



## Anaphylaxis Management Policy

### School Background

Doxa School Bendigo is a Child Safe community committed to providing an environment that is true to the values of our schoolwide expectations: being **Safe, Kind** and **Curious**. We promote care for all individuals in the school community and this is reflected in our support of students to learn to understand and regulate their own behaviour.

All of Doxa School's policy and procedural documentation is underpinned by our **5 key Pillars of the Doxa School Model: Student-Centred Approach, Trauma Sensitive Practice, Social and Emotional Literacy, Choice Theory and our Catholic Identity** and complies with the requirements of Catholic Education Sandhurst Ltd. This Policy can be found on our school website, [www.doxabendigo.catholic.edu.au](http://www.doxabendigo.catholic.edu.au) and applies to all staff members of Doxa School Bendigo.

### Purpose

Doxa School recognises anaphylaxis as a severe, rapidly progressive allergic reaction that is potentially life threatening. We understand 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).

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. Our partnership with our parents/carers/guardians is critical in helping students avoid exposure. This policy outlines to the Doxa School community the processes and procedures in place to support students diagnosed as being at risk of anaphylaxis.

Doxa School commits to complying with Ministerial Order 706 and the Guidelines in Anaphylaxis Management in Schools, and with amendments made to these from time to time. This policy will be reviewed annually to ensure it remains up-to-date.

### 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 what is required in schools to manage anaphylaxis and the expectations for information contained in Doxa School's Anaphylaxis Management Policy.

## Principles

The following principles underpin our management and treatment of anaphylaxis:

- students at risk of anaphylaxis will have a safe and supportive environment in which they can participate equally in all aspects of their schooling
- the school community should have an awareness of anaphylaxis and this policy
- parents/carers/guardians of students at risk of anaphylaxis must be actively engaged in assessing risks, developing risk minimisation/management strategies for their student
- all staff should have awareness and knowledge about allergies, anaphylaxis and the policy and procedures in responding to an anaphylactic reaction

## Scope

This policy applies to:

- all school 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 an anaphylactic reaction
- the students' parents, guardians and/or carers

## Policy Statement

### 6.1 Individual Anaphylaxis Management Plans

The Principal is 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.

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 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.

The school will update a student's Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

See Appendix 2: Example of an Individual Anaphylaxis Management Plan

## **6.2 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.

The school will ensure that risk minimisation prevention 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 (Appendix 3)

The Principal will complete an annual risk management checklist (see Appendix 4)

For effective planning and management, parents/carers/guardians are expected to 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

### **6.3 Register of Students with Anaphylaxis**

An up-to-date register of students with Anaphylaxis will be maintained by indicating the position of the nominated staff member. This information will be shared with all staff and accessible to all in an emergency.

### **Location of Plans, Storage and Accessibility of Adrenaline Auto Injectors (EpiPen)**

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 adrenaline 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 adrenaline autoinjector for another patient who has not previously been diagnosed at risk of anaphylaxis

The school will hold a minimum of two current adrenaline autoinjectors at all times.

The Principal determines the number of additional adrenaline autoinjectors 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; including those with an ASCIA Action Plan for allergic reactions (they are potentially at risk of anaphylaxis)
- the accessibility of adrenaline 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 adrenaline 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
- that adrenaline 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. Indicate the position of person undertaking these tasks, in the school level procedures.

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

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

#### **6.4 When to Use an Adrenaline Autoinjector for General Use**

Adrenaline autoinjectors for general use will be used:

- when a student's prescribed adrenaline autoinjector does not work, is misplaced, out of date or has already been used; or

- when instructed by a medical officer after calling 000
- for a first time reaction, treat with adrenaline before calling 000.

