

HIGHVIEW COLLEGE
ANAPHYLAXIS MANAGEMENT POLICY
Person Responsible – Director of Pastoral Care



Introductory Statement:

Highview College will fully comply with Ministerial Order 706: Anaphylaxis Management in Victorian Schools.

Rationale

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, sesame, latex, insect venom (bee, wasp & jack jumper ant stings) and medication.

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 the College and parents/carers are important in ensuring that certain foods or items are kept away from the student while at the College.

Adrenaline given through an EpiPen or Anapen autoinjector into the muscle of the outer mid-thigh is the most effective First Aid treatment for Anaphylaxis.

Aims

- To provide as far as practicable, a safe and supportive environment in which students at risk of Anaphylaxis can participate in as many aspects of the student's schooling as possible
- To raise awareness about allergies and Anaphylaxis in the school community
- To engage with parents/carers of students at risk of Anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student
- To ensure that all staff members have adequate knowledge of allergies, Anaphylaxis and the College's policy and procedures in responding to an Anaphylactic reaction
- To ensure that procedures are in place to minimise risks associated with severe allergies.

Implementation

1. Individual Anaphylaxis Management Plans

- In the event of an anaphylactic reaction, Highview College's Anaphylaxis Management Policy and the student's individual Anaphylaxis Management Plan must be followed.
- An individual management plan is to be developed in consultation with the student's family, for any student who has been diagnosed by a medical practitioner as being at risk of having an Anaphylactic reaction.
- Each student's Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and where possible before the student commences at the College.

Anaphylaxis Management Plans will contain:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of College staff, for in-school and out of school settings, including camps and excursions
- 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
- An emergency procedure plan (ASCIA Action Plan), provided by the parent, that:
 - Sets out the emergency procedure to be taken in the event of an allergic reaction.
 - Is signed by a medical practitioner who was treating the child on the date the practitioner signed the emergency procedure plan
- an up to date photograph of the student.

School staff will implement and monitor the student's Individual Anaphylaxis Management Plan (located in Highview's data base - SEQTA).

The student's Individual Management Plan will be reviewed, in consultation with the student's parents/carers:

- Annually, or
- If the student's condition changes, or
- Immediately after a student has an Anaphylactic reaction at school.
- When the student is to participate in any off site activity.

It is the responsibility of each student's family to:

- Provide the emergency procedures plan (ASCIA Action Plan)
- Inform the College if their child's medical condition changes, and, if relevant, provide an updated emergency procedures plan (ASCIA Action Plan)
- Provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.
- Provide the school with an Adrenaline Autoinjector that is current and not expired for their child.

The Director of Pastoral Care will ensure that the school purchases adrenaline auto-injectors for general use. The number of adrenaline auto-injectors purchased will always be a minimum of two and consider the following factors:

- The number of students enrolled at risk of anaphylaxis.
- Whether or not all parents have been able to comply with school policy that all parents are required to provide the school with an adrenaline auto-injector that is current and not expired for their child.
- That there is sufficient supply of adrenaline auto-injectors for general use in specified locations at the school, including the school yard, at excursions, camps and special events conducted, organised or attended by the school.
- That adrenaline auto-injectors have a limited life, 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 comes first.

The school will ensure that there are at least two (that are current and not expired) back up adrenaline auto-injectors stored in the Main Office (filing cabinet to the left of reception desk).

2. Communication Plan

- The College will provide information to ensure that every staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures. Information in regards to students at risk, individual management plans, storage arrangements for medication and the College's Anaphylaxis Management Policy will be presented to all teaching and office staff.
- Individual Management Plans will be placed on the College's data base (SEQTA). A 'medical alert' icon will appear in the alerts column of the class roll as well as the individual information on each student. Teachers and CRTs can find Individual Anaphylaxis Management Plans by clicking on the 'medical alert' icon.
- The College will help raise awareness about allergies and anaphylaxis in the school community. Additionally, the College will provide information to staff, students and parents about how to respond to an Anaphylactic reaction. This will occur in several ways:
 - Positive Education classes.
 - Newsletter articles.
 - Staff Training
- Teachers will be aware of prevention strategies that are to be put in place. Please see Appendix 3 for prevention strategies to be used at Highview College.
- Complete and up to date details of students with ASCIA Action Plans can be located on SEQTA. Photo identification and relevant details will be displayed in poster form in the Front Office near the office photo copier, the library, the Community room, the staff room, and on thumb nail cards in yard duty bum bags. CRT and volunteer teachers will be informed of these procedures by the Director of Administration.

