

## ANAPHYLAXIS POLICY



Help for non-English speakers

If you need help to understand the information in this policy please contact the Principal, Stewart Milner.

### CONTEXT

The Centre for Higher Education Studies (CHES) is a co-educational, specific purpose, senior secondary school where high-achieving and high-ability (HA) students can extend their learning. CHES offers face to face learning at a state-of-the-art facility in South Yarra and hosts a high-quality virtual platform to enable students to access programs at CHES regardless of where they are located.

Students engage with CHES programs in the following ways:

- direct enrolment of students into select VCE subjects onsite and virtually, including access to Student Enrichment Programs - providing mentoring, workshops, and seminars
- direct enrolment of Higher Education Studies (HES) delivered by partner Universities, including access to Student Enrichment Programs - providing mentoring, workshops, and seminars

Students participating in CHES programs remain enrolled at their chosen secondary school (base school) and are supported to undertake a course at CHES as part of their VCE program. Working in close partnership with students' base schools, students will be enrolled in a CHES course for a fraction of their timetable (generally 20 per cent), with the remainder of their enrolment and timetable reflecting the subjects being completed at their base school.

CHES shares a joint responsibility with students' base schools to ensure students' social and emotional wellbeing, and also partners with Universities and base schools to ensure students' academic needs are met.

Individual student study arrangements are considered and agreed between the student, parent/carer, base school, and CHES upon enrolment and induction. To formalise individual student study arrangements CHES develop an Individualised Achievement Plan (IAP) which will include:

- study arrangements (CHES program and delivery mode - face to face, virtual, or combination)
- timetable requirements
- travel arrangements (if applicable)
- agreed communication methods between base-school and CHES (who, what, when and how)
- agreed communication methods between partner Universities and CHES (who, what, when and how)

- reasonable adjustments (if required), including a student's Individual Anaphylaxis Management Plan where applicable
- student health care needs including asthma management, administration of medication and individual anaphylaxis management.

All CHES policies are designed to reflect its unique operating environment (physical and virtual), its program offerings, its partnerships with Universities and shared responsibility with students' base schools to ensure students' social and emotional wellbeing and academic needs are met.

CHES has a network of foundation schools and allows the member schools to deliver their own VCE classes within the CHES facility where not fully utilised for CHES programs. This policy does not consider CHES foundation school arrangements.

## PURPOSE

To explain to CHES parents, carers, students, base school supervisors, partner university staff and CHES employed staff, the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that CHES is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

## SCOPE

This policy applies to:

- all staff, including staff from partner universities, casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction whilst on-site at CHES or participating in an event, excursion or camp including attendance on a university campus, and their parents /and carers.

Where students are participating in a CHES class or event virtually from their base school, from home or another location, the base school or parent or carer will by default assume any health-related care requirements.

## POLICY

### School Statement

CHES will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

### Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

### *Symptoms*

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

### *Treatment*

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

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

### **Individual Anaphylaxis Management Plans**

All students at CHES who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan that forms part of the student's Individual Achievement Plan. When notified of an anaphylaxis diagnosis, the Principal of CHES is responsible for developing a plan in consultation with the student's parents/carers and the base school supervisor. The Individual Anaphylaxis Management Plan will be adapted to a student's involvement in CHES programs, when attending on-line through the CHES virtual environment, on-site at CHES or at a partner university.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at CHES and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to their base school as soon as practicable
- immediately inform the base school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the base school with a current adrenaline autoinjector for the student that has not expired
- participate in annual reviews of the student's Plan.

Base school supervisors must:

- provide the ASCIA Action Plan for Anaphylaxis to CHES as soon as completed and before students commence CHES programs
- inform CHES in writing if there is a relevant change in the student's medical condition and provide an updated ACSIA Action Plan for Anaphylaxis to CHES as soon as practicable, and usually within 24 hours.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of CHES staff or university staff, including whilst onsite at CHES, at camps and excursions, onsite at a partner university campus, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

#### *Review and updates to Individual Anaphylaxis Management Plans*

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers and the base school supervisor. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at universities for CHES programs.

CHES may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at our CHES facility or at a partner university.

#### **Location of plans and adrenaline autoinjectors**

Students enrolled at CHES may attend on-site at CHES or a partner university for one of the subjects (20% of their timetable). As such, in most cases students will keep their adrenaline autoinjectors on their person.

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the first aid room. Whilst most students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name at the CHES first aid room, together with adrenaline autoinjectors for general use.

#### **Risk minimisation strategies**

To reduce the risk of a student suffering from an anaphylactic reaction at CHES, we have put in place the following strategies:

- staff and students are regularly reminded to wash their hands after eating
- students are discouraged from sharing food
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects

- gloves must be worn when picking up papers or rubbish
- school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- student groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- a general use EpiPen will be stored at the school cafe, first aid room, staff lounge and in the yard duty bag for ease of access.

Planning for off-site activities (such as camps and excursions) will include risk minimisation strategies for students at risk of anaphylaxis including ensuring:

- students at risk of anaphylaxis are appropriately supervised
- there are an appropriate number of staff trained in managing anaphylaxis
- that the teacher-in-charge of the off-site activity has immediate access to relevant students' adrenaline autoinjectors and either hard copy or electronic access to Individual Anaphylaxis Management Plans and ASCIA Actions Plans.

### **Management of Anaphylaxis at Partner Universities**

CHES ensures that risk assessments are undertaken for each individual student who is at risk of anaphylaxis prior to commencing an off-site excursion to a university partner. The CHES First Aid Officer will undertake the risk assessment and will develop the risk management strategy in consultation with the student (factoring in the age of senior students enrolling in CHES programs) and with the university staff, and where appropriate with the parents and base school.

Depending on the nature of the individual student's anaphylaxis, this risk assessment may include a site visit before the student commences the university program. The risk management plan also covers appropriate risk management strategies to manage an anaphylactic reaction should it occur while a student is independently making their way to or from a university campus. Every incident in which a student suffered an anaphylactic reaction is to be reported to CHES to enable CHES to immediately report the incident through the DET Incident Reporting and Information System (IRIS).

### **Adrenaline autoinjectors for general use**

CHES will maintain a supply of adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first-time reaction at school.

Adrenaline autoinjectors for general use will be stored at the first aid room and labelled "general use".

The Principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at CHES at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

## Emergency Response

In the event of an anaphylactic reaction (on or off-site), the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the First Aid Officer and stored at the first aid room. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"><li>• Lay the person flat</li><li>• Do not allow them to stand or walk</li><li>• If breathing is difficult, allow them to sit</li><li>• Be calm and reassuring</li><li>• Do not leave them alone</li><li>• Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at the first aid room. If off-site, the teacher-in-charge of the off-site activity will have immediate access to items listed above</li><li>• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li></ul>
2.	<p>Administer an EpiPen or EpiPen Jr</p> <ul style="list-style-type: none"><li>• Remove from plastic container</li><li>• Form a fist around the EpiPen and pull off the blue safety release (cap)</li><li>• Place orange end against the student's outer mid-thigh (with or without clothing)</li><li>• Push down hard until a click is heard or felt and hold in place for 3 seconds</li><li>• Remove EpiPen</li><li>• Note the time the EpiPen is administered</li><li>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li></ul> <p><b>OR</b></p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"><li>• Pull off the black needle shield</li><li>• Pull off grey safety cap (from the red button)</li><li>• Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)</li><li>• Press red button so it clicks and hold for 10 seconds</li><li>• Remove Anapen®</li><li>• Note the time the Anapen is administered</li></ul> <p>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</p>
3.	Call an ambulance (000)

4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

Schools can use either the EpiPen® **and Anapen® on any student** suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

### Communication Plan

This policy will be available on CHES website so that parents and other members of the school community can easily access information about CHES's anaphylaxis management procedures. The parents and carers of students who are enrolled at CHES and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal is responsible for ensuring that all relevant staff, including staff from partner universities who teach and supervise CHES students who are identified as being at risk of anaphylaxis, casual relief staff, canteen staff and volunteers are aware of this policy and CHES's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The Principal is also responsible for ensuring relevant staff are trained and briefed twice per calendar year in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

### Staff training

The Principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes, all canteen staff, admin staff, first aiders and any other member of school staff as required by the Principal based on a risk assessment.

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

CHES uses the following training course:

- ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor. To perform the competency check, the Anaphylaxis Supervisor must have completed the Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC.
- A DET approved face to face program (22578VIC, or 22579VIC or 10710NAT).

[Note, for details about approved staff training modules, refer to chapter 5 of the [Anaphylaxis Guidelines](#)].

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including the School Anaphylaxis Supervisor. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at CHES who is at risk of anaphylaxis, the Principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

A record of staff training sessions will be maintained through the school's online Emergency Management Plan.

The Principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

## FURTHER INFORMATION AND RESOURCES

- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- [Confidential Medical Information Form for Excursions](#)
- [Risk Assessment for Local and Day Excursions](#)

This policy should be read in conjunction with the following Department policies and guidelines:

- [Anaphylaxis](#)

The following school policies are also relevant to this policy:

- Administration of Medication Policy
- First Aid Policy
- Health Care Needs Policy
- Medication Administration Log
- Medication Authority Form

## POLICY REVIEW AND APPROVAL

Policy last reviewed	February 2022
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Approved by	Principal
Next scheduled review date	October 2022 - to ensure ongoing relevance and continuous improvement, this policy will be reviewed annually.

The Principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.