*Royal Children's Hospital's help desk advise that you do not require permission or advice to treat with adrenaline, this only delays the administration of adrenaline – if in doubt, give adrenaline autoinjector as per ASCIA Action Plans.*

## **6.5 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 will 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 Ministerial Order 706
- a complete and up-to-date list of students at risk of anaphylaxis is available to all staff
- details of the Individual Anaphylaxis Management Plans and ASCIA Plans and their location within the school, during excursions, camps and special events conducted, organised or attended by the school are known to staff
- copies of the emergency procedures are prominently displayed in the front office at Doxa School

## 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
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 adrenaline 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.**

## 6.6 Staff Training

In compliance with Ministerial Order 706, the following staff must have anaphylaxis management training:

- those who conduct classes attended by students at risk of anaphylaxis
- other staff that the Principal identifies based on a risk assessment of an anaphylactic reaction occurring while a student is under that staff member's care, authority or supervision.

The school as a minimum requirement, will ensure that relevant staff identified above undertake face to face anaphylaxis management training or 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 at the school are required to complete this training every two years.

All school staff must also participate in the school's twice per calendar year anaphylaxis briefing. The briefing must be 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. The first of these briefings must be conducted at the beginning of the school year.

## 6.7 Staff Briefing

**All school staff must participate in the school's anaphylaxis briefing.**

The twice-yearly anaphylaxis management briefing, 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. This briefing will include:

- 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 adrenaline auto injector, including practising with a trainer auto injector
- the school's general first aid and emergency responses
- location of, and access to, adrenaline auto-injectors that have been provided by parents or purchased by the school for use

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

Doxa School will maintain a register of staff members compliance with the above training requirements to ensure all staff have completed the required training.



## **6.8 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 school.

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

### **Appendices:**

Appendix 1: School Procedures for Anaphylaxis Management

Appendix 2: Individual Anaphylaxis Management Plan

Appendix 3: Checklist for Off-site Activities

Appendix 4: Annual School Risk Management Checklist (NB: Stored as a Separate Form)

## **Anaphylaxis Management**

### **Appendix 1: School Procedures**

#### **Individual Anaphylaxis Management Plans**

- Location of these plans
- Role description of the person who will manage the Anaphylaxis Management Plans
- Procedures for camps, excursions

#### **Risk Minimisation and Prevention Strategies**

- Identifying students at risk within the school community (e.g. on roll, photos, intranet etc.)
- Classrooms – e.g. food technology, art, science
- Canteens
- Events including camps and excursions

#### **Register of Students with Anaphylaxis**

- How this information will be recorded
- Where it is located, and
- Role description of the person who will manage the register

#### **Location of Plans and Storage and Accessibility of Adrenaline Auto Injectors (EpiPen)**

- Where the plans and EpiPens will be located
- Procedures for camps, excursions and special activities

#### **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

### **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 (using the person's role)
- 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 is encouraged to consider whether casual relief teachers and volunteers should also undertake training. Include information about how this is done

### **Communication Plan**

- Methods use to raise awareness with staff, students, parents
- Arrangements for twice yearly briefing, regular briefings, induction of new staff, etc.
- Use of fact sheets, posters with messages about anaphylaxis, peer support, etc.
- Developing open, cooperative relationships with parents, how information will be shared
- Newsletter, website, information nights, assemblies



