Anaphylaxis Management Policy

RATIONALE

Anaphylaxis is a severe, rapidly progressive and potentially life threatening allergic reaction.

The most common triggers (allergens) are peanuts, tree nuts (e.g., hazelnuts, cashews and almonds), cows’ milk, eggs, wheat, soy, sesame (seeds/oil), fish and shellfish. Although these are the most common triggers, any food can trigger an allergic reaction.

Other common allergens include latex, insects and medications. Peanuts and tree nuts are the allergens most often associated with fatal reactions, however people have died as a result of other triggers such as milk and shellfish.

The incidence of allergy, including anaphylaxis, is increasing. Although severe allergy/anaphylaxis is now more common than it was in the 1990s, death from anaphylaxis remains rare.

The only way to prevent anaphylaxis is to avoid the triggers. The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed as at risk, awareness of triggers, and prevention of exposure to these allergens. Most allergic reactions can be prevented.

First aid treatment for anaphylaxis is adrenaline. In the community setting, adrenaline is administered via an adrenaline auto-injector, following instruction on the individual’s Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis. Those at risk of anaphylaxis are prescribed an adrenaline auto-injector. The adrenaline auto-injectors currently available in Australia are EpiPen® and Anapen®.

The School will comply with Ministerial Order 706 2014 and those guidelines related to anaphylaxis management in schools, as published and amended by the Department of Education and Early Childhood Development from time to time.

PURPOSE

The Anaphylaxis Management Policy aims to:

- provide, as far as practicable, a safe and supportive environment in which boys at risk of anaphylaxis can participate equally in all aspects of School life;
- raise awareness about anaphylaxis and the School’s Anaphylaxis Management Policy in the School community;
- engage with parents/guardians of boys at risk of anaphylaxis, in assessing risks and developing risk minimisation and management strategies for those boys;
- ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the School’s policies and procedures about responding to an anaphylactic reaction; and,
- ensure compliance by the School with Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools.

MANAGEMENT OF BOYS DIAGNOSED AS BEING AT RISK OF ANAPHYLAXIS

Individual Anaphylaxis Management Plans

The Principal is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed, in consultation with the boy’s parents, for any boy who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the School has been notified of that diagnosis.

The Individual Anaphylaxis Management Plan must be put in place as soon as practicable after the boy enrols, and where possible before the boy’s first day at Scotch, or as soon as possible after diagnosis.

The Individual Anaphylaxis Management Plan must include the following:

- information about the boy’s medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the boy has (based on a written diagnosis from a medical practitioner);
- strategies to minimise the risk of exposure to known and notified allergens while the boy is under the care or supervision of School staff for in-school and out-of-school settings, including in the schoolyard, at camps and excursions, or at special events conducted, organised or attended by the School;
- the name(s) of the person(s) responsible for implementing the strategies;
- information on where the boy’s medication will be stored;
- the boy’s emergency contact details; and,
- an ASCIA Action Plan for Anaphylaxis (being an action plan in a format approved by the ASCIA, and referred to in this policy as an ASCIA Action Plan) completed and signed by the boy’s treating doctor and then provided to the School by the parent/guardian. This plan must set out the signs and symptoms of a mild to moderate or severe allergic reaction, and include the emergency procedures to be taken in the event of an allergic reaction. (See Appendix 2.)
The School must review the boy’s Individual Anaphylaxis Management Plan in consultation with the boy’s parents/guardians in all of the following circumstances:

- annually;
- if the boy’s medical condition in so far as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as is practicable after the boy has an anaphylactic reaction at School; and,
- when the boy is to participate in off-site activities such as camps and excursions, or at special events conducted, organised or attended by the School.

**Parent/Guardian Responsibility**

It is the responsibility of the parent/guardian to:

- provide an ASCIA Action Plan signed by the boy’s treating doctor;
- inform the School in writing if their son’s medical condition, in so far as it relates to allergy and the potential for anaphylactic reaction, changes, and if relevant, provide an updated ASCIA Action Plan;
- provide an up-to-date colour photograph for the ASCIA Action Plan when that plan is provided to the School and when it is reviewed; and
- provide the School with one adrenaline auto-injector that is current and not expired for their son.

In addition, it is the responsibility of parents and guardians of boys in the Senior School to ensure their son has an adrenaline auto-injector that is current and not expired for their son.

