



# ANAPHYLAXIS MANAGEMENT POLICY

## Ministerial Order 706 – Anaphylaxis Management in Schools

### PURPOSE

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

### RATIONALE

Section 4.3.1(6)(c) of The Children's Services Act 1996 requires a School which has enrolled a student in circumstances where the School knows, or ought reasonably to know, that the student has been diagnosed as being at risk of anaphylaxis, to develop an anaphylaxis management policy which contains all of the matters required by the Order.

#### Ministerial Order 706

The Order, which is effective from 22 April 2014, is made under ss 4.3.1, 5.2.12, 5.10.4 and clause 11 of Schedule 6 of the Act. Ministerial Order 90 is also repealed with effect from 22 April 2014. The purpose of the Order is to specify the matters that Schools applying for registration and Registered Schools must contain in their anaphylaxis management policy for the purposes of s 4.3.1(6)(c) of the Act.

### SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

### POLICY

#### School Statement

Belmore School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

### DEFINITION

Anaphylaxis is a severe, rapidly progressive allergic reaction that is 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.

#### Symptoms

Symptoms of a **mild to moderate allergic reaction** can include:

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

Symptoms of anaphylaxis (**a severe allergic reaction**) can include:

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

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 in an emergency.

### ***Individual Anaphylaxis Management Plans***

All students at Belmore School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal of Belmore School is responsible for developing a plan in consultation with the student's parents/carers.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school. The principal will develop an interim plan and consult with parents if training or a briefing has not occurred. The training and a briefing are to occur as soon as possible after the interim plan is developed.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the 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 school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.

The individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner).
- 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 and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, 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 on where the student's medication will be stored.
- the student's emergency contact details, and
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

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

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

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

- annually at SSG;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes.
- as soon as practicable after the student has an anaphylactic reaction at School; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of the Parents to:

- provide the ASCIA Action Plan.
- inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan.
- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the school and when it is reviewed, and
- provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

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

Individual Anaphylaxis Management Plans and ASCIA Actions plans will be kept in the classroom, with the students personal Adrenaline Autoinjector, and in the Nurses Office.



On excursions and on school camp the Individual Anaphylaxis Management Plans and ACSICA Actions plans will be kept with the Student Emergency Plans and another copy with the students personal Adrenaline Auto injector.

### ***Prevention Strategies***

Minimisation of anaphylaxis in Schools

Section 4.3.1(6)(c) of the Act applies to all Victorian Schools (government, Catholic and independent), and prescribes the circumstances under which a School is required to have a School Anaphylaxis Management Policy containing the matters required by the Order. Under the Order, a School's Policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction.

Even where a School is required to have a Policy, it is important to remember that minimisation of the risk of anaphylaxis is everyone's responsibility: the school (including the Principal and all School Staff), Parents, students and the broader school community.

Parents have important obligations under the Order (and the School's Anaphylaxis Management Policy). These obligations will assist their child's School to manage the risk of anaphylaxis. For example, Parents must:

- communicate their child's allergies and risk of anaphylaxis to the school at the earliest opportunity, preferably on enrolment;
- continue to communicate with School Staff and provide up to date information about their child's medical condition.
- provide the School Staff with an ASCIA Action Plan.
- participate in yearly reviews of their child's Individual Anaphylaxis Management Plan; and
- ensure that their child has an Adrenaline Autoinjector that is current and not expired at all times.

### ***Risk Minimisation and Prevention Strategies***

Statistics show that peanuts and nuts are the most common trigger for an anaphylactic reaction and fatality due to food anaphylaxis. To minimise the risk of a first time reaction to peanuts and nuts, Schools should carefully consider the use of peanuts, nuts, peanut butter or other peanut or nut products during in-school and out-of-school activities. It is recommended that school activities don't place pressure on student to try foods, whether they contain a known allergen or not. More information about peanut and nut banning can be found in the ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, available from the ASCIA website at: [www.allergy.org.au](http://www.allergy.org.au)

Risk minimisation and prevention strategies should be considered for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

#### **Classrooms**

1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.

2.	Liaise with Parents about food-related activities ahead of time.
3.	Use non-food treats where possible, but if food treats are used in class, it is recommended that parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6.	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.
7.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g., egg or milk cartons, empty peanut butter jars).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10.	A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. i.e., seeking a trained staff member.
11.	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
12.	Food banning is not generally recommended. Instead, a 'no sharing' with the students with food allergy approach is recommended for food, utensils and food containers.
13.	Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

#### Yard

1. If a School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e., EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. **(Remember that an anaphylactic reaction can occur in as little as a few minutes).**

3. Belmore School will have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/school nurse of an anaphylactic reaction in the yard.
4. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5. Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6. Keep outdoor bins covered.
7. Students should keep drinks and food covered while outdoors.

#### Special events (e.g. sporting events, incursions, class parties, etc.)

1. If Belmore School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2. School Staff should avoid using food in activities or games, including as rewards.
3. For special occasions, School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
4. Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.
5. Party balloons should not be used if any student is allergic to latex.

#### Travel to and from School by bus

1. Belmore School will consult with Parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from School on the bus. This includes the availability and administration of an Adrenaline Autoinjector. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Autoinjector on their person at School.

#### Field trips/excursions/sporting events

1. If Belmore School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.

<b>2.</b>	A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
<b>3.</b>	School Staff should avoid using food in activities or games, including as rewards.
<b>4.</b>	The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and School Staff must be aware of their exact location.
<b>5.</b>	<p>For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.</p> <p>All School Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.</p>
<b>6.</b>	The school should consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required).
<b>7.</b>	Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis.
<b>8.</b>	Prior to the excursion taking place School Staff should consult with the student's Parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

#### Camps and remote settings

<b>1.</b>	Prior to engaging a camp owner/operator's services the school should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the School should consider using an alternative service provider.
<b>2.</b>	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
<b>3.</b>	Schools 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.



<b>4.</b>	Schools 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.
<b>5.</b>	School 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.
<b>6.</b>	If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
<b>7.</b>	Use of substances containing allergens should be avoided where possible.
<b>8.</b>	Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
<b>9.</b>	The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis 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.
<b>10.</b>	Prior to the camp taking place School Staff should 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.
<b>11.</b>	School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.
<b>12.</b>	Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
<b>13.</b>	Schools should consider taking an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
<b>14.</b>	Schools should consider purchasing an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
<b>15.</b>	The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.
<b>16.</b>	The Adrenaline Autoinjector should be carried in the school first aid kit.



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| <b>17.</b> | 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. |
| <b>18.</b> | Cooking and art and craft games should not involve the use of known allergens.  |
| <b>19.</b> | Consider the potential exposure to allergens when consuming food on buses and in cabins.  |

### Work experience

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| <b>1.</b> | Belmore School will involve Parents, the student and the employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. Staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the Adrenaline Autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience. |
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### ***Adrenaline Autoinjectors for General Use***

The Principal will purchase Adrenaline Autoinjector(s) for General Use (purchased by the school) and as a back up to those supplied by Parents.

The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:

- the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis.
- the accessibility of Adrenaline Autoinjectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis.
- the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the School, including
- in the school yard, and at excursions, camps and special events conducted or organised by the School; and
- the Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first.

### ***Emergency Response***

In the event of an anaphylactic reaction, 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 school nurse and stored in the central administration office. 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 with their autoinjector</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</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 3 seconds</li> <li>● Remove Anapen®</li> <li>● Note the time the Anapen is administered</li> <li>● Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</li> </ul>
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.

### **Always call an ambulance as soon as possible (000)**

#### **First-time reactions**

If a student has a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the School Staff should follow Belmore school's first aid procedures.

This should include immediately contacting an ambulance using 000.

It may also include locating and administering an Adrenaline Autoinjector for General Use.

#### **Post-incident support**

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and Parents. In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident counselling, provided by the school nurse or student welfare coordinator.

#### **Review**

After an anaphylactic reaction has taken place that has involved a student in Belmore School's care and supervision, it is important that the following review processes take place.

1.	The Adrenaline Autoinjector must be replaced by the Parent as soon as possible.
2.	In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
3.	If the Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible.
4.	In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided.
5.	The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents.
6.	The Belmore School's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of Belmore School Staff.

#### **Self-administration of the Adrenaline Autoinjector**

The decision whether a student can carry their own Adrenaline Autoinjector should be made when developing the student's Individual Anaphylaxis Management Plan, in consultation with the student, the student's Parents and the student's Medical Practitioner.

It is important to note that students who ordinarily self-administer their Adrenaline Autoinjector may not physically be able to self-administer due to the effects of a reaction. In relation to these



circumstances, School Staff must administer an Adrenaline Autoinjector to the student, in line with their duty of care for that student.

If a student self-administers an Adrenaline Autoinjector, one member of the School Staff member should supervise and monitor the student, and another member of the School Staff should contact an ambulance as per Belmore School action plan.

### **Responding to an incident**

Where possible, only School Staff with training in the administration of the Adrenaline Autoinjector should administer the student's Adrenaline Autoinjector. However, it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g., the anaphylactic reaction was caused by a bee sting and the beehive is close by).

### **In-School Environment**

- Classrooms – Belmore staff will use classroom phones to raise the alarm that a reaction has occurred. First calling Administration to call the ambulance. Secondly call the school nurse.
- Hall/Hydrotherapy pool – Belmore staff will use available phones in these areas to raise the alarm that a reaction has occurred. As above.
- Yard – Belmore staff on yard duty will access the closest classroom phone to raise the alarm a reaction has occurred. As above
- One member of the Belmore School Staff should supervise and monitor the student.
- Another nominated Belmore staff member on will access the Adrenaline Autoinjector from either the students personal supply or the General use Adrenaline Autoinjector in Senior or Junior Bay First Aid Kits.
- The school administration staff will call the ambulance; and
- A nominated administration staff member will wait for the ambulance at a designated school entrance.

### **Out-of School Environments**

Excursions and Camps - Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore, emergency procedures will vary accordingly. A team of Belmore School Staff trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:

- Who the teacher in charge is of the camp as they are responsible for the Adrenaline Autoinjectors located within the first aid kit
- Which staff member will get the Adrenaline Autoinjector to a student; and
- Which staff member will call for ambulance response, including giving detailed location address. e.g. Melway reference if city excursion, and best access point or camp address/GPS location.



### **Students at risk of anaphylaxis**

A member of the School Staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan:

‘Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.’

A member of Belmore School Staff should immediately locate the student's Adrenaline Autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan.

The Adrenaline Autoinjector should then be administered following the instructions in the student's ASCIA Action Plan.

### **Communication Plan**

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

The Principle is responsible for ensuring the communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the schools anaphylaxis and the school's anaphylaxis management policy.

The Communication Plan includes:

- strategies for advising School Staff, students and Parents about how to respond to an anaphylactic reaction by a student in various environments including:
- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
- during off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the School.

The Communication Plan includes procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

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



## Communication Procedures

### Raising student awareness

Peer support is an important element of support for students at risk of anaphylaxis.

School Staff will raise awareness in School through fact sheets or posters displayed in hallways and classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages, outlined in the following:

Student messages about anaphylaxis	
1.	Always take food allergies seriously – severe allergies are no joke.
2.	Don't share your food with friends who have food allergies.
3.	Wash your hands after eating.
4.	Know what your friends are allergic to.
5.	If a school friend becomes sick, get help immediately even if the friend does not want to.
6.	Be respectful of a school friend's Adrenaline Autoinjector.
7.	Don't pressure your friends to eat food that they are allergic to.

Source: Be a MATE kit, published by Anaphylaxis & Allergy Australia.

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis will be treated as a serious and dangerous incident and dealt with in line with the School's anti-bullying policy.

Schools can refer to the Bully Stoppers website, an anti-bullying resource for ideas and strategies for dealing with bullying situations. Further information about Bully Stoppers is available at: <http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx>

### Raising awareness with Parents

Parents will be informed regarding access to the full Anaphylaxis Policy and its implementation plans via the Parents and Carers Information Manual and school newsletters. The link to the Anaphylaxis policy is available on the school website.

Belmore School is aware that Parents of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to School. An open and cooperative relationship with them will be developed so that they can feel confident that appropriate management strategies are in place.

Aside from implementing practical prevention strategies in Schools, the anxiety that Parents and students may feel can be considerably reduced by regular communication and increased education via the school newsletter, student communication books and individual SSG meetings.

#### Raising school community awareness

Belmore School will work to raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. This can be done by providing information in the school newsletter.

Parent Information Sheets that promote greater awareness of severe allergies can be downloaded from the Royal Children's Hospital website at:

[www.rch.org.au/allergy/parent\\_information\\_sheets/Parent\\_Information\\_Sheets/](http://www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/)

#### Staff Training

The Principal will ensure that the following school staff complete ASCIA E-training for Victorian Schools and be verified by staff that have completed Verifier Course 22579VIC:

- The identified School Nurses;
- School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any further School Staff that are determined by the Principal.

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 identified School Nurses. Each briefing will address:

- the school's Anaphylaxis Management policy (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.

In addition, Nursing Staff will be responsible for briefing all volunteers, bus staff, casual relief staff, and new School Staff (including administration and office staff, sessional teachers, specialist teachers) of the above information and their role in responding to an anaphylactic reaction by a student in their care.

When a new student enrolls at Belmore School 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 courses and briefings will be maintained in PD Tracker on the school administration server.



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.

**Note:** A video has been developed and can be viewed from  
<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>

### **Annual Risk Management Checklist**

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.

### **FURTHER INFORMATION AND RESOURCES**

- The Department's Policy and Advisory Library (PAL):
  - [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)

Royal Children's Hospital: [Allergy and immunology](#)

### **REVIEW CYCLE AND EVALUATION**

This policy was last updated on 19th February 2025 and is scheduled for review annually, in February 2026.

Reviewed	19 February 2025
Consultation	Grace McMurray - Registered Nurse DIV 1
Approved by Principal	
Review Date	February 2026