

ANAPHYLAXIS MANAGEMENT PROCEDURES

1.0 INTRODUCTION

This Anaphylaxis Management Procedure applies to Diocese of Sale Catholic Education Limited (**DOSCEL**) and to all of the primary and secondary Catholic schools it manages and operates in the Diocese of Sale in the State of Victoria (**schools**).

All DOSCEL schools will fully comply with *Ministerial Order 706: Anaphylaxis Management in Victorian Schools* (MO706) and the associated Anaphylaxis Guidelines (**Guidelines**) published by the Department of Education and Training, as varied or replaced from time to time.

2.0 PURPOSE

The purpose of this procedure is to explain to staff, students, parent, carers and guardians and the wider school community the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis.

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

Ministerial Order 706 - Anaphylaxis Management in Victorian Schools outlines points that schools need to ensure are included in their Anaphylaxis Management Policy. A revised *Ministerial Order 706* came into effect on 3 December 2015.

3.0 DEFINITIONS

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen. Common allergens include:

- eggs
- peanuts
- tree nuts such as cashews
- cow's milk
- fish and shellfish
- wheat
- soy
- sesame
- insect stings and bites
- medications.

Signs of mild to moderate allergic reaction include:

- swelling of the lips, face and eyes
- hives or welts
- tingly mouth
- abdominal pain and / or vomiting (signs of a severe allergic reaction to insects).

Signs of anaphylaxis (severe allergic reaction) include any **one** of the following:

- difficult / noisy breathing
- swelling of tongue
- swelling / tightness in throat
- difficulty talking and / or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and / or vomiting (signs of a severe allergic reaction to insects).

4.0 PROCEDURES

4.1 Staff Training

The principal of each DOSCEL School is required to ensure that relevant school staff are trained and briefed in anaphylaxis management, in accordance with Section 5 of the Guidelines.

School staff that are required to be appropriately trained and briefed in anaphylaxis management include, but are not limited to:

- School staff who conduct classes attended by students with a medical condition relating to allergy and the potential for anaphylactic reaction
- Any other school staff as determined by the principal, based on the principal's assessment of the risk of an anaphylactic reaction occurring while a student is under that staff member's care (this may include canteen staff, administration staff and first aiders).

4.2 Anaphylaxis Staff Training Requirements

Principals must ensure that school staff complete one of the following options to meet the anaphylaxis training requirements of MO706 and record the dates that training has occurred:

Option 1

All school staff – Australasian Society of Clinical Immunology and Allergy (ASCIA) Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor. This course is provided by ASCIA, is free for all Victorian schools and valid for two years.

AND

Two staff per school or per campus (School Anaphylaxis Supervisor) - Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC. This course is provided by the Asthma Foundation, is free to government schools, and is valid for three years.

Option 2

School staff (as determined by the principal) - Course in First Aid Management of Anaphylaxis 22300VIC. This course is provided by an RTO that has this course in their scope of practice and is paid for by each school. The training is valid for three years.

Option 3

School staff (as determined by the principal) - Course in Allergy and Anaphylaxis Awareness 10710NAT (formerly 10313NAT). This course is provided by any RTO that has this course in their scope of practice and is paid for by each school. The training is valid for three years.

Please note: General First Aid training does **NOT** meet the requirements of anaphylaxis training requirements under MO706.

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. Training will be provided to relevant school staff as soon as practicable after the student enrolls, 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 during camps, excursions, special event days and yard duty, there is a sufficient number of school staff present who have successfully completed an anaphylaxis management training course.

4.3 Twice-Yearly Anaphylaxis Briefing

In addition to anaphylaxis training requirements, all staff are required to participate in a briefing on anaphylaxis, twice per calendar year (with the first briefing to be held at the beginning of the school year) on:

- title and legal requirements as outlined in Ministerial Order 706
- pictures of the students at the school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
- signs and symptoms of anaphylaxis
- ASCIA Anaphylaxis e-training
- ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen®
- the school's First Aid policy and emergency response procedures
- on-going support and training.

The briefing must be conducted by a member of the school staff, preferably the person nominated as the School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the last two years.

4.4 Individual Anaphylaxis Management Plans

The principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parent's, guardian's or carer's, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

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

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 and the signs or symptoms the student might exhibit in the event of an allergic reaction (based on a written diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to known 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 risk minimisation strategies which have been identified in the Plan
- information on where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan as required.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's, parent's, guardian's or carer's 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
- 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. elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

It is the responsibility of the parents, guardians or carers to:

- obtain the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant obtain an updated ASCIA Action Plan for Anaphylaxis

- provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with an adrenaline autoinjector that is current (i.e. the device has not expired) for their child
- participate in annual reviews of their child's Anaphylaxis Management Plan.