3. Staff Training

- All office staff, teachers and other College staff that the Principal identifies, based on the annual risk assessment, will have up to date training in Anaphylaxis management. This will include steps to be taken in response to an Anaphylactic reaction by a student in a classroom, in the College grounds, on College excursions, on College camps and special event days. Staff members are required to renew their qualification every three years.
- In addition, all staff will be briefed at least twice yearly by a staff member who has up to date anaphylaxis management training. To be considered 'up to date', the staff member conducting the Briefing session must have completed the training in the previous 12 months.
- Information presented at briefing sessions will include:
 - The College's Anaphylaxis Management Policy
 - The causes, symptoms and treatment of Anaphylaxis
 - The identities of students diagnosed at risk of Anaphylaxis and where their medication is located
 - How to use an autoadrenaline device, including hands on practice with an autoinjecting trainer device
 - A review of prevention strategies employed by Highview College (Appendix 3)
 - The College's First Aid and emergency response procedures.

- The location of student Adrenaline Autoinjectors and school purchased back up Adrenaline Autoinjectors.
- A copy of this policy will be provided to all CRT's and volunteers. A copy of this policy will be shown to new staff as part of their induction program.
- In the unlikely event that the briefing or training has not occurred as required, the Principal will develop an interim plan and consult with parents. Subsequent to this, the required training and briefing will occur ASAP after the interim plan is developed.

4. School Management and Emergency Response

- An annual school anaphylaxis risk management checklist will be completed by the Director of Pastoral Care. This risk assessment includes ensuring the school is maintaining an up to date list of students at risk of anaphylaxis.
- All staff must be aware of first aid and emergency response procedures so that staff can react quickly if an anaphylactic reaction occurs. The College's First Aid procedures and student's emergency procedure plan (ASCIA Action Plan) will be followed in responding to an Anaphylactic reaction. A staff member should remain with the student who is displaying symptoms of anaphylaxis at all times.
- All staff must be aware of first aid and emergency response procedures so that staff can react quickly if an anaphylactic reaction occurs. The College's First Aid procedures and student's emergency procedure plan (ASCIA action plan) will be followed in responding to an anaphylactic reaction. The procedure is summarised below:

On campus:

- Notify the Main Office immediately
- A First Aid officer from the Main Office will call an ambulance
- Staff member to stay with the student at all times
- For a severe reaction, lay the student flat and elevate legs or, if breathing is difficult, allow the student to sit but not stand
- The First Aid Officer will bring two EpiPens
- EpiPen must be administered immediately in a severe allergic (anaphylactic) reaction, followed by a further dose after 5 minutes if there is no response to the first dose

Off campus (excursions, camps, etc.):

- For all events held off-campus, the First Aid Officer or the Pastoral Care Assistant will compile First Aid Kits that include specific information and EpiPens for students known to be at risk of anaphylactic reactions.
- The person in charge of a school camp/excursion and any staff member supervising a student identified as having a potential for anaphylactic reaction will have a hard copy of the student's ASCIA Action Plan at all times throughout the camp/excursion.
- In the event of a severe allergic (anaphylactic) reaction off-campus:
- Stay with the person and call for help
- Administer EpiPen
- Call ambulance
- Lay person flat and elevate legs or, if breathing is difficult, allow the student to sit but not stand
- Contact Highview College with details

- Main Office staff will contact family/carer

Note: for a mild to moderate allergic reaction (swelling of lips, face, eyes; hives or welts; tingling mouth, abdominal pain, vomiting), give medications (if prescribed), contact Highview College and, if in doubt, give EpiPen.

- The First Aid Officer/Office Staff will contact the emergency contact numbers.
- Complete and up to date details of students with ASCIA Action Plans can be located on **SEQTA**. Photo identification and relevant details will be also displayed in poster form in the Front Office near the office photo copier, the library, the Community room, the staff room, and on thumb nail cards in yard duty bum bags.
- The person in charge of a school camp/excursion and any staff member supervising a student identified as having a potential for anaphylactic reaction will have a hard copy of the student's ASCIA Action Plan at all times throughout the camp/excursion.
- The College's staff will have access to each student's Anaphylaxis Management Plan. A spare EpiPen for each student will be stored in Main Office (filing cabinet to the left of reception desk) so it is easily accessible.
- Personal student medical and emergency contact information, Action Plans and EpiPen/Anapen are stored in the Main Office (filing cabinet to the left of reception desk) and are accessible to all staff. Each adrenaline autoinjector is clearly labelled with the student's name and stored with a copy of the student's Individual Anaphylaxis Management Plan.

