



East Preston Islamic College

ANAPHYLAXIS
POLICY

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Constructed / Reviewed by: East Preston Islamic College on advice from Russell Kennedy Lawyers

- 3.1 **ASCIA** means Australasian Society of Clinical Immunology and Allergy.
- 3.2 **ASCIA Action Plan for Anaphylaxis** (also referred to as an **ASCIA Action Plan**) is an action plan for anaphylaxis developed by ASCIA. These plans list the student's prescribed adrenaline auto-injector and must be prescribed by the student's medical practitioner. This plan is one of the elements of a student's IAMP.
- 3.3 **IAMP** means Individual Anaphylaxis Management Plan, which includes the ASCIA Action Plan.
- 3.4 **Adrenaline Autoinjector** is a device approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). These may include EpiPen, EpiPen Jr or Anapen. Adrenaline given through an adrenaline auto-injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.
- 3.5 **MO 706** means *Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools and School Boarding Premises*, as amended or replaced from time to time.
- 4.1 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 medications.
- 4.2 The key to prevention is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. This requires communication and partnerships between parents/carers and the College to ensure that certain foods or known and potential allergens are kept away from the student while these students are in the care of the College.

Generally

- 5.1 The College will comply with MO 706 and associated guidelines in its prevention and management of anaphylaxis to minimise the risk of an anaphylactic reaction.
- 5.2 The College adopts the following risk management strategies:
- 5.2.1 Implementing IAMP's for affected students.
 - 5.2.2 Purchasing of adrenaline auto-injectors for general use.
 - 5.2.3 Communicating about anaphylaxis, with regard to the College's communication plan (as outlined in this policy).
 - 5.2.4 Training appropriate staff in anaphylaxis management.
 - 5.2.5 Maintaining 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.
 - 5.2.6 Ensuring the above list is readily accessible to staff and is displayed in various locations across the College (including in hard copy folders and on information boards).

- 5.2.7 Completing an Annual Risk Management Checklist.
- 5.2.8 Strongly encouraging secondary school age students at risk of anaphylaxis to be responsible and educated in the identification and management of their allergies.

6.1 The College will ensure that it implements the prevention strategies in Annexure B and as outlined in this clause, to minimise the risk of a student suffering an anaphylactic reaction, which are adapted to particular environments and situations.

Principal - Generally

6.2 The Principal will use prevention strategies to minimise the risk of an anaphylactic reaction. Such strategies will include:

- 6.2.1 Ensuring that an IAMP is developed (see below), in consultation with the student's parents and a medical practitioner, for any student who has been diagnosed as being at risk of anaphylaxis.
- 6.2.2 Ensuring that College staff who conduct classes that students at risk of anaphylaxis attend, and any further staff that the Principal identifies (based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the College), are briefed at least twice per calendar year in accordance with the requirements in clause 12 of MO 706. In this regard, the Principal is responsible for ensuring that the College staff identified in clause 12.1 of MO 706 are briefed twice per year, with the first briefing to be held at the beginning of the school year.
- 6.2.3 Ensuring sufficient trained relevant staff members are available to supervise students at risk of allergy and anaphylaxis during and outside of normal class activities (eg at sports activities, excursions and camps).
- 6.2.4 Arranging the purchase of additional adrenaline auto-injectors for general use and as a back-up to those supplied by parents/guardians and to ensure all medications and plans are within expiry date and that medicines are stored appropriately.
- 6.2.5 Arranging for anaphylaxis educational posters and updated student medical alerts to be displayed in staff common rooms, the first aid room and sickbay.
- 6.2.6 Ensuring that a communication plan is developed to provide information to all staff, casual relief teachers, students and parents about anaphylaxis and this policy.
- 6.2.7 Ensuring that this policy is available for all parents, including regular communication via College newsletters and/or posters to communicate information and maintain awareness. Parents of the student diagnosed at risk of anaphylaxis will be provided with a copy of this policy. A notice is displayed prominently stating that a student diagnosed at risk of anaphylaxis is being educated at the College.
- 6.2.8 Assuming responsibility for the implementation of this policy.

- 6.4 The IAMP must be in place as soon as practicable after the student enrolls, and where possible before the student's first day of attendance.

College Nurse

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7.2 The College

must communicate the location of student IAMPs within Compass to all staff present at the off-site activity and ensure that all staff know how to access Compass for this purpose.

- 9.5 For College events such as swimming sports, the Teacher-in-Charge must ensure that a first aid station is set up and marked on the emergency response plan, and that student IAMPs are able to be accessed via Compass

- 10.7 The College will ensure that adrenaline auto-injectors (including those for general use) are stored in compliance with the following requirements:
- 10.7.1 Adrenaline auto-injector must be stored in an unlocked, cool and dark place at room temperature, but not in a refrigerator or freezer. The storage location must be able to be quickly and easily accessed. If these conditions cannot be maintained, the College will store the adrenaline auto-injector in an insulated wallet.
 - 10.7.2 Each adrenaline auto-injector for an individual student will be clearly labelled with the student's name and stored with a copy of the student's IAMP.
 - 10.7.3 An adrenaline auto-injector for general use will be clearly labelled and

- 12.2.3 the fact that adrenaline auto-injectors have a limited life (typically within 12-18 months) and those stored for general use will need to be replaced at the College's expense, either at the time of use or expiry, whichever is first; and
 - 12.2.4 the availability of a sufficient supply of adrenaline auto-injectors for general use in specified locations on school premises and in the College yard, and at excursions, camps and special events conducted, organised or attended by the College.
- 12.3 The Principal will authorise the purchase of at least one adrenaline auto-injector for general use as a back up to the one supplied by parents for each student diagnosed with anaphylaxis plus a minimum of one additional adrenaline auto-injector for general use for the campus if, to the College's knowledge, there is no student at the campus diagnosed with a medical condition relating to allergy or anaphylaxis.
- 13.1 In the event of an anaphylactic reaction, the emergency response procedures in Annexu*ⁿBT/1 0 595

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- 16.13 These include:
- 16.13.1 remain calm;
 - 16.13.2 promptly seek help;
 - 16.13.3 if the circumstances allow, ensure that the person suffering from the anaphylactic reaction is accompanied whilst others seek help; and
 - 16.13.4 listen carefully to any instructions you receive from staff (or if applicable, medical professionals or emergency services).
- 16.14 Teachers discuss key health and safety messages at appropriate times with students in their classes. This can be adopted by students during both normal and off-site or out of school activities. These include:
- 16.14.1 always take food allergies seriously - severe allergies are no joke;
 - 16.14.2 do not share your food with friends who have food allergies;
 - 16.14.3 wash your hands after eating;
 - 16.14.4 know what your friends are allergic to.
 - 16.14.5 if a peer becomes sick, get help immediately even if the person feeling unwell does not want to;
 - 16.14.6 be respectful of adrenaline auto-injectors - they are not toys; and
 - 16.14.7 do not pressure your friends to eat food that they are allergic to.
- 16.15 Students are also reminded prior to any off-site about the symptoms of anaphylaxis, and told which staff member from which to seek help.
- 16.16 Posters and materials are also displayed around the campus to promote awareness of anaphylaxis, and what to do in the event of an actual or suspected reaction.

Communications with parents

- 16.17 The College is aware that parents sending a child to school who is at risk of anaphylaxis can be an anxious experience. It is important for the College to develop an open and co-operative relationship with students and their families, so that they can feel confident that appropriate management strategies are in place.
- 16.18 All parents are asked at enrolment if their child has any allergies or medical conditions of which the College needs to be aware.
- 16.19 The College shall encourage ongoing communication between parents / guardians and the College Nurse (and also, their child's Homeroom Teacher) regarding the current status of the student's allergies, this policy and its implementation. Regular communication can ease concern of parents with children who are at risk and will help raise awareness in the College community.

Annexure A: Emergency Response Procedures for anaphylaxis

The following procedures should be followed in the event of a student suffering an anaphylactic reaction.

- 1.1 The supervising teacher should stay with the student. Do not move the student.
- 1.2 The teacher should administer the student's personal adrenaline auto-injector, if the student is carrying it.
- 1.3 Otherwise, the teacher shall use a mobile phone to contact the College Nurse or Reception to obtain the student's personal adrenaline auto-injector.
 - 1.3.1 If the teacher cannot make contact they must send a responsible student there to ask staff for help.
- 1.4 Staff should bring the adrenaline auto-injector to the scene and administer it without delay.
- 1.5 Call 000 immediately after.

- 2.1 The staff member on yard duty should stay with the student. Do not move the student.
- 2.2 The teacher should administer the student's personal adrenaline auto-injector, if the student is carrying it.
- 2.3 Otherwise, the staff member shall use a mobile phone to contact the College Nurse or Reception to obtain the student's personal adrenaline auto-injector.
 - 2.3.1 If the staff member assisting the student cannot make contact, send another responsible student to Reception to ask the College Nurse (or alternatively another 0 595.3

- 4.2 Where possible, only staff with training in the administration of the adrenaline auto-injector should administer a 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 may be administered by any person following the instructions in the student's ASCIA Action Plan.
- 4.3 Once an adrenaline auto-injector has been administered, staff should follow the procedure set out in the student's IAMP (including the ASCIA Action Plan), and then any applicable general first aid and emergency response procedure. Communications to staff, students and parents should occur in accordance with the communications plan in this policy.
- 5.1 Refer to this policy for the location of adrenaline auto-injectors for general use, and those provided for specific students.

Annexure B: Prevention Strategies

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- 1.1 Teachers must liaise with parents/carers about food-related activities ahead of time.
 - 1.2 Staff must use non-food treats wherever possible. If food treats are used, it is recommended that parents/carers of students with food allergies provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
 - 1.3 Staff must not give food from outside sources to a student who is at risk of anaphylaxis unless the requisite approval has been provided by their parents via Compass.
 - 1.4 Staff must ensure that 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.
 - 1.5 Staff should be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes.
 - 1.6 Staff must ensure that all cooking utensils, preparations dishes, plates, etc., are washed and cleaned thoroughly after preparation of food and cooking.
 - 1.7 Staff should have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
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- 2.1 The College will ensure that there are sufficient staff on yard duty who are trained in the administration of an adrenaline auto-injector and able to respond quickly to an anaphylactic reaction.
 - 2.2 The College will ensure that adrenaline auto-injectors are easily accessible from the yard, and brief staff on the location of the closest adrenaline auto-injectors.
 - 2.3 Staff must encourage students with anaphylactic responses to insects to stay away from water or flowering plants.
 - 2.4 Maintenance staff must take all reasonable steps to ensure that lawns and clovers are mowed regularly and outdoor bins covered.
 - 2.5 Staff must take all reasonable steps to ensure that students keep drinks and food covered while indoors.
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- 3.1 The College will ensure that there are sufficient staff supervising the event who are trained in the administration of an adrenaline auto-injector and able to respond quickly to an anaphylactic reaction.
 - 3.2 If food is to be consumed at the event, staff must consult parents in advance to either develop an alternative food menu or request parents to send a meal for the student.
 - 3.3 Staff should avoid using food rewards in activities or games.

- 3.4 The Teacher in Charge must inform parents/carers of other students about foods that may cause allergic reactions in other students and request that they avoid providing their child with treats.
- 3.5 The Teacher-in-Charge must ensure that if any student is allergic to latex, any party balloons or personal protective equipment in use at the even

- 5.2 Were a person with anaphylaxis undertakes work experience at the College, the College's approach to managing risk for that person would be the same as if the person was an enrolled student.
- 6.1 Before engaging a camp owner/operator's services, the Teacher in Charge should make enquiries as to whether it can provide food that is safe for students at risk of anaphylaxis. If a camp owner/operator cannot provide this confirmation to the College, the College should consider using an alternative service provider.
- 6.2 The Teacher in Charge should ensure that the camp cook can demonstrate satisfactory training in food allergen management and understands the implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- 6.3 Before the camp, the Teacher in Charge must ensure that staff consult with the parent(s) and medical practitioner (if necessary) of any student at risk of anaphylaxis, to review the student's IAMP and ensure that it is current and contains all relevant information for the particular camp..
- 6.4 Staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
- 6.5 Staff should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
- 6.6 If staff or parents have concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, they should also consider alternative means for providing food for those students.
- 6.7 Staff should consider the potential exposure to allergens when consuming food on buses and in cabins.
- 6.8 Staff must not sign any written document or disclaimer 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.
- 6.9 The Teacher in Charge should ensure that the use (by the camp owner/operator, staff or students) of substances containing allergens is avoided wherever possible.
- 6.10 The Teacher in Charge should ensure that the camp owner/operator does not stock peanut or tree nut products, including nut spreads, and that products that 'may contain' traces of nuts will not be served to students who are known to be allergic to nuts.
- 6.11 The Teacher in Charge must ensure that each student's adrenaline auto-injector and IAMP (including the ASCIA Action Plan - as stored via Compass), as well as a staff mobile phone are taken on camp. If mobile phone access is not available to staff, an alternative method of communication in an emergency must be considered (e.g. a satellite phone).
- 6.12

- 6.13 As part of the risk assessment for the camp, the Teacher in Charge is required to check the emergency response procedures that the camp provider has in place. The Teacher in Charge is also required to ensure that these are sufficient in the event of an anaphylactic reaction and ensure all staff participating in the camp are clear about their roles and responsibilities.
- 6.14 The Teacher in Charge should consider taking an adrenaline auto-injector for general use on camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency. The cost of the spare adrenaline auto-injector/s will be built into yearly camp costs.
- 6.15 Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.

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- 7.1 The Teacher in Charge should, in consultation with the College Nurse, review and consider the prevention strategies listed in this policy for field trips, excursions, sporting events, camps and remote settings. Where an offsite event is occurring overseas, the College should involve parents in discussions regarding risk management well in advance.
- 7.2 The Teacher in Charge should, in consultation with the College Nurse, investigate the potential risks at all stages of the overseas travel such as:
- 7.2.1 travel to and from the airport/port;
 - 7.2.2 travel to and from Australia (via aeroplane, ship etc);
 - 7.2.3 various accommodation venues;
 - 7.2.4 all towns and other locations to be visited;
 - 7.2.5 sourcing safe foods at all of these locations; and
 - 7.2.6 risks of cross contamination, including -
 - (a) exposure to the foods of the other students;
 - (b) hidden allergens in foods;
 - (c) whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction;
 - (d) whether the other students will wash their hands when handling food.
- 7.3 The Teacher in Charge should, in consultation with the College Nurse, assess where each of these risks can be managed using minimisation strategies such as the following:
- 7.3.1 translation of the student's IAMP and ASCIA Action Plan;
 - 7.3.2 sourcing of safe foods at all stages;
 - 7.3.3 obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited;
 - 7.3.4 obtaining emergency contact details; and

7.3.5 sourcing the ability to purchase additional adrenaline auto-injectors.

7.4 The Teacher in Charge must

