



Anaphylaxis Policy

Background

Anaphylaxis is a severe and potentially life-threatening condition. It 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, wheat, soy, fish, shellfish, sesame seeds and bee or other insect stings, as well as some medications.

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 the school.

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

Signs and symptoms of anaphylaxis include hives/rash, tingling in or around the mouth, abdominal pain, vomiting or diarrhoea, facial swelling, coughing or wheezing, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing.

Aims

Mossgiel Park Primary School 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;
- 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; and
- 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.

The key reference and support for Mossgiel Park Primary School regarding anaphylaxis is the [Anaphylaxis Management in Schools](#) and [Anaphylaxis Guidelines](#) (July 2017).

Implementation

This policy has been developed to comply with Ministerial Order 706 and associated guidelines on Anaphylaxis Management published by DET.

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; and

- 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 up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

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

- Annually;
- If the student's medical condition, 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 (i.e. class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of the parents to:

- Work with the school to develop an Individual Anaphylaxis Management Plan which includes a copy of an 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;
- Provide the school with an adrenaline autoinjector that is current (i.e. not expired) for their child; and
- Participate in yearly reviews of their child's Plan.

Prevention Strategies

The school will use recommendations in the Anaphylaxis Guidelines (pages 21-27 and Appendix F) to implement risk minimisation and prevention strategies for the following in-school and out-of-school settings which include (but are not limited to):

- During classroom activities (including class rotations, specialist and elective classes);
- Between classes and other breaks;
- In canteens;
- During recess and lunchtimes;
- Before and after school periods in which yard supervision is provided; and
- Special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

Some of the risk minimisation strategies that will be implemented by our school to minimise the risk of a student suffering an anaphylactic reaction include:

- Not using any nuts or nut products during in-school and out-of-school activities (i.e. canteen food, special events)
- Providing professional development for all staff including the identification and response to anaphylaxis and the proper use of an EpiPen and Anapen;
- Identifying susceptible students and knowing their allergens;
- Informing the community about anaphylaxis via the newsletter;
- Not allowing food sharing and, restricting food to that approved by parents;
- Having regular discussions with students about the importance of washing hands, eating their own food and not sharing food;
- Keeping the lawns well mown and ensuring children always wear shoes;
- Requiring parents to provide an Emergency Management Plan developed in consultation with a health professional and an EpiPen/Anapen if necessary, both of which will be maintained in the first aid room for reference as required; and
- Ensuring the school will keep a spare, in date EpiPen or Anapen for adult and child use.

School Management and Emergency Response

In the event of an anaphylactic reaction the school's first aid and emergency response procedures and the affected student's Individual Anaphylaxis Management Plan must be followed. The emergency response consists of the following steps:

1. Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit;
2. Give EpiPen®, EpiPen® Jr or Anapen adrenaline autoinjector;
3. Phone ambulance: 000
4. Phone family / emergency contact; and
5. Further adrenaline doses may be given if no response after 5 minutes, if another adrenaline autoinjector is available.

School staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff, and volunteers. Members of staff are expected to:

- Know the identity of students who are at risk of anaphylaxis (see Appendix A: 'List of Identified Students'). These students' Individual Anaphylaxis Management Plans and ASCIA Action Plans are located in the Health Centre, and a copy is also displayed in the Staff Room;
- Understand the causes, symptoms, and treatment of anaphylaxis;

- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen® or Anapen;
- Know the school's first aid emergency procedures and what their role is in relation to responding to an anaphylactic reaction;
- Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction;
- Know where the student's EpiPen® or Anapen is kept. Remember that the EpiPen® or Anapen is designed so that anyone can administer it in an emergency;
- Know and follow the prevention strategies in the student's Anaphylaxis Management Plan;
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student;
- A designated staff member will have responsibility for ensuring that students' Individual Anaphylaxis Management Plans and ASCIA Action Plans are available during excursions, camps and other off-site events;
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes;
- Be careful of the risk of cross-contamination when preparing, handling and displaying food;
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food; and
- Raise student and school community awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

Adrenaline Autoinjectors for General Use

The Principal will purchase Adrenaline Autoinjector(s) for General Use and as a back up to those supplied by Parents.

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
- Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and be replaced either at the time of use or expiry, whichever is first.

Communication Plan

The principal will be 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. E.g. Newsletters, posters, action plans, FlexiBuzz, school website and updates to staff.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the assistant principal or student welfare officer.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- The school's anaphylaxis management policy;
- The causes, symptoms and treatment of anaphylaxis;
- The identities of students diagnosed at risk of anaphylaxis and where their medication is located;
- How to use an auto adrenaline injecting device; and
- The school's first aid and emergency response procedures.

Staff Training

The following school staff will be appropriately trained:

- School staff who conduct classes frequented by 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 identified school staff will undertake the following training:

- an Anaphylaxis Management Training Course in the two 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:
 - The school's Anaphylaxis Management Policy;
 - The causes, symptoms and treatment of anaphylaxis;
 - The identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
 - How to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector device;
 - The school's general first aid and emergency response procedures; and
 - The location of, and access to, adrenaline autoinjectors 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 of 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 two 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.

Resources

A template of an 'Individual Anaphylaxis Management Plan' and the red and blue 'ASCIA Action Plan for Anaphylaxis' as well as a template of the 'Risk Management Checklist' and a video for staff can be found in 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 annually.

This policy was ratified by School Council on the 13th February 2018