

# Berry Street School

## Anaphylaxis Management Policy and Procedure

### 1 Purpose

To explain to the Berry Street School’s 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 Berry Street School is compliant with Ministerial Order 706 and the anaphylaxis guidelines developed by the Victorian Department of Education (DE).

### 2 Definitions

Word / term / phrase	Definition
Adrenaline autoinjector	a device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis.
Adrenaline autoinjector for general use	a ‘back up’ or ‘unassigned’ adrenaline autoinjector
Allergy	an allergy occurs when a person reacts to substances in the environment that are harmless to most people. These substances are known as allergens and are found in dust mites, pets, pollen, insects, ticks, moulds, foods and some medications.
Anaphylaxis	a severe, sudden allergic reaction when a person is exposed to an allergen.

### 3 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/guardians/carers.

#### 3.1 Review Cycle

The Anaphylaxis Policy and Procedure has a mandatory review cycle of 1 year.

### 4 Background and Context

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.

## 5 Policy

Berry Street School will fully comply with Ministerial Order 706 (MO 706) and follow the anaphylaxis guidelines related to anaphylaxis management in schools as published and amended by the Victorian Department of Education (DE)

The Berry Street School Principal has the overall responsibility to ensure compliance with all aspects of MO 706 and the associated guidelines published and amended by DE, including:

- the development, implementation, monitoring and regular review of Individual Anaphylaxis Management Plans, which include an individual ASCIA Action Plan for Anaphylaxis (in accordance with Part C of MO 706)
- information and guidance in relation to how the school manages (in accordance with Part D of MO 706):
  - prevention strategies
  - management and emergency response procedures of the school
  - the purchase of adrenaline autoinjectors for general use
  - a communication plan
  - training of school staff
  - completion of a school anaphylaxis risk management checklist.

Some aspects of implementation of this policy at the School's campuses are delegated by the Principal to the Assistant Principals (Heads of Campus) and Campus First Aid Officers, including:

- the development, monitoring and regular review of the individual management plans for students diagnosed with anaphylaxis at their campus
- prevention strategies used by the campus to minimise the risk of anaphylactic reaction
- ensuring that the campus has sufficient Adrenaline autoinjectors for general use
- developing and implementing a communication plan to provide information to all campus staff, students and parents/guardians/carers about anaphylaxis and the school's anaphylaxis management policy
- completion of the annual anaphylaxis management checklist for the campus.

The Procedure (below) further describes the implementation of the Berry Street School Anaphylaxis Management Policy and roles and responsibilities for its implementation.

## 6 Procedure

### 6.1 Individual Anaphylaxis Management Plans

All students at the Berry Street 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 (see Appendix A for a template).

When notified of an anaphylaxis diagnosis, the Assistant Principal (Head of Campus) and designated Campus First Aid Officer are responsible for developing a plan in consultation with the student's parents/carers and medical practitioner. The School Principal holds the overall responsibility for ensuring that Individual Anaphylaxis Management Plans are developed.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Berry Street School and before the student's first day of attendance.

Parents /guardians/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.

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 school staff, 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 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.

### 6.1.1 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/guardians/carers. 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 special events including fetes and concerts.
- Student Support Group (SSG) Meetings are held four times throughout the year with staff, students, parents/carers and care teams. All medical information, including Anaphylaxis Management Plans will be discussed and are updated if required at these meetings.
- Our school 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 school.

### 6.1.2 Location of plans and adrenaline autoinjectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the School Administration Office, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Adrenaline autoinjectors will not be stored in locked cupboards as they are required to be easily accessible.

## 6.2 Adrenaline autoinjectors for general use

The Berry Street School will maintain a supply of adrenaline autoinjectors 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 are available at the School Administration Office, and are labelled "general use".

The Assistant Principal (Head of Campus) is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at the Berry Street School Campus 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.

### 6.3 Prevention strategies

To reduce the risk of a student suffering from an anaphylactic reaction at the Berry Street School, each campus has put in place the following strategies:

- staff and students are regularly reminded to wash their hands before and after eating
- hand sanitiser is available if running water or soap are not available
- all food is provided by the School and students do not bring food to their campus
- external rubbish bins at school are covered with lids (some with a small opening only) to reduce the risk of attracting insects
- low allergen plants are used in campus gardens
- school staff preparing food are trained in appropriate food handling to reduce the risk of cross-contamination
- staff preparing food (including teachers leading Food Technology classes) will be informed of allergens that must be avoided on the campus menu
- copies of student ASCIA Action Plan (for food allergies) are displayed in the kitchen visible to staff
- general use adrenaline autoinjectors will be stored at agreed locations at each campus with ease of access in mind
- planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

### 6.4 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 Administration Officer and is displayed in the School 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 at the front office, with the School Administration Officer.</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>OR</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> <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.

## 6.5 Communication Plan

This policy will be available on the Berry Street School's website so that parents/guardians/carers and other members of the school community can easily access information about our School's anaphylaxis management procedures. The parents and carers of students who are enrolled at the Berry Street School 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 non-school Berry Street staff (e.g., Take two clinicians), casual relief staff, and volunteers are aware of this policy and the Berry Street School'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 in anaphylaxis management.

To ensure that all members of the Berry Street School community are aware of the policy and procedures related to anaphylaxis management, the School has developed the Anaphylaxis Communication Plan (see Appendix B).



## 6.6 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
- The Designated Campus First Aid Officer who also has the responsibility as the Campus Anaphylaxis Supervisor<sup>1</sup>
- School Administration Officer
- Any other member of school staff as required by the Principal based on a risk assessment.

Staff identified as requiring Anaphylaxis training by the Principal must complete the ASCIA Anaphylaxis eTraining Schools Victoria course (valid for two years) and to attend twice-yearly briefings on anaphylaxis management (with the first briefing to be held at the beginning of the school year), facilitated by the Campus 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.

Campus Anaphylaxis Supervisors have access to the Anaphylaxis briefing presentation materials which cover the above topics (see Appendix C for an overview; full version is saved on the School's SharePoint).

The Campus Anaphylaxis Supervisor must have currency in the Course in Verifying the Correct Use of Adrenaline Injector Devices 225579VIC (every 3 years) and the ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years)

If for any reason training and briefing has not yet occurred, the Assistant Principal (Head of Campus) and Campus Anaphylaxis Supervisor must develop an interim plan in consultation with the parents/guardians/carers of any affected student with a medical condition that relates to allergy and the potential anaphylactic reaction, and ensure that appropriate staff are trained and briefed as soon as possible.

---

<sup>1</sup> Note: Depending on the size of the campus, the Campus First Aid Officer responsibility and the Campus Anaphylaxis Supervisor responsibility may be held by two distinct individuals.

A record of staff training courses will be maintained through the Learning and Development Hub on Bagung Ngarrgu. A record of staff attendance at briefings will be maintained at each campus by the Campus Anaphylaxis Supervisor. In addition, the Berry Street School tracks attendance at briefing through an attendance survey at the end of the presentation (staff scan QR code which links to the briefing attendance survey).

The Assistant Principals (Heads of Campus) 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 are a sufficient number of school staff present who have been trained in anaphylaxis management.

## 6.7 Anaphylaxis Risk Management Checklist

The Assistant Principal (Head of Campus) and Campus Anaphylaxis Supervisor must complete an annual Risk Management Checklist for their campus at the start of each year to monitor their obligations, as published and amended by the Department from time to time.

The Principal oversees the process and ensures the annual Anaphylaxis Risk Management Checklists are completed at each campus.

The Anaphylaxis Risk Management Checklist template is based on the DE guidelines and is included in Appendix D for reference.

## 7 Supporting Documents and References

- Ministerial Order 706 - Anaphylaxis Management in Victorian schools and school boarding premises
- Department of Education's Anaphylaxis Guidelines (DE Guidelines)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- Appendix A: Individual Anaphylaxis Management Plan
- Appendix B: Anaphylaxis Communication Plan
- Appendix C: Berry Street School Anaphylaxis briefing presentation
- Appendix D: Annual Anaphylaxis Risk Management Checklist.

## 8 Version control

Version Number	3.2
Approved by:	Berry Street Board
Approved date:	5/3/2024
Review date:	5/3/2025 (Required to be done annually)
Process Owner:	Principal
Executive Responsible:	Executive Director Statewide Services
External publication:	Yes (Appendices internal only)
Plain English version:	No
Version notes:	
Version 1.0	Document created
Version 2.0	11/07/2022 Updated document to align with Berry Street Policy Framework
Version 2.1	24/01/2023 Added further detail on roles and responsibilities under Section 5 Policy Added Sections 6.3, 6.6, 6.7 Added internally-facing Appendices
Version 2.2	27/11/2023 Changed reference from Department of Education and Training (DET) to Department of Education (DE)
Version 3.0	5/3/2024 Appendix D updated in line with VRQA audit recommendations to request details for when 'no' response is provided, to ensure complete and accurate records.
Version 3.1	5/3/2024 Updated Appendix D updated Q 34 to include items as per guidelines. Check boxes update for all item to auto x/cross when selected.
Version 3.2	8/7/2024 Update to remove clause 7 references to: Anaphylaxis Management Supervisor Observation Checklist.  Anaphylaxis Management Training Checklist  All documentation used now are included in Appendix.