

2016 POLICY

ANAPHYLAXIS MANAGEMENT

Leader: **Danielle Stella**

1. Rationale

- 1.1 Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. It must be treated as a medical emergency requiring immediate treatment and urgent medical attention.
- 1.2 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.
- 1.3 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.
- 1.4 Reducing the risk of exposure to an allergen is the most effective way to avoid anaphylaxis.
- 1.5 Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.
- 1.6 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.

2. Broad Guidelines

- 2.1 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.
- 2.2 To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community
- 2.3 To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- 2.4 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.

SCHOOL STATEMENT

- 2.5 THPS will fully comply with Ministerial Order No.706 and the associated Guidelines published and amended by the DEECD from time to time.

3. Implementation

RISK MINIMISATION AND PREVENTION STRATEGIES

Minimisation of the risk of anaphylaxis is everyone's responsibility: the School (including the Principal and all Staff), Parents, Students and the broader Community. The following implementation strategies outline the school's prevention and response strategies:

ANAPHYLAXIS EDUCATION

- 3.1 Community and peer understanding and support for students at risk of anaphylaxis is very important. To raise awareness about anaphylaxis and the associated risks, fact sheets will be sent home each term in the school newsletter, reminders through the school's social media outlets and posters will be displayed in hallways and classrooms.
- 3.2 Teachers will discuss the topic with students in class with the simple key messages of:
 - Don't share food with your friends
 - Wash your hands and table space after eating

- Food allergies are no joke
- If a school friend becomes sick, get help immediately
- Be respectful of people's differences

AIMING FOR A NUT FREE ENVIRONMENT / ENVIRONMENT MANAGEMENT

- 3.3 Nuts are known as a severe allergen. To minimise risk, as far as practicable, Taylors Hill Primary School does not permit nuts to be brought onto school grounds, or on school excursions or camps. This extends to all children and adults in all classes and at all school events. The following are not allowed:
- Nuts – including peanuts, almonds, cashews, pine nuts, hazelnuts, walnuts, brazil nuts, pecans or any other type of nut.
 - Spreads – such as peanut butter, nutella, other choc/nut spreads, pesto, nut butters and peanut oil.
 - Dried fruit and nut boxes and muesli bars containing nuts.
 - Biscuits or cakes containing nuts, including flourless cakes with almond meal.
- 3.4 Products that do not contain the above nut products but are labelled '*may contain traces of nuts*' are permitted.
- 3.5 If a child brings food containing nuts, their family will be contacted by the classroom teacher to remind them of the school's Anaphylaxis Management Policy. The child will then eat their food in the administration area, clean the table, wash their hands and return to class. If food containing nuts continues to be brought, the food will be stored in the staffroom and returned to the child at the end of the day. The classroom teacher or administration staff will contact the family to remind them of the school's Anaphylaxis Management Policy and given the option of bringing other acceptable food items to school. If this is not possible, the child will be provided with an acceptable lunch alternative.
- 3.6 Food available as a lunch order will not contain nuts.
- 3.7 Other foods that are anaphylactic triggers for students at THPS (eg. egg, dairy, fruits) will be communicated to the child's class and asked that these foods are not brought to school in that classroom.
- 3.8 Anaphylaxis 'trigger' posters will be included on all classroom doors displaying the foods that are not allowed for that room (nuts will be on all posters) and this information will also be included in classroom newsletters each term.
- 3.9 Sharing of foods between all children is actively discouraged.

CLASS AND SCHOOL EVENTS

- 3.10 The teacher and parent of a child with anaphylaxis will communicate whenever the class is planning to cook, have special food days or use food items within an activity at least two school days before the event.
- 3.11 Foods used for classroom activities will not contain nut products. Parents will be informed when food will be used in the classroom and what the foods are so that parents can make contact with the teacher. Foods used by teachers in the classroom will be agreed upon after consultation with the parents of the child with anaphylaxis.
- 3.12 In the event of a birthday celebration, students are encouraged to bring something non-edible to share with their class, like stickers or pencils (no party poppers). Students will not be allowed to bring edible treats or share food with their class. For end of year class parties, students will be asked to pay a small amount and the teacher will purchase food from the 'acceptable treats' list:
- Fruits and vegetables
 - Plain potato chips
 - 'Natural Confectionary Company' sweets
 - Plain lemonade icy-poles

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

Note: A template of an individual anaphylaxis management plan (endorsed by DEECD Guidelines) can be found on the ASCIA Website: <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

- 3.13 The principal will ensure that an individual 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.
- 3.14 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.
- 3.15 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 or 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.
 - 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.
 - School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.
- 3.16 The student's individual management plan will be reviewed, in consultation with the student's parents/ carers:
- annually, and as applicable,
 - if the student's medical condition changes,
 - immediately after a student has an anaphylactic reaction at school, or
 - 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.
- 3.17 It is the responsibility of the parent to:
- provide the emergency procedures plan (ASCIA Action Plan).
 - inform the school in writing if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
 - provide an up to date colour photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.
 - provide the school with an Adrenaline Autoinjector (EpiPen® /Anapen®) that is current and not expired for their child.

