Anaphylaxis Management Policy

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	Principal: Garry Dunn	Signature: 
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1. Preamble

1.1. Bairnsdale Christian Community School [BCCS] is committed to providing a safe learning environment for all our students, to complying with Ministerial Order No.706 for Anaphylaxis Management in Victorian Schools, and to following the Victorian Government Department of Education and Training (DET) Anaphylaxis Guidelines as amended by the department from time-to-time.

1.2. Source of obligation

1.2.1. Under the Education and Training Reform Act 2006 (Vic), all schools must develop an anaphylaxis management policy where the school knows, or ought to reasonably know, that a student enrolled at the school has been diagnosed as being at risk of anaphylaxis.

1.2.2. Ministerial Order No.706: Anaphylaxis Management in Victorian Schools prescribes specific matters that schools applying for registration and registered schools in Victoria must contain in their anaphylaxis management policy for the purposes of section 4.3.1 (6) (c) of the Act.

1.2.3. This policy is to be read in conjunction with the Anaphylaxis Communication Plan, Anaphylaxis Management Procedures and Anaphylaxis Risk Management Strategies.

1.2.4. Related polices include the Emergency and Critical Incident Management Policy, Medication Administration Policy and Health and Wellbeing (Student) Policy.

1.3. The hazard: anaphylactic shock

1.3.1. Anaphylaxis is a severe, rapidly progressive, and potentially life-threatening allergic reaction. The most common allergens in school-aged children are peanuts, eggs, tree nuts, cow's milk, fish and shellfish, wheat, and soy. Others include sesame, latex, certain insect stings, anesthesia, and some medications.

1.3.2. The key to prevention of anaphylaxis at BCCS is knowledge of the student who has been diagnosed as at risk, awareness of allergens and prevention of exposure to

those allergens. Partnerships between BCCS and parents/guardians is important in helping students avoid exposure.

1.3.3. Adrenaline given through an adrenaline auto-injector (such as an Epipen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

2. Policy

2.1. The school recognises that it cannot achieve a completely allergen-free environment. It is the school's policy to:

- provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- raise awareness about anaphylaxis and the school's Anaphylaxis Management Policy and related procedures within the school community.
- engage with parents/guardians of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student.
- train staff members about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction; and
- review the school's Anaphylaxis Management Policy annually by the Principal.

2.2. Safe work practices and procedures for managing anaphylaxis

2.2.1. Identification of students at risk

2.2.1.1. Parents/guardians are requested to notify the school of all medical conditions, including allergens, upon enrolment or upon diagnosis of a medical condition.

2.2.1.2. Students who are identified as suffering from severe allergies that may cause anaphylactic shock are considered high risk. For each of these students, a BCCS specific Individual Anaphylaxis Management Plan (IAMP) should be developed and reviewed annually in consultation with parents/guardians.

2.2.1.3. All students at risk of anaphylaxis require an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan for Anaphylaxis developed by the student's medical practitioner. Students who have mild to moderate allergies (but not considered at risk of anaphylaxis) may require an ASCIA Action Plan for Allergic Reactions at the discretion of the medical practitioner and this is highly encouraged at BCCS for quick reference in an emergency.

2.2.1.4. Both the ASCIA Action Plan for Anaphylaxis and the ASCIA Action Plan for Allergic Reactions should be reviewed and updated by the student's medical practitioner every 12–18 months in accordance with the plan's documented review date. An updated student photo is also required with each plan update.

2.2.1.5. A First Aid Officer is to maintain a list of students identified as having a medical condition that relates to allergy and potential anaphylaxis and keep an up-to-date record of all relevant action and management plans.

2.2.2. Individual Anaphylaxis Management Plans

2.2.2.1. The Principals will ensure that a First Aid Officer develops an Individual Anaphylaxis Management Plan, in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

2.2.2.2. The Individual Anaphylaxis Management Plan is to be implemented as soon as practicable after the student is enrolled and, where possible, before their first day of school with an interim plan to be developed in the meantime.

2.2.2.3. The Individual Anaphylaxis Management Plan sets out:

- 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 that 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 staff members, for both in-school and out-of-school settings including in the school yard, during camps and excursions, or at special events conducted, organised or attended by the school.
- the name of the staff member/s responsible for implementing the risk minimisation strategies that have been identified in the plan.
- information regarding where the student's medication is stored.
- the student's emergency contact details; and
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner and updated every 12–18 months.

2.2.2.4. Completed Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis are to be located on the medical alert notice board in the staff room, sickbay and in other locations specifically mentioned in the Individual Anaphylaxis Management Plan. Medical alert posters that list

students at risk of anaphylaxis, including a current photo and allergen details, are to be on display in the staffroom, relevant staff offices and canteens, and also at sickbay, and are to be provided to casual relief teachers and staff members who do yard duty.

2.2.2.5. Staff members implement and monitor Individual Anaphylaxis Management Plans as required.

2.2.2.6. In consultation with the student's parents/guardians, Individual Anaphylaxis Management Plans developed by the school are reviewed:

- annually, and as required.
- 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 or at a school event/activity; or
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (e.g., class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

2.2.3. It is the responsibility of parents/guardians to:

- obtain the ASCIA Action Plan for Anaphylaxis from their child's medical practitioner and provide a coloured copy to the school as soon as practicable.
- provide subsequent copies of ASCIA Action Plans to the school each time the medical practitioner reviews and updates the student's ASCIA Action Plan for Anaphylaxis (generally every 12–18 months).
- 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 their child for the ASCIA Action Plan for Anaphylaxis and each time it is updated.
- provide the school with two adrenaline auto-injectors that are current (i.e., the device has not expired) for their child (one to remain at sickbay and one to be available for use on camps and excursions or located in an alternative position on campus as documented in the student's Individual Anaphylaxis Management Plan).
- provide an adrenaline auto-injector for their child at risk of anaphylaxis who travels to and from school by bus or public transport, to be stored in their child's school bag and accessible for use in an emergency (note: this can be

considered to be the child's second adrenaline auto-injector located at school during school hours); and
- participate in annual reviews of their child's Individual Anaphylaxis Management Plan.

2.2.4. Adrenaline auto-injectors for general use

2.2.4.1. The Principal shall ensure that additional adrenaline auto-injectors are purchased for general use and as back-ups to those supplied by parents/guardians.

2.2.4.2. General use adrenaline auto-injectors are 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.

2.2.4.3. The Principal shall determine the number of additional adrenaline auto-injectors that need to be purchased by the school for use at their respective campuses. In doing so, the Principal should consider:
- the number of students enrolled at their respective campuses who have been diagnosed as being at risk of anaphylaxis.
- the accessibility of adrenaline auto-injectors that have been provided by parents/guardians 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 their respective campuses, including in the school yard, and at camps excursions and other special events conducted, organised or attended by the school; and
- the fact that adrenaline auto-injectors for general use have a limited life, usually expiring within 12–18 months, and therefore need to be replaced at the school's expense either at the time of use or expiry, whichever is first

2.2.4.4. First Aid Officers are to conduct regular reviews of adrenaline auto-injectors for general use to ensure that they are within their expiry date, that the device is not damaged, and that the fluid is clear and ready for use in an emergency. Expired or unsatisfactory auto-injectors are to be replaced as necessary.

2.2.4.5. An ASCIA General Use Action Plan should accompany all general use adrenaline auto-injectors.

2.2.5. Storage and location of adrenaline auto-injectors

2.2.5.1. All adrenaline auto-injectors should be:
- stored in a temperature controlled room to maintain a temperature of 15–25 degrees; and
- stored in an unlocked, easily accessible location away from direct heat (not in a fridge/freezer).

2.2.5.2. Student auto-injectors should be:
- clearly labelled with the student's name and stored in a container, together with a copy of the student's ASCIA Action Plan and Individual Anaphylaxis Management Plan, and checked regularly to ensure they have not expired, become discoloured or sediment is visible.
- located on the wall at sickbay and elsewhere in accordance with any management plans that may require them to be stored in student's adjoining classroom office or school bag; and
- taken to any off-site school activities such as camps or excursions (note: depending on the activity, one or both adrenaline auto-injectors may be required).

2.2.5.3. General use auto-injectors should be:
- made available in all yard duty bum-bags; and
- located in various campus-specific sites for easy accessibility by staff members (e.g., Reception, kindergarten).

2.2.6. Staff training

2.2.6.1. The Principal shall ensure that, while a student who is at risk of anaphylaxis is under the care or supervision of the school (including during recess and lunchtimes, camps, excursions and special event days), there are sufficient staff members present who have successfully completed an anaphylaxis management training course.

2.2.6.2. Staff members to be appropriately trained in anaphylaxis management include:
- those who conduct classes attended by students who are at risk of anaphylaxis; and
- any others as determined by the Principal based on a risk assessment (e.g., learning support staff members).

2.2.6.3. Every three years, staff members who are identified for anaphylaxis management training shall be required to complete: 22300VIC – Course in First Aid Management of Anaphylaxis.

2.2.6.4. In the event that the relevant anaphylaxis management training has not occurred for a staff member who has a student in their class at risk of anaphylaxis, the Principal shall develop an interim Individual Anaphylaxis Management Plan in consultation with the parents/guardians of any affected student. Relevant staff members are to be trained as soon as practicable after the student enrols, and preferably before the student's first day at school.