**SCHOOL MANAGEMENT OF ANAPHYLAXIS**

**Risk Management and Prevention Strategies**

The School has put in place a number of prevention strategies to minimise the risk of an anaphylactic reaction. Appendix 7 outlines some of these.

**SCHOOL MANAGEMENT AND EMERGENCY RESPONSE**

The strategies the School uses to manage boys with an allergy and the potential for anaphylactic reaction, and the emergency responses used in the event of an anaphylactic reaction form an integral part of the School’s general first aid and emergency response procedures.

As such, the following should be read in conjunction with the documents outlining the School’s general first aid and emergency response procedures.

No boy who has been prescribed an adrenaline auto-injector is permitted to attend Scotch College or participate in its programmes without providing an auto-injector and doctor-authorised ASCIA Action Plan for Anaphylaxis.

Parents of Senior School boys who are at risk of anaphylaxis must ensure their sons carry their own adrenaline auto-injectors and ASCIA Action Plans with them at all times. Parents must also supply a spare adrenaline auto-injector to be held by the School. They must ensure that the adrenaline auto-injectors provided are within the expiry date.

Parents of Junior School boys who are at risk of anaphylaxis must provide an adrenaline auto-injector and ASCIA Action Plan to the Junior School office. They will be carried by boys as deemed necessary by the staff supervising the boys.

Parents of Senior School boys who at risk of anaphylaxis should ensure that their sons carry with them, at all times their ASCIA Action Plans which are accessible to all staff and catering staff within the School, and to staff conducting trips/excursions/sporting events, or supervising these activities.

Booklets containing the names, photographs and details of the allergy of all boys who have a medical condition that relates to allergy and the potential for anaphylactic reaction are attached to this policy (See Appendix 6). These booklets, which are available from staff reception, will be distributed to all Senior School and Junior School staff as appropriate.

In addition to boys carrying copies of their ASCIA Action Plans, copies of their Individual Anaphylaxis Management Plans, including the ASCIA Action Plan for Anaphylaxis, must be accessible to all staff on the Student Information System, and further:

- must be accessible to all staff generating trips, camps and excursions; and,
- must be accessible for all activities where boys are under the care and supervision of Scotch staff.

In addition to each boy whose medical condition requires use of an auto-injector carrying his own auto-injector, the spare auto-injector supplied by the parents will be stored in the following locations:

**Junior School:**
First Aid Station, Junior School reception.

**Senior School:**
Lithgow Centre First Aid Room (behind Lithgow Reception).
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When a boy with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the School outside of normal class activities, including in the schoolyard, at camps and excursions, or at special events conducted, organised or attended by the School, the Principal must ensure that there is a sufficient number of School Staff present who have accredited anaphylaxis training.

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

ADRENALINE AUTOINJECTORS FOR GENERAL USE

The Principal is responsible for arranging the purchase of additional adrenaline auto-injectors for general use and as a back-up to those supplied by parents. The Principal will determine the number and type of auto-injectors for general use to be purchased, and in so doing consider all of the following:

- the number of boys enrolled in the School who have been diagnosed with a medical condition that relates to an allergy and the potential for anaphylactic reaction;
- the accessibility of adrenaline auto-injectors that have been provided by parents;
- the availability of a sufficient supply of adrenaline auto-injectors for general use in specified locations at the School, including the schoolyard, at excursions, camps, and special events conducted, organised or attended by the School; and,
- 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 is first.

All Defibrillator cabinets have an unassigned adrenaline auto-injectors for general use. Further, unassigned adrenaline auto-injectors are stored in the following locations:

**Boarding:**
Health Centre; Dining Hall; Duty Room in each Boarding House.

**Senior School:**
Lithgow Centre first aid room; Drama First Aid Room (3rd floor); GMT stage; Tuck Shop; maintenance office; Green Grandstand first aid station; Cardinal Pavilion; PE Office.

**Junior School:**
In the first aid station at reception.

**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 has been developed by the Principal, to:

- provide information to all School staff, parents and boys about anaphylaxis and the School’s anaphylaxis management policy;
- outline strategies for advising School staff, parents and boys about how to respond to an anaphylactic reaction occurring during normal School activities, including in the classroom, in the schoolyard, and in all School buildings and sites including gymnasiums and halls; and during off-site or out-of-school activities, including on excursions, camps and at special events conducted, organised or attended by the School;
- outline procedures to inform volunteers and casual relief staff of boys with a medical condition that relates to allergy and the potential for anaphylactic reaction, and their role in responding to an anaphylactic reaction of a boy in their care; and,
- indicate that the Principal is responsible for ensuring that all School staff are trained and briefed at least twice a year in accordance with the Staff training requirements mentioned below.

**Raising Student Awareness**

Classroom education from Health Centre and teaching staff and discussions held during year level assemblies, House and form meetings, sports practice, prior to excursions, camps and trips departing will:

- reinforce the importance of hand washing before and after eating;
- reinforce the importance not sharing food;
- discourage boys from bringing peanut, sesame and tree nut products in all forms into the School;
- raise peer group awareness as to what particular boys are allergic to; and,
- ensure boys are aware of the seriousness of allergic reactions.
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An ASCIA Action Plan for general use will be on display in prominent locations around the School, including the Glenn Centre, the Quad noticeboard, staff rooms in Junior School and Senior School, and first aid areas in the Junior School and Senior School.

Raising Staff Awareness

In addition to all staff undergoing training as specified below, the following are available to assist staff in identifying those boys who have an allergy and the potential for anaphylactic reaction:

Senior School - a booklet containing the name, photograph and details of the allergies of all Senior School boys who have a medical condition that relates to allergy and the potential for anaphylactic reaction, is available from staff reception, and will be distributed to all staff.

Junior School - a booklet containing the name, photograph and details of the allergies of all Junior School boys who have a medical condition that relates to allergy and the potential for anaphylactic reaction, is available from staff reception, and will be distributed to all staff. Also, a photo list is available from Junior School reception, and in the Junior School staff room.

The Principal will ensure casual relief teachers (CRTs), all seasonal sport coaches and staff and School volunteers are provided with a photographic booklet identifying students in their care who have been diagnosed at risk of anaphylaxis, serious medical issues and the School’s emergency response procedures.

CRTs and coaches are directed to complete the ASCIA online training course in anaphylaxis management (http://etraining.allergy.org.au) and present the completed certificate to the Health Services Manager. Practical training in the use of an adrenaline auto-injector will then be given by the Health Services Manager.

Working with Parents

Parents and guardians are required to:

- provide the School with an emergency procedures plan (ASCIA Action Plan) which includes a current colour photograph of their child every two years. This will be scanned into original condition into the Student Information System (SIS);
- supply the School with their son’s adrenaline auto-injector and ensure it has not expired;
- work with the School to develop an Individual Management Plan and review it as specified above;
- give permission for their child’s photograph to be displayed in areas around the School; and
- supply a second adrenaline auto-injector for the student to carry at all times while at School and while travelling to and from School.

The School will make regular contact with parents of boys who have an allergy or the potential for an allergic reaction to discuss matters relevant to the boy’s condition (e.g., prevention strategies, level of awareness, level of support).

Raising School Community Awareness

To raise awareness about anaphylaxis in the School community so that there is an increased understanding of the condition, the School will:

- provide a copy of the Anaphylaxis Policy to all new staff;
- provide new parents with a copy of the School’s Anaphylaxis Policy on enrolment;
- place information about anaphylaxis in School newsletters; and,
- disseminate information about anaphylaxis at information evenings, as appropriate.

Responding to an Anaphylactic Reaction in the Schoolyard

The following outlines the procedures for responding to an anaphylactic reaction in the schoolyard:

- Lay the child down. Do not allow him to stand or walk. If breathing is difficult, allow him to sit.
- For an insect allergy, flick out the sting, if it is visible.
- Administer the child’s personal adrenaline auto-injector, if the child is carrying it.
- The teacher on duty must stay with the student and either use his/her mobile phone to dial 000 (or 112 for mobiles), or access blue emergency phones.
- A student or available adult is to be sent with a verbal message to the office to obtain assistance.
- Health Centre or office staff will locate the student’s assigned adrenaline auto-injector from either the Senior School (Lithgow first aid), or the Junior School (First Aid and Anaphylaxis Emergency Response Kit), which contains an unassigned adrenaline auto-injector, and will take it to the student.
- The adrenaline auto-injector should be delivered without delay and the ASCIA Action Plan followed (noting time delivered).
- The child’s parents/guardians should be contacted.
- If another adrenaline auto-injector is available, a further adrenaline dose may be given if there is no response after five minutes.
Responding to an Anaphylactic Reaction in the Classroom

