

ANAPHYLAXIS POLICY

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an Epi-Pen® autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

PURPOSE

To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.

To raise awareness about anaphylaxis and the school's Anaphylaxis Management Policy in the school community

To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.

To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

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

East Doncaster Secondary College 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 East Doncaster Secondary College 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 East Doncaster Secondary College is responsible for developing a plan in consultation with the student's parents/carers.

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

Parents and carers must:

- On an annual basis obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable. It is essential that parents/guardians ensure that students have an in date Epi-Pen and current Individual Anaphylaxis Action Plan in order for their child to attend school.
- 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.

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. 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.

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.

Location of plans and adrenaline autoinjectors

Depending on the age of the students in your school community who are at risk of anaphylaxis, the severity of their allergies and the content of their plan, some students may keep their adrenaline autoinjector on their person, rather than in a designated location. Copies of Action Plans are kept in the Health Centre, with the individual Epi-Pens, in Food Technology and in the Stadium.

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

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at Health Centre. Students are encouraged to keep their 2nd adrenaline autoinjectors on their person. Adrenaline autoinjectors for general use are available at Health Centre, 3 Bum Bags for Excursions, Sport etc, 1x Stadium, 1x PAC, 1x The John Landy Centre, 2x Food Technology area and are labelled "general use".

Risk Minimisation Strategies

GENERAL POLICY ISSUES

Part-Time Educators, casual relief teachers

These educators will be notified of the identities of students at risk of anaphylaxis and will be aware of the anaphylaxis management plan at the school. If casual staff have not received training in anaphylaxis management and emergency treatment, this will be considered when a teacher is chosen for a class with a student at risk of anaphylaxis and if this teacher is on playground/yard duty. Suggestions to minimise the risk:

- Casual staff, who work at school regularly, will be included in anaphylaxis training sessions.

- EDSC has interim educational tools such as adrenaline autoinjector training devices and access to 'how to administer' videos available to all staff.
- All casual staff will be required to complete the ASCIA eLearning module and Epi-pen verification course and attend two Anaphylaxis briefings a year.

Fundraising events/special events/cultural days

- Students at risk of Anaphylaxis should be encouraged to supply their own food and avoid unlabelled or shared food.
- Other students should be discouraged from bringing 'unsafe' food.

INSECT ALLERGY

Bees, wasps, stinging ants

- Have honey bee and wasp nests removed by a professional;
- Cover garbage receptacles that may attract stinging insects.
- When purchasing plants for an existing or new garden, consider those less likely to attract bees and wasps.
- Specify play areas that are lower risk and encourage the student and their peers to play in these areas (e.g. away from garden beds or garbage storage areas).
- Ensure students wear appropriate clothing and covered shoes when outdoors.
- Be aware of bees in pools, around water and in grassed or garden areas.
- Educate students to avoid drinking from open drink containers, particularly those containing sweet drinks that may attract stinging insects.
- Students with food and insect allergy should not be asked to pick up litter by hand. Where possible, these types of duties should not put them at increased risk of an allergic reaction.

Ticks

Strategies to reduce the risk of tick exposure have been recently published. When walking or working in areas where ticks are endemic:

- Wear long sleeved shirts and long pants.
- Tuck pants into long socks and wear a wide brimmed hat.
- Wear light coloured clothing, which makes it easier to see ticks.
- Use insect repellent to skin and clothing when walking in areas where ticks are found
- Brush clothes to remove ticks before coming inside.
- Undress and check for ticks daily, checking carefully on the neck and scalp.

Anaphylaxis to tick bites usually occurs when the tick is disturbed, such as with scratching the bite, with attempts at deliberate removal or after application of irritant chemicals such as kerosene. If a tick bite is suspected, **the tick should not be removed**, but rather killed by use of an ether-containing spray to freeze dry the tick to prevent it from injecting more allergen-containing saliva.

Further information is available from: www.allergy.org.au/patients/insect-allergybites-and-stings/tick-allergy and www.tiara.org.au

LATEX ALLERGY

Latex allergy is relatively rare in children, but where such individuals are identified non-latex gloves (e.g. sick bay, first aid kits, canteens, kitchens) should be made available.

- Consideration may also need to be made for non-latex swimming caps. (e.g. interschool sports carnivals).

