Anaphylaxis Communication Plan 2015.
The Victoria Registration and Qualifications Authority (VRQA) is responsible for the registration of school in Victoria. In order for a school to be registered, and in order to be remained registered, it needs to comply with the requirements for registration outlines in section 4.3.1 (6) c of the Education and Training Reform Act 2006 (Vic).

One of the requirements is that if a school has enrolled a student in circumstances where the school knows, or ought reasonably to know, that the student has been diagnosed as being at risk of anaphylaxis, the school should develop an anaphylaxis management policy that includes all of the matters prescribed in Ministerial Order 706– Anaphylaxis Management in Schools.

Ministerial Order 706 – Anaphylaxis Management in Schools imposes the following obligations:
- Development of a School Anaphylaxis Management Policy
- Development of Individual Anaphylaxis Management Plan
- Development of a Communication Plan
- Implementation of Staff Training
- Development of emergency responses
- Undertake an Annual Risk Management Checklist.

**PART A: MEDICAL INFORMATION ABOUT ANAPHYLAXIS.**

What is anaphylaxis?
Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life-threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency requiring a rapid response.
What are the main causes?
Research shows that students in the 10-18 year age group are at greatest risk of suffering a fatal anaphylactic reaction. Certain foods and insect stings are the most common causes of anaphylaxis. Eight foods cause ninety-five per cent of food allergic reactions in Australia and can be common causes of anaphylaxis:

- peanuts;
- tree nuts (i.e. hazelnuts, cashews, almonds, walnuts, pistachios, macadamias, brazil nuts, pecans, chestnuts and pine nuts);
- eggs;
- cow's milk;
- wheat;
- soy;
- fish and shellfish (e.g. oysters, lobsters, clams, mussels, shrimps, crabs and prawns); and
- sesame seeds.

Other common allergens include some insect stings, particularly bee stings but also wasp and jumper jack ant stings, tick bites, some medications (e.g. antibiotics and anaesthetic drugs) and latex.

Signs and symptoms
Mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes;
- hives or welts;
- tingling mouth; and
- abdominal pain and/or vomiting (these are signs of a severe allergic reaction to insects). Anaphylaxis (severe allergic reaction) can include:

- difficult/noisy breathing;
- swelling of tongue;
- swelling/tightness in throat;
- difficulty talking and/or hoarse voice;
- wheeze or persistent cough;

1 WK Liew, E Williamson, MLK Tang. Anaphylaxis fatalities and admissions in Australia. Department of Allergy and Immunology 2009; 123: 434-442
• persistent dizziness or collapse; and

• pale and floppy (young children).

Symptoms usually develop within 10 minutes to several hours after exposure to an allergen, but can appear within a few minutes.

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

Children diagnosed as being at risk of anaphylaxis are prescribed Adrenaline Autoinjector in an emergency. The two most common brands of Adrenaline Autoinjectors available in Australia are EpiPen® and Anapen®300. Children between 10 and 20 kilograms are prescribed a smaller dosage of adrenaline, through an EpiPen®Jr or Anapen®150. These Adrenaline Autoinjectors are designed so that anyone can use them in an emergency.

**PART B: PREVENTION STRATEGIES.**

**Prevention Strategies**
The key to prevention of anaphylaxis is the identification of triggers (allergens) and prevention of exposure to these. For students who have been diagnosed with a severe allergy, there is a range of practical prevention strategies that schools can put in place to minimise exposure to known allergens.

**Strategies to Avoid Allergens**

**In-school settings - Classrooms**

- Liaise with parents/carers about food related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class, it is recommended that parents/carers provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Treats for the other students in the class should not contain the substance to which the student is allergic.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- A designated staff member should inform casual relief teachers of students at risk of anaphylaxis, preventive strategies in place and the school’s emergency procedures. Provide casual relief teachers with a procedure sheet and a copy of the students’ profile (abbreviated details of students at risk of Anaphylaxis, including photo).

