

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 at Southern Cross Grammar is knowledge of those students who have been

diagnosed at risk, awareness of triggers (allergens) and prevention of exposure to these triggers. Partnerships between Southern Cross Grammar and parents are important in ensuring that certain foods or items are kept away from the student while at school. Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for Anaphylaxis.

Southern Cross Grammar has a duty of care towards students which includes protecting a student from risks of contact with allergens that the teacher should reasonably have foreseen.

Southern Cross Grammar will work in partnership with parents/carers and the student to support students to feel safe at school.

Southern Cross Grammar will comply with the Ministerial Order 706 and related guidelines.

PURPOSE OF POLICY

The purpose of the Southern Cross Grammar Anaphylaxis Management 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
- to raise awareness about anaphylaxis and the Southern Cross Grammar's Anaphylaxis Management Policy in the school community
- to engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management plans for the student
- to ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the Southern Cross Grammar's policy and procedures in responding to an anaphylactic reaction
- to be compliant with Ministerial Order 706 and related guidelines for Anaphylaxis management

IMPLEMENTATION GUIDELINES

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed 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 enrols, and before their first day of school.

The Individual Anaphylaxis Management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner)
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions
- The name and title 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 emergency procedures plan (ASCIA Action Plan), provided by the parent, which is in colour and
 - Sets out the emergency procedures to be taken in the event of an allergic reaction;
 - Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
 - Includes an up to date colour photograph of the student.

ANAPHYLAXIS POLICY



(Note: The red and blue 'ASCIA Action Plan' is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis)

The student's Individual Anaphylaxis Management Plan will be reviewed / updated, in consultation with the student's parents/ carers. It is the responsibility of the Parent / carer to:

- Provide the emergency procedures plan (ASCIA Action Plan).
- Inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan)
- Provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed
- Parents are required to Provide an Epipen Autoinjector and replace it before it expires
- Replace the student's Epipen Immediately after the student has an Anaphylactic reaction at school
- Parents are required to supply a second Epipen whilst the student is on camp
- School Nurse will check the expiry dates regularly for example at the beginning of each term

(A template of an Individual Anaphylaxis Management Plan has been attached to this policy as as Appendix.)

COMUNICATION PLAN

The Principal will be responsible for ensuring that 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 in a classroom, in the school yard, on school excursions, on school camps and special event days.

Volunteers and casual relief staff of students at risk of Anaphylaxis and their role in responding to an Anaphylactic reaction by a student in their care by the Daily Organiser as part of the information pack they receive about the class they will be teaching / assisting.

All staff at Southern Cross Grammar will be briefed twice yearly by the School Nurse who has up to date Anaphylaxis Management training on:

- The school's Anaphylaxis Management Policy
- The causes, symptoms and treatment of Anaphylaxis
- The identities of students diagnosed at risk of Anaphylaxis by visual PowerPoint presentation at staff briefing twice yearly and a PDF of the presentation is sent to all staff.
- Development (Recognising and Responding to Anaphylaxis) will be used for this purpose at staff meetings
- Location of the students Adrenaline autoinjecting device and general use adrenaline auto injecting devices within the school
- The school's First Aid and Emergency Response Procedures in the event of an allergic reaction
- Practical assessment of Adrenaline Autoinjector use with a verified assessor (School Nurse)

STAFF TRAINING AND EMERGENCY RESPONSE

Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training (either the 22300VIC Course in the First Aid Management of Anaphylaxis - valid for 3 years or the online ASCIA anaphylaxis e-training VIC). At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the Principal must ensure that there is a sufficient number of staff present who have up to date training in an Anaphylaxis Management training course.



ROLES AND RESPONSIBILITIES

The School's Principal has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis.

At Southern Cross Grammar the Principal or nominee will:

- Actively seek information to identify students with severe life threatening allergies at enrolment
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student at the school or involved in school related activities such as excursion and camp
- Meet with parents/carers to develop an Individual Anaphylaxis Management Plan for the student (this includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation.)
- Request that parents provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the student's medical practitioner and has an up to date photograph of the student
- Ensure that parents provide the student's Autoinjector Epipen and that it is not out of date
- Determine the number and type of adrenaline autoinjectors for general use to purchase
- Will be responsible for arranging for the purchase of additional adrenaline autoinjectors for general use and as back up to those supplied by parents
- Ensure that staff obtain training in how to recognise and respond to an Anaphylactic reaction, including administering an Adrenaline Autoinjector
- Develop a Communication Plan to raise student, staff and parent awareness about severe allergies and the school's policy
- Provide information to all staff, including specialist staff, new staff, casual staff, canteen staff (if an external canteen provider, ensure that the provider can demonstrate satisfactory training in the area of Anaphylaxis and its implications on food handling practices) and office staff, so that they are aware of students who are at risk of Anaphylaxis, the student's allergies, the school's management strategies and first aid procedures.
- Ensure that there are procedures in place for informing casual relief teachers of students at risk of Anaphylaxis and the steps required for prevention and emergency response
- Allocate time, such as during staff meetings, to discuss, practice and review the school's management strategies for students at risk of Anaphylaxis. Practise using the trainer Autoinjector regularly
- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policy and their implementation
- Review the student's Individual Anaphylaxis Management Plan annually, if the student's circumstances change or as soon as practicable after a student has an anaphylactic reaction at school, in consultation with parents.

An Individual Anaphylaxis Management Plan will be developed for each student identified as Anaphylactic. This will be based on the information from the student's medical practitioner and ASCIA Plan. It is the parents' responsibility to provide an ASCIA plan. (see Appendix)

In the event the relevant training and briefing has not occurred the Principal or delegate (School Nurse) will develop an interim individual anaphylaxis management plan in consultation with the parent. Training will be provided to the relevant staff as soon as is practical.

The Principal will ensure that the staff will have completed the Anaphylaxis Management Training (22300VIC) in the last three years or the ASCIA anaphylaxis e-training VIC course and be verified appropriately in the last two years. There will be provision for twice yearly in house Anaphylaxis briefings.

The Principal will complete an annual risk management checklist as published by the Department of Education and Training to monitor their compliance (see Appendix). The school will also comply with guidelines related to anaphylaxis management in schools as published and amended by the Department of Education and Training from time to time.

School staff who are responsible for the care of students at risk of Anaphylaxis have a duty to take steps to protect students from risk of injury which are reasonably foreseeable – this may include administrators, canteen staff, casual relief staff and volunteers whilst both on and off site.



At Southern Cross Grammar staff will:

- Know the identity of students via visual identification who are at risk of Anaphylaxis
- Understand the causes, symptoms, and treatment of Anaphylaxis
- Obtain training in how to recognise and respond to an Anaphylactic reaction, including administering an Adrenaline Autoinjector via 3 yearly course 22300VIC or the ASCIA anaphylaxis e-training VIC course
- Know the school's first aid emergency procedures and what their role is in relation to responding to an Anaphylactic reaction
- Have access to a copy of the student's ASCIA Action Plan when in their care and follow it in the event of an allergic reaction
- Know where the student's Autoinjector is kept (the Autoinjector is designed so that anyone can administer it in an emergency)
- Ensure the individual students adrenaline autoinjector kit is taken on all excursions away from the school along with a back up general use autoinjector
- Know and follow the prevention strategies in the student's Individual Anaphylaxis Management Plan
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties work with parents/carers to provide appropriate food for the student
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens work with parents/ carers to provide appropriate treats for the student
- 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
- Be careful of the risk of cross-contamination when preparing, handling and displaying food
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food
- 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

STAFF BRIEFING

Will be conducted by a member of staff who has current Anaphylaxis training. (School Nurse)

Staff will be briefed twice yearly which will include:

- 1. The schools Anaphylaxis Management Policy
- 2. Causes symptoms and treatment of Anaphylaxis
- 3. Identify students with Anaphylaxis, demonstrates their photo
- 4. The location of individual student Adrenaline autoinjectors and plans
- 5. The provision of back up general use autoinjectors and their placement in the school.
- 6. The general use Autoinjectors will be replaced as they expire or at time of use and this cost will be accommodated within the first aid expenses
- 7. How to use the Autoinjectors including hands on practice with a trainer autoinjector assessed by a qualified assessor (School Nurse)
- 8. The schools general first aid and emergency response procedure including defibrillator training
- 9. PowerPoint presentation including recent photograph of students at risk of Anaphylaxis and their allergen

The following staff must be briefed:

- Those who conduct classes with students identified at risk of Anaphylaxis
- Any further staff that the principal identifies based on an assessment at risk of Anaphylaxis



At Southern Cross Grammar the designated School Nurse will:

- Take a lead role in supporting the Principal and staff to implement prevention and management strategies for the school
- Keep an up to date register of students at risk of Anaphylaxis
- Ensure that students' emergency contact details are up to date
- Obtain training in how to recognise and respond to an Anaphylactic reaction, including administering an Adrenaline Autoinjector. Attend and attain competency in course 22300VIC First Aid Management of Anaphylaxis and 22303VIC Verifying the correct use of Adrenaline Autoinjector Devices.
- Check that the Autoinjector is not cloudy or out of date regularly, e.g. at the beginning of each term
- Inform parents/carers a month prior in writing if the Autoinjector needs to be replaced
- Ensure that the Autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that it is appropriately labelled with the students identification in a designated Epibag
- Provide or arrange post-incident support (e.g. counselling) to students and staff, if appropriate after an allergic event
- Work with staff to conduct regular reviews of prevention and management strategies
- Co-ordinate formal training, organising an external provider to attend the training and assessment
- Keep records of staff training alongside external provider
- Conduct staff briefing twice yearly
- Work with staff to develop strategies to raise school staff, student and community awareness about severe allergies

