/ excursions)**

- Identify the incident
- Stay with the patient
- Contact the teacher-in-charge, then alert the Principal
- Locate the medication and/or EpiPens®, then administer the EpiPens®
- Call 000, as soon as practicable, inform family

**Adrenaline Auto injectors for General Use**

The Principal will purchase Adrenaline Auto injector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents.

The Principal will determine the number of additional Adrenaline Auto injector(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 Auto injectors 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 Auto injectors 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 Auto injectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School’s expense, either at the time of use or expiry, whichever is first.
Communication Plan
All parents must complete the student enrolment forms upon first enrolment at Dimboola Memorial Secondary College. Any student at risk of anaphylaxis will be identified and the student wellbeing coordinator will contact the parent or guardian to confirm the ASCIA Action Plan and develop the Anaphylaxis Management Plan in conjunction with the Principal or Assistant Principal. The student will be added to the list of anaphylactic students and this will be communicated to all staff before the student starts school.

The Principal will
- Ensure volunteers and CRT staff are informed upon arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.
- Mandate that all staff undertake anaphylaxis training and ensure all staff are reminded each semester about anaphylaxis procedures.
- Ensure students and parents are aware of anaphylaxis symptoms and procedures via information in the newsletter and classroom activities that include reminders about washing hands and not sharing food, and a general response to all first aid or emergency incidents.

The Principal will ensure that relevant School Staff are:
- Trained; and briefed at least twice per calendar year.

Staff Training
The following School Staff will be appropriately trained:
- All school teaching and integration staff
- Any further staff as deemed appropriate

The identified School Staff will undertake the following training:
- The ASCIA – Victorian Schools online training modules; 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 Auto injector, including hands on practise with a trainer Adrenaline Auto injector device;
  - The School’s general first aid and emergency response procedures; and
  - The location of, and access to, Adrenaline Auto injectors that have been provided by Parents or purchased by the School for general use.

A member of School Staff who has successfully completed the ASCIA, Anaphylaxis Management Training Course in the last 12 months will conduct the briefing.

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 enrols, 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.

Evaluation
Annual Risk Management Checklist
The Principal and Anaphylaxis Training Manager will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

This policy was last ratified by School Council in.... March 2016
This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent.

It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

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<thead>
<tr>
<th>School</th>
<th>Phone</th>
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<tr>
<td>Student</td>
<td>Year level</td>
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**Severely allergic to:**

**Other health conditions**

**Medication at school**

**EMERGENCY CONTACT DETAILS (PARENT)**

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<tr>
<th>Name</th>
<th>Relationship</th>
<th>Home phone</th>
<th>Work phone</th>
<th>Mobile</th>
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**EMERGENCY CONTACT DETAILS (ALTERNATE)**

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**Medical practitioner contact**

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<th>Phone</th>
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**Emergency care to be provided at school**

**Storage for Adrenaline Auto injector (device specific) (EpiPen®/ Anapen®)**
## ENVIRONMENT

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

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<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
<th>Completion date?</th>
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ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) ........................................
  Dose: ........................................................................................................
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION

1 Lay person flat. Do not allow them to stand or walk.
   If breathing is difficult allow them to sit.
2 Give EpiPen® or EpiPen® Jr
3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
4 Phone family/emergency contact
5 Further adrenaline doses may be given if no response after
   5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST,
then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.
ACTION PLAN FOR Anaphylaxis

For use with Anapen® Adrenaline Autoinjectors

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out stinger if visible. Do not remove ticks.
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed) ...........................................
  Dose: ..............................................................
- Phone family/emergency contact

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Note: This is a medical document that can only be completed and signed by the patient’s
 treating medical doctor and cannot be altered without their permission.
This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- Annually;
- If the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- As soon as practicable after the student has an anaphylactic reaction at School; and
- When the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (e.g. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.
I consent to the risk minimisation strategies proposed.
Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent:  
Date:  

I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

Signature of Principal (or nominee):  
Date:  