Additional Information

- **APPENDIX 1 Facts about Anaphylaxis**
- **APPENDIX 2 Roles and Responsibilities.**
- **APPENDIX 3 Management and Prevention Strategies**
- **APPENDIX 4 Communication**

Developed by Stuart Glascott 2015

Updated by Marion Martin 2016

APPENDIX 1 FACTS ABOUT ANAPHYLAXIS

What is Anaphylaxis?

It is a life-threatening allergic reaction

- The most severe form of allergic reaction
- Potentially life threatening
- Must be treated as a medical emergency
- Requires immediate treatment
- A generalised allergic reaction
- Often involves more than one body system
- Most dangerous reactions involve the respiratory system (breathing) and/or cardiovascular system (heart and blood pressure)

Diagnosis

- Is based on history and physical findings
- Recognising the onset which can occur from minutes to hours after exposure to a substance

People with diagnosed allergies should:

- Avoid all trigger agents
- Have a readily accessible anaphylaxis action plan
- Have a medical alert device

Common triggers

- Substances, (triggers/allergens) that cause allergies can vary from child to child, or person to person.
- **Food** such as peanuts, tree nuts (eg. hazelnuts, cashews, almonds), eggs, cow's milk, wheat, soybean, etc.)
- Fish and shellfish cause 90% of allergic reactions, however, any food can trigger anaphylaxis. Even trace amounts can cause a life-threatening reaction. Some extremely sensitive individuals can react to even the smell of a food (eg. fish).
- **Insect venom** – Most common: bee, wasp and jack jumper ant stings. Ticks, green ants and fire ants in susceptible individuals.
- **Medication & drugs** – Over the counter and prescribed, herbal or 'alternative' medicines.
- **Latex and exercise induced anaphylaxis** – less common and occasionally the trigger cannot be identified despite extensive investigation.
- **Animals and plants** – Poisonous plants, pollen, animal scratches, animal dander, mould and mildew.
- **Other possible triggers** (commonly found in child care centres and classrooms) – Scented markers, chalk dust, perfumes, paint, carpets, fumes.

APPENDIX 2 ROLES AND RESPONSIBILITIES.

The College Principal has the overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis.

The Principal is responsible for:

- Developing and implementing an Anaphylaxis Management Policy
- Reviewing the policy regularly and updating as circumstances change
- Keeping records of all staff qualified in anaphylaxis management
- Establishing an Anaphylaxis Communication Plan
- Completing an annual school anaphylaxis risk management checklist

The Deputy Principal – Pastoral Care is responsible for:

- Facilitating training to ensure that all staff have up to date anaphylaxis management qualifications (to be renewed every three years) and to provide training sessions twice yearly, including practice with a trainer autoinjector
- Providing parents/carers of students with anaphylaxis with a copy of the Anaphylaxis Management Policy and individual plans for their child and to ensure that they have signed a document stating that they have read, understood and will abide by the policy
- Ensuring that an up-to-date copy of the Anaphylaxis policy is available on the College website
- Providing staff with a copy of the College's Anaphylaxis Management Policy and individual
- anaphylaxis plan for each student diagnosed at risk of anaphylaxis
- Ensuring that anaphylaxis response information is displayed in each classroom
- Ensuring that appropriate forms of student medical information are displayed in the Staffroom and Community Room
- Arranging for post-incident counselling support when needed.
- Ensuring new staff read and are explained this policy as part of their induction.
- Raising awareness about allergies and anaphylaxis in the school community (Newsletter).
- Ensuring students are informed about allergies and anaphylaxis through Positive Education classes.

The Registrar is responsible for:

- Collecting up to date medical information for all students as part of the enrolment package
- Providing parents/carers of a child diagnosed with Anaphylaxis with a copy of the Anaphylaxis Management Plan and Action Plan to be completed and signed by their physician for new enrolments.

The First Aid Officer is responsible for:

- Developing an individual anaphylaxis plan, with the help of parents/carers, for each diagnosed student, and ensuring that this is reviewed annually
- Ensuring that parent/carers supply an up to date, labelled EpiPen/Anapen
- Ensuring that individual plans are accessible to all staff, along with the student's EpiPen/Anapen
- Ensuring that first aid kits contain up to date information and response medications

- Ensuring that kits are checked on return from an event and at least on a monthly basis, especially noting and replacing out of date items and EpiPens that are cloudy
- Notifying parent/carers one month prior to expiry dates for medications
- Organising anaphylaxis first aid for camps, excursions and off campus events
- Ensuring that 'general use' EpiPens are available
- Displaying anaphylaxis response information and appropriate individual student information near yard duty first aid kits.