2.2.6.5. Additional anaphylaxis e-training through ASCIA can be accessed and undertaken by staff members for personal refresher training as desired. See Anaphylaxis Management Procedures.

2.2.6.6. In addition to appropriate anaphylaxis management training as outlined above, all staff members shall participate in an anaphylaxis briefing to occur twice per calendar year, with the first briefing to be held at the beginning of the school year.

2.2.6.7. Further to item 2.2.6.6 above, anaphylaxis briefings must be conducted by a First Aid Officer (or other relevant staff member) who has successfully completed the approved anaphylaxis management training course in the past two years, and shall cover:

- legal requirements as outlined in Ministerial Order No.706.
- the school's Anaphylaxis Management Policy and emergency response procedures.
- the causes, symptoms, and treatment of anaphylaxis.
- the photos and identities of students at risk of anaphylaxis, their allergy details, year levels and location of emergency medication.
- how to use an adrenaline auto-injector, including hands-on practice (not for accreditation) with a trainer auto-injector device.
- information about the ASCIA Action Plan for Anaphylaxis; and
- the location of both student and general use adrenaline auto-injectors

2.2.7. Emergency Response Procedure

2.2.7.1. In the event of an anaphylactic reaction, the student's ASCIA Action Plan for Anaphylaxis, the emergency response for anaphylaxis and general first aid procedures must be followed.

2.2.7.2. It is advisable that a staff member remains with a student who is displaying symptoms of anaphylaxis. As per instructions on the ASCIA Action Plan for Anaphylaxis, lay the person flat or allow them to sit if breathing is difficult, but do not allow them to stand or walk, and do not allow them to eat or drink.

2.2.7.3. Another member of staff should locate the student's adrenaline auto-injector, ASCIA Action Plan and Individual Anaphylaxis Management Plan, and take these to the student. The nearest 'general use' adrenaline auto-injector should also be provided in case a second dose is needed.

2.2.7.4. The adrenaline auto-injector should be administered as per the instructions in the student's ASCIA Action Plan and Individual Anaphylaxis Management Plan. Note: if unsure whether or not to administer an adrenaline auto-injector, the recommended course of action is to administer the device.

2.2.7.5. Once an adrenaline auto-injector has been administered:

- immediately call an ambulance on 000 and note time of administration.
- reassure the student, 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 staff member to move other students away and reassure them elsewhere.
- in the situation where there is no marked improvement and severe symptoms are present, administer a second injection of the same dosage after five minutes (where a second device is available);
- hand the used adrenaline auto-injector/s to the paramedics when they attend, and provide relevant information including the time/s of administration; and
- contact the student's parents/guardians or other emergency contacts when it is safe to do so.

2.2.8. First-time reactions

2.2.8.1. If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or is not known to be at risk of anaphylaxis, staff members should follow the school's first aid procedures. This should include immediately calling 000 and locating a general use auto-injector and following instructions on the ASCIA Action Plan for Anaphylaxis General Use (which should be stored with the general use adrenaline auto-injector).

2.2.9. Post-incident support

2.2.9.1. An anaphylactic reaction can be a very traumatic experience for the student involved, as well as for staff members, parents/guardians, students, and others witnessing the reaction. In the event of an anaphylactic reaction, students and staff members may benefit from post-incident counselling. Refer to a First Aid Officer or Principal for more information.

2.2.10. Post-incident review

2.2.10.1. After an anaphylactic reaction has taken place involving a student in the school's care and supervision, the following review processes shall take place:

- The adrenaline auto-injector must be replaced by the parents/guardians as soon as possible. In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan in place should another anaphylactic reaction occur prior to the replacement adrenaline auto-injector being provided.
- If the adrenaline auto-injector for general use has been used, this should be replaced as soon as possible. In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement adrenaline auto-injector for general use being provided.
- The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents/guardians.
- The school's Anaphylaxis Management Policy and the Anaphylaxis Management Procedures should be reviewed to ascertain whether there are any issues requiring clarification or modification in the policy and procedures. This will help the school to continue to meet its ongoing duty of care responsibilities.

2.2.11. Risk minimisation strategies

2.2.11.1. The risk minimisation strategies to be considered for relevant in-school and outof-school settings are detailed in the separate document titled Anaphylaxis Risk Management Strategies found on OneDrive. This document should be referred to in the management of anaphylaxis.

2.2.12. Risk Management Checklist

2.2.12.1. The Principal, together with a First Aid Officer shall complete and review an annual Anaphylaxis Risk Management Checklist, as published by the Department of Education and Training, in order to monitor compliance with their obligations.

