

ANAPHYLAXIS MANAGEMENT POLICY, PROCEDURE AND PLAN

Approving authority	School Council
Purpose	This policy and procedure has been developed to ensure Ozford College has policies and procedures to promote a consistent and fair approach to planning for and managing the risk of anaphylaxis and to comply with the Guidelines to the Minimum Standards and Requirements for College Registration.
Responsible Officer	Principal and Academic Director High School Coordinator and Student Services Coordinator have administrative responsibility for this policy
Associated documents	Accident and Incident Reporting Policy and Procedure Anti-bullying and Harassment Policy and Procedure Critical Incident Policy and Procedure First Aid and Medical Condition Policy and Procedure Student Behaviour Management Policy and Procedure Student Support and Services Policy and Procedure Records Management Policy and Procedure

1. RATIONALE

This Ozford College (the College) policy is based on Ministerial Order 706, Anaphylaxis Guidelines and other information supplied by the Department of Education and Early Childhood Development.

Section 4.3.1(6)(c) of the *Education and Training Reform Act 2006 Act* requires that when the College has enrolled a student in circumstances where the College knows, or ought reasonably to have known that the student has been diagnosed as being at risk of anaphylaxis, the College must develop an anaphylaxis management policy which contains all of the matters required by the Order.

Ozford College will comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

This policy and procedure aims 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 College community;
- to engage with parents/guardians/carers of students at risk of anaphylaxis in assessing risks, develop a risk minimisation strategies and management strategies for the student; and
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

2. SCOPE

All College staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable.

In relation to anaphylaxis management, the College and its staff have a duty to take all reasonable steps to familiarise and keep informed themselves as to whether an enrolled student is at risk of anaphylaxis.

3. POLICY

DEFINITIONS

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. According to the DET Guidelines, 9 foods cause 95% of food-induced allergic reactions, including anaphylaxis, in Australia:

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

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

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. ASCIA (Australasian Society of Clinical Immunology and Allergy) is the peak professional body of clinical immunology and allergy in Australia and New Zealand.

Those at risk of anaphylaxis are prescribed with an adrenaline Auto-injector. The Adrenaline Auto-injector device is approved for use by the Commonwealth Government Therapeutic Goods Administration and can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis. These may include EpiPen®, EpiPen®Jr, Anapen®300 or Anapen®150.

Anaphylaxis Management Training Course means:

- A course in anaphylaxis management training that is accredited as a VET course in accordance with Part 3 of the National Vocational Education and Training Regulator Act 2011 (Cth) that includes a competency check in the administration of an Adrenaline Auto-injector;
- A course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an Adrenaline Auto-injector;
- A course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an Adrenaline Auto-injector; and
- Any other course approved by the Secretary for the purpose of this Order as published by the Department.

Individual Anaphylaxis Management Plan

- 3.1 The Principal has overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis.
- 3.2 The Student Service Coordinator will:
- support the Principal in the implementation of this policy and procedures.
 - liaise with parents or guardians (and, where appropriate, the student) to manage and implement individual anaphylaxis management plans
 - liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school
 - assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other College staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools
 - send periodic reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to ensure records of the anaphylaxis training undertaken by all College staff are stored on-site at the school
 - lead the twice-yearly anaphylaxis College briefing
 - provide regular advice and guidance to College staff about allergy and anaphylaxis management in the College as required.
- 3.3 An **Individual Anaphylaxis Management Plan** (that includes an individual ASCIA Action Plan for Anaphylaxis) must be developed and maintained by the Student Service Coordinator in consultation with the student's parents/carers and medical practitioner for each student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- 3.4 The Individual Anaphylaxis Management Plan will be put in place as soon as practicable after the student enrolls and where possible during orientation.
- 3.5 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 and/or allergies the student has (based on a written diagnosis from a Medical Practitioner);
 - strategies put in place to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of staff, for in-College and out-of-College settings including in the College 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 ASCIA Action Plan (provided by parents).
- 3.6 College staff will implement and monitor the student's Individual Anaphylaxis Management Plan.

- 3.7 The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's family (parents/guardian/carer) in all of the following circumstances:
- annually;
 - if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction changes;
 - as soon as practicable after the student has an anaphylactic reaction at School; and
 - 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 College (eg. class parties, elective subjects, cultural days, fetes, incursions).
- 3.8 It is the responsibility of the student's family (parents/guardian/carer) to:
- provide the ASCIA Action Plan;
 - inform the College 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 an updated ASCIA Action Plan;
 - provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the College and when it is reviewed; and
 - provide the College with an Adrenaline Autoinjector that is current and not expired for their child.

Adrenaline Auto-injectors

- 3.9 It is the responsibility of the College to purchase backup Adrenaline Auto-injectors for general use and as a back up to those supplied by Parents. Note: Adrenaline Auto-injectors for General Use are available for purchase at any chemist. No prescriptions are necessary.
- 3.10 The Student Service Coordinator will recommend to the Principal, the number of additional Adrenaline Auto-injector(s) required. In doing so, the Student Service Coordinator will take into account the following relevant considerations:
- the number of students enrolled at the College who have been diagnosed as being at risk of anaphylaxis;
 - the accessibility of Adrenaline Autoinjectors that have been provided by parents 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 the School, including
 - in the College yard, and at excursions, camps and special events conducted or organised by the School; and
 - the Adrenaline Auto-injectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever occurs first.

Risk Minimisation and Prevention Strategies

- 3.11 The College will maintain Risk Minimisation and Prevention Strategies for all relevant in-College and out-of-College settings which include the following:
- during classroom activities (including class rotations, specialist and elective classes);
 - between classes and other breaks;
 - during recess and lunchtimes;
 - before and after school; and

- special events including incursions, sports, cultural days, class parties, excursions and camps.

Emergency Response

- 3.12 The College has procedures for emergency response to anaphylactic reactions, Accident and Incident Reporting Policy and Procedure and a Critical Incident Policy and Procedure.
- 3.13 The emergency response includes the following:
- a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;
 - details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these can be located:
 - in a classroom;
 - other areas of College buildings;
 - on College excursions;
 - on College camps; and
 - at special events conducted, organised or attended by the school;
 - information about the storage and accessibility of Adrenaline Auto-injectors; and
 - communication to all College Staff, students and parents in accordance with the communications plan.

Risk Management Checklist

- 3.14 The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations.

Communication Plan

- 3.15 The College has a Communication Plan that provides information to all College Staff, students and parents/guardians/carers about anaphylaxis and the Anaphylaxis Management Policy.
- 3.16 The Communication Plan includes strategies for advising College Staff, students and parents/guardians/carers on how to respond to an anaphylactic reaction by a student in various environments including:
- during normal College activities including in the classrooms and all other areas of the College buildings;
 - during off-site or out of College activities, including on excursions, College camps and at special events conducted or organised by the School.
- 3.17 The Communication Plan includes procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.
- 3.18 It is the responsibility of the Principal to ensure that relevant College Staff are:
- trained; and
 - briefed at least twice per calendar year.

Staff Training

- 3.19 It is the responsibility of the College to identify and train staff in anaphylaxis management including:
- those who conduct classes that students with a medical condition relating to allergy and the potential for anaphylactic reaction attend; and
 - any further College Staff that the Student Service Coordinator identifies based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the School.
- 3.20 The Principal with the support of the Student Service Coordinator will ensure that while the student is under the care or supervision of the School, including excursions, camps and special event days, there is a sufficient number of College Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.
- 3.21 The Student Service Coordinator will provide the briefing sessions and will:
- ensure they have currency in the Course in Verifying the Correct Use of Adrenaline Injector Devices 225579VIC (every 3 years) and the ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years).
 - ensure that they provide the Principal with documentary evidence of currency in the above courses.
 - assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other College staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools.
 - send periodic reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to ensure records of the anaphylaxis training undertaken by all staff are stored on-site at the College.
 - lead the twice-yearly anaphylaxis College briefing.
 - provide access to the adrenaline autoinjector (trainer) device for practice use by all staff.
 - develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment, for example:
 - a bee sting occurs on College grounds and the allergic student is conscious
 - an allergic reaction where the student has collapsed on College grounds and the student is not conscious
 - develop similar scenarios for when staff are demonstrating the correct use of the adrenaline autoinjector (trainer) device.
- 3.22 All College teaching staff and nominated support staff will undertake the following training:
- an Anaphylaxis Management Training Course in the three years prior; and
 - participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the College year) on:
 - This Policy;
 - the causes, symptoms and treatment of anaphylaxis;
 - the identities of the students with a medical condition that relates to an allergy 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 device;
 - The First Aid and Emergency response procedures; and
 - the location of and access to, Adrenaline Autoinjector that have been provided by the student's family (parents/guardian/carers) or purchased by the College for general use;
- 3.23 In the event that the relevant training and briefing has not occurred, the Principal and the Student Service Coordinator will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant College Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.
- 3.24 For detailed information about anaphylaxis, staff can access the following link - <https://allergyfacts.org.au/allergy-anaphylaxis>

4. PROCEDURES

Identification and Preparation

- 4.1 Upon a **students'** enrolment, the student and their family (parents/guardians/carers) are required to complete an enrolment form and clearly state whether or not a student is at risk.
- 4.2 Once the risk is identified, the Student Service Coordinator will consult with the family (parents/guardians/carers) and medical advisor to develop a plan.
- 4.3 The family (parents/guardians/carers) will be advised that the student will need to carry an Adrenaline Autoinjector.
- 4.4 The Student Service Coordinator will request and obtain from family (parents/guardians/carers) a spare Adrenaline Autoinjector to be held at school. The Adrenaline Autoinjector will be reviewed as per the Ozford's procedures and parents will be followed up to ensure the Adrenaline Autoinjectors are within expiry dates.
- 4.5 The College will also ensure that a general Adrenaline Autoinjector is held suitable as backup for the student's needs.

Communication Plan

- 4.6 The following Communication Plan has been developed to provide information to all College Staff, students and parents about anaphylaxis and the School's Anaphylaxis Management Policy.
- 4.7 All staff will be briefed at least twice per year by a staff member who has current anaphylaxis management training regarding anaphylaxis and the School's Anaphylaxis Management Policy.
- 4.8 The High College Coordinator is responsible for briefing all volunteers and casual relief staff members and new Ozford staff members (including administration and office staff, canteen staff, sessional teachers, and specialist teachers) of the above information and their role in responding to an anaphylactic reaction of a student in their care.

- 4.9 Peer support is an important element of support for students at risk of anaphylaxis. All students will be provided with information about anaphylaxis and how to support any students at risk of anaphylaxis. Student messages about anaphylaxis will include:
- 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 a College friend becomes sick, get help immediately even if the friend does not want to.
 - Be respectful of a College friend's Adrenaline Auto-injector.
 - Don't pressure your friends to eat food that they are allergic to.
- 4.10 Staff will raise awareness about anaphylaxis and how to respond to allergic reactions through fact sheets or posters displayed in hallways and classrooms.
- 4.11 A student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Staff will need to consider this in their communication strategies.
- 4.12 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. If this occurs, staff will talk to the students involved so that they are aware of the seriousness of an anaphylactic reaction.
- 4.13 Any attempt to harm a student diagnosed at risk of anaphylaxis will be treated as a serious and a dangerous incident and will be dealt with in line with the Student Behaviour Management Policy and Procedure and the Anti-bullying and Harassment Policy and Procedure.
- 4.14 Staff can refer to the Bully Stoppers website, an anti-bullying resource for ideas and strategies for dealing with bullying situations. Further information about Bully Stoppers is available at: <http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx>
- 4.15 The family of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to School. Staff will develop an open and cooperative relationship with parents so that they can feel confident that appropriate management strategies are in place.
- 4.16 The College will raise awareness about anaphylaxis in the College community so that there is an understanding of the condition. This will be done by providing information in the College newsletters.
- 4.17 The College will use Information Sheets that promote greater awareness of severe allergies. For example, the Royal Children's Hospital website has information at the following link: https://www.rch.org.au/kidsinfo/fact_sheets/Allergic_and_anaphylactic_reactions/

Risk Prevention Strategies

4.18 The College has established the following risk prevention strategies:

College premises	
1.	A copy of the student's Individual Anaphylaxis Management Plan will be kept in the classroom. The ASCIA Action Plan needs to be easily accessible even if the Adrenaline Auto-injector is kept in another location.
2.	Liaise with parents regarding food-related activities ahead of time.
3.	Use non-food rewards only.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
6.	Products labelled 'may contain traces of nuts' must not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
7.	Be aware of the possibility of hidden allergens in food and other substances used in science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10.	A designated staff member must inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Auto-injector, the College's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident, that is, seeking a trained staff member.
Special events (e.g. sporting events, incursions, class parties, etc.)	
1.	If the College has a student at risk of anaphylaxis, sufficient staff supervising the special event must be trained in the administration of an Adrenaline Auto-injector and be able to respond quickly to an anaphylactic reaction if required.
2.	College Staff should avoid using food in activities or games, including as rewards.
3.	For special occasions, College Staff should consult the student's family (Parents/guardians/carers) in advance to either develop an alternative food menu or request the parents to send meals for the student.
4.	Families (Parents/guardians/carers) of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at College or at a special College event.
5.	Party balloons should not be used if any student is allergic to latex.
Field trips/excursions/sporting events	
1.	If the College has a student at risk of anaphylaxis, sufficient College Staff

	supervising the special event must be trained in the administration of an Adrenaline Auto-injector and be able to respond quickly to an anaphylactic reaction if required.
2.	A staff member or team of staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Auto-injector must accompany any student at risk of anaphylaxis on field trips or excursions.
3.	Staff should avoid using food in activities or games, including as rewards.
4.	The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis must be easily accessible and staff must be aware of their exact locations.
5.	For each field trip, excursion and the like, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
6.	The College should consult the family (Parents/guardians/carers) of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu or request the student's family (Parents/guardians/carers) provide meals (if required).
7.	Prior to the excursion taking place College Staff should consult with the student's family (Parents/guardians/carers) and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

Management and Emergency Response

4.19 In the event of an anaphylactic reaction, the Emergency Response Procedures must be followed, together with the First Aid and Medical Condition Policy and Procedure and the student's ASCIA Action Plan.

- If the student is having an allergic reaction follow the advice on the student's ASCIA Action Plan.
- If in doubt, give the Anapen® or EpiPen®.
- If the student does not have an ASCIA Action Plan and/or an Anapen® or EpiPen® use the College's General EpiPen®.
- Call triple zero (000) for an ambulance.

4.20 The College procedures relating to anaphylactic reactions are as follows:

- A complete and up-to-date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction will be maintained by the Student Service Coordinator and communicated to all relevant staff.
- The details of Individual Anaphylaxis Management Plans and ASCIA Action Plans will be kept in the students' files and the classrooms and other areas where Ozford's students may be studying.
- When students are involved with College excursions or special events conducted, organised or attended by the College, an outline of the storage and accessibility of Adrenaline Auto-injectors, information including those for general use will be provided to staff.
- When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the College outside of normal class activities, including in the College yard, at camps and excursions, or at special events conducted, organised or attended by the College, the Student Service Coordinator will ensure that there are a sufficient number of staff who have been adequately trained in attendance.

Self-administration of the Adrenaline Auto-injector

- 4.21 The decision whether a student can carry their own Adrenaline Auto-injector will be made when developing the student's Individual Anaphylaxis Management Plan in consultation with the student, the student's family (Parents/guardians/carers) and the student's Medical Practitioner.
- 4.22 Students who ordinarily self-administer their Adrenaline Auto-injector may not physically be able to self-administer due to the effects of a reaction. In relation to these circumstances, adequately trained staff will administer an Adrenaline Auto-injector to the student, in line with their duty of care for that student.
- 4.23 If a student self-administers an Adrenaline Auto-injector, one member of the College staff will supervise and monitor the student, and another member of the College staff will contact an ambulance (on emergency number 000/112 from mobile phone).
- 4.24 If a student carries their own Adrenaline Auto-injector, a second Adrenaline Autoinjector (provided by the parent) will be kept on-site in an easily accessible, unlocked location that is known to all College Staff.

Responding to an incident

- 4.25 Where possible, only College Staff with training in the administration of the Adrenaline Auto-injector will administer the student's Adrenaline Auto-injector. However, it is imperative that an Adrenaline Auto-injector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Auto-injector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.
- 4.26 It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by).

In-College Environment

- 4.27 Staff may use phones/personal mobile phones to raise the alarm that a reaction has occurred.
- 4.28 Students will be advised to go to the nearest teacher or Reception to raise an alarm which triggers getting an Adrenaline Auto-injector to the student and other emergency response protocols.
- 4.29 If this occurs, one staff member will call for an ambulance; and
- 4.30 A second staff member will wait for ambulance at the College entrance on the ground floor.

Out-of College Environments

- 4.31 All College environments, including each individual camp and excursion, will be subject to a risk assessment for each individual student attending who is at risk of anaphylaxis.
- 4.32 The risk assessment will include:
- Ensuring at least two staff trained in anaphylaxis will attend each event.
 - Establishing the location of Adrenaline Autoinjectors including who will be carrying them and access to a second medical kit.
 - Accessing and administering the Adrenaline Autoinjector to a student; and
 - Establishing who will call for an ambulance response, including giving detailed location address. e.g. Melway reference if city excursion, and best access point or camp address/GPS location.

Students at risk of anaphylaxis

- 4.33 A member of staff will remain with the student who is displaying symptoms of anaphylaxis at all times.
- 4.34 As per instructions on the ASCIA Action Plan: 'Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.'
- 4.35 The staff member will immediately locate the student's Adrenaline Autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan.
- 4.36 The Adrenaline Autoinjector will then be administered following the instructions in the student's ASCIA Action Plan.

How to administer an EpiPen®

- 4.37 The process to administer an EpiPen includes:
- Remove from plastic container.

- Form a fist around EpiPen® and pull off the blue safety cap.
- Place orange end against the student's outer mid-thigh (with or without clothing).
- Push down hard until a click is heard or felt and hold in place for 3 seconds.
- Remove EpiPen®.
- Note the time you administered the EpiPen®.
- The used Autoinjector must be handed to the ambulance paramedics along with the time of administration.

How to administer an AnaPen®

4.38 The process to administer an AnaPen includes:

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

If an Adrenaline Autoinjector is administered

4.39 Once the Adrenaline Autoinjector is administered:

- Immediately call an ambulance (000/112 from mobile phone).
- Always call an ambulance as soon as possible (000)
- When using a standard phone call 000 (triple zero) for an ambulance.
- If you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.
- Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.

- 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 member of the College Staff to move other students away and reassure them elsewhere.
- 4.40 In the situation where there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second Autoinjector is available (such as the Adrenaline Autoinjector for General Use).
- Then contact the student's emergency contacts.
 - Then enact the First Aid and Medical Condition Policy and Procedure and the Critical Incident Policy and Procedure.

First-time reactions

- 4.41 If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, staff should follow the First Aid and Medical Condition Policy and Procedure.
- 4.42 This should include immediately contacting an ambulance using 000.
- 4.43 It may also include locating and administering an Adrenaline Autoinjector for General Use.

Post-incident support

- 4.44 An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction and the student's family (Parents/guardians/carers).
- 4.45 In the event of an anaphylactic reaction, appropriate post-incident counselling will be supplied by the College as set out in the Student Support and Services Policy and Procedure.

Review

- 4.46 After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision, it is important that the following processes take place.
- 4.47 The College needs to request that the Adrenaline Autoinjector is replaced by the student's family (Parents/guardians/carers) as soon as possible.
- 4.48 In the meantime, the Student Service Coordinator will ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
- 4.49 If the College's Adrenaline Autoinjector for General Use has been used, it will need to be replaced as soon as possible.