4.5 Risk Minimisation Strategies

Principals must ensure that Risk Minimisation Strategies are implemented 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
- camps and excursions, or at special events conducted, organised or attended by the school (e.g. elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

Principals, in consultation with school staff, must determine which risk minimisation strategies set out **Appendix F** of the Guidelines, as a minimum, are to be implemented for in-school and out-of-school settings, after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment.

4.6 School Planning and Emergency Response Procedures

In the event of an anaphylactic reaction, school staff are required to follow the Responding to Anaphylaxis Policy, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

Principals must ensure that:

- a complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained at the school, including details of Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis and communicate with all staff where the information is stored
- the storage and accessibility of adrenaline autoinjectors, including those for general use is communicated to all staff
- communication plans are in place for anaphylactic reaction that may occur on the school site including in the classroom, playgrounds and off the school site such as attending events and during camps and excursions.

4.6.1 Excursions and Camps

Camps, excursions and special events must have a designated staff member responsible for maintaining a list of students at risk of anaphylaxis attending

the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

Each individual camp and excursion also requires a risk assessment to be completed for each individual student attending who is at risk of anaphylaxis. A team of School Staff trained in anaphylaxis need to attend each activity/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 autoinjectors
- **how** to get the adrenaline autoinjector to a student; and
- **who** will call for ambulance response, including giving detailed location address.

4.7 Adrenaline autoinjectors for general use

DOSCEL Schools are required to purchase adrenaline autoinjector(s) for general use and as a back up to those supplied by parents, guardians and carers.

The principal will also need to determine the number of additional adrenaline autoinjector(s) required to be purchased by the school. 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 autoinjectors that have been provided by parents, guardians and carers 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
- the 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
- the expiry date of adrenaline autoinjectors should be checked regularly to ensure they are ready for use.

4.8 Communication Plan

Principals should ensure that this Policy and localised procedures are available on the school website to ensure that parents, guardians, carers and the wider school community can easily access information about the school's anaphylaxis management procedures.

The parents, guardians and carers of students who are enrolled at the school and are identified as being at risk of anaphylaxis will also be provided with a copy of this Policy.

Principals are also responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this Policy and procedures for anaphylaxis management.

Casual relief staff and volunteers who are responsible for the care and/or supervision of students, on-site and off-site, with a medical condition that relates to allergy and/or who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this Policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk. CRT induction packs will include Student Anaphylaxis Action Plans, where required.

The communication plan for staff includes:

- All school staff will be provided with a copy of the Anaphylaxis Management Policy.
- School staff will participate in training to meet the anaphylaxis training requirements of MO706 as set out in 4.2 of this Policy.
- All school staff will be advised of Risk Minimisation Strategies.
- All school staff will be informed of students at risk of anaphylaxis, and provided with relevant student photos and medical condition summaries.
- All school staff will be informed of the steps to be taken to respond to an anaphylactic reaction by a student via the distribution of the Anaphylaxis Management Policy and Responding to Anaphylaxis Policy which includes Emergency Response Procedures and through Staff Training.
- Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the principal or delegated staff member and/or through the CRT induction folders.

The communication plan for students includes:

- Regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Raising awareness in school through fact sheets or posters displayed in hallways and classrooms.

The communication plan for parents, guardians and carers includes:

- Providing information about anaphylaxis via the school newsletter and website.
- Providing information about foods that may cause allergic reactions in students at risk of anaphylaxis via the newsletter, website and notices.

4.9 Annual risk management checklist

Principals are required to complete an annual Risk Management Checklist to monitor compliance with their obligations. The annual checklist is designed to step schools through each area of their responsibilities in relation to the management of anaphylaxis in schools.

5.0 RELATED POLICIES

- Responding to Anaphylaxis Policy
- Anaphylaxis Annual Risk Management Checklist
- Individual Anaphylaxis Management Plan Template
- First Aid Policy
- Health Care Needs Policy

6.0 REFERENCES

- *Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008*
- [Ministerial Order 90 \(repealed on 22 April 2014\)](#)
- [Ministerial Order 706 \(updated on 3 December 2015\)](#)
- Department of Education and Training [Anaphylaxis Guidelines](#)

7.0 OTHER RESOURCES

- [Allergies & Anaphylaxis Australia](#) - about living with anaphylaxis
- [ASCIA Guidelines](#) - for prevention of food related [anaphylactic](#) reactions in schools, preschools and childcare
- [Royal Children's Hospital: Allergy and Immunology](#)
- [Royal Children's Hospital - Anaphylaxis Support Advisory Line](#) - for all school anaphylaxis management enquires, (including the implementation of Ministerial Order 706). The [advisory](#) line is available between the hours of 8.30 am to 5.00 pm, Monday to Friday via phone 1300 725 911 or (03) 9345 4235.

8.0 REVIEW

Implementation Date: December 2020

Review Date: December 2022