



Anaphylaxis Management Policy



Rationale:

- Anaphylaxis is an acute allergic reaction to certain food items and insect stings. The condition develops in approximately 1-2% of the population. The most common allergens are nuts, eggs, cow's milk and bee or other insect stings, and some medications. Anaphylaxis is a severe and potentially life-threatening condition and requires appropriate management practices to ensure the minimise the risk to affected students.

Aims:

- To provide a safe and healthy school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis.

Implementation:

- The school will comply with Ministerial Order 706 and associated guidelines published and amended by DET available at <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>
- Signs and symptoms of anaphylaxis include hives/rash, tingling in or around the mouth, abdominal pain, vomiting or diarrhoea, facial swelling, cough or wheeze, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing.
- Anaphylaxis is best prevented by knowing and avoiding the allergens.

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; and
 - an ASCIA Action Plan.

An example can be found in Appendix 3 of the Anaphylaxis Guidelines or downloaded from <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

- School Staff will 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, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
 - as soon as practicable after the student has an anaphylactic reaction at School; and
 - when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (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, changes and if relevant, provide an updated ASCIA Action Plan;
 - provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
 - provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

Prevention Strategies

The school will implement the following Risk Minimisation and Prevention Strategies:

- Identifying susceptible students and knowing their allergens upon enrolment and at the beginning of each year. All staff will be made aware of students who have an Anaphylaxis Plan.
- informing the community about anaphylaxis via the newsletter, website and parent handbook
- not allowing food sharing, and restricting food to that approved by parents
- Keeping the lawns well mown, ensuring children always wear shoes, and not allowing soft drink cans at school.
- The school does not ban certain types of foods (eg: nuts) as it is not practicable to do so, and is not a strategy recommended by the Department of Education or the Royal Children's Hospital. However, the school will inform the parent community of the enrolment of students susceptible to anaphylactic reactions and strongly request parents do not send those items to school if at all possible
- The canteen will eliminate or reduce the likelihood of such allergens, and the school will reinforce the rules about not sharing and not eating foods provided from home. Canteen parents will be made aware of the types of allergies present in the school population and the individuals with these.
- Service providers at camps, excursions, incursions etc will be advised of students with Anaphylaxis plans and the types of allergens.
- Food brought into the school by children/parents (ie for special occasions such as birthdays) will not be given to a child at risk of anaphylaxis unless it is in the original packaging including a list of ingredients or the principal is satisfied that to the best of his or her knowledge that the food doesn't not contain the known allergen.

School Management and Emergency Response

- The school will provide professional development for all staff in line with D.E.T. requirements, including ensuring staff are provided with twice yearly professional development on the identification and first aid response to anaphylaxis and the proper use of an EpiPen.
- a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction will be maintained and kept in the first aid room
- Individual Anaphylaxis Management Plans and ASCIA Action Plans will be located in the first aid room, the staff room and the child's classrooms

- Additional Adrenaline Auto injectors/EpiPens for general use will be purchased by the school and stored in the first aid room.
- The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:
 - the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
 - the accessibility of Adrenaline Autoinjectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
 - the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the School, including in the school yard, and at excursions, camps and special events conducted or organised by the School; and
 - the Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and will be replaced at the School's expense, either at the time of use or expiry, whichever is first. These will be checked annually by the first aid officer and replacement purchased as required.
- In any event that a child with known anaphylaxis is suspected to be having a reaction, that child's anaphylaxis plan will be followed in accordance with the Anaphylaxis Guidelines for Victorian Government Schools. 000 should be called immediately. Parents must also be called.
- Staff members who are first made aware of the reaction must call or send for the assistance from other staff members, asking them to bring the adrenaline auto-injector.
- Where possible, only School Staff with training in the administration of the Adrenaline Autoinjector should administer the student's Adrenaline Autoinjector. However, it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.
- In the event that a child not known to be anaphylactic is suspected to be having a reaction, an ambulance (000) should be called immediately. The location and administration of the general use adrenaline Autoinjector may be required.
- Where an anaphylactic event has occurred, and the provided medication has been used, the child must not return to school until a replacement EpiPen is made available by the parents.

Communication Plan

- The school will make the staff, volunteers and parent community aware of the risk of anaphylaxis through its newsletter, website and social media.
- Each year parents will be reminded about the allergens that should not be sent to school.
- At the beginning of each, staff will be briefed about the students in their class who are at risk of anaphylaxis and procedures for responding to an anaphylactic reaction and administering an Adrenaline Autoinjector.
- Casual staff, canteen helpers and other parent and community volunteers will be briefed by the administration staff about the known allergens of the students with risk of anaphylaxis
- The teacher in charge of all excursions, camps and off site activities will be informed of the students in attendance who have a risk of anaphylaxis.
- Students will be instructed by the teaching staff about the need to not share food and maintain personal hygiene (ie washing hands after eating known allergens at home), and not bring foods to school that are known allergens

Staff Training

- The following School Staff will be appropriately trained:
 - Staff who conduct classes of students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and

- Any further School Staff, including casual staff and volunteers, as determined by the Principal.

The School Staff identified above will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior; and
- 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:
 - o the School's Anaphylaxis Management Policy;
 - o the causes, symptoms and treatment of anaphylaxis;
 - o 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;
 - o how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
 - o the School's general first aid and emergency response procedures; and
 - o the location of, and access to, Adrenaline Autoinjector 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.
- 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 in the three years prior.

Annual Risk Management Checklist

- The Principal will complete an annual Risk Management Checklist as published by the DET to monitor compliance with their obligations.

The template of the Risk Management Checklist can be found at Appendix 4 of the Anaphylaxis Guidelines for Victorian Schools or the Department's website:

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

Evaluation:

This policy will be reviewed as part of the school's four year review cycle

This policy was last ratified by Wandin Yallock Primary School Council in **JULY 2015**