At Southern Cross Grammar the parents/carers of a student at risk of anaphylaxis will:

- Inform the school, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of Anaphylaxis
- Obtain information from the student's medical practitioner about their condition and any medications to be administered; and inform school staff of all relevant information and concerns relating to the health of the student
- Meet with the school to develop the student's Individual Anaphylaxis Management Plan
- Provide a colour ASCIA Action Plan, or copies of the plan to the school that is signed by the student's medical practitioner and has an up to date photograph
- Provide the Autoinjector and any other medications to the school
- Replace the Autoinjector before it expires
- Assist school staff in planning and preparation for the student prior to school camps, incursions, excursions or special events such as class parties or sport days
- Supply alternative food options for the student when needed
- Inform staff of any changes to the student's emergency contact details
- Participate in reviews of the student's Individual Anaphylaxis Management Plan, (e.g. when there is a change to the student's condition or at an annual review)

STORAGE AND ACCESSIBILITY OF EPIPENS®

Adrenaline Autoinjectors will be stored in an unlocked, easily accessible place away from direct heat. They will not be stored in the refrigerator or freezer

- Southern Cross Grammar has back up general use epipens that will be available. These are distributed around the school to allow for quick access.
- Adrenaline Autoinjectors will be clearly labelled with the student's name. General use epipens will be marked 'General Use / Back Up epipen'
- A copy of the student's ASCIA Action Plan will be kept with the Adrenaline Autoinjectors
- Each student's Adrenaline Autoinjectors will be distinguishable from other students' Autoinjectors and medications in their individual Epibag together with their ASCIA action plan and associated medications such as ventolin and antihistamine
- All staff will be informed as to where the Adrenaline Autoinjectors are located along with the location of the



school back up general use epipens

- Adrenaline Autoinjectors will be signed in and out when taken from its usual place, for example for camps or excursions
- To comply with the above points, at Southern Cross Grammar EpiPen®'s will be stored in an accessible labelled area in First Aid

FOOD BANS

What about food bans?

Department of Education and Training advice on the 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. At Southern Cross Grammar the focus will be placed on raising awareness of the risks associated with anaphylaxis, and to implement practical, age-appropriate strategies to minimise exposure to known allergens.

Parents at Southern Cross Grammar will be encouraged not to bring nut and nut products into the school in general but especially into an anaphylactic student's class.

PREVENTION STRATEGIES

Minimisation of anaphylaxis in school

Statistics show that peanuts and nuts are amongst the most common food trigger for an Anaphylactic reaction.

- The school shows consideration in the use of nuts and nut products during school and out of school hours activities
- The use of non-food treats for classroom activities
- Minimise the food given to students from outside sources. If events are planned, consider parents supplying non nut options for individual students
- Products labelled 'may contain traces of nut' or other allergens such as dairy and egg should not be offered to students with allergy or known Anaphylaxis
- Be aware of the possibility of hidden allergens used in food activities. For example, empty egg cartons, milk bottles nut spread jars.
- Encouraging safe food handling whilst preparing food during school activities and adhere to the Nut Safe Policy of the school
- The Daily Organiser will inform casual relief teachers and specialists of students with anaphylaxis. This will include the location of their individual ASCIA management plan and Adrenaline Autoinjector. The schools anaphylaxis policy and the person responsible in an emergency.

Out of School setting

- The staff members in charge of the excursion or camp must have competency and current certification of training in 22300VIC First Aid Management of Anaphylaxis or the ASCIA anaphylaxis e-training VIC course
- Avoid use of food activities in games or as rewards
- Communicate with organisers of out of school activities so they have a copy of the individual ASCIA action plan
- Be able to identify the student visually and have a general use back up epipen available to take with first aid kit
- Perform a risk analysis of the excursion setting

Camps

- Liaise with camp organisers in regard to the policies around a nut safe camp and first aid management of Anaphylaxis emergency
- Parents are requested to provide a second epipen from home for the duration of the camp
- Ensure a clear chain of communication with the camp catering staff ensuring there are no nut or nut products in



the camp menu

- Provide the camp organisers with a colour copy of the ASCIA action plan of individual students for their records whilst on camp
- School to ensure a risk assessment and develop a risk management strategy whilst students are on camp
- School staff in consultation with parents to ensure paperwork is complete and up to date and Adrenaline autoinjectors are available along with other relevant medication and ASCIA plan
- General use back up epipens will be taken on camp by the staff
- Be aware of the emergency services available to the camp and the location of the nearest hospital or medical facility
- Students with insect allergy should be encouraged to dress appropriately to avoid insect bites. ie: long sleeve tops and covered shoes

Overseas Excursions

Staff to discuss risk management with parents well in advance of the excursion

Consider:

- Travel to and from the airport
- Accommodation venues
- Towns and locations
- Possibility of cross contamination
- Hidden allergens in food
- Availability of safe foods
- Availability to purchase additional Adrenaline autoinjectors whilst travelling
- Insurance and costs associated with emergency treatment
- Allergy cards in the appropriate language for countries visited to hand to restaurants and catering
- Appropriate supervision and adequate student staff ratios

First Aid Treatment for Anaphylaxis

Anaphylaxis is a severe allergic reaction and potentially life threatening. It should always be treated as a medical emergency, requiring immediate medical attention. Most cases of Anaphylaxis occur after a person with a severe allergy is exposed to an allergen they are allergic to (Usually a food, insect or medication).

Mild to Moderate Allergic Reaction

In some cases, Anaphylaxis is preceded by signs of a mild allergic reaction

- Swelling of face lips and skin
- Hives or welts on the skin
- Tingling mouth
- Stomach pain, vomiting (these are signs of moderate allergic reaction to most allergens however in insect allergy these are signs of anaphylaxis)

Action

- 1. For insect allergy, flick out the sting if it can be seen. Do not remove ticks.
- 2. Stay with the person and call for help
- 3. Give medication if prescribed (whilst antihistamines may be used to treat mild to moderate allergic reactions, if these progress to anaphylaxis then use adrenaline autoinjector)
- 4. Locate adrenaline autoinjector if available (instructions are included in the ASCIA plan) and should be stored with the autoinjector



Anaphylaxis (Severe Allergic Reaction)

Continue to watch for any one of the following signs of anaphylaxis

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

Action

- 1. Lay person flat if breathing is difficult, allow to sit, do not allow them to stand and walk
- 2. Seek assistance from another staff member or reliable student to locate student's adrenaline autoinjector or the school's general use autoinjector
- 3. Give adrenaline autoinjector if available (as per the ASCIA plan)
- 4. Call Ambulance 000 / 112
- 5. Contact parent / guardian or other emergency contact
- 6. Further adrenaline doses may be given if available if there is no response after five minutes
- 7. If in doubt give the adrenaline autoinjector
- 8. Commence CPR at any time if the person becomes unresponsive and is not breathing normally
- 9. If unsure whether it is asthma or anaphylaxis, give autoinjector FIRST then asthma reliever medication

Adrenaline is life saving and must be used promptly. Withholding or delaying the giving of adrenaline can result in rapid deterioration and death. This is why giving the Adrenaline Autoinjector is the second instruction after lying the person flat on the ASCIA plan. If Cardio Pulmonary Resuscitation is given before this step there is a risk that adrenaline is delayed or not given.

- In the ambulance oxygen will usually be administered to the patient by the paramedics
- Medical observation of the patient in hospital for 4 hrs is recommended after Anaphylaxis in case of a further delayed Anaphylaxis
- Adrenaline Autoinjectors available in Australia are the Epipen
- Epipen junior is usually prescribed for children under 20 kg. 1-5 years of age

Source: ASCIA https://www.allergy.org.au/

ASCIA is the peak professional body of clinical / allergy specialists in Australia and New Zealand

LEGISLATION

- Ministerial Order 706
- Education and Training Reform Act 2006

EVALUATION

The Anaphylaxis Management Policy will be evaluated and revised by the Principal and School Nurse after each anaphylaxis incident. The Principal and School Nurse will liaise widely to ensure all key stakeholders have input into this evaluation.



REFERENCES

Anaphylaxis Guidelines for Victorian Government Schools https://www.education.vic.gov.au/Documents/school/principals/health/2016_Anaphylaxis_Guidelines_FINAL.pdf

FURTHER INFORMATION

Australasian Society of Clinical Immunology and Allergy (ASCIA) www.allergy.org.au

ASCIA Guidelines - Prevention of Anaphylaxis in Schools, Preschools and Childcare: 2015 update https://www.allergy.org.au/hp/papers/prevent-anaphylaxis-in-schools-childcare

NSW Government Education and Communities, Anaphylaxis procedures for schools 2012 <u>https://education.nsw.gov.au/content/dam/main-education/student-wellbeing/health-and-physical-care/media/documents/</u> <u>anaphylaxis-procedures.pdf</u>

Food allergies when transitioning to school https://allergyfacts.org.au/allergy-management/risk/transitioning-to-school

