

DSM Policy

Anaphylaxis

Deutsche Schule Melbourne Inc, ABN 52 936 931 854



Statement

Deutsche Schule Melbourne and Deutsche Schule Melbourne OSHC services will fully comply with Ministerial Order 706 and the associated Guidelines as published and amended by the Department of Education and Early Childhood Development from time to time.

Rationale

Anaphylaxis is the most severe form of a sudden allergic reaction and is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention. Anaphylaxis is a generalised allergic reaction, mostly by exposure to the allergen (food, insect sting or medication), which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal, cardiovascular). A severe allergic reaction usually occurs within minutes of exposure to the trigger and can progress rapidly over a period of up to two hours and become life threatening.

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 and communication between the school and families are important in helping children avoid exposure.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device such as EpiPen.

Staff and parents need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Staff should not have false sense of security that an allergen has been eliminated from the environment. Instead the school recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the service.

Definitions

Allergen

A substance that can cause an allergic reaction (usually food, insect sting or medication).

Anaphylaxis

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. Common signs and symptoms of an allergic reaction include hives, tingling feeling around the mouth, facial swelling, cough or wheeze, difficulty swallowing or breathing, abdominal pain and/or vomiting, loss of consciousness or collapse (child pale or floppy) or cessation of breathing.

Adrenaline

Adrenaline is the medication given through an EpiPen® auto-injector to the muscle of the outer mid-thigh and is the most effective first aid treatment for anaphylaxis.

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Goals

- 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/guardians 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.

Strategies

Individual Anaphylaxis Management Plans

The Principal will ensure that an individual management plan is developed, in consultation with the student's parents and doctor, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis, where the school has been notified of that diagnosis.

Note: A template of an individual anaphylaxis management plan can be found on in Appendix E of the Anaphylaxis Guidelines for Victorian Schools or the Department's website:

<http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx> These guidelines are an attachment to this policy.

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 plan is completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the parent.

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner), the allergens that cause a severe reaction in the student, other health conditions and medication at school
- 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 environments including the classroom, sportsground, school yard, and 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 emergency contact details of the student's parents, including alternative emergency contact details.
- The student's medical practitioner's contact details.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
 - sets out the emergency procedures to be taken in the event of an allergic reaction;
 - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
 - Includes an up to date photograph of the student.

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Note: The red and blue 'ASCIA Action Plan' is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found in Appendix E of the Anaphylaxis Guidelines for Victorian Schools.

School staff will then implement and monitor the student's individual Anaphylaxis management plan.

The student's individual management plan will be reviewed, in consultation with the student's parents/guardians in all of the following circumstances:

- Annually
- If the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- As soon as practical after a 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 (e.g. class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of the parent to:

- Provide the school with an up to date 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 the plan is provided to the school and when it is reviewed.
- Provide the school with an adrenaline auto-injector that is current and not expired for their child.

Communication Plan

Note: Chapter 11 of the Anaphylaxis Guidelines for Victorian Schools has advice about strategies to raise staff and student awareness, working with parents/carers and engaging the broader school community.

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

The communication plan includes information about risk management and what steps will be taken to respond to an anaphylactic reaction by a student in various environments including:

- During normal school activities including the classroom, in the school yard, in all school buildings and sites including gymnasium and halls; and
- During off-site or out of school activities, including excursions, school camps and at special events conducted or organised by the school.

Staff, casual relief staff, interns and volunteers will be 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 by the person responsible outlined in the communication plan.

Prevention Strategies

To minimise the risks of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction the school has adopted the following risk minimisation and prevention strategies:

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Classrooms

- A copy of the student's ASCIA action plan and individual Anaphylaxis management plan is kept in the student's classroom.
- Non-food treats are used where possible. If food treats are used in class the class teacher will ask parents of students with food allergy provide a treat box with alternative treats. Treat boxes are clearly labelled and only handled by the student.
- No food from outside sources is given to a student who is at risk of anaphylaxis.
- Treats for other students in the class cannot contain the substance to which the student is allergic.
- Teachers have to 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 etc.).
- All cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
- Class teachers ensure regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Tables are cleaned after snack and lunch.
- Casual relief teachers, interns and volunteers are informed by the designated person outlined in the communication plan of the names of any students at risk of anaphylaxis, the location of each student's individual management plan and adrenaline auto-injector, the school's anaphylaxis management policy, and each individual person's responsibility in managing an incident, i.e. seeking a trained staff member.

Yard

- Sufficient school staff on yard duty is trained in the administration of the adrenaline auto-injector to be able to respond quickly to an anaphylactic reaction if needed.
- The adrenaline auto-injector and each student's individual anaphylaxis management plan are easily accessible from the yard, and staff is aware of their exact location.
- All staff on yard duty is aware of the school's emergency response procedures and how to notify the office of an anaphylactic reaction in the yard.
- Yard duty staff can identify, by face, those students at risk of anaphylaxis.

Special events during school hours (e.g. sporting events, incursions, class parties, etc.)

- Sufficient school staff supervising the special event is trained in the administration of an adrenaline auto-injector to be able to respond quickly to an anaphylactic reaction if required.
- For special occasions, teachers consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
- Party balloons are not used if any student is allergic to latex.

Field trips/excursions

- A school staff member trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector accompanies any student at risk of anaphylaxis on field trips and excursion.
- School staff avoids using food in activities or games, including as rewards.
- The adrenaline auto-injector and a copy of the individual anaphylaxis management plan for each student at risk of anaphylaxis are easily accessible and school staff must be aware of their exact location.
- For each field trip, excursion etc., the organising teacher undertakes a risk assessment 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, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.

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All school staff members present during the field trip or excursion is aware of the identity of any student attending who are at risk of anaphylaxis and be able to identify them by face.

- The organising teacher consults 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).

Camps and remote settings

- Prior to engaging a camp owner/operator's service the organising teacher makes 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 will consider using an alternative service provider.
- The school cannot 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. The school has a duty of care to protect its students in their care from reasonably foreseeable injury.
- The organising teacher conducts a risk assessment and develops a risk management strategy for students at risk of anaphylaxis. This should be discussed with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
- The organising teacher consults 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 will also consider alternative means for providing food for those students.
- Use of substances containing allergens is 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 auto-injector, individual anaphylaxis management plan, including the ASCIA action plan for anaphylaxis and a mobile phone are taken on camp. If mobile phones access is not available, an alternative method of communication in an emergency will be considered, e.g. a satellite phone.
- Prior to the camp taking place the organising teacher consults 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 is clear about their roles and responsibilities in the event of an anaphylactic reaction. The organising teacher checks the emergency response procedures that the camp provider has in place and ensures that these are sufficient in the event of an anaphylactic reaction and that all school staff participating in the camp is clear about their roles and responsibilities.
- The organising teacher will ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
- The organising teacher will consider taking an adrenaline auto-injector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of emergency.
- The adrenaline auto-injector remains close to the student and school staff must be aware of its location at all times.
- Students with anaphylactic responses to insects always wear closed shoes and long-sleeved garments when outdoors and are encouraged to stay away from water or flowering plants.
- Cooking and art and craft games do not involve the use of known allergens.

Adrenaline Auto-injector for general use

The Principal will purchase adrenaline auto-injector(s) for general use and as a back-up to those supplied by parents.

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The Principal will determine the number of additional adrenaline auto-injectors 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 auto-injectors 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 auto-injectors for general use in specified locations at the school including in the school yard, and at excursions, camps and special events conducted and organised by the school; and
- The adrenaline auto-injectors 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.

School Management and Emergency Response

Roles and Responsibilities

The Principal

- Ensures that the school develops, implements and reviews its anaphylaxis management policy in accordance with Ministerial Order 706 and its guidelines
- Ensures that the anaphylaxis policy is available for all parents and guardians. Asks all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a registered medical practitioner.
- Conducts an assessment of the potential for the accidental exposure to allergens while children at risk of anaphylaxis are in the care of the school and develop a risk minimisation assessment (as part of the child's anaphylaxis management plan) in consultation with staff and the parents of the child.
- Ensures that an individual anaphylaxis management plan is developed in consultation with the student's parents. This includes ensuring the documentation of practical strategies for activities in both in-school and out-of-school settings to minimise the risk of exposure to allergens, and nomination of staff who are responsible for implementation of those strategies. The risk minimisation plan should be customised to the particular student for participation in normal school activities and at external events and ensures students' individual anaphylaxis management plans are communicated to staff.
- Ensures that parents provide the school with an adrenaline auto-injector for their child that is not out-of-date and a replacement adrenaline auto-injector when requested to do so.
- Ensures parents/guardians of the child diagnosed at risk of anaphylaxis are provided with a copy of the policy.
- Ensures that all staff knows the location of the anaphylaxis medical management plan and that a copy is kept with the auto-injection device kit.
- Ensures that the teacher accompanying children outside the school carries the anaphylaxis medication and a copy of the anaphylaxis medical management action plan in the auto-injection device kit.
- Ensures that relevant school staff has successfully completed an anaphylaxis management training course in the three years prior.
- Allocates time, such as during staff meetings, to discuss, practise and review the school's anaphylaxis management policy, practises using the trainer adrenaline auto-injectors as a group and undertake drills to test effectiveness of the school's general first aid procedures.
- Ensures the risk management checklist for anaphylaxis is completed annually.

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- Arranges to purchase and maintain an appropriate number of adrenaline auto-injectors for general use to be part of the school's first aid kit.

Parents/guardians of a child at risk of anaphylaxis shall:

- Inform staff, either on enrolment or on diagnosis, of their child's allergies.
- Develop an anaphylaxis risk management plan with the Principal.
- Provide the school with an anaphylaxis medical management action plan signed by the registered medical practitioner giving written consent to use the EpiPen in line with this action plan.
- Provide the school with a complete EpiPen kit.
- Regularly check the adrenaline auto-injection device expiry date.
- Assist the school by offering information and answering any questions regarding their child's allergies
- Notify the school of any changes to their child's allergy status and provide a new anaphylaxis management action plan in accordance with these changes.
- Comply with the school's policy that no child who has been prescribed an adrenaline auto-injection device such as an EpiPen is permitted to attend school or its programs without that device.

Emergency Response

An up-to-date list of students at risk of anaphylaxis is maintained in the student database software (Compass), which can be accessed digitally in house and remotely by phone during off-site activities by all school staff.

Individual anaphylaxis management plans are located in multiple locations:

- uploaded onto and maintained in Compass
- in the classroom, and
- in all first aid kits

Additional ASCIA action plans are located in the teachers' room and in all first aid kits including the portable first aid kits for excursions.

The adrenaline auto-injector for general use is located in the first aid cabinet in the teachers' room.

In case of an anaphylactic reaction school staff will follow the school's emergency procedures for anaphylaxis, together with the school's general first aid and emergency response procedures and the student's ASCIA action plan:

Emergency Response - Teachers:

- Get ASCIA action plan and EpiPen kit (in classroom and/or general use adrenaline auto-injector located in the first aid cabinet in staff room)
- Send teacher aid, intern or in absence of these one student to neighbouring classroom for teacher 2 to call 000.
- Send one student to get a staff member to get school's or student's personal EpiPen
- Consult plan to check for anaphylaxis symptoms
Do not move the students unless in further danger

If one symptom is present:

- Administer EpiPen
- Teacher 2: Call 000 Let teacher aid or interns escort students of both classes to other classroom/teacher

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- Proceed with first aid procedures and stay with student until ambulance arrives
- Teacher 1 accompanies student/ambulance to hospital and remains with student until parent arrives
- Teacher 2 assembles other anaphylactic students in teacher's room to check for symptoms until source is found
- Inform Principal or Deputy Principal

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 teacher should follow the school's first aid procedures.

This should include immediately contacting an ambulance.

It may also include locating and administering an adrenaline auto-injector for general use.

Emergency Response - Office:

- Call 000 and bring phone to classroom
- Wait for emergency services to arrive and escort to classroom
- Wait for emergency services' assessment
- Call parents with following information:
 - What happened?
 - Where child will be?
 - What parents should do?
 - Who is with the child and contact number
- Check for source of anaphylactic reaction
- Organise cleaning process accordingly

Staff Training

The following school staff will be appropriately trained:

- 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

The Principal will identify the school staff to be trained based on a risk assessment.

The identified school staff will undertake the following training:

- An anaphylaxis management training course in the three years prior. The following courses qualify:
 - First Aid Management of Anaphylaxis: 22300VIC or 22099VIC (both valid for 3 years)
 - Course in Allergy and Anaphylaxis Awareness: 10710 NAT (formerly 10313NAT, valid for 3 years).

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Two teachers are currently certified verifiers (22300VIC), all other staff have received training (10313NAT);and

- Participate in a briefing, to occur twice per calendar year (Term 1 & 3) 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 auto-injector, including hands on practise with a trainer adrenaline auto-injector device;
 - the school's general first aid and emergency response procedure; and
 - The location of, and access to, adrenaline auto-injectors that have been provided by parents or purchased by the school for general use.

The briefing must be conducted by a member of school staff who has successfully completed an anaphylaxis management training course in the last 12 months.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim individual anaphylaxis management plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. 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.

At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the Principal must ensure that there is a sufficient number of staff present who has up to date training in an anaphylaxis management training course.

Annual Risk Management Checklist

The Principal will complete an annual risk management checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

The Anaphylaxis Guidelines for Victorian Schools can be found here:

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

Anaphylaxis Communication Plan

Communication - Staff

All new DSM staff will be informed about the schools anaphylaxis policy and procedures during their orientation.

New staff	DSM staff member providing information
New teachers, casual relief teachers, specialist staff	Principal – Bernice Ressel
Office staff	Principal – Bernice Ressel
Interns	Internship Coordinator – Christina Remshardt

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Parent helpers or other volunteers	Classroom teacher or responsible specialist teacher
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Communication - Parents

New families will receive information about anaphylaxis and the school's policy during their induction meeting. Information about current allergies will be provided in the first parent letter in Term 1.

Communication - Students

Peer support is an important element of support for students at risk of anaphylaxis. Teachers can raise awareness in school through posters displayed in the classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages outlined in the following.

- Always take food allergies seriously – severe allergies are no joke.
- Don't share your food with friends who have food allergies.
- Wash your hands after eating.
- Know what your friends are allergic to.
- If a school friend becomes sick, get help immediately.
- Be respectful of a school friend's adrenaline auto-injector.
- Don't pressure your friends to eat food they are allergic to.

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DSM Internal Use

Version and Approval

Status:	proposed
Version / Date:	V3 / 24.08.2018
Approver:	Board / 31.08.2018
Owner:	Bernice Ressel & Barbara Walsh
Next Review:	2 years after last publishing date
Classification:	Student Wellbeing

Related Policies & Documents

Care, Safety and Welfare of Students:

- Arrangements for Ill Students
- Behaviour Management
- Bullying and Harassment
- Code of Conduct
- Child Safe Policy
- Critical Incident Plan
- On Site Supervision of Students
- Privacy
- Safety and Welfare of Students Learning with External Provider
- Serious Incident and Mandatory Reporting
- Staff Awareness
- Student Welfare
- Supervision of Students Off Site
- Teaching and Learning
- Use of Computer and the Internet, Cyber Safety & Student User Agreement
- Welfare Communication