The following outlines the procedures for responding to an anaphylactic reaction in the classroom:

- Lay the child down. Do not allow him to stand or walk. If breathing is difficult, allow him to sit.
- For an insect allergy, flick out the sting, if it is visible.
- The child’s teacher must remain with the child and call 000 or (112 on his/her mobile phone or the class phone).
- A student or available adult is to be sent with a verbal message to the office to obtain assistance.
- Health Centre or office staff will locate the student’s assigned adrenaline auto-injector from either the Senior School (Lithgow first aid), or the Junior School (First Aid and Anaphylaxis Emergency Response Kit), which contains an unassigned adrenaline auto-injector, and take it to the student.
- The adrenaline auto-injector should be delivered without delay and the ASCIA Action Plan followed (noting time delivered).
- The child’s parents/guardians should be contacted.
- If another adrenaline auto-injector is available, a further adrenaline dose may be given if there is no response after five minutes.

Responding to an Anaphylactic Reaction on School trips, Excursions, at a Sporting Event or Other Special Event Organised by the School

All staff responsible for a group/class/team of students should be aware of any serious medical conditions of students in their groups. The teachers-in-charge of sports, services and other activities are responsible for ensuring that the SIS is checked for any information regarding medical conditions of students in their area of activity. This may be delegated to other appropriate staff.

Students at risk of anaphylaxis must carry their adrenaline auto-injector(s), antihistamine and ASCIA Action Plans to any event they attend.

Any boy with a medical condition that relates to allergy and the potential for anaphylactic reaction who arrives at a sporting venue or other event without the required medication or his adrenaline auto-injector will not be allowed to participate in the activity.

Staff in charge of boys at risk of anaphylaxis should ensure they have access to a telephone at the venue.

Adrenaline auto-injector(s) must remain close to the boy; i.e., in the centrally located first aid kit, or in a first aid bag carried by the boy/teacher in charge, if the boy is participating in a small group activity.

Staff must be aware that they still have a duty of care to the boy, even if the boy is carrying his own adrenaline auto-injector.

It is important to be aware that during an anaphylactic emergency a boy’s thought processes may be adversely affected, and he may be uncooperative or unable to administer his own adrenaline auto-injector.

In the event of an anaphylactic reaction, staff members must follow the boy’s Individual Anaphylaxis Management Plan and the ASCIA Action Plan for anaphylaxis as well as the School’s Emergency Response procedures. Documents outlining these response procedures can be found on SIS within the trip and excursion building procedures and in the first aid kits.
STAFF TRAINING

The following School staff must be trained in accordance with the School’s training requirements:

- School staff who conduct classes which include boys with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- any further staff that the Principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a boy is under the care or supervision of the School.

All staff subject to the School’s training requirements must:

- have successfully completed an anaphylaxis management training course in the three years prior; and
- participate in a briefing, to occur twice per calendar year, with the first one to be held at the beginning of the School year, by a member of School staff who has successfully completed an anaphylaxis management training course in the 12 months prior, on:
  - the School’s Anaphylaxis Management Policy;
  - the causes, symptoms and treatment of anaphylaxis;
  - the identities of boys with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;
  - how to use an adrenaline auto-injector, including hands on practice with a trainer adrenaline auto-injector;
  - the School’s general first aid and emergency response procedures, including location of blue emergency phones and defibrillators in the Junior School and Senior School; and,
  - the location of, and access to, adrenaline auto-injectors that have been provided by parents or purchased by the School for general use.

In the case when training or briefing does not occur as per the schedule mentioned above, the Principal will develop an interim plan in consultation with the parents of any affected boy with a medical condition that relates to allergy and the potential for anaphylactic reaction. In addition, training will occur as soon as possible thereafter. This will involve:

- completing an online accredited course on anaphylaxis; and,
- undergoing training organised by the School’s Health Services Manager in the use of an adrenaline auto-injector.

ANNUAL RISK MANAGEMENT CHECKLIST

The Principal is required to complete an annual Risk Management Checklist to monitor his compliance with his obligations as published and amended from time to time by the Department of Education and early Childhood Development, including Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools, the Anaphylaxis Guidelines and his legal obligations.

EVALUATION

This policy will be reviewed as part of the School’s two-year review cycle, or as required.