Banning of food or other products is not recommended due to the possibility of encouraging complacency among staff and students, the presence of hidden allergens and the difficulty of monitoring and enforcing a ban. It is better for school communities to become aware of the risks associated with anaphylaxis, and to implement practical, age-appropriate strategies to minimise exposure to known allergens.

**Prevention Strategies at Nagle College**

**In- School Settings**

| 1. | Copies of the student’s ASCIA Action Plan are to be available in the staffroom, PE Office, Science Preparation Room, Technology and Canteen. Adrenaline Autoinjectors are also located in all these areas with the exception of the Staffroom. All Adrenaline Autoinjectors purchased by the College are checked regularly by Student Reception staff and replaced prior to their expiration date. In addition, some students carry their adrenaline autoinjector with them. |
| 2. | The original documents are retained in Student Reception (adjacent to Sick Bay). A copy of students ASCIA Action plan is kept with their Epipen or anapen®. *Note: Student Reception staff are responsible for the administration of first aid to students who are referred to First Aid.* |
| 3. | All Student Reception staff are required to hold current Level 2 First Aid qualifications and complete an approved anaphylaxis management training course every 3 years and subsequent refresher training as required by Ministerial Order 706. |
| 3. | The use of non-food treats is recommended. |
| 4. | In Food Technology classes all cooking utensils, preparation dishes, plates, cutlery are washed and cleaned thoroughly after preparation of food and cooking. There is a specific workstation set aside for students with allergies and all utensils are washed in the commercial dishwasher before and after use. Food Technology teachers are aware of the students in their care with anaphylaxis as have access to their Individual ASCIA plans. The Food Technology Aide also has access to a list of students who are at risk of anaphylaxis. |
| 5. | Casual Relief Staff are provided with a copy of the Individual Student Anaphylaxis Management Plans. Casual Relief Staff are invited to attend all scheduled anaphylaxis training. |
| 6. | Volunteers/parents are supervised by a staff member who has undertaken an approved anaphylaxis management training course. |
7. All food prepared in the canteen is done so in accordance with safe food handling guidelines. Canteen Managers who supervise volunteer staff in the canteen are required to complete an approved anaphylaxis management training course every 3 years and subsequent refresher training as required by Ministerial Order 706.

8. Student Reception staff will identify students at risk of anaphylaxis and communicate the names of these students and their medical information (A copy of their ASCIA plan and generic adrenaline autoinjector) to the Canteen Manager.

9. First Aid trained staff are present at all sporting carnivals. Adrenaline Autoinjectors are included in the first aid kits for these carnivals.

10. In accordance with Clause 12 of Ministerial Order 706 all relevant staff are required to undertake an approved anaphylaxis management training course every 3 years. The Learning and Teaching Coordinator organises staff briefings on anaphylaxis twice per calendar year. The first briefing is held at the commencement of the school year and the second briefing is held in the second semester. These briefings cover the schools anaphylaxis management policy, the causes and symptoms of anaphylaxis and the students who have been diagnosed with anaphylaxis and where their medication is stored/available. Please note: students carry their own Adrenaline Autoinjectors in addition to a number of these being available in various locations across the college as previously outlined.

11. Student medical information is available to all staff via Synergetic and SIMON. This information is updated as necessary.

**Off site or out of school Settings**

1. The staff member in charge of each out of school excursion is required to complete a Risk Assessment prior to the excursion being approved. This should include the name of any students at risk of anaphylaxis and how their condition will be managed.

2. Student Reception staff members are responsible for ensuring that first aid kits are prepared for all excursions. Where a student at risk of anaphylaxis is attending the excursion an Adrenaline Autoinjector is included in the First Aid Kit. Staff members will also be provided with detailed Student Medical Information to be carried during the excursion.

3. The Camps Coordinator completes a detailed Risk Assessment for all school camps, this includes student medical conditions. The camps Coordinator holds relevant First Aid qualifications. This includes the relevant anaphylaxis management course.

4. All excursions require a sufficient number of staff to hold appropriate current First Aid qualifications. This includes approved anaphylaxis training.
5. Appropriately trained first aid staff attend all sporting carnivals held at external venues. This includes the Inter-House Swimming Carnival held at the Bairnsdale Outdoor Pool. Adrenaline Autoinjectors are included in the first aid kits used at external venues. Staff members in attendance at first aid have access to student medical records.

**PART C: STRATEGIES FOR ADVISING SCHOOL STAFF, STUDENTS AND PARENTS ABOUT HOW TO RESPOND TO AN ANAPHYLACTIC REACTION.**

**School Staff**

All staff that have contact with a student at risk of anaphylaxis will undertake an approved training course every 3 years and attend an anaphylaxis briefing twice per calendar year.

**Visitors and Parents**

Volunteers or parents that come into contact with students are always accompanied by a staff member. In this situation the staff member will be responsible for responding to any anaphylactic reaction.

**Steps to be taken by staff members in response to an anaphylactic reaction by a student:**

<table>
<thead>
<tr>
<th>If an adrenaline auto injector is administered, the school must:</th>
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<tbody>
<tr>
<td>1. <strong>Immediately</strong> call an ambulance (000)</td>
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<tr>
<td>2. Lay the student flat and elevate their legs. Do not stand or walk. If breathing is difficult for them, allow them to sit but not to stand</td>
</tr>
<tr>
<td>3. Reassure the student experiencing the reaction 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 student away and reassure them elsewhere</td>
</tr>
<tr>
<td>4. In the rare situation where there is no marked improvement and <strong>severe symptoms</strong> (as described in the ASCIA Action Plan for Anaphylaxis) are present, a second injection (of the same dosage) maybe administered after five minutes, if a second auto injector is available</td>
</tr>
<tr>
<td>5. <strong>Then</strong> contact the student’s emergency contacts</td>
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</tbody>
</table>
Adrenaline Autoinjectors

An adrenaline autoinjector device is one approved by the Commonwealth Government Therapeutic Goods Administration and can include EpiPen®, EpiPen® Jr, Anapen® 300 or Anapen® 150.

First time reactions

If a student has a severe allergic reaction but has not been previously diagnosed with the allergy or as being at risk of anaphylaxis, 000 should be called immediately. Staff members should follow any instructions given by emergency services, as well as the school’s normal first aid emergency procedures. Families will be notified of this reaction by Student Reception staff.

How to administer the EpiPen®:

1. Remove from plastic container
2. Check the ‘window’ to make sure it is clear; and check the expiry date
3. Form a fist around EpiPen and pull off the blue safety cap
4. Place orange end against the student’s outer mid-thigh (with or without clothing)
5. Push down hard until a click is heard or felt and hold in place for 10 seconds
6. Remove EpiPen
7. Massage injection site for 10 seconds
8. Note the time you administered the EpiPen
9. The used auto injector must be handed to the ambulance paramedics along with the time of administration

How to administer an Anapen®:

1. Remove from box container and check the expiry date
2. Remove black needle shield
3. Form a fist around Anapen and remember to have your thumb in reach of the red button, then remove grey safety cap
4. Place needle end against the student’s outer mid-thigh
5. Press the red button with your thumb so it clicks and hold it for 10 seconds
6. Replace needle shield and note the time you administer the Anapen
7. The used auto injector must be handed to the ambulance paramedics along with the time of administration.

Raising student awareness
Peer support is an important element of support for students at risk of anaphylaxis. Staff can raise awareness in school through fact sheets or posters displayed in hallways, canteens and classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages:

- always take food allergies seriously – severe allergies are no joke
- don’t share your food with friends who have food allergies
- wash your hands after eating
- know what your friends are allergic to
- if schoolmate becomes sick, get help immediately
- be respectful of a schoolmate’s Epipen or anapen®
- don’t pressure your friends to eat food that they are allergic to

It is important to be aware that some students at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm an anaphylactic student with an allergen must be treated as a serious and dangerous incident and treated accordingly.

**Privacy considerations**

Nagle College is aware that some parents/carers or students may not wish the identity of the student to be disclosed to the wider school community. This should be discussed with the student’s parents/carers and written consent obtained to display the student’s name, photograph and relevant treatment details in staff areas, canteens or other common areas.
PART D: STAFF RESPONSIBILITIES

Student Reception Staff

Student Reception staff have responsibility for:

<p>| | |</p>
<table>
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<tbody>
<tr>
<td>1</td>
<td>Identifying students at risk of anaphylaxis from enrolment forms (in conjunction with the College Registrar).</td>
</tr>
<tr>
<td>2</td>
<td>In conjunction with the Deputy Principal - Pastoral Welfare communicating with parents regarding the establishment and maintenance of Individual Anaphylaxis Management Plans including the emergency procedure plan (ASCIA Action Plan).</td>
</tr>
<tr>
<td>3</td>
<td>Maintaining records first aid records for students at risk of anaphylaxis.</td>
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<td></td>
<td>o Storage and handling of the Primary Epipen or anapen® whilst in the college Safekeeping.</td>
</tr>
<tr>
<td>4</td>
<td>Storage and handling of the generic Epipen or anapen®s to be used as an adjunct to the Primary Epipen or anapen® in case on an emergency.</td>
</tr>
<tr>
<td>5</td>
<td>Keeping a record of the expiry dates of student epipen or anapen® and requesting in writing a replacement epipen or anapen prior to expiry.</td>
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<tr>
<td>6</td>
<td>Ensuring that Epipen or anapen®s are available at major events away from the College</td>
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<tr>
<td>7</td>
<td>Displaying information regarding students at risk in appropriate locations within the College.</td>
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<tr>
<td>8</td>
<td>Taking control during an anaphylaxis event where possible.</td>
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</tbody>
</table>

School Staff

School staff that are responsible for the care of students at risk of anaphylaxis

School staff who are responsible for the care of students at risk of anaphylaxis have a duty of care to take steps to protect students from risks of injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff, and volunteers.

Duty of care

Under the provisions of the Occupational Health and Safety Act 2004, the College is responsible for providing first aid facilities and sufficient staff trained to an appropriate level of competency in first aid.

In addition, Ministerial Order 706 requires that staff who are in contact with students at risk of anaphylaxis should complete an approved training course every 3 years and participate in a briefing twice per calendar year.

As part of the duty of care owed to students, teachers are required to administer first aid when necessary and within the limits of their skill, expertise and training. In the case of anaphylaxis, this includes following a student’s ASCIA Action Plan and administering an adrenaline auto injector if necessary.
It should be noted that a teacher’s duty is greater than that of the ordinary citizen in that a teacher is obliged to assist an injured student, while the ordinary citizen may choose to do nothing.

As part of their duty of care, school staff should conduct a further Risk Assessment for each individual student who has been diagnosed as being at risk of anaphylaxis when the student is on excursion, involved in classroom subject that exposes the student to triggers such as Food Technology, Culture Days, participating in special activities or if providing a food treat for students.

School staff have a duty to take reasonable steps to protect a student under their care from risks of injury are reasonable foreseeable. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers.

**Staff are required to do the following:**

<table>
<thead>
<tr>
<th>Number</th>
<th>Task Description</th>
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<tbody>
<tr>
<td>1.</td>
<td>Know and understand the School Anaphylaxis Management Policy</td>
</tr>
<tr>
<td>2.</td>
<td>Know the identity of student who are at risk of anaphylaxis</td>
</tr>
<tr>
<td>3.</td>
<td>Understand the causes, symptoms and treatment of anaphylaxis</td>
</tr>
<tr>
<td>4.</td>
<td>Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline auto injector</td>
</tr>
<tr>
<td>5.</td>
<td>Keep a copy of each student’s ASCIA Action Plan for Anaphylaxis, or know where to find one quickly, and follow it in the event of an allergic reaction</td>
</tr>
<tr>
<td>6.</td>
<td>Follow the ASCIA action plan in the event of an emergency reaction.</td>
</tr>
<tr>
<td>7.</td>
<td>Know the school’s first aid emergency procedures and their role in relation to responding to an anaphylactic reaction</td>
</tr>
<tr>
<td>8.</td>
<td>Know where students; adrenaline auto injectors are kept. (Remember that the adrenaline auto injector is designed so that anyone can administer it in an emergency). Students keep their adrenaline autoinjectors with them and generic pens are available at Student Reception, PE office, Canteen, Technology and Science Prep Room.</td>
</tr>
<tr>
<td>9.</td>
<td>Know and follow the prevention and risk minimisation strategies in the student’s Anaphylaxis Management Plan</td>
</tr>
<tr>
<td>10.</td>
<td>Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties). Work with parents/carers to provide appropriate food for their child if the food the school/class is providing may present a risk for him or her.</td>
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<tr>
<td>11.</td>
<td>Avoid the use of food treats in class or as rewards, as these may contain hidden</td>
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<tr>
<td><strong>12.</strong></td>
<td>Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.</td>
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<tr>
<td><strong>13.</strong></td>
<td>Be aware of the risk of cross-contamination when preparing, handling and displaying food.</td>
</tr>
<tr>
<td><strong>14.</strong></td>
<td>Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.</td>
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<tr>
<td><strong>15.</strong></td>
<td>Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.</td>
</tr>
<tr>
<td><strong>16.</strong></td>
<td>Ensure that a student at risk of anaphylaxis has access to their adrenaline autoinjector whenever they are on the college site on camps, excursions and special event days.</td>
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</tbody>
</table>
APPENDIX A

NAGLE COLLEGE

ANAPHYLAXIS MANAGEMENT POLICY
Rationale

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow’s milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in keeping certain foods or items away from the student while at school. Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community.

Adrenaline given through an adrenaline auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

This policy is formulated in accordance with Ministerial Order 706.

Scripture

“They will turn to the Lord, and He will respond to their pleas and heal them”.

Isaiah 19:22

Aim

The aim of this policy is 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 in the school community.
- Engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- Inform each staff member about allergies, anaphylaxis and the school’s policy and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Management Plans

The College will develop an individual management plan, in consultation with the student’s parents, 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.
The individual anaphylaxis management plan sets 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 School Staff;
- 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;
- an approved Action Plan.

The student’s individual management plan will be reviewed by school staff, in consultation with the student’s parents/carers:

- if the student’s medical condition, changes;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- when the student is to participate in an off-site activity or at special events conducted, organised or attended by the School.

It is the responsibility of the Parents to:

- provide the approved action plan;
- inform the School in writing if their child’s medical condition changes and if relevant, provide an updated approved action plan;
- provide an up to date photo for the approved action plan; and
- provide the School with an Adrenaline Autoinjector that is current for their child.

Prevention Strategies
Nagle College will implement relevant risk management and prevention strategies for relevant in-school and out-of-school settings.

Communication Plan

The College will develop a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school’s anaphylaxis management policy.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student.

Casual relief staff of students at risk of anaphylaxis will be informed of their role in responding to an anaphylactic reaction by a student in their care.
School Management and Emergency Response

Teachers and other school staff who conduct classes with students at risk of anaphylaxis are required to have up to date training in anaphylaxis management.

All teaching staff and any further staff members identified as requiring training by the College will be appropriately trained.

The identified school staff will undertake the approved anaphylaxis training course every three years and participate in an anaphylaxis briefing twice per year.

The school’s first aid procedures and students emergency procedures plan (approved action plan) will be followed in responding to an anaphylactic reaction.

A Risk Management Checklist will be completed annually.

Adrenaline Autoinjectors for General Use

The College will purchase Adrenaline Autoinjector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents.