

RATIONALE

All students and staff have the right to feel safe and well, and know that they will be attended to with due care when in need of first aid.

As part of the government school principal contract, government school principals are required to plan, implement and monitor arrangements to ensure the safety, security and wellbeing of students.

Gisborne Secondary College will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

IMPLEMENTATION

STAFF TRAINING

The principal is responsible for ensuring that relevant staff are trained and briefed at least twice per year.

- All Teaching and Education Support staff at Gisborne Secondary College will be appropriately trained to meet the anaphylaxis training requirements of MO706
- All school staff are to complete ASCIA Anaphylaxis e-training for Victorian Schools (valid 2 years), followed by a competency check by the School Anaphylaxis Supervisor/s.

AND

- A minimum of two staff at GSC (School Anaphylaxis Supervisors) will have completed the course in Verifying the Correct Use of Adrenaline Autoinjector (i.e. EpiPen®) Devices 22303VIC (valid 3 years).
- All staff will participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
 - The school's Anaphylaxis Management Policy
 - The causes, symptoms and treatment of anaphylaxis
 - The identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located
 - How to use an Adrenaline Autoinjector (i.e. EpiPen®) , including hands on practise with a trainer Adrenaline Autoinjector (i.e. EpiPen®) device
 - The school's general first aid and emergency response procedures
 - The location of, and access to, Adrenaline Autoinjector (i.e. EpiPen®) (s) that have been provided by parents or purchased by the school for general use.
- Please note: First Aid training does NOT meet anaphylaxis training requirements under MO706.

The first briefing must be conducted at the beginning of the year by a member of the school staff nominated as the School Anaphylaxis Supervisor who has successfully completed an Anaphylaxis Management Training Course in the last 12 months. In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. Training will be provided to relevant school staff as soon as practicable after the student enrolls, and preferably before the student's first day at school. The Principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of school staff present who have successfully completed an Anaphylaxis Management Training Course.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school. The Individual Anaphylaxis Management Plan will set out the following:

- 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)
- 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 strategies
- Information on where the student's medication will be stored
- The student's emergency contact details
- An ASCIA Action Plan for Anaphylaxis. Note: The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis.
- School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents in all of the following circumstances:

- Annually.
- If the student's medical condition, in so far as it relates to allergy and the potential for anaphylactic reaction, changes.
- As soon as practicable after the student has an anaphylactic reaction at school.
- When the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. 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 and 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.
- Provide the school with an Adrenaline Autoinjector (i.e. EpiPen®) that is current (the date has not expired) for their child.

RISK MINIMISATION AND PREVENTION STRATEGIES

Strategies that Gisborne Secondary College will put in place for all relevant in-school and out-of-school settings include (but are not limited to) the following:

- Use of Nitrile (Latex free) gloves throughout the school – includes all first aid bags used in the school and on camps/excursions & sickbay.
- Fabric Band-aids are used throughout the school (Latex free) unless otherwise specified.

In-school Settings

1. Classrooms

- All Teaching and Education Support staff will be appropriately trained to meet the anaphylaxis training requirements of MO706.
- Liaise with parents about food-related activities ahead of time.
- 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.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Treats for 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.
- 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.
- Be aware of the possibility of hidden allergens in food and other substances used in cooking, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
- Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
- Casual relief teachers, specialist teachers and volunteers will be advised during their induction 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.

2. Canteens

- Canteen staff (whether internal or external) 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. Refer to: 'Safe Food Handling' in the School Policy and Advisory Guide.

- Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order (see references), have up to date training in an Anaphylaxis Management Training Course.
- Display poster with up to date photographs in the staff area of canteen.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
- Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
- Make sure that tables and surfaces are wiped down with warm soapy water regularly.
- 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. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
- 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.

3. Yard

- If the 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 to be able to respond quickly to an anaphylactic reaction if needed.
- Staff should be aware of the exact location of the Adrenaline Autoinjector and student's Individual Anaphylaxis Management Plans.
- Schools must 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. Staff on yard duty are asked to carry their charged mobile phone at all times. All staff on yard duty must be aware of the school's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
- Yard duty staff must be able to identify, by face, those students at risk of anaphylaxis.
- 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.
- Keep lawns and clover mowed and outdoor bins covered.
- Students should keep drinks and food covered while outdoors.

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

- If the 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.
- School staff should avoid using food in activities or games, including as rewards.
- 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.
- 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.

- Party balloons should not be used if any student is allergic to latex.

Out-of-school settings

1. Travel to and from school by bus

- It is the responsibility of parents/guardians to list their child's medical conditions on the application to travel (on the bus). The parents/guardians will agree on a suitable medical management plan with the coordinating Principal. This should include 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.
- Where appropriate, the coordinating Principal should provide the bus operator with details of the medical condition.
- Parents/guardians must be informed that bus drivers are not medically trained and are not expected to perform any medical intervention.
- Parents/guardians must ensure that the school has access to their most recent contact numbers to be used in the event of emergency.

2. Excursions / sporting events

- A school staff member or team of school staff trained in the recognition of anaphylaxis and the administering of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on excursions.
- On special event days (eg: swimming sports, athletic sports) the person in charge of first aid will ensure that the Anaphylaxis Response Kit is taken to the event along with the usual First Aid kits.
- If the school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administering of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
- School staff should avoid using food in activities or games, including as rewards
- 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.
- For each 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. All school staff members present during the 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.
- 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)
- 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.

3. Camps and remote settings

- 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.
- 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
- 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.
- 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
- 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
- Use of substances containing allergens should be avoided where possible.
- 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
- 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
- Prior to the camp taking place school staff should consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp
- 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
- 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
- The Adrenaline Autoinjector should remain close to the student and school staff must be aware of its location at all times
- The secondary Adrenaline Autoinjector should be carried in the cool pack bag, however, schools can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector
- 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
- Cooking and art and craft games should not involve the use of known allergens
- Consider the potential exposure to allergens when consuming food on buses and in cabins.

SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

Adrenaline Autoinjectors (i.e. EpiPen®s) for General Use

The school will purchase Adrenaline Autoinjectors for general use and as a back up to those supplied by parents. The Principal will determine the number of additional Adrenaline Autoinjectors required. In doing so, the Principal take into account the following 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 organized by the school
- 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.

In the event of an anaphylactic reaction, the school's emergency response and first aid procedures will integrate with the management of this emergency and the student's ASCIA action plan will be followed.

The school will maintain an up to date list of students at risk of anaphylaxis which will be displayed in staff areas. Information available will include:

- **Student name**
- **Year level**
- **Allergy**
- **Location /s of Auto Injector (EpiPen)**
- **Location/s of Individual Anaphylaxis Management Plan and ASCIA Action Plan**

IN THE EVENT OF AN ANAPHYLACTIC REACTION PLEASE FOLLOW THE PROCEDURE BELOW

- 1: Stay with the person and send for help.** Notify First Aid/Admin. either by telephone or student/ staff 'runner' (whichever is more practical) that an anaphylactic reaction is suspected. Be sure to make it clear **where** the student is.
General office – **5428 3691** or from an internal phone the office is **ext. 100**. Request a staff member to attend for back up and another (usually the First Aid attendant on duty) to collect the Anaphylaxis Response Kit and proceed immediately to the student.
- 2:** Call 000 or 112 for an ambulance and advise there is a child at risk of anaphylaxis who has been exposed to a prohibited substance. The attending staff member (not the Admin. Office) should call 000 as the operator will ask questions and offer guidance. Administration office to contact parent.

- 3: Observe child closely. Ask them if they know what they have come in contact with.
- 4: Administer EPIPEN if child is having difficulty breathing or when 000 advises, following the steps below:
 - Check it is child's EPIPEN
 - Remove from container
 - Check expiry date has not passed
 - Check fluid is CLEAR
 - Reassure and explain what will happen and why
 - Follow instructions on the EPIPEN to administer
 - Continue to observe and reassure the child
 - Commence resuscitation if child:
 - Loses consciousness
 - Stops breathing
 - Loses pulse

If a student self-administers an Epipen, they must immediately report to a staff member who will accompany them to the First Aid room (if practical) or stay with them and 000 must be called. Parents must be informed of the incident.

COMMUNICATION PLAN

Privacy should be considered before any details of students at risk of anaphylaxis are disclosed the broader school community. Parental consent must be obtained, preferably in writing, to display the student's name, photograph and relevant treatment details in staff areas, canteen or other common areas.

The school will provide information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy using the following strategies:

- Twice yearly staff briefing
- School newsletter
- Policy to be reviewed and approved by School Council yearly or when new information becomes available, whichever is sooner
- ASCIA Action Plans are displayed in classroom offices, emergency management plans (located in every room in school), in first aid bags, yard duty bags and together with Adrenaline Autoinjector (i.e. EpiPen®) in Sickbay and on Sickbay wall.
- Posters with up to date photographs are located in the sick bay, the canteen and Staff areas.
- During off-site or out of school activities, including on excursions, school camps and at special events conducted, organized or attended by the school
 - Individual Anaphylaxis Management Plans, Adrenaline Autoinjector and ASCIA Action Plans and are included in first aid bags
 - Additional medical consent forms are completed for all students attending school camps.

The school will ensure that volunteers and casual relief staff are informed 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. It is the responsibility of the Principal of the school to ensure a communication plan is developed and that relevant school staff are trained and briefed at least twice per calendar year

ANNUAL RISK MANAGEMENT CHECKLIST

- The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations.
- References: Selecting the Hyperlinks will take you to the DET / or other websites that can provide further information
- 12.1.2 of Ministerial Order 706 – Any further school 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 school

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

<https://edugate.eduweb.vic.gov.au/edulibrary/Schools/teachers/health/canteendiscussion.pdf>

http://www.rch.org.au/allergy/advisory/Anaphylaxis_Support_Advisory_Line/
www.allergyfacts.org.

Policy reviewed 2018

Next review: Aug 2019