Daily Organiser is responsible for:

- Ensuring that response information and individual Action Plans are placed in CRT folders

Staff Members are responsible for:

- Knowing and understanding the College's Anaphylaxis Management Policy
- Knowing the identity of students at risk
- Reading and understanding individual student management plans (located on Xuno)
- Understanding the causes, symptoms and treatment of anaphylaxis
- Being qualified in anaphylaxis management and updating this qualification every three years
- Providing a copy of certificates of qualification to the Principal's secretary
- Knowing the College's first aid procedures and the staff role in responding to an allergic reaction
- Knowing where Management Plans, Action Plans and EpiPens are stored (filing cabinet next to reception desk)
- Planning ahead for all activities which may place students at risk and minimising these risks
- Ensuring that they or the person in charge has emergency first aid which includes Action Plans and EpiPen before leaving the school for excursions, camps and off campus events
- Ensuring that they have a means of contacting the First Aid Officer/Office Staff at school if needed (mobile phone/walkie talkies)
- Helping to raise student awareness about allergens and anaphylaxis

Parents/Carers are responsible for:

- Providing the emergency procedures plan (ASCIA Action Plan) prepared and signed by a physician
- Meeting with the First Aid Officer in order to develop the Anaphylaxis Management Plan
- Informing the College if their child's medical condition changes, and, if relevant, provide an updated emergency procedures plan (ASCIA Action Plan)
- Notifying the College when emergency contact numbers change
- Providing an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed annually
- Providing an up to date, labelled adrenaline autoinjector and any other medication
- Replacing medications when needed.

APPENDIX 3 MANAGEMENT AND PREVENTION STRATEGIES

In the classrooms:

- Teachers should keep a copy of the student's Individual Anaphylaxis Action Plan with them in the classroom, in a confidential place, i.e. hard copy (not accessible by students) or computer (SEQTA).
- Liaise with parents/carers about food-related activities ahead of time.
- Use non-food treats where possible.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Treats for any students in the class must not contain the substance to which a student is allergic.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
- Year level/specialist teachers must consider the risk-minimisation strategies of the student diagnosed at risk of anaphylaxis, even if that student is not in their class.
- Teachers should have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

In the yard:

- Staff on yard duty must be trained in the administration of the adrenaline autoinjector (i.e. EpiPen®/Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
- Yard duty staff have photo identification and relevant details on thumb nail cards on yard duty bum bags.
- Yard duty staff must direct another person to bring the adrenaline autoinjector to them and should **never** leave a student who is experiencing an anaphylactic reaction unattended.
- A student experiencing an anaphylactic reaction should not be moved.
- Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants.
- Students should keep drinks and food covered while outdoors.

During Camps/Excursions/Special Events:

- Staff supervising the special event must be trained in the administration of an adrenaline autoinjector in order to respond quickly to an anaphylaxis reaction if required.
- The person in charge of a school camp/excursion and any staff member supervising a student identified as having a potential for anaphylactic reaction will have a hard copy of the student's ASCIA Action Plan at all times throughout the camp/excursion.
- Staff must follow first aid procedure plans in the event of an anaphylactic reaction.
- The teacher in charge of a camp will consult parents/carers of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parent/carer send a meal (if required).
- Party balloons should not be used if any student is allergic to latex.
- Swimming caps should not be used for a student who is allergic to latex.
- Teachers in charge of an activity will ensure service providers confirm that it is able to provide food that is safe for anaphylactic students.
- If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.

- Staff in charge should know local emergency services and hospitals, how to contact them and the time it will take to do so.
- 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.

APPENDIX 4 COMMUNICATION

Communication Plan:

The Principal of a school is responsible for ensuring that a **Communication Plan** is developed to provide information to all staff, students and parents/carers about anaphylaxis and the School's Anaphylaxis Management Policy.

The Communication Plan must include strategies for advising staff, students and parents /carers about steps that will be taken to respond to an anaphylactic reaction by a student in various environments.

Student and Community Awareness:

Peer support can be offered by staff raising awareness in school through fact sheets or posters displayed in hallways and classrooms. Class teachers can also discuss the topic with students in class. It is important though to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

Schools should raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition.