



ANAPHYLAXIS MANAGEMENT POLICY

Purpose

To explain to Mount Waverley Secondary College parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Mount Waverley Secondary College is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

Scope

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

School Statement

Mount Waverley Secondary College will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education.

Mount Waverley Secondary College acknowledges that the management of a student at risk of anaphylaxis is a partnership between school staff, the student, the student's parents and the student's medical practitioner.

It is a joint responsibility between parents and the college to take all reasonable steps to:

- a. Prevent an anaphylactic incident
- b. To respond to an anaphylactic incident in a timely, informed and appropriate manner

DEFINITIONS

Allergen: a substance that can cause an allergic reaction

Allergy: occurs when a person's immune system reacts to substances in the environment that are harmless for most people. These substances are known as allergens and are found in dust mites, pets, pollen, insects, ticks, moulds, foods and some medicines.

Allergic Reaction: Clinical changes that occur when a person is exposed to a substance that they are allergic to. These changes can affect the skin, intestines, respiratory and cardiovascular systems.

Anaphylaxis A severe, rapidly progressive allergic reaction that is potentially life threatening. It is a multi-system reaction characterised by one or more signs or symptoms of respiratory and/or cardiovascular involvement AND involvement of other systems such as skin and/or gastrointestinal tract.



Adrenaline (Epinephrine) Auto Injector: A device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis. These may include EpiPen®, EpiPen® Jr

ASCIA Australasian Society of Clinical Immunology and Allergy

Emergency Anaphylaxis Pouch (EAP): Pouch containing Adrenaline (Epinephrine) Auto-injector, Antihistamine (if prescribed), ASCIA Action Plan, other medication to manage medical conditions such as Salbutamol

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

An intolerance is different from an allergy because a food allergy affects the sufferer's immune system, whereas an intolerance is an adverse reaction to a particular type of food. Although they both indicate sensitivity to food, an allergy can be life-threatening while an intolerance is most likely not.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.



INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The College Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents/carers, 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 (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 college 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 college;

- 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 Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents in all 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

It is the responsibility of parents to:

- communicate their child's allergies and risk of anaphylaxis to the school at the earliest opportunity, in writing and preferably on enrolment
- provide a coloured ASCIA Action Plan that is a current version and has been completed by a medical practitioner
- inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide the relevant updated coloured 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 (Epinephrine) autoinjector that is dose appropriate and not expired for their child
- participate in yearly reviews of their child's Individual Anaphylaxis Management Plan

LOCATION OF PLANS AND ADRENALINE AUTOINJECTORS

STUDENT EPIPENS PROVIDED TO THE COLLEGE

An Adrenaline (Epinephrine) Autoinjector and the necessary medications as outlined in their ASCIA Action Plan must be provided to the College to be stored in the First Aid office at the student's campus. This must be provided to the college as soon as practicable when the student commences at the college.



The student's college emergency allergy pack (EAP) is accessible at all times during school hours and will be taken to off campus events such as excursion, sport, music and camps by the teacher in charge of the event.

As per manufacturer's recommendations for correct storage of EpiPen® and to ensure that the adrenaline is not affected by changes in temperature or light the college provides an insulated pouch to store the students Adrenaline (Epinephrine) Autoinjector.

If the student's Adrenaline (Epinephrine) Autoinjector is removed from the usual location this is clearly recorded on the whiteboard and first aid kit/EpiPen register in the First Aid Office.

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the First Aid Office, together with the student's adrenaline autoinjector.

ADDITIONAL STUDENT EPIPEN

The college acknowledges that students diagnosed at risk of anaphylaxis are responsible and educated in the identification and management of their allergies. It is also acknowledged that early administration of Adrenaline (Epinephrine) is paramount in the management of anaphylaxis.

Therefore, in addition to the college autoinjector, it is recommended that any students diagnosed at risk of anaphylaxis carry an additional Adrenaline (Epinephrine) Autoinjectors along with their ASCIA Action plan, EpiPen® and any required antihistamine tablets +/- emergency asthma medication.

This Personal EAP is required for travel to and from school and is recommended to be accessible by the student during the school day and taken as an additional safety measure to all off campus activities.

As per manufacturer's recommendations for correct storage of EpiPen® and to ensure that the adrenaline is not affected by changes in temperature or light a suitable container such as a pencil case or thermally insulated wallet should be used.

This Adrenaline Autoinjector is the responsibility of the student and/or parent to ensure that it is functioning properly and in-date.

All information regarding students identified as having anaphylaxis can be found on Compass -

Community - School Documentation - Staff documents - Anaphylaxis Briefing PowerPoint presentation. All staff can see this information.

RISK MINIMISATION STRATEGIES

The college acknowledges that peanuts and nuts are the most common trigger for an anaphylactic reaction or fatality due to food-induced anaphylaxis. To minimise the risk of a student's exposure and reaction to peanuts and nuts, our College avoids using peanuts, tree nuts, peanut butter or other peanut or tree nut products during in-school and out-of-school activities.

However blanket banning of nuts or other foods associated with anaphylaxis and allergies is not recommended because:

- it can create complacency amongst staff and students
- it cannot eliminate the presence of all allergens
- It is difficult to "ban" all triggers (allergens) because these are not necessarily limited to peanuts and nuts. Common allergens such as eggs, dairy, soy, wheat, sesame, seeds, fish and shellfish cause 90% of allergic reactions however there are many more foods that can be problematic.

The college will put in place prevention strategies that are designed to identify allergens, prevent exposure and enhance our response in case of an anaphylactic reaction.



Examples strategies include

- Staff are trained appropriately and in accordance with Ministerial Order No. 706
- Students with allergies are identified on Compass and staff will be expected to identify students with allergies and the potential for anaphylactic reaction within their class roll.
- Risk assessments for any excursions are undertaken and appropriate measures are taken to minimise exposure together with actions that should be taken should an exposure occur
- Students with allergies must make their allergens known to staff and other associated areas such as cafeteria and be able to identify signs and symptoms of an allergic reaction and are able to respond appropriately and seek first aid care immediately
- Pressure is not placed on students to try foods, whether they contain a known allergen or not
- Where possible, potential allergens are avoided in class/classroom activities, and the sharing of foods is discouraged

Further risk minimisation strategies can be located in the Individual Anaphylaxis Management Plan. Minimising the risks of anaphylaxis is a shared responsibility between the college, all school staff, the student, the students' parents/carers, the student's medical practitioner and the broader school community.

ADRENALINE AUTOINJECTORS FOR 'GENERAL USE'

Mount Waverley Secondary College will maintain a supply of adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first-time reaction at school.

Adrenaline autoinjectors for general use will be stored in the First Aid Office and Food Technology areas of each campus and labelled "general use".

The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Mount Waverley Secondary College at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

EMERGENCY RESPONSE

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the College Nurses and stored in the First Aid Office and significant areas around the College such as general office, subschool office, staff rooms, cafeteria and food technology areas.



For camps, excursions and special events, a designated staff member will be 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.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<p>Lay the person flat</p> <p>Do not allow them to stand or walk</p> <p>If breathing is difficult, allow them to sit</p> <ul style="list-style-type: none">• Be calm and reassuring• Do not leave them alone• Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the First Aid Office• If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5
2.	<p>Administer an EpiPen</p> <p>Remove from plastic container</p> <p>Form a fist around the EpiPen and pull off the blue safety release (cap)</p> <p>Place orange end against the student's outer mid-thigh (with or without clothing)</p> <p>Push down hard until a click is heard or felt and hold in place for 3 seconds</p> <p>Remove EpiPen</p> <p>Note the time the EpiPen is administered</p> <p>Retain the used EpiPen to be handed to ambulance paramedic along with the time of administration</p>
3.	<p>Call an ambulance (000)</p>



4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

4. COMMUNICATION PLAN

This policy is available on Mount Waverley Secondary College's website so that parents and other members of the school community can easily access information about Mount Waverley Secondary College's anaphylaxis management procedures. The parents and carers of students who are enrolled at Mount Waverley Secondary College and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Mount Waverley Secondary College's procedures for anaphylaxis management.

A copy of this policy is also available on the Compass staff documents for staff to access.

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's Anaphylaxis Guidelines.

5. STAFF TRAINING

The principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- school staff who conduct classes attended by students with a medical condition relating to allergy and the potential for anaphylactic reaction
- school staff who are specifically identified and requested to do so by the school principal, based on the principal's assessment of the risk of an anaphylactic reaction occurring while a student is under that staff members care, authority or supervision. .

The identified school staff will undertake the following training:

ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor (valid for two years)

OR

Recognised Anaphylaxis Management Training (course valid for three years) Course in Anaphylaxis Awareness 10710NAT



Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by the college's Anaphylaxis Supervisor or another member of staff nominated by the principal who has completed an approved anaphylaxis management training course in the past two years.

Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Mount Waverley Secondary College who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

The principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

The college will also appoint a minimum of two school staff per campus to become School Anaphylaxis Supervisors to ensure the implementation and application of staff training.

Further information and resources

Allergy & Anaphylaxis Australia (A&AA)

Risk minimisation strategies at: www.allergyfacts.org.au/images/pdf/Riskminimisation3.pdf

ASCIA Guidelines: Schooling and childcare <https://allergyfacts.org.au/allergy-management/schooling-childcare>

Department of Education

<https://www2.education.vic.gov.au/pal/anaphylaxis/policy>

Royal Children's Hospital: Allergy and Immunology

https://www.rch.org.au/allergy/about_us/Allergy_and_Immunology/

Royal Children's Hospital: Anaphylaxis Support Advisory Line

https://www.rch.org.au/allergy/advisory/Anaphylaxis_Support_Advisory_Line/

The Royal Children's Hospital has been contracted by the Department of Education (DE) to provide an Anaphylaxis Advice & Support Line to DE central and regional staff, school principals and school



representatives, school staff, children's services staff, and parents/carers wanting support.

The service is available between the hours of 8.30 am to 5.00 pm, Monday to Friday (except public holidays).

1300 725 911 or **9345 4235** or email carol.whitehead@rch.org.au or kathryn.rigopoulos@rch.org.au
(Thursday)

POLICY REVIEW AND APPROVAL

Policy last reviewed	March 2023
Approved by	College Principal
Next scheduled review date	March 2024

The Principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.