- Non-latex balloons should also be considered when there is a student enrolled with latex allergy.

MEDICATION ALLERGY

- Severe allergic reactions to medications are relatively rare in young children outside of the hospital setting. Nonetheless, documentation regarding known or suspected medication allergy should be recorded by the school on enrolment.
- Any medication administered in the school setting should be undertaken in accordance with school and education services department guidelines and with the written permission of parents or guardians.
- Students in secondary school need to be reminded that they should not share medications (e.g. for period pain or headaches).

FOOD ALLERGY

Food rewards

- Food rewards should be discouraged and non-food rewards encouraged.
- If food rewards are being used, parents or guardians should be given the opportunity to provide a clearly labelled 'treat box' for their student.

Class parties or birthday celebrations

- Discuss these activities with the student with allergy well in advance.
- A student at risk of anaphylaxis should not share food brought in by other students. Ideally they should bring their own food.
- A student can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe food supplied in a sealed container.

Cooking/food technology

- Engage parents or guardians in discussions prior to cooking sessions and activities using food.
 - Remind all students to not share food they have cooked with others at school including during morning tea and lunch breaks.

Science experiments

- Engage parents in discussion prior to experiments containing foods.

Music

- There should be no sharing of wind instruments (e.g. recorders).
- Teacher should discuss with the parent or guardian about providing the child's own instrument where appropriate.

Art and craft classes

- Ensure containers used by students at risk of anaphylaxis do not contain allergens (e.g. egg white or yolk on an egg carton).
- Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with students prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg.

Class rotations

- All teachers will need to consider students at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a student enrolled who is at risk, in their class.

Canteen and Food Tech

Strategies to reduce the risk of an allergic reaction can include:

- Consideration of whether the canteen offers foods containing nuts (as a listed ingredient).
- Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods.
- Restriction on who serves children with food allergy when they go to the canteen. Canteen staff at EDSC have undergone the ASCIA eLearning module and Epi-pen verification course.
- Photos of the students at risk of anaphylaxis are placed in the canteen and food tech kitchen.
- **Students is to carry their own second Epi-Pen to food technology classes.**
- Encourage parents or guardians of students with allergy to enquire about products available.

In the playground

Litter duty

- Non rubbish collecting duties are encouraged.
- Students at risk of insect sting anaphylaxis should be excused from this duty due to increased risk of allergen contact.
- Students at risk of food allergy anaphylaxis are exempt from rubbish pick up duties to avoid skin contact with potential allergens.

Sunscreen

- Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own as some sunscreens may contain nut oils.

School Gardens

- Avoid the cultivation of nut bearing crops and trees
- As school gardens are considered part of the educational program, peanuts and tree nuts should be excluded from future garden plantings in future.

Class pets, pet visitors, school farmyard

- Be aware that some animal feed contains food allergens (e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food).
- Have a strategy to reduce risk of the students with egg allergy coming into contact with raw egg if there are chickens in the farmyard that enables them to still participate.

Incursions (onsite activities)

- Prior discussion with parents/students if incursions/on-site activities include any food activities.

Excursions

- Teachers organising/attending excursions or sporting events should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylaxis occurs.

Staff will also:

- Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other forms of emergency communication (e.g. walkie talkie, satellite phone).

- Consider increased supervision depending on the size of the excursion/sporting event (e.g. if students are split into groups at large venue such as a zoo or at large sports venue for a sports carnival).
- Discourage eating on buses.
- Check if excursion includes a food related activity, if so discuss with the parent or guardian.
- Ensure that all staff are aware of the location of the emergency medical kit containing the adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis and ensure the child at risk of anaphylaxis is in the care of the person carrying the adrenaline autoinjector.
- Check that all students at risk of Anaphylaxis are carrying their own adrenaline autoinjector (as agreed in the policy)

School camps

Parents of students at risk of anaphylaxis should have a face to face meeting with school staff/camp coordinator prior to the camp to discuss the following:

- School's emergency response procedures should clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction.
- All teachers will be fully trained in the Emergency Management of an Anaphylaxis episode and will:
 - demonstrate correct administration of adrenaline autoinjectors using training devices (Epi-Pen® and Anapen®) prior to camp.
- Consider contacting local emergency services and hospital prior to camp and advise that x number of students are in attendance at x location on x date including students at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to camp site area (e.g. consider locked gates in remote areas).
- Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged.
- Parents or guardians should be encouraged to provide two adrenaline autoinjectors along with the ASCIA Action Plan for Anaphylaxis and any other required medications whilst the student is on the camp. The second adrenaline autoinjector should be returned to the parents/guardian on returning from camp.
- Clear advice should be communicated to all parents or guardians prior to camp regarding what foods are not allowed.
- Parents or guardians of students at risk of anaphylaxis and school staff need to communicate about food for the duration of the camp.
- Parents or guardians should also communicate directly with the catering staff and discuss food options/menu, food brands, cross contamination risks to determine the safest food choices for their student.
- Parents or guardians may prefer to provide all student's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised.
- Discussions by school staff and parents or guardians with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be:
 - Possibility of removal of nuts from menu for the duration of the camp (if nut allergic student attending camp).
 - Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed (e.g. egg, milk, wheat). A decision may be made to remove pavlova as an option for dessert if an egg allergic child is attending for example.

- Awareness of cross contamination of allergens in general (e.g. during storage, preparation and serving of food).
- Discussion of the menu for the duration of the camp including morning and afternoon teas and suppers.
- Games and activities should not involve the use of peanut or tree nut products or any other known allergens.
- Camp organisers need to consider domestic activities that they assign to students on camp. It is safer to have the child with food allergy set tables, for example, rather than clear plates and clean up

ANIMAL ALLERGY

- Exposure to animals such as domestic dogs, cats, rabbits, rats, mice, guinea pigs and horses may trigger contact rashes, allergic rhinitis (hay fever) and sometimes asthma.
- Severe allergic reactions are rare but may occur, and are of potential relevance with activities such as “show and tell”, or visits to farms or zoos. Importantly, animal feed may sometimes contain food allergens (e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food).
- If a student has an egg allergy, they may still wish to participate in activities such as hatching chickens in class, with close supervision and washing of their hands following handling of chickens

Adrenaline autoinjectors for general use

East Doncaster 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 Health Centre, 3x Bum Bags for Excursions, sport etc, 1x Stadium, 1x Performing Arts Centre, 1x The John Landy Centre and **2x Food Technology Area** 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 Example School 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.

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 Sick Bay Attendant and stored at Health Centre. 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"> • Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • 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 Health Centre. • If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	Administer an Epi-Pen or Epi-Pen Jr (if the student is under 20kg) <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the Epi-Pen and pull off the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove Epi-Pen • Note the time the Epi-Pen is administered • Retain the used Epi-Pen to be handed to ambulance paramedics along with the time of administration
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.

Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction.

STEPS TO BE TAKEN IN CASE OF AN ANAPHYLACTIC EMERGENCY

IN A CLASSROOM

- Stay with the student and reassure them, do not move them.
- Identify the Anaphylactic student and give clear instructions to two responsible students or nearest staff member, the one is to run to the Health Centre to alert the Nurse or to get the student's Epi-Pen, the other is to go to the main office to get help.
- Once the Epi-Pen is at the scene, a member of staff or the student them self must check the expiry date, clarity of the liquid and administer the adrenalin, noting the time of administration.

- Dial 000, a person who has received an Epi-Pen injection must go to hospital for further observation. It will be the responsibility of the person who called the ambulance to organise for it to be met at the most convenient entrance and directed to the student.
- Notify parents/guardians
- When possible report the incident to the Nurse or Assistant Principal for documentation and DET emergency management notification

IN THE SCHOOL YARD

- Stay with the student and reassure them, do not move them
- Identify the Anaphylactic student and give clear instructions to two responsible students or nearest staff member, the one is to run to the Health Centre to alert the Nurse or to get the students Epi-Pen, the other is to go to the main office to get help
- Once the Epi-Pen is at the scene, a member of staff or the student them self must check the expiry date, clarity of the liquid and administer the adrenalin, noting the time of administration.
- Dial 000, a person who has received an Epi-Pen injection must go to hospital for further observation. It will be the responsibility of the person who called the ambulance to organise for it to be met at the most convenient entrance and directed to the student.
- Notify parents/guardians
- When possible report the incident to the Nurse or Assistant Principal for documentation and DET emergency management notification

SCHOOL EXCURSIONS

- The staff member organising the excursion will ensure that the students Epi-Pen and Action plan are collected from the Health Centre before leaving the school and that an Anaphylaxis trained staff member accompanies the student
- The student is to carry their own second Epi-pen with them at all times
- Stay with the student and reassure them, do not move them
- A staff member or the student them self must check the expiry date, clarity of the liquid and administer the Epi-Pen, noting the time of administration
- Dial 000, a person who has received an Epi-Pen injection must go to hospital for further observation. It will be the responsibility of the person who called the ambulance to organise for it to be met at the most convenient entrance and directed to the student.
- Notify parents/guardians
- When possible report the incident to the Nurse or Assistant Principal for documentation and DET emergency management notification

SCHOOL CAMPS

- The staff member organising the camp will ensure that the students Epi-Pen and Action plan are collected from the Health Centre before leaving the school and that an Anaphylaxis trained staff member accompanies the students
- The student is to carry their own second Epi-pen with them at all times
- Stay with the student and reassure them, do not move them
- A staff member or the student them self must check the expiry date, clarity of the liquid and administer the Epi-Pen, noting the time of administration.
- Dial 000, a person who has received an Epi-Pen injection must go to hospital for further observation. It will be the responsibility of the person who called the ambulance to organise for it to be met at the most convenient entrance and directed to the student.
- Notify parents/guardians

- When possible report the incident to the Nurse or Assistant Principal for documentation and DET emergency management notification

SPECIAL EVENT DAYS

- A nominated First Aid/Anaphylaxis trained staff member will ensure that the students Epi-Pen and Action plan are collected from the Health Centre before leaving the school and will accompany the student to the event.
- The student is to carry their own second Epi-pen with them at all times
- Stay with the student and reassure them, do not move them
- A staff member or the student them self must check the expiry date, clarity of the liquid and administer the Epi-Pen, noting the time of administration.
- Dial 000, a person who has received an Epi-Pen injection must go to hospital for further observation. It will be the responsibility of the person who called the ambulance to organise for it to be met at the most convenient entrance and directed to the student.
- Notify parents/guardians
- When possible report the incident to the Nurse or Assistant Principal for documentation and DET emergency management notification

FOOD TECHNOLOGY CLASSES

Students at risk of Anaphylaxis are to bring their own second Epi-Pen to every class. Students who fail to bring their epi-pen to their food technology classes will be unable to participate.

Communication Plan

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

Anaphylaxis communication plan

Communication between the school, parents, students, staff, casual and volunteer staff will take place in the following ways:

School/staff

Relevant staff will be trained by an accredited Anaphylaxis training organisation every three years or the online module and practical Epi-pen verification completed every two years. A person qualified to do so, will do two briefings a year. In this briefing, photos of the Anaphylaxis students will be highlighted and staff will be reminded of the policy and emergency procedures in the event of a student having an anaphylactic reaction.

Casual relief and volunteer staff

These staff members will be briefed by the Daily Organiser or Assistant Principal and will be given a copy of the policy, emergency procedure and photos of all the students with Anaphylaxis. They are also expected to have up to date training in Anaphylaxis management.

Parents and Students

In consultation with parents and students, an Anaphylaxis Action plan, Anaphylaxis Management plan and an in-date Epi-Pen are supplied to the school. These are reviewed and updated annually. If a

student is leaving the school grounds for Camps, excursions or sports events, they will be required to carry their second Epi-pen with them at all times.

It is essential that parents/guardians ensure that students have an in date Epi-Pen and current Individual Anaphylaxis Management Plan in order for their child to attend school.

Please note - students with anaphylaxis MUST bring their second Epi-Pen with them to all excursions, sporting competitions, camps or experiences that are held off the College grounds AND have an up to date Anaphylaxis management and action plan. Teachers in charge will take the College Epi-Pen, management and action plan and a general use Epi-Pen. Students who fail to bring their Epi-Pen will not be able to attend events held outside of the school.

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and East Doncaster Secondary College'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, 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
- All Staff, Teaching and Non Teaching 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.

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.

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 East Doncaster Secondary College 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.

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

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

Evaluation	Reviewed: February 2020		
School Council President:	Name: Stefan Kazakis	Signature:	Date:
Principal:	Name: John Roberts	Signature:	Date:
Date of Next Review:	<i>February 2021 or as directed by DET.</i>		