LAST REVIEW: 2022	REVIEWED BY: BOARD
NEXT REVIEW: 2025	BOARD APPROVAL DATE: 16 JUNE 2022



			on from the student's medical practitioner
(ASCIA Action Plan for Ana	phylaxis) provided by the parent.		
It is the parent's responsibil	ity to provide the school with a c	opy of the student's A	SCIA Action Plan for Anaphylaxis
			tioner) and an up-to-date photo of the
student - to be appended to	this plan; and to inform the scho		-
School	Southern Cross Grammar	Phone	03 8363 2000
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
	EMERGENCY CONT	ACT DETAILS (PAREN	т)
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
	EMERGENCY CONTA	CT DETAILS (ALTERNA	TE)
Name		Name	
Relationship		Relationship	
Mobile		Mobile	
Alt phone		Alt phone	
Address		Address	
Name			
Relationship			
Mobile			
Alt phone			
Address			
	MEDICAL PRAC	TITIONER CONTACT	
Name			
Phone			
Emergency care to be	Follow ASCIS Anaphylaxis Plan a	nd contact parents	
provided at school			
Storage location for	Student Eninen and medication	ASCIA action plan a	nd Individual Anaphylaxis Management
adrenaline auto injector	Plan stored in JS First Aid cupbo	· ·	
(device specific) (EpiPen [®])		uiu	



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ENVIRONMENT				
To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.				
	Risk Minimisation Strategies	Responsibility		
_	 Identification of <u>«Student»</u> with anaphylaxis among staff and in the Canteen Up to date Anaphylaxis management plans accessible to 	All staff School Nurse		
	 all staff in First Aid sickbays, Staff rooms and food preparation areas (canteen/food tech room) Sufficient staff on duty trained to recognise and treat another basis 	Principal/ Daily Org/ School Nurse		
	 anaphylaxis General Use adrenaline auto injectors; in date and in both 	School Nurse		
	 First Aid rooms Provision of medications required to treat anaphylaxis a subtributer integration outs injustor 	Parents/Carers		
	e.g. antihistamines, adrenaline auto injector	Parents/Carers		
	Provision of up to date ASCIA Action Plan	Parents/Carers		
	 Provision of up to date medical information related to allergy and treatment 			
Lunchtime / Snack	 Wash hands before and after 	All staff/All students		
	Use placemats	Classroom Teacher		
	 Sit with friend far from children eating [name allergen, 	Classroom Teacher		
	e.g. Peanut, Hazelnut, etc.]	All students		
	No food sharing	All students		
	Child can participate in spontaneous birthday	All students		
Events Involving Food	celebrations by parents supplying 'treat box' or safe			
	cupcakes stored in the freezer in a labelled sealed			
	container			
	 Food rewards are discouraged and non-food rewards are encouraged 	Classroom Teacher		
	 Teacher considers «Student»'s allergen when planning 	Staff member organising event		
	fundraisers, cultural days or stalls for fair/fete days,			
	breakfast mornings etc.			
	 Notices may need to be sent to parent community 	Classroom Teacher		
	discouraging specific food products containing [name			
	allergen, e.g. Peanut, Hazelnut, etc.] where appropriate			
	 Where food is for sale, a list of ingredients highlighting allergens 	Staff member organising event		
	 Discuss activities with «Student»'s parents/carers well in 	Classroom Teacher/Staff member		
	advance	organising event		
	• Teacher may suggest asking parent to attend the special	Classroom Teacher		
	 occasion as a 'parent helper' «Student» should not share any food brought in by other 	Student		
	students	Classroom Teacher/ Staff member		
	 Non latex balloons should also be considered for children enrolled with a latex allergy 	organising event		
Science Experiments	 Engage parents in discussion prior to experiments 	Classroom Teacher		
	containing food or [name allergen, e.g. Peanut, Hazelnut, etc.]			
Art Room	Wash hands before and after	Classroom Teacher		
	 Ensure containers used by students at risk of anaphylaxis 	Classroom Teacher		
	do not contain allergens (e.g. egg white or yolk on an egg			
	carton)			
	 Activities such as face painting or mask making should be 	Classroom Teacher		
	discussed with parents prior to the event as products			
	used may contain food allergens such as peanut, tree nut			
	milk or egg			
	 Play dough: check that nut oils have not been used in the 	Classroom Teacher		
	manufacture of play dough. Discuss options with parents			
	or guardians of wheat allergic children. If unable to use			



	the play dough, provide an alternative material for the child to use	
Cooking Activities	 Engage parents and «Student» in discussions prior to cooking sessions and/or activities utilising food Teacher is to check all ingredients Give «Student» a role which does not involve contact with any possible [name allergen, e.g. Peanut, Hazelnut, etc.] e.g. recording recipe/take photos etc. Remind all children to not to share food they have cooked with others at school including during recess and lunch breaks 	Classroom Teacher Classroom Teacher Classroom Teacher All staff
Classroom	 Be aware of «Student»'s allergies when deciding what is to be used for 'counters' in maths or other class lessons Non-food counters, e.g. buttons/discs, should be used as a safe alternative 	Classroom Teacher Classroom Teacher
Music Room	 There should be no sharing of wind instruments (e.g. recorders) The music teacher should discuss with the parent or guardian about providing the child's own instrument where appropriate 	Classroom Teacher Classroom Teacher
Class Pets, Pet Visitors and School Farmyards	 Be aware that some animal feed contains food allergens (e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food) Be aware that «Student» has an allergy to [name allergen, e.g. Horse hair, Cat dander, etc.] and speak with Incursion company about omitting such animals on this occasion 	Staff member organising event Staff member organising event
Incursions (onsite activities)	 Prior discussion with parents if incursions/on-site activities include any food activities 	Classroom Teacher/ Staff member organising event
Excursions	 Teacher allocated Epipen with knowledge of «Student» Be aware of allergens in unfamiliar environments Teachers organising/attending excursions and sporting events should plan an emergency response procedure prior to the event Carry mobile phones. Prior to event, check that mobile phone reception is available and if not consider other forms of emergency communication (e.g. satellite phone, walking talking) 	Staff member organising event Staff member organising event Staff member organising event Staff member organising event
	 walkie talkie) Consider increased supervision depending on the size of the excursion/sporting event (e.g. if students are split into groups at large venue as a zoo or at large sports venue for a sports carnival) 	Staff member organising event
	 Consider adding a reminder to all parents regarding children with allergies in the excursion/sports event information email and encourage parents not to send specific foods for lunches 	Staff member organising event All staff
	 Discourage eating on buses Check if excursion includes a food related activity/ visit to a restaurant and if so, discuss the activity/ menu with the parent/carer 	Staff member organising event
	 Ensure that all staff are aware of the location of the emergency first aid bag containing the Epipen and ASCIA Action Plan for Anaphylaxis and ensure «Student» is in the care of the staff member carrying the Epipen 	Staff member organising event
	 General Use adrenaline auto injector taken along with first aid kit Presence of staff sufficiently trained in current 	Staff member organising event Staff member organising event
	 Presence of start sufficiently trained in current anaphylaxis management to accompany student Personal auto injector, ASCIA plan to be taken with staff 	Staff member organising event



SOUTHERN CROSS

	IAPTITLANIS IVIANAGEIVIENT FLAN	GRAMMAR
Camps	 Contact with activity provider to ensure risk minimisation and prevention strategies are in place, ensuring they are able to provide food that is safe for anaphylactic students 	Staff member organising event
	 School staff need to communicate about food for the duration of camp (includes discussion of menu) with «Student»'s parents 	Classroom Teacher/ Staff member organising event
	 Parents/carers may prefer to provide all of «Student»'s food for the duration of the camp. If this is the case, 	Parents/ Staff member organising event
	 storage and heating of food needs to be considered (ONLY to be used in extreme food allergy cases) Identification by face of students diagnosed with 	All staff attending event
	 anaphylaxis attending by all staff attending Risk assessment undertaken for each student with anaphylaxis attending 	School Nurse in conjunction with Staff member organising event
	 General Use adrenaline auto injector taken along with first aid kit Presence of staff sufficiently trained in current 	Staff member organising event Staff member organising event
	anaphylaxis management to accompany studentPersonal auto injector, ASCIA plan to be taken with staff	Staff member organising event
Interstate travel / Overseas Camps	 Consultation with parents/carers well in advance Investigation of potential risks at all stages of the overseas travel and management of risks, identified and potential 	Cleaner and Teacher Staff member organising event/Head of School
	 Use of ASCIA Travel Plan and Doctor's letter to facilitate carriage of auto injector (Personal auto injector, ASCIA plan to be taken with staff, General Use adrenaline auto 	Staff member organising event
	injector taken along with first aid kit)Epipen to be packed into hand luggage and accessible on flight and not stowed in checked in luggage	Staff member organising event
	 Reassessment of School's Emergency Response Procedure and adaptation to circumstances of the overseas trip 	
	 Presence of staff sufficiently trained in current anaphylaxis management to accompany student Staff participating should be clear about the roles and 	Staff member organising event/Head of School Staff member organising event
	responsibilities in the event of an anaphylactic reactionPresence of staff sufficiently trained in current	Staff member organising event
Table Cleanliness	 anaphylaxis management to accompany student Regular cleaning of tables and check that chemicals contained in cleaning products do not pose a risk to «Student» 	All staff
Casual Teaching Staff	 CRT staff need to know the identities of children at risk of anaphylaxis and should be aware of the anaphylaxis management plan at the school they are working at. Some casual staff have not received training in 	Daily Org
	anaphylaxis management and emergency treatment. This needs to be considered when a teacher is chosen for a class with a child at risk of anaphylaxis and if this teacher is on yard duty	
	 Casual staff who work at the school regularly should be included in anaphylaxis training sessions. A free online training course for schools is available from the ASCIA website. 	School Nurse
	 Causal Relief Teacher Documentation to include photo and details of all students with anaphylaxis 	Daily Org/School Nurse
Canteen	 Ensure that online ordering portal (MySchoolConnect) clearly identifies potential allergens Consideration of whether the canteen offers foods 	Canteen Manager Canteen Manager
	containing [name allergen, e.g. Peanut, Hazelnut, etc.] as a listed ingredient	
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	Staff (including volunteer helpers) are educated on food	Canteen Manager/School Nurse
	handling procedures and the risk of cross contamination	
	of foods	School Nurse
	 Photo of «Student» with food allergy placed in the canteen 	
	Canteen staff are able to demonstrate training in food	Canteen Manager
	allergen management and have training in recognition	
	and treatment of anaphylaxis	
Playground	 «Student» should not collect rubbish in whole school 	All staff
	clean-ups. Alternative roles will be assigned or	
	tongs/gloves provided to avoid skin contact	
	 «Student»'s parent/carer should be informed that 	Classroom Teacher
	sunscreen is offered to children. Parents may choose to	
	supply their own sunscreen	
	• Specify play areas that are lower risk and encourage the	All staff
	student and their peers to play in these areas (away from	
	garden beds or garbage storage areas	
Work Experience	• Employer must be shown the ASCIA Action Plan for	Staff member organising event
	Anaphylaxis and how to use the adrenaline auto injector	
	in case the work experience student shows signs of an	
	allergic reaction whilst at work experience	
	• Involvement of parents, the students and the employer in	Staff member organising event/???
	discussions regarding risk management prior to a student	
	at risk of anaphylaxis attending work experience	

Standard risk management practices that Southern Cross Grammar implements for all students			
Risk identified	Risk Minimisation Strategies	Responsibility	
Playground	 Educate children to avoid drinking from open drink containers, particularly those that contain sweet drinks that may attract stinging insects and be aware of bees around water and in grassed or garden areas Ensure students wear appropriate clothing and covered shoes when outdoors 	All staff All staff	
Landscaping/Maintena nce	 Ensuring that no nut bearing plants are planted on school grounds to prevent exposure to allergen Consider plants that will not attract bees and wasps when adding to/replanting gardens Have honey bee and wasp nests removed by a professional 	Landscapers/Corporate Services Manager Landscapers/Corporate Services Manager Corporate Services Manager	
First Aid/Medical	 Latex allergy: For individuals identified as having a latex allergy, utilise non latex (vinyl) gloves in areas such as sickbay, first aid kits, canteens, kitchens, etc. Any medication administered will be in accordance with the school policy and with written permission of parents/carers Students in Middle or Senior school need to be reminded that they should not share medications (e.g. for period pain or headaches) 	All staff	

(continues on next page)



¥	ACTION PLAN FOR
ascia www.allergy.org.au	Anaphylaxis 🥏
Name:	For EpiPen [®] adrenaline (epinephrine) autoinjectors
Date of birth:	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
Confirmed allergens:	 For insect allergy - flick out sting if visible For tick allergy - freeze dry tick and allow to drop off Stay with person and call for help Locate EpiPen® or EpiPen® Jr adrenaline autoinjector Give other medications (if prescribed). Phone family/emergency contact
Family/emergency contact name(s):	Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis
Work Ph: Home Ph: Mobile Ph: Plan prepared by medical or nurse practitioner:	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
I hereby authorise medications specified on this plan to be administered according to the plan	ACTION FOR ANAPHYLAXIS
Signed: Date: Action Plan due for review: How to give EpiPen® I Form flat around EpiPen® and PULL OFF BLUE SAFETY RELEASE	 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 EpiPen® or EpiPen® Jr adrenaline autoinjector 3 Phone ambulance - 000 (AU) or 111 (NZ) 4 Phone family/emergency contact
Hold leg etill and PLACE ORANGE END against outer mid-thigh (with or without clothing)	 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
All EpiPen®s should be held in place for 3	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

@ ASCIA 2017 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

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Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan from: <u>http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis</u>

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
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects, 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 in this document.

ts of the students and the relevant school staff who will be involved in the implementation of
Management Plan.

Annual risk management checklist

(to be completed at the start of each year)

School name:			
Date of review:			
Who completed this checklist?	Name:		
this checklist?	Position:		
Review given to:	Name		
	Position		
Comments:			
General informati	on		
		T	
	rent students have been diagnosed as being at risk of anaphylaxis, prescribed an adrenaline autoinjector?		
2. How many of t	hese students carry their adrenaline autoinjector on their person?		
3. Have any stud- school?	ents ever had an allergic reaction requiring medical intervention at	□ Yes	🗌 No
a. If Yes, how	/ many times?		
4. Have any stud	ents ever had an anaphylactic reaction at school?	□ Yes	🗌 No
a. If Yes, how	/ many students?		
b. If Yes, how	<i>i</i> many times		
5. Has a staff me student?	mber been required to administer an adrenaline autoinjector to a	□ Yes	🗌 No
a. If Yes, how	/ many times?		
	s a government school, was every incident in which a student aphylactic reaction reported via the Incident Reporting and stem (IRIS)?	□ Yes	🗆 No

SECTION 1: Training		
 Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: 	□ Yes	🗆 No
• online training (ASCIA anaphylaxis e-training) within the last 2 years, or		
 accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 		
8. Does your school conduct twice yearly briefings annually?	🗌 Yes	🗌 No
If no, please explain why not, as this is a requirement for school registration.		
9. Do all school staff participate in a twice yearly anaphylaxis briefing?	□ Yes	🗌 No
If no, please explain why not, as this is a requirement for school registration.		
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	□ Yes	🗆 No
 Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)? 		
 b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools? 	□ Yes	🗆 No
SECTION 2: Individual Anaphylaxis Management Plans		
11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	☐ Yes	🗆 No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	🗌 Yes	🗌 No
13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?		
a. During classroom activities, including elective classes	□ Yes	🗌 No
b. In canteens or during lunch or snack times	🗌 Yes	🗌 No
c. Before and after school, in the school yard and during breaks	□ Yes	🗌 No
d. For special events, such as sports days, class parties and extra-curricular activities	□ Yes	🗆 No
e. For excursions and camps	□ Yes	
e. For excursions and camps f. Other	Yes Yes	

a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	🗆 Yes 🗆 No
student?	
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed	🗌 Yes 🗌 No
prior to any off site activities (such as sport, camps or special events), and in	
consultation with the student's parent/s?	
SECTION 2: Storage and accessibility of adrenaline autoinjectors	
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general	🗌 Yes 🗌 No
use are stored?	
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and	☐ Yes ☐ No
out of direct sunlight?	
20. Is the storage safe?	🗆 Yes 🗆 No
21. Is the storage unlocked and accessible to school staff at all times?	☐ Yes ☐ No
Comments:	
22. Are the adrenaline autoinjectors easy to find?	🗌 Yes 🗌 No
Comments:	
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together	🗆 Yes 🗆 No
with the student's adrenaline autoinjector?	
04. And the education extension and had initial Anomenic Management Dise	
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the	🗆 Yes 🗆 No
student's names?	
25. Has someone been designated to check the adrenaline autoinjector expiry dates	🗆 Yes 🗆 No
on a regular basis?	
Who?	
26. Are there adrenaline autoinjectors which are currently in the possession of the	🗆 Yes 🗆 No
school which have expired?	
27. Has the school signed up to EpiClub (optional free reminder services)?	🗌 Yes 🗌 No
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Annual risk mana	gement checklist 3

28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	☐ Yes	□ No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	□ Yes	🗆 No
30. Where are these first aid kits located?		
Do staff know where they are located?	□ Yes	🗆 No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	☐ Yes	🗆 No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	□ Yes	🗌 No
SECTION 4: Risk Minimisation strategies		
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	☐ Yes	🗌 No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	Yes	□ No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	□ Yes	🗆 No
SECTION 5: School management and emergency response		
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	☐ Yes	🗆 No
37. Do school staff know when their training needs to be renewed?	□ Yes	🗌 No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	□ Yes	🗌 No
a. In the class room?	□ Yes	🗆 No
b. In the school yard?	□ Yes	🗆 No
c. In all school buildings and sites, including gymnasiums and halls?	☐ Yes	🗆 No
d. At school camps and excursions?	□ Yes	🗆 No
e. On special event days (such as sports days) conducted, organised or attended by the school?	d 🗌 Yes	🗆 No
39. Does your plan include who will call the ambulance?	□ Yes	🗆 No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	□ Yes	🗆 No

41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	□ Yes	🗌 No
a. The class room?	🗌 Yes	🗆 No
b. The school yard?	🗌 Yes	🗆 No
c. The sports field?	🗌 Yes	🗆 No
d. The school canteen?	□ Yes	🗌 No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	□ Yes	□ No
43. Who will make these arrangements during excursions?		
44. Who will make these arrangements during camps?		
45. Who will make these arrangements during sporting activities?		
46. Is there a process for post-incident support in place?	□ Yes	🗆 No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:		
a. The school's Anaphylaxis Management Policy?	□ Yes	🗆 No
b. The causes, symptoms and treatment of anaphylaxis?	□ Yes	🗌 No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	□ Yes	🗌 No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	□ Yes	🗆 No
e. The school's general first aid and emergency response procedures for all in- school and out-of-school environments?	□ Yes	🗆 No
f. Where the adrenaline autoinjector(s) for general use is kept?	□ Yes	🗌 No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	□ Yes	🗆 No
SECTION 6: Communication Plan		
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?		
a. To school staff?	□ Yes	🗌 No
b. To students?	□ Yes	🗆 No

c. To parents?	🗌 Yes	🗌 No
d. To volunteers?	□ Yes	🗌 No
e. To casual relief staff?	🗌 Yes	🗌 No
49. Is there a process for distributing this information to the relevant school staff?	🗌 Yes	🗌 No
a. What is it?		
50. How will this information kept up to date?		
51. Are there strategies in place to increase awareness about severe allergies among	☐ Yes	🗌 No
students for all in-school and out-of-school environments?		
52. What are they?		
	<u> </u>	