2.2.12.2. Where the answers to any questions in the Anaphylaxis Risk Management Checklist indicate that there is room for improvement in procedures or practices, or that there is some degree of non-compliance with policy or procedural requirements, a First Aid Officer should take appropriate action. Such action may involve implementing the necessary improvements or providing a report and recommendations to the Principal and/or other staff members with delegated responsibilities.

2.3. Communication Plan

2.3.1. The Principal is responsible for developing a Communication Plan to provide information to all staff members, students, and parents/guardians about anaphylaxis.

2.3.2. The Communication Plan in relation to anaphylaxis management at BCCS should be read in conjunction with the Anaphylaxis Management Policy and the Anaphylaxis Management Procedures

2.3.3. The Communication Plan (as part of the Anaphylaxis Management Policy) is to be made available by the Principal to all staff members via OneDrive.

2.3.4. Raising school community awareness

2.3.4.1. The Anaphylaxis Management Policy should be available to members of the school community on the website and within the Parent Handbook. In addition, parents/guardians of students diagnosed as being at risk of anaphylaxis should be provided with a copy of the policy and relevant procedures by a First Aid Officer and/or Enrolment Coordinator. Information regarding allergic reactions and anaphylaxis may be provided from time-to-time by a First Aid Officer in school communications/publications.

2.3.5. Raising staff awareness

2.3.5.1. It is important that staff members have a clear understanding of the steps to be taken to respond to an anaphylactic reaction of a student, whether in-school (e.g., classroom, school yard, special event day) or out-of-school (e.g., camp, excursion). All staff members should have access to the Anaphylaxis Management Policy and Anaphylaxis Management Procedures via OneDrive, and they need to familiarise themselves with their role in anaphylactic management.

2.3.5.2. The Principal is expected to ensure that staff members are trained in accordance with Ministerial Order No.706, and briefed at least twice per calendar year (at staff meetings, training days, etc.) as per Staff Training above, regarding:

- the school's Anaphylaxis Management Policy.
- the school's Anaphylaxis Management Procedures, including emergency response procedures and other relevant first aid procedures.
- the causes, symptoms and treatment of anaphylaxis.
- how to use an adrenaline auto-injector (including hands-on practice with a trainer auto-injector); and

- the identities of students diagnosed as being at risk of anaphylaxis and where their adrenaline auto-injectors and/or other medications are located.

2.3.5.3. The Principal is expected to ensure that new staff members, casual relief staff members and volunteers working within their respective sub-schools are informed of students diagnosed as being at risk of anaphylaxis and of their role in responding to an anaphylactic reaction by a student. The Principal is to also ensure that campus or sub-school specific procedures are in place to facilitate the consistent provision of such information. Details of students at risk of anaphylaxis and the location of auto-injectors are provided in a campus-specific handbook given to new or casual relief teachers.

2.3.5.4. Similarly, First Aid Officers are expected to ensure that relevant new non-educational staff members (e.g. administration/office staff, canteen staff) are informed of students diagnosed as being at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student.

2.3.6. Raising student awareness

2.3.6.1. Peer support is an important element of support for students diagnosed as being at risk of anaphylaxis. Staff members can raise student awareness through fact sheets or posters displayed in various locations. Teachers can discuss the topic with students and convey simple key messages, including:

- always taking food allergies and all allergies seriously.
- not sharing food with students who have food allergies.
- washing hands after eating.
- knowing what fellow students are allergic to.
- getting help immediately if a fellow student becomes sick, even if the student doesn't want help.
- being respectful of a fellow student's adrenaline auto-injector while at school and when travelling to and from school.
- not pressuring fellow students to eat foods that they are allergic to; and
- not pressuring fellow students to go near something that they may have a reaction to.

2.3.6.2. It is important to be aware that a student diagnosed as being at risk of anaphylaxis may not want to be singled out or seen to be treated differently.

2.3.6.3. All students need to be aware that irresponsible behaviour towards students diagnosed as being at risk of anaphylaxis (e.g., teasing, daring, or tricking into eating a particular food, threatening with a known allergen) is unacceptable and will be treated as a serious and dangerous incident, and dealt

with in line with the Anti-Bullying (Students) Policy and Student Behaviour Response Policy.

2.3.7. Working with parents/guardians

2.3.7.1. It is important to be aware that the parents/guardians of a child diagnosed as being at risk of anaphylaxis may experience anxiety about sending their child to school. BCCS aims to develop an open and cooperative relationship with parents/guardians, providing regular communication and increased education, awareness, and support, so that they feel confident that appropriate anaphylaxis management strategies are in place.

2.3.7.2. While some parents/guardians may be quick to communicate with the school about their child's medical updates, some parents/guardians may need to be reminded of the need to keep the school fully informed regarding their child's medical condition and any changes that may have occurred (e.g., diagnosis, triggers, medication, action plans)