SCHOOL MANAGEMENT

- 3.18 Individual Anaphylaxis Management Plans must be printed in colour with an up-to-date colour photo (taken within the previous 12 months) and be displayed in the child's classroom (on teacher filing cabinet), first aid room, yard duty bags, staff room, canteen, Gym, OSHC, in the class 'first aid' tub and inside the student's EpiPen® /Anapen® bag/container.
- 3.19 Parents/guardians will be responsible for ensuring that their children have an adequate supply of appropriate medication available at school – in the classroom and in the first aid room.
- 3.20 A clearly labelled EpiPen® / Anapen® and other necessary medication will be stored in an unlocked cabinet in the first aid room for access at all times. A second EpiPen® / Anapen® will be kept in the child's classroom in the class 'first aid' tub on top of the teacher's filing cabinet in

the room and this will travel to specialist classes and activities. This EpiPen® / Anapen® will travel between home and school each day.

- 3.21 If the parents/guardians of students with Anaphylaxis choose not to have a second EpiPen® / Anapen® at school, they must put this request in writing to the Principal. The one EpiPen® / Anapen® for these students will be kept in the First Aid Room.
- 3.22 Parents/guardians of children with anaphylaxis will ensure that medication held at the school will be replaced before the expiry date.
- 3.23 Medication for each child will accompany them on excursions and camps. All adults attending excursions or camps will be made aware of the children with anaphylaxis.
- 3.24 The school's first aid procedures and student's emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

ADRENALINE AUTOINJECTORS FOR GENERAL USE

- 3.25 The Principal will purchase Adrenaline Autoinjector/s for General Use (purchased by the school) and as a back up to those supplied by Parents.
- 3.26 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.
 - the Adrenaline Autoinjectors 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.

Note: Adrenaline Autoinjectors for General Use are available for purchase at any chemist. No prescriptions are necessary.

COMMUNICATION PLAN

- 3.27 On enrolment and annually thereafter, all parents will be required to provide a medical declaration advising the school of any known allergies to their child and, if applicable, to provide an emergency management plan (ASCIA Action Plan). Parents are responsible for updating the school should their child's medical condition change.
- 3.28 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. The communication will include information about our aiming for a 'nut free' environment, 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.
- 3.29 Anaphylaxis communication will be sent home in the form of a letter at the beginning of each year, with the above mentioned information and quarterly reminders will be included in the newsletter. This information will also be given to new families on enrolment throughout the year.
- 3.30 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 Principal/Assistant Principal.
- 3.31 All staff will be briefed once each semester by a staff member who has up to date knowledge of the students with anaphylaxis 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
 - the school's first aid and emergency response procedures

STAFF TRAINING

- 3.32 All School Staff will be appropriately trained, including the Principal, Leadership Staff, all

Teaching Staff and all ES Staff who work within the school regularly.

3.33 The identified School Staff will undertake the following training:

Completed by	Course	Provider	Cost	Valid for
All school staff	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
AND 2 staff per school or per campus (School Anaphylaxis Supervisor)	<i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years

Please Note: First aid training does NOT meet anaphylaxis training requirements under MO706.

In addition, all staff will participate in an Anaphylaxis 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 training Adrenaline Autoinjector device
 - the School's general first aid and emergency response procedures
- the location of, and access to, Adrenaline Autoinjector/s that have been provided by Parents or purchased by the School for General Use.

- 3.34 The Anaphylaxis Briefing must be conducted by a member of School Staff nominated as the School Anaphylaxis Supervisor who has successfully completed an Anaphylaxis Management Training Course in the last 2 years.
- 3.35 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.
- 3.36 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.

Note: A video has been developed and can be viewed from <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

EMERGENCY RESPONSE

- 3.37 Clear steps for responding to an anaphylactic emergency will be clearly displayed in all classrooms and first aid tubs. The emergency response plan will include different responses for each possible environment: in the classroom, