

## **Student Care, Safety and Welfare: Anaphylaxis Management Policy and Procedure**

Advance College of Education (ACE) provides First Aid coverage for all students and staff throughout the year, and ensures that a safe environment is provided to all. Prevention of injury and illness is of paramount importance to providing a safe and healthy environment for all students, staff, parents, and visitors. Emergency first aid and arrangements for ill students are detailed in the *ACEP26 First Aid and Arrangements for Ill Students*.

### **School Statement**

ACE will abide and comply at all times with Ministerial Order 706 and the associated Guidelines on Anaphylaxis management as published and updated by the Department of Education and Training from time to time. The Principal will be responsible for the annual (or after a relevant incident) maintenance and review of this Policy.

This policy should be read in conjunction with the following policies and procedures: *ACEP32 Student Care, Safety and Welfare: Health Care Needs Policy and Procedure*, *ACEP8 Student Care, Safety and Welfare: Administering Medications Policy and Procedure*, *ACEP26 Student Care, Safety and Welfare: First Aid and Arrangements for Ill Students Policy and Procedure*.

### **Communication Plan**

The Principal is responsible for ensuring that this Policy and Procedure is communicated to staff, volunteers, students and parents. The Policy and Procedure is located on the College's server (Drive K) for staff access and on the College's Website for parent/student access. References to it on the website, will be made regularly in the College's Newsletter for parents, carers and students. The Staff and Student's Handbooks provided to all staff, volunteers, parents/carers and students also provide reference to the *ACEP13 Anaphylaxis Management Policy and Procedure*.

The Principal is responsible for ensuring staff will be briefed on the Policy and Procedure, and advised of students at risk of an anaphylactic reaction, at the start of Terms One and Three (See Training and Briefing Section). The Principal is also responsible to ensure staff subject to anaphylaxis training are appropriately trained.

Complementing the broad distribution and briefing of the ACEP13 Policy and Procedure, the College advises staff, students and parents/carers how to respond to an anaphylactic reaction on campus by having, at each campus, a number of A4 size *ASCIA First Aid Plan for Anaphylaxis (ORANGE) 2021 EpiPen®* posters, prominently displayed with clear instructions on how to respond to an anaphylactic reaction. Off-campus activities will have a number of laminated A4 size *ASCIA First Aid Plan for Anaphylaxis (ORANGE) 2021 EpiPen®* posters with clear instructions on how to respond to an anaphylactic reaction that are easily accessible eg in first Aid Kit, in travel kit on bus. All volunteers and casual relief staff, prior to their commencement, will be provided with a list of students in their care that are at risk of an anaphylactic reaction. They will also be provided with a copy of the *ASCIA First Aid Plan for Anaphylaxis (ORANGE) 2021 EpiPen®*

### **Individual Anaphylaxis Management Plans**

The Principal is responsible for ensuring that an Individual Anaphylaxis Management Plan is completed, 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 is to be implemented as soon as practicable after the student enrolls and where possible before their first day of school.

The Anaphylaxis Management plan is to provide the following key information;

- 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.

The College will implement and monitor the student's Individual Anaphylaxis Management Plan and review annually or, in consultation with the student's parents in all of the following circumstances:

- Annually;
- If the student's medical condition, in so far 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 to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. Sports carnivals, elective subjects, cultural days).

It is the responsibility of the parents to:

- Provide the College with a current ASCIA Action Plan;
- Inform the School in writing if their child's medical condition, in so far 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 Autoinjector that is current and not expired for their child.

### **Prevention Strategies**

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. Anaphylaxis should be treated as a medical emergency, requiring immediate treatment. Anaphylaxis occurs after exposure to an allergen (usually to foods, insect stings or medicines), to which a person is already extremely sensitive. It results in potentially life threatening symptoms.

Section 4.3.1(6)(c) of the Act applies to all Victorian Schools (government, Catholic and independent), and prescribes the circumstances under which a School is required to have a School Anaphylaxis Management Policy containing the matters required by the Order. Under the Order, a School's Policy must include prevention strategies used by the College to minimise the risk of an anaphylactic reaction. College Staff are reminded that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The development and implementation of appropriate prevention strategies to minimise the risk of incidents of anaphylaxis is an important step to be undertaken by College Staff when trying to satisfy this duty of care.

### **Classrooms**

- Liaise with parents about food-related activities ahead of time.
- 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.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- 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.
- 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.
- 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).
- Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- A designated staff member should inform casual relief 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 Auto injector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident -eg seeking a trained staff member.
- 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.

- 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.

### **School Yard**

- If a School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Auto injector (i.e. EpiPen® / Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
- The Adrenaline Auto injector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes).
- Schools must 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 may include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be 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.
- Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
- Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should 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.
- Keep lawns and clover mowed and outdoor bins covered.
- Students should keep drinks and food covered while outdoors.

### **Special Events (e.g. sporting events, incursions, class parties, etc.)**

- If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Auto injector to be able to respond quickly to an anaphylactic reaction if required.
- School Staff should avoid using food in activities or games, including as rewards.
- For special occasions, School Staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
- 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.
- Party balloons should not be used if any student is allergic to latex.

### **Field trips/excursions/sporting events**

- If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Auto injector and be able to respond quickly to an anaphylactic reaction if required.
- A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Auto injector must accompany any student at risk of anaphylaxis on field trips or excursions.
- School Staff should avoid using food in activities or games, including as rewards.
- The Adrenaline Auto injector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and School Staff must be aware of their exact location.
- 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.

- 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).
- 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.
- 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.

### **Camps and Remote Settings**

- Prior to engaging a camp owner/operators services the School should 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.
- 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.
- 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.
- Schools should 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.
- 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.
- 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.
- Use of substances containing allergens should be avoided where possible.
- 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.
- The student's Adrenaline Auto injector, 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.
- 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.
- 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.
- Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
- Schools should consider taking an Adrenaline Auto injector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
- Schools should consider purchasing an Adrenaline Auto injector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
- The Adrenaline Auto injector should remain close to the student and School Staff must be aware of its location at all times.
- The Adrenaline Auto injector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Auto injector 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 Auto injector.

- 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.
- Cooking and art and craft games should not involve the use of known allergens.
- Consider the potential exposure to allergens when consuming food on buses and in cabins.
- Review and consider the strategies listed under “Field Trips/Excursions/Sporting Events” and “Camps and Remote Settings”. Where an excursion or camp is occurring overseas, Schools should involve parents in discussions regarding risk management well in advance.

## **Work Experience**

- The College will involve parents, the student and the employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. Staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the Adrenaline Auto injector in case the work experience student shows signs of an allergic reaction whilst at work experience.
- It is important to note that it is not recommended that banning of food or other products is used as a risk minimisation and prevention strategy. The reasons for this are as follows:
  - It can create complacency among staff and students;
  - It does not eliminate the presence of hidden allergens; and
  - It is difficult to "ban" all triggers (allergens) because these are not necessarily limited to peanuts and nuts. Triggers and common allergens can also include eggs, dairy, soy, wheat, sesame, seeds, fish and shellfish.

## **Storage of Adrenaline Auto injectors and Review**

The Adrenaline auto injectors are kept in an easily accessible box marked “Epi Pens” in a cool position mounted to the wall in the main administration area of each campus. They are to be clearly marked with student’s name and the student’s Individual management plan must be attached. Auto injectors are to be regularly checked by a nominated trained staff member/s to ensure auto injectors are stored correctly and clearly labelled, that they are in date and have not expired, and that the sign in, sign out, register is kept up to date, e.g. for camps or excursions.

**A spare Epi-Pen is to be purchased by the College each year for each Campus as a backup supply.**

If the designated staff member identifies any Adrenaline Auto injectors which are out of date, s/he should consider:

- Sending a written reminder to the student's parents to replace the Adrenaline Auto injector;
- Advising the Principal that an Adrenaline Auto injector needs to be replaced by a Parent; and
- Working with the Principal to prepare an interim Individual Anaphylaxis Management Plan pending the receipt of the replacement Adrenaline Auto injector.

## **School Management and Emergency Response**

### **Emergency Response**

It is important for Schools to have in place first aid and emergency response procedures (see *ACEP26 First Aid and Arrangements for Ill Students*) that allow staff to react quickly if an anaphylactic reaction occurs, for both in-school and out-of-school settings. Drills to test the effectiveness of these procedures should be undertaken. The College has staff that are trained in HLTAID004 Provide an emergency first aid response in an education and care setting. The Principal will ensure that at least one trained staff member is present during yard duty, excursions, camps and special event days at all Campuses.

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

### **Identifying Students At Risk**

All Campuses will display a complete and up-to-date list of all students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction in the following locations. The Principal will be responsible to ensure these lists are complete and up-to-date.

For the Hastings Campus, individual Anaphylaxis Management Plans and ASCIA Action Plans for students who are identified at risk of anaphylaxis will be located in two locations: on the noticeboard in the Staff Room and on the Art Room window clearly visible from the external recreation area.

For the Mornington Campus, individual Anaphylaxis Management Plans and ASCIA Action Plans for students who are identified at risk of anaphylaxis will be located in two locations: on the noticeboard in the Administration Office and on the Kitchen door, clearly visible from the external recreation area.

For the Rosebud Campus, individual Anaphylaxis Management Plans and ASCIA Action Plans for students who are identified at risk of anaphylaxis will be located in two locations: on the noticeboard in the staff room and on the rear exit door, clearly visible from the external recreation area.

### **Self-administration of the Adrenaline Auto injector**

The decision whether a student can carry their own Adrenaline Auto injector should be made when developing the student's Individual Anaphylaxis Management Plan, in consultation with the student, the student's parents and the student's Medical Practitioner.

It is important to note that students who ordinarily self-administer their Adrenaline Auto injector may not physically be able to self-administer due to the effects of a reaction. In relation to these circumstances, ACE staff must administer an Adrenaline Auto injector to the student, in line with their duty of care for that student.

If a student self-administers an Adrenaline Auto injector, one College staff member should supervise and monitor the student, and another staff member should contact an ambulance (on emergency number 000/112).

If a student carries their own Adrenaline Auto injector, it may be prudent to keep a second Adrenaline Auto injector (provided by the Parent) on-site in an easily accessible, unlocked location that is known to all staff.

### **Responding to an incident**

Where possible, only staff with training in the administration of the Adrenaline Auto injector should administer the student's Adrenaline Auto injector. However, it is imperative that an Adrenaline Auto injector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Auto injector 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).

### **In-School Environment**

- **Classrooms** – Where a student has an anaphylactic reaction in the class room the teacher will use school phone/personal mobile phones to call administration to raise the alarm that a reaction has occurred.
- Administration staff will P.A. Code Blue Anaphylactic Response Team to respond to patient location, e.g. Room 4. Nominated administration staff member will attend with Epi-pen and students ASCIA action plan.
- **Yard** - Staff will use mobile phones whilst on yard duty. All yard duty staff are to use and carry the emergency card system (laminated cards with student information stating "Anaphylaxis Emergency") Where a student has an anaphylactic reaction in the yard the teacher will use mobile phone to call administration to raise the alarm that a reaction has occurred.
- Administration staff will P.A. Code Blue Anaphylactic Response Team to respond to patient location, e.g. room 4. Nominated administration staff member will attend with Epi-pen and students ASCIA action plan.
- An ACE first aid officer or nominated staff member is to call ambulance;
- A nominated staff member is to wait for ambulance at a designated school entrance.

### **Out-of School Environments**

**Excursions and Camps** - Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore, emergency procedures will vary accordingly. A team of School Staff trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:

- The location of Adrenaline Auto injectors i.e. who will be carrying them. Is there a second medical kit? Who has it?
- 'How' to get the Adrenaline Auto injector to a student; and
- 'Who' will call for ambulance response, including giving detailed location address. E.g. Melway reference if city excursion, and best access point or camp address/GPS location.

For students who are identified at risk of anaphylaxis, individual Anaphylaxis Management Plans and ASCIA Action Plans will be located in a folder in the Emergency First Aid Kit, along with a spare Adrenaline Auto injector.

### Students at Risk of Anaphylaxis

An ACE staff member should remain with the student who is displaying symptoms of 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 staff member should immediately locate the student's Adrenaline Auto injector and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan.
- The Adrenaline Auto injector should then be administered following the instructions in the student's ASCIA Action Plan.

### How to administer an EpiPen®

1. Remove from plastic container.
2. Form a fist around EpiPen® and pull off the blue safety cap.
3. Place orange end against the student's outer mid-thigh (with or without clothing).
4. Push down hard until a click is heard or felt and hold in place for 10 seconds.
5. Remove EpiPen®.
6. Massage injection site for 10 seconds.
7. Note the time you administered the EpiPen®.
8. The used auto injector must be handed to the ambulance paramedics along with the time of administration.

### How to administer an Ana Pen®

1. Remove from box container and check the expiry date.
2. Remove black needle shield.
3. Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap.
4. Place needle end against the student's outer mid-thigh.
5. Press the red button with your thumb so it clicks and hold it for 10 seconds.
6. Replace needle shield and note the time you administered the Anapen®.
7. The used auto injector must be handed to the ambulance paramedics along with the time of administration.

### If an Adrenaline Auto injector is administered, the School 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 School 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 auto injector is available (such as the Adrenaline Auto injector for General Use).
5. **Then** contact the student's emergency contacts.

### 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 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 School 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 Auto injector for General Use.

### **Post-incident support**

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and parents. In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident counselling, provided by the school nurse, guidance officer, student welfare coordinator or School psychologist.

### **Review**

After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision, it is important that the following review processes take place:

1. The Adrenaline Auto injector must be replaced by the Parent as soon as possible.
2. In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Auto injector being provided.
3. If the Adrenaline Auto injector for General Use has been used this should be replaced as soon as possible.
4. The School's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.

### **Purchasing Adrenaline Auto injectors**

The Principal of the School is responsible for arranging for the purchase of additional Adrenaline Auto injector(s) for General Use, and as a back up to Adrenaline Auto injectors supplied by parents of students who have been diagnosed as being at risk of anaphylaxis.

Adrenaline Auto injectors for General Use are available for purchase at any chemist. No prescription is necessary. These devices are to be purchased by a School at its own expense, and in the same way that supplies for School first aid kits are purchased.

The Principal will need to determine the **type** of Adrenaline Auto injector to purchase for General Use. In doing so, it is important to note the following:

- Adrenaline Auto injectors available in Australia are EpiPen® and Anapen®300;
- Adrenaline Auto injectors are designed so that anyone can use them in an emergency.

### **Number of back up Adrenaline Auto injectors to purchase**

The Principal will also need to determine the **number** of additional Adrenaline Auto injector(s) required. In doing so, the Principal should consider the following:

- 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, organised or attended by the School; and
- The Adrenaline Auto injectors 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.

### **When to use Adrenaline Auto injectors for General Use**

It is recommended that Adrenaline Auto injectors for General Use be used when:

- A student's prescribed Adrenaline Auto injector does not work, is misplaced, out of date or has already been used; or
- When instructed by a medical officer after calling 000.

ASCIA advises that no serious harm is likely to occur from mistakenly administering adrenaline to an individual who is not experiencing anaphylaxis.

## **Raising staff awareness**

If the College has students diagnosed with anaphylaxis risk, staff are required to complete the “Management of Anaphylaxis Course” and are to be briefed twice yearly on the management of anaphylaxis and responding to an anaphylactic emergency, including briefing on the Anaphylaxis Management Policy. It is recommended that the College first aid officer/anaphylactic response team member, be responsible for briefing all volunteers and casual relief staff, and new staff (including administration and office staff, sessional teachers, specialist teachers) of the above information and their role in responding to an anaphylactic reaction by a student in their care. Further information and links to training can be found [here](#).

## **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:

- Always take food allergies seriously – severe allergies are no joke.
- Don't share your food with friends who have food allergies.
- Wash your hands after eating.
- Know what your friends are allergic to.
- If a school friend becomes sick, get help immediately even if the friend does not want to.
- Be respectful of a school friend's Adrenaline Auto injector.
- Don't pressure your friends to eat food that they are allergic to.

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.

## **Work with parents**

The College 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.

## **Raising school community awareness**

The College is encouraged to raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. This will be done by providing information in the school newsletter and on the College's website.

## **Training and Briefing Requirements**

All ACE staff must successfully complete and maintain currency in *HLTAID004 Provide an emergency first aid response in an education & care setting* (a component of which is anaphylaxis management training) and participate in a Principal led briefing, to occur twice each calendar year (at the start of Terms One and Three), with the first briefing to be conducted by a staff member who has successfully completed an anaphylaxis management training course in the two years prior. Participating staff must have successfully completed a face-to-face anaphylaxis management training course in the three years prior, or completed an online anaphylaxis management course in the two years prior, to these briefings. The briefings will cover:

- the School's Anaphylaxis Management and First Aid Policies (ACEP13 and ACEP 26);
- causes, symptoms and treatment of anaphylaxis;

- the identities of students diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction and where their medication is located;
- the use of an Adrenaline Auto injector, including hands on practice with a trainer Adrenaline Auto injector as demonstrated by an individual suitably trained to do so;
- the School's general first aid and emergency response procedures as detailed in *ACEP26 First Aid and Arrangements for Ill Students*;
- the location of, and access to, Adrenaline Auto injectors that have been provided by parents and/or those purchased by the School for general use; and
- if anaphylaxis management training and briefing has not occurred prior to the beginning of the school year, it is the responsibility of the Principal to ensure an interim anaphylaxis management plan is developed in consultation with an anaphylaxis at risk student's parents and training must occur as soon as possible thereafter.

### **Annual Risk Management Checklist**

Under the School Anaphylaxis Management Policy, the Principal must complete an annual anaphylaxis Risk Management Checklist to monitor their compliance with the Order, these Guidelines, and their legal obligations.

### **Anaphylaxis Symptoms**

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life-threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency requiring a rapid response.

### **The Main Causes**

Research shows that students in the 10-18 year age group are at greatest risk of suffering a fatal anaphylactic reaction. Certain foods and insect stings are the most common causes of anaphylaxis. Eight foods cause ninety-five per cent of food allergic reactions in Australia and can be common causes of anaphylaxis:

- peanuts;
- tree nuts (i.e. hazelnuts, cashews, almonds, walnuts, pistachios, macadamias, brazil nuts, pecans, chestnuts and pine nuts);
- eggs;
- cow's milk;
- wheat;
- soy;
- fish and shellfish (e.g. oysters, lobsters, clams, mussels, shrimps, crabs and prawns); and
- sesame seeds.

Other common allergens include some insect stings, particularly bee stings but also wasp and jumper jack ant stings, tick bites, some medications (e.g. antibiotics and anaesthetic drugs) and latex.

### **Signs and symptoms**

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).

Anaphylaxis (severe allergic reaction) can include:

- difficult/noisy breathing;
- swelling of tongue;
- swelling/tightness in throat;
- difficulty talking and/or hoarse voice;
- wheeze or persistent cough;

- persistent dizziness or collapse; and
- pale and floppy (young children).

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

<p><b>Creation Date:</b> Version Three. Created 13/06/2021</p>	<p><b>Next Review:</b> 2024 or as required due to changes in relevant Acts, Laws, or should situations arise that require earlier consideration.</p>	<p><b>Availability:</b> <b>Web:</b> ✓ <b>K-drive:</b> ✓ <b>On request:</b> ✓</p>	<p><b>Actions:</b> Communication to the whole College via the College newsletter in June each year. Circulate and discuss at a staff meeting at the start of the school year and at the start of Term 3.</p>
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