



Mernda Hills Christian College

Anaphylaxis Management Policy

Document Control

Revision Number	Review Date	Implementation Date	Description of Changes	Prepared By	Approved By
Gilson College					
	Sep 2021	Oct 2021	<ul style="list-style-type: none">General review	Exec Leaders	Gilson College Council
Mernda Hills Christian College					
1	May 2023	January 2024	<ul style="list-style-type: none">Added First Aid Course code	Exec Leaders	Exec Leaders
2	Nov 2023	January 2024	<ul style="list-style-type: none">Added elements to ensure compliance with MO 706	Exec Leaders	Exec Leaders

Rationale

Anaphylaxis is the severe, rapidly progressive allergic reaction that is potentially life threatening. Although reactions are common in children, severe reactions are uncommon and deaths rare. Regardless, anaphylaxis must always be treated as a medical emergency. Other First Aid incidents are dealt with in the First Aid Policy.

The key to prevention of anaphylaxis in schools is knowledge of those students, who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Implementation

General

1. This policy complies with *Ministerial Order 706: Anaphylaxis Management in Victorian Schools (incorporating amendments made by Ministerial Order 1325 as at 29 April 2021)*, and associated guidelines, and Sections 4.3.1, 4.3.8C, 5.2.12 and 5.10.4 of, and clause 11 of Schedule 6 to the *Education Reform Act 2006*.
2. This policy applies to students of the College and employees diagnosed with a medical condition that relates to an allergy and the potential for anaphylactic reaction.
3. The College will ensure compliance with guidelines related to anaphylaxis management in schools as published and amended by the Department of Education from time to time, including compliance with Ministerial Order 706 (above).
4. Details of allergies are to be shared with the College upon admission, employment or onset, and the Individual Anaphylaxis Management Plan formulated and published in consultation with parents and affected employees.

Individual Anaphylaxis Management Plans

1. **Staff:** Any employee of the College who has been diagnosed by a medical practitioner as having a medical condition that relates to an allergy and the potential for anaphylactic reaction must provide the College with an Individual Anaphylaxis Management Plan.
2. **Students:** The Principal is responsible for ensuring 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 having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the College has been notified of that diagnosis.
3. **The College** requires that parents of new students who have indicated an anaphylactic condition on their child's enrolment form must have submitted an Individual Anaphylactic Management Plan to the College as soon as practicable after the student enrolls at the College, and before the student can attend School.
4. **The Individual Anaphylaxis Management Plan must include the following:**
 - a. Name of the person/s responsible for implementing the strategies.
 - b. Information about the medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner).
 - c. Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of College staff for settings in and out of College including in the school yard, at camps and excursions, or at special events conducted, organised, or attended by the school.
 - d. The name of the place where the student's medication will be stored.

- e. The student's emergency contact details, and
 - f. An action plan for anaphylaxis in a format approved by the ASCIA, provided by the parent.
5. **Individual Anaphylaxis Management and ASCIA Action Plans must be reviewed:**
- a. Annually as part registration processes.
 - b. If the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes.
 - c. As soon as is practicable after a student has an anaphylactic reaction at school, and
 - d. When a 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.

The Responsibility of Parents:

1. It is the responsibility of parents:
 - a. To provide the College with their child's ASCIA Plan.
 - b. To 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 Plan.
 - c. To provide an up-to-date photo for the ASCIA Plan when that plan is provided to the College and when it is reviewed; and
 - d. To provide the College with an adrenaline autoinjector that is current and not expired for their child.
 - e. To continue to communicate with College Staff and provide up to date information about their child's medical condition.
 - f. To participate in yearly reviews of their child's Individual Anaphylaxis Management Plan.

Details of Students and Employees Having Allergies and the Potential for Anaphylactic Reaction

1. The Principal, or his/her designated representative, will ensure that a complete and up to date list of students and staff identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction is developed and that this list is completed at the beginning of each school year.
2. The Principal, or his/her designated representative, will ensure that College staff are provided with and have access to these lists. (See Communication Plan below)
3. This list is also available in Appendix A below.

Prevention Strategies

The following prevention strategies will be used to reduce and minimise the occurrence and severity of anaphylaxis incidents:

Staff Training:

1. The Principal, or their designated representative, will ensure that all staff complete an anaphylaxis management training course every three years, or every two years for online training, and are qualified to implement Anaphylaxis Management Plans as required both on the College grounds and at any other College-related event such as off campus excursions, camps, sporting events, and the like.
2. Currently training is provided by Australia Wide First Aid in the First Aid course HLTAID012.
3. In addition, the Principal is responsible for ensuring that all staff will participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by

a member of College staff who has successfully completed an anaphylaxis management training course in the two years prior, on:

- a. The College's *Anaphylaxis Management Policy* (this policy) and *Anaphylaxis Communication Plan*
 - b. The causes, symptoms, and treatment of anaphylaxis
 - c. The identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located
 - d. How to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector
 - e. The College's general first aid and emergency response procedures, and
 - f. The location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the College for general use.
4. The Principal, or their designated representative, will ensure that beginning teachers or staff members not yet trained, as an interim measure, will be accompanied by a sufficient number of trained staff members if situations so require for off campus activities or events, such as an excursion, school camp, or the like.
 5. A designated staff member will inform CRTs, specialist teachers and volunteers of the College Anaphylaxis Management Policy, the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline autoinjector, and each person's responsibility in managing an incident.
 6. If for any reason training and briefing has not occurred as per the plan in points 1-4 above, the Principal will develop an interim plan in consultation with the parents of any affected student with a medical condition relating to allergy and the potential for anaphylactic reaction, with staff training occurring as soon as possible thereafter.

Annual Risk Management Checklist

1. The Principal will complete an annual anaphylaxis risk management checklist to monitor their compliance with MO 706 and their legal obligations.
2. The annual risk management checklist for anaphylaxis contains questions relating to the following:
 - a. background information about the school and students identified at risk of anaphylaxis
 - b. details of individual anaphylaxis management plans and ASCIA Action Plans for Anaphylaxis
 - c. storage and accessibility of adrenaline autoinjectors (both student-specific adrenaline autoinjectors and adrenaline autoinjectors for general use)
 - d. strategies to be used by the school to minimise the risk of an anaphylactic reaction
 - e. the school's general first aid and emergency response procedures for when an allergic reaction occurs at all on-site and off-site school activities
 - f. methods for appropriate communication with school staff, students, and parents.

Anaphylaxis Communication Plan

The Principal is responsible for ensuring that an anaphylaxis communication plan is developed to provide information to all College staff, students and parents about anaphylaxis and the College's Anaphylaxis Management Policy.

Refer to the College *Anaphylaxis Communication Plan*.

Communication of this Policy

As described in the *Creation and Communications of Policies Policy* document, staff are made aware of this policy via the common drive:

1. Staff are made aware of Individual Anaphylaxis Management Plans, as needed, at the commencement of each school year, and are further updated as required when there are new enrolments who have Individual Anaphylaxis Management Plans.
2. Staff, parents, and students have access to this policy via the College website and/or the SEQTA portals.

Location of Individual Anaphylaxis Management Plans and ASCIA Action Plans:

1. **During normal College onsite activities** including in the classroom, in the school yard, in all College buildings and sites including the gymnasiums and common areas:
 - a. **Copies of the Individual Anaphylaxis Management Plans are kept in the College Anaphylaxis and Asthma Action Plan Google Drive Folder, and the ASCIA Action Plans are kept on SEQTA and Synergetic and the following four locations around the campus: Reception office, Primary and Secondary Staffrooms, and OSHC.**
 - b. Staff can also access all medical alerts, including Anaphylaxis and Asthma plans in students records on SEQTA.
 - c. The placement of these Anaphylaxis Management Plans is to be updated on at least an annual basis, with the Anaphylaxis Management Plans themselves updated as required if an anaphylactic reaction has occurred.
2. **During activities held off-site or out of College premises**, including on excursions, camps and at special events conducted, organised, or attended by the College.
 - a. **All Consent2Go documentation will be completed with reference to the specific risk and management strategies for students at risk of anaphylaxis so that all off campus programs are approved subject to the response to foreseeable risk.**
 - b. Prior to a camp or off campus activity taking place College Staff will consult with the student's parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp
 - c. The student's Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis, adrenaline auto-injector, and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.

Storage of Adrenaline Autoinjectors

1. Adrenaline auto-injectors are to be stored according to set guidelines. It is recommended that:
 - a. Adrenaline autoinjectors for individual students, or for general use, be 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.
 - b. Adrenaline auto-injectors are to be stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer.
 - c. Each adrenaline autoinjector is clearly labelled with the student's name and stored with a copy of the student's ASCIA Action Plan.
 - d. An adrenaline autoinjector for General Use be clearly labelled and distinguishable from those for students at risk of anaphylaxis; and
 - e. Trainer adrenaline auto-injectors (which do not contain adrenaline or a needle) are not to be stored in the same location due to the risk of confusion.

Locations of Students' Adrenaline Autoinjectors:

1. At Mernda Hills Christian College autoinjectors are kept in the sickbay at Reception. Each Primary student has their own in a medical backpack kept in their classroom. Secondary students are self-managed.

Adrenaline Autoinjectors For General Use

1. The Principal, or their designated representative, will also ensure that additional adrenaline autoinjectors are available in the case of an emergency at these various locations around the College, and that there are available appropriate backup injectors for both children and adults.
2. When considering the number and type of additional adrenaline autoinjectors that are available at the College for general use, the Principal considers:
 - a. the number of students enrolled with potential anaphylaxis reactions
 - b. the accessibility of adrenaline autoinjectors that have been provided by parents
 - c. the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations of the College, including the yard, at excursions, camps and special events that are conducted, organised or attended by the College
 - d. the location of any potentially high risk areas of the school (eg. Home Economics classrooms, canteen)
 - e. that adrenaline autoinjectors have a limited life, usually expiring within 12-18 months, and will need to be replaced at the College's expense, either at the time of use or expiry, whichever comes first.
3. The additional adrenaline autoinjectors are stored at the various first aid locations listed above.
4. These additional adrenaline autoinjectors must be replaced close to or on their expiry date, usually 12 -18 months after original purchase, at College expense.
5. In preparation for their move to the Secondary School, Year 6 students and parents will be notified of the need to transition to self-management of their auto-injectors.

Procedures For Emergency Response To Anaphylactic Reactions

6. The most important aspect of anaphylaxis is the avoidance of known triggers. This is most successfully accomplished through the cooperation of students, parents, and College.

Causes of Anaphylaxis

1. Research shows that students in the 10–18-year age group are at greatest risk of suffering a fatal anaphylactic reaction. Anaphylaxis is usually triggered by allergens in food, insect stings, medicines, or latex.
2. Eight foods cause ninety-five percent of food allergic reactions in Australia and can be common causes of anaphylaxis:
 - a. peanuts
 - b. tree nuts (i.e. hazelnuts, cashews, almonds, walnuts, pistachios, macadamias, brazil nuts, pecans, chestnuts, and pine nuts)
 - c. eggs
 - d. cow's milk
 - e. wheat
 - f. soy
 - g. fish and shellfish, and
 - h. sesame seeds.
3. Other common allergens include some insect stings, particularly:
 - a. bees

- b. paper wasps
 - c. jumper jack ants
 - d. tick bites
 - e. common bull ants
4. Medications known to cause anaphylactic reactions include:
- a. Aspirin and non-steroidal anti-inflammatory drugs (NSAIDS)
 - b. sulfonamide antibiotics
 - c. anaesthetic agents
 - d. some complementary and alternative medicines (CAM).

Signs and Symptoms

1. Mild to moderate allergic reaction can include:
 - a. swelling of the lips, face, and eyes
 - b. hives or welts
 - c. tingling mouth, and
 - d. abdominal pain and/or vomiting (these are signs of a severe allergic reaction to insects).
2. Anaphylaxis (severe allergic reaction) can include:
 - a. difficult/noisy breathing
 - b. swelling of tongue
 - c. swelling/tightness in throat
 - d. difficulty talking and/or hoarse voice
 - e. wheeze or persistent cough
 - f. persistent dizziness or collapse, and
 - g. pale and floppy (young children).
3. Symptoms usually develop within 10 minutes to several hours after exposure to an allergen but can appear within a few minutes.

Prevention

1. Although the focus of this policy is on strategies for the College, parents also have important obligations. These obligations are listed earlier in this document.
2. On days with high allergen reports susceptible students will be kept from risk of exposure as much as possible by allowing them to remain indoors to play etc.
3. Individuals are permitted to wear bracelets indicating their allergies.
4. The College will carefully consider the use of peanuts, nuts, peanut butter or other peanut or nut products during in-school and out-of-school activities.
5. College activities will not place pressure on students to try foods, whether they contain a known allergen or not.
6. A policy of not sharing personal food is to be encouraged for all staff and students both on and off campus.
7. Food-related activities should be discussed with parents ahead of time.
8. Non-food treats should be used where possible in class.
9. Food from outside sources should never be given to a student who is at risk of anaphylaxis.
10. Products labelled 'May contain traces of nuts' should 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.
11. The canteen should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
12. College Staff should avoid using food in activities or games, including as rewards.

13. All College Staff members present during the camp, 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.
14. The College Staff must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
15. At the beginning of each year an email is sent to all staff asking them to identify any items which may cause an anaphylactic reaction within their areas of responsibility.
16. Students in Food Technology or Hospitality classes are checked for allergies. If minor, they will work without handling the allergens. If severe, they will not work in the kitchen.
17. When the Hospitality classes are catering a check is made for allergies and, where relevant, allergens are always clearly labelled.

Treatment

1. The most effective treatment of anaphylaxis is the injection of adrenaline into the thigh via an adrenaline autoinjector (such as an EpiPen®, AnaPen® or EpiPen Jr ® for younger students).
2. If possible, the anaphylaxis sufferer should self-administer the adrenaline. If not, (the anaphylaxis sufferer is too young or unconscious) it may be administered by someone who is trained in adrenaline autoinjector use.
3. Whenever an adrenaline autoinjector is administered an ambulance must be called and the anaphylaxis sufferer taken directly to hospital.

Emergency Response

In the event of an anaphylactic reaction, the emergency response procedure in this policy must be followed (including following the students' ASCIA action plan), together with the College's general first aid and emergency response procedures.

1. Emergency response process for anaphylactic incidents, following the student's ASCIA action plan:
 - a. Lie the person flat - do NOT allow them to stand or walk.
 - b. If unconscious, place in the recovery position.
 - c. If breathing is difficult, allow them to sit.
 - d. Give EpiPen® or EpiPen® Jr adrenaline autoinjector 3 Phone ambulance - 000.
 - e. Phone family emergency contact.
 - f. Further adrenaline doses may be given if no response after 5 minutes.
 - g. Transfer person to hospital for at least 4 hours of observation.
 - h. If in doubt give adrenaline autoinjector.
 - i. Commence CPR at any time if a person is unresponsive and not breathing normally EpiPen® is prescribed for children over 20kg and adults. EpiPen®Jr is prescribed for children 10-20kg

Staff are reminded to refer to the medical information related to students with anaphylaxis reactions in key areas (eg. staff room, First Aid room), on Seqta, or to the College's complete and up to date list of students with a diagnosed anaphylaxis reaction (**Appendix A**) if they are unsure whether a student has an anaphylaxis diagnosis and specific ASCIA action plan.

General

1. A general Anaphylaxis Action Plan poster is to be placed in all common areas.
2. This policy is to be updated as required to comply with government regulation and changes to Anaphylaxis Management guidelines.
3. There are currently **four (4)** students enrolled at the College diagnosed with a medical condition that relates to allergy and the potential for anaphylaxis reaction (2023).

More information regarding this policy can be downloaded from the Education Department's website: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

Related Policies and Processes

- Anaphylaxis Communications Plan
- Critical Incident Policy
- First Aid Policy
- Medications Policy
- OH&S Policy

Relevant Documentation or Legislation

- Ministerial Order 706: Anaphylaxis Management in Victorian Schools (incorporating amendments made by Ministerial Order 1325 as at 29 April 2021)
- The Education Reform Act 2006. Sections 4.3.1, 4.3.8C, 5.2.12 and 5.10.4 of, and clause 11 of Schedule 6

Appendix A: Students with diagnosed Anaphylaxis - 2023

Student Name	Year Level	Trigger	ASCIA Plan?
Jacelyn Battu	5	Nuts and eggs	Yes
Travis Besele	5	dairy, egg	Yes
Avitej Tiwana	5	Nuts	Yes
Mannat Sooch	8	Hazelnut, Walnut, Pecan, Pistachio, Cashew	Yes