## Anaphylaxis Management

### Appendix 2: Individual Anaphylaxis Management Plan

<p>This plan is to be completed by the Principal or delegate on the basis of the information from the student’s medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the parent.</p> <p>It is the responsibility of the parent to provide the school with a copy of the student’s ASCIA Action Plan for Anaphylaxis containing the emergency response plan (signed by the medical practitioner) and an up-to-date photo of the student (to be appended to this plan) and to inform the school if the child’s medical condition changes.</p>			
<b>School</b>	Insert details	<b>Phone</b>	Insert details
<b>Student</b>	Insert details		
<b>DOB</b>	Insert details	<b>Year level</b>	Insert details
<b>Severely allergic to</b>	Insert details		
<b>Other health conditions</b>	Insert details		
<b>Medication at school</b>	Insert details		
<b>Emergency contact details (Parent/carer)</b>			
<b>Name</b>	Insert details	<b>Name</b>	Insert details
<b>Relationship</b>	Insert details	<b>Relationship</b>	Insert details
<b>Home phone</b>	Insert details	<b>Home phone</b>	Insert details
<b>Work phone</b>	Insert details	<b>Work phone</b>	Insert details
<b>Mobile</b>	Insert details	<b>Mobile</b>	Insert details
<b>Address</b>	Insert details	<b>Address</b>	Insert details
<b>Emergency Contact Details (Alternative)</b>			
<b>Name</b>	Insert details	<b>Name</b>	Insert details
<b>Relationship</b>	Insert details	<b>Relationship</b>	Insert details
<b>Home phone</b>	Insert details	<b>Home phone</b>	Insert details
<b>Work phone</b>	Insert details	<b>Work phone</b>	Insert details
<b>Mobile</b>	Insert details	<b>Mobile</b>	Insert details
<b>Address</b>	Insert details	<b>Address</b>	Insert details
<b>Medical practitioner Name</b>	Insert details	<b>Phone</b>	Insert details
<b>Emergency Care to be provided at School</b>	Insert details		

<b>Storage location for autoinjector device</b>	Insert details
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<b>Environment</b>			
To be completed by the Principal or delegate. Please consider each environment/area (on or off school site) the student will be in for the year, e.g. classrooms, school yards, specialist teaching areas, excursions, camps, etc.			
<b>Name of environment/area:</b>			
<b>Risk Identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible</b>	<b>Completion date?</b>
Insert details	Insert details	Insert details	Insert details
Insert details	Insert details	Insert details	Insert details
<b>Name of environment</b>			
<b>Risk Identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible</b>	<b>Completion date?</b>
Insert details	Insert details	Insert details	Insert details
Insert details	Insert details	Insert details	Insert details
<b>Name of environment</b>			
<b>Risk Identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible</b>	<b>Completion date?</b>
Insert details	Insert details	Insert details	Insert details
Insert details	Insert details	Insert details	Insert details
<b>Name of environment</b>			
<b>Risk Identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible</b>	<b>Completion date?</b>
Insert details	Insert details	Insert details	Insert details
Insert details	Insert details	Insert details	Insert details
<b>Name of environment</b>			
<b>Risk Identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible</b>	<b>Completion date?</b>
Insert details	Insert details	Insert details	Insert details
Insert details	Insert details	Insert details	Insert details

## Anaphylaxis Management

### Appendix 3: Checklist for Off-Site Activities

Student ASTHMA MANAGEMENT PLAN		
This Plan outlines how insert school name will support the student's health care needs, based on health advice received from the student's family.		
Student Name: insert student name		
Date of Birth: Click or tap to enter a date.		
Year Level: Insert year level		
Proposed date for review of this Plan (Yearly): Click or tap to enter a date.		
Parent/Carer Contact Information (1)  Name: insert name Relationship: insert relationship Home Phone: insert home phone Work Phone: insert work phone Mobile: insert mobile number Address: insert address	Parent/Carer Contact Information (2)  Name: insert name Relationship: insert relationship Home Phone: insert home phone Work Phone: insert work phone Mobile: insert mobile number Address: insert address	Other Emergency Contacts (if parent/carer not available)  Name: insert name Relationship: insert relationship Home Phone: insert home phone Work Phone: insert work phone Mobile: insert mobile number Address: insert address
Please acknowledge that you have attached a current Asthma Action Plan that has been signed and dated by a Medical Practitioner:  <input type="checkbox"/> Asthma Action Plan Attached		
Medical / Health Practitioner Contact Details:  Insert Medical / Health Practitioner Details   Any other health Concerns / Issues:  Insert any additional concerns or issues.		
Mark those who will receive copies of this Asthma Management Plan <input type="checkbox"/> Student's Family <input type="checkbox"/> School <input type="checkbox"/> Other: insert details		