RESOURCES

Appendix 1: Anaphylaxis Management in Schools

Appendix 2: ASCIA Action Plan for Anaphylaxis for Personal Use 2014

Appendix 3: Communication Plan

Appendix 4: Note: a downloadable PowerPoint presentation, facilitator guide and DVD are available on the Department of Education and Early Childhood Development website to assist with these twice yearly briefings:
http://www.education.vic.gov.au

Appendix 5: Glossary of Terms and Definitions

Appendix 6: Casual Relief Teachers/Staff – Serious Medical Alerts and Photograph booklet (Internal)

REFERENCES


MR TOM BATTY, PRINCIPAL
(August 2014)
Appendix 7
Risk Management and Prevention Strategies

The following are some of the strategies put in place by the School to minimise the risk of an anaphylactic reaction.

In the Classroom
- Displaying a sample copy of an ASCIA Action Plan in classrooms;
- Liaising with parents/guardians about food-related activities ahead of time;
- Using non-food treats;
- Never giving food from outside sources to a student who is at risk of anaphylaxis;
- Being aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g., egg or milk cartons);
- Having regular discussions with students about the importance of washing hands, eating their own food and not sharing food; and
- Providing casual/relief teachers with a copy of the student’s ASCIA Action Plan.

In the Canteen
- Ensuring the School’s external/contracted food service provider is able to demonstrate satisfactory training in the area of anaphylaxis and its implications for food handling;
- Briefing canteen staff (including volunteers) about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans (with permission from parents/guardians);
- Displaying boys’ names, photos and the foods they are allergic to in the canteen as a reminder to staff (with permission from parents/guardians);
- Liaising with parents/guardians about food for the students;
- Not stocking peanut and tree nut products (including nut spreads);
- Not providing products labelled ‘may contain traces of peanuts/tree nuts’;
- Being aware of the potential for cross-contamination when storing, preparing, handling or displaying food; and
- Ensuring tables and surfaces are wiped clean regularly.

In the Yard
- Staff on duty trained in the administration of an adrenaline auto-injector;
- All Senior School boys at risk of anaphylaxis carrying adrenaline auto-injectors at all times;
- Unassigned adrenaline auto-injectors stored in easily accessible areas;
- Blue phones located around School grounds to enable immediate contact with central location;
- All staff on duty briefed on the School’s emergency response procedures;
- Lawns mowed regularly; and
- Boys’ medical information contained in the Student Information System.

Special Events (e.g., Sporting Events, In-school activities)
- Class teachers should consult parents/guardians in advance, either to develop an alternative food menu or request the parents/guardians to send a meal for the students;
- Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis, as well as being informed of the School’s allergen minimisation strategies;
- Staff should avoid using food in activities or games, including rewards;
- Boys must bring their own adrenaline auto-injector to any sporting event in which they are involved;
- Coaches are required to have a list of boys with medical alerts, have contact details for all families, and have access to copies of boys’ ASCIA Action Plan; and
- All coaches to be informed of the School’s emergency response procedures and attend training in the use of an adrenaline auto-injector.
Field Trips/Excursions

- The students’ adrenaline auto-injectors, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions.
- Staff members trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector should accompany the students on field trips or excursions;
- All staff present during the field trip or excursion need to be aware of the presence of students at risk of anaphylaxis;
- Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction;
- The School should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request parents/guardians to send meals (if required);
- Parents/guardians may wish to accompany their children on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting students.

Camps and Remote Settings

- A risk management plan for students at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers when planning school camps;
- Campsites/accommodation providers and airlines should be advised in advance of any students with food allergies;
- Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals;
- Camp providers should avoid stocking peanut, sesame or tree nut products, including nut spreads.
- The use of other substances containing allergens (e.g., soaps, lotions or sunscreens containing nut oils) should be avoided;
- The boys’ adrenaline auto-injectors and ASCIA Action Plan and a mobile or satellite phone must be taken on camp;
- All staff who go on camp must have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector;
- All staff present must be made aware if there are boys at risk of anaphylaxis;
- Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction;
- Staff need to be aware of local emergency services in the area and how to access them. Contact with these services should be made before the camp.
- Boys in Senior School at risk of anaphylaxis should carry their own adrenaline auto-injectors at all times. For Junior School boys, it should remain close to them and staff must be aware of its location at all times. (Note: staff still have a duty of care towards the boys, even if they carry their own adrenaline auto-injectors); and
- Boys with allergies to insect venoms should always wear closed shoes when outdoors.

MR I TOM BATTY
(JULY 2014)