- 4.50 In the meantime, the Student Service Coordinator will ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided.
- 4.51 The student's Individual Anaphylaxis Management Plan will be reviewed in consultation with the student's family (Parents/guardians/carers).
- 4.52 The Anaphylaxis Management Policy will be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of College Staff.

Purchasing Adrenaline Autoinjectors

- 4.53 The Student Service Coordinator is responsible for arranging for the purchase of additional Adrenaline Autoinjector(s) for General Use, and as a back up to Adrenaline Autoinjectors supplied the student's family (Parents/guardians/carers) who have been diagnosed as being at risk of anaphylaxis.
- 4.54 Adrenaline Autoinjectors for General Use are available for purchase at any chemist. No prescription is necessary. These devices will be purchased in the same way that supplies for College first aid kits are purchased.
- 4.55 The Student Service Coordinator will determine the type of Adrenaline Autoinjector to purchase for General Use. In doing so, it is important to note the following:
- Adrenaline Autoinjectors available in Australia are EpiPen® and Anapen®300;
 - children under 20 kilograms are prescribed a smaller dosage of adrenaline, through an EpiPen®Jr or Anapen®150; and
 - Adrenaline Autoinjectors are designed so that anyone can use them in an emergency.

Number of back up Adrenaline Autoinjectors to purchase

- 4.56 The Student Service Coordinator will also need to determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Student Service Coordinator should take into account the following relevant considerations:
- the number of students enrolled who have been diagnosed as being at risk of anaphylaxis;
 - the accessibility of Adrenaline Autoinjectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
 - the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations including at excursions and special events conducted, organised or attended by the School; and
 - the Adrenaline Autoinjectors for General Use have a limited life, and will usually expire within 12-18 months, and will need to be replaced either at the time of use or expiry, whichever is first.

When to use Adrenaline Autoinjectors for General Use

4.57 The Adrenaline Autoinjectors for General Use will be used when:

- a student's prescribed Adrenaline Autoinjector does not work, is misplaced, out of date or has already been used; or
- when instructed by a medical officer after calling 000.

4.58 The ASCIA advice is that no serious harm is likely to occur from mistakenly administering adrenaline to an individual who is not experiencing anaphylaxis. Further information is available from ASCIA at:
<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/adrenaline-autoinjectors-for-general-use>

Storage of Adrenaline Autoinjectors

4.59 The procedures for the storage of Adrenaline Autoinjectors are as follows:

- Adrenaline Autoinjectors for individual students, or for general use, will be stored and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes;
- Adrenaline Autoinjectors will be stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer;
- Each Adrenaline Autoinjector will be clearly labelled with the student's name and be stored with a copy of the student's ASCIA Action Plan;
- An Adrenaline Autoinjector for General Use will be clearly labelled and distinguishable from those for students at risk of anaphylaxis; and
- Trainer Adrenaline Autoinjectors (which do not contain adrenaline or a needle) will not be stored in the same location due to the risk of confusion.
- Currently, the Adrenaline Autoinjector for general use is stored in the First Aid kit.

Regular review of Adrenaline Autoinjectors

4.60 The College will undertake a review of students' Adrenaline Auto-injectors, and those for general use at the commencement of each term.

4.61 When undertaking a review, the following factors will be checked and/or considered:

- **Adrenaline Autoinjectors are:**
 - stored correctly and be able to be accessed quickly, because in some cases exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes;
 - stored in an unlocked, easily accessible place away from direct light and heat. They should not be stored in the refrigerator or freezer;

- clearly labelled with the student's name, or for general use; and
 - signed in and out when taken from its usual place, e.g. for camps or excursions.
 - Each student's Adrenaline Auto-injector is distinguishable from other students' Adrenaline Auto-injectors and medications. Adrenaline Autoinjectors for General Use are also clearly distinguishable from students' Adrenaline Autoinjectors.
 - All College Staff know where Adrenaline Autoinjectors are located.
 - A copy of the student's ASCIA Action Plan is kept with their Adrenaline Auto-injector.
 - Trainer Adrenaline Auto-injectors (which do not contain adrenaline or that have expired) are kept in a separate location from students' Adrenaline Autoinjectors.
- 4.62 The First Aid Officers will conduct regular reviews of the Adrenaline Auto-injectors to ensure they are not out of date. If any Adrenaline Auto-injectors are out of date, Ozford will:
- send a written reminder to the student's family (Parents/guardians/carers) to replace the Adrenaline Auto-injector;
 - advise the Student Service Coordinator that an Adrenaline Auto-injector needs to be replaced by a parent; and
 - liaise and work with the Student Service Coordinator to prepare an interim Individual Anaphylaxis Management Plan pending the receipt of the replacement Adrenaline Auto-injector.

Annual Anaphylaxis Risk Management Checklist

- 4.63 The College must use the current version of the Annual Anaphylaxis Risk Management Checklist (Template) issued by the Department of Education. The Annual risk management checklist is accessible at the following link:
<https://www2.education.vic.gov.au/pal/anaphylaxis/guidance/12-annual-risk-management-checklist>
- 4.64 The Annual Anaphylaxis Risk Management Checklist (Template) is to be completed by Student Service Coordinator annually and signed by the Principal.

5. FEEDBACK

Feedback or comments on this policy and procedure is welcomed by the listed responsible officer.


Individual Anaphylaxis Management Plan (Template)

This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the family.

It is the responsibility of the student's family to provide the College with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student to be appended to this plan; and to inform the College if their child's medical condition changes.

School	Oxford College	Phone	(03)86637188
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		

Emergency care to be provided at school			
Storage for Adrenaline Autoinjector (device specific) (EpiPen®/Anapen®)			
ENVIRONMENT			
To be completed by Principal or nominee. Please consider each environment/area (on and off College site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.			
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?



www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s): _____


Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner: _____

I hereby authorise medications specified on this plan to be administered according to the plan

Signed:  _____

Date: _____

Action Plan due for review – date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION



- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position 
 - If breathing is difficult allow them to sit 
- 2 Give adrenaline autoinjector**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes**
- 6 Transfer person to hospital for at least 4 hours of observation**

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N


- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

Refer to the device label for instructions on how to give an adrenaline (epinephrine) autoinjector.

Instructions are also on the ASCIA website www.allergy.org.au/anaphylaxis

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 10-20kg.

© AGIA 2018 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission



australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner: _____

I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____

Date: _____

Action Plan due for review – date: _____

For use with adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts

- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed) _____
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough

- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit
- 2 Give adrenaline autoinjector**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes**
- 6 Transfer person to hospital for at least 4 hours of observation**

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

How to give EpiPen® adrenaline (epinephrine) autoinjectors



1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2 Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds
REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

© ASCIA 2018 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- 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; and
- 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 College (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available in the Anaphylaxis Policy and procedures

Signature of family (parent/guardian/carer):	
Date:	
I have consulted the family of the student and the relevant staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of Principal (or nominee):	
Date:	

Review of Adrenaline Autoinjector form

Date:

When undertaking a review, the following factors will be checked and/or considered:

Requirement	Yes/NO/N/A (If No Comment)
<p>Adrenaline Autoinjectors are:</p> <ul style="list-style-type: none"> • stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes; • stored in an unlocked, easily accessible place away from direct light and heat. They should not be stored in the refrigerator or freezer; • clearly labelled with the student's name, or for general use; and • signed in and out when taken from its usual place, e.g. for camps or excursions. 	
Each student's Adrenaline Autoinjector is distinguishable from other students' Adrenaline Autoinjectors and medications. Adrenaline Autoinjectors for General Use are also clearly distinguishable from students' Adrenaline Autoinjectors.	
All College Staff know where Adrenaline Autoinjectors are located.	
A copy of the student's ASCIA Action Plan is kept with their Adrenaline Autoinjector.	
It is important to keep trainer Adrenaline Autoinjectors (which do not contain adrenaline) in a separate location from students' Adrenaline Autoinjectors.	

Action:

New Adrenaline Autoinjector to be purchased/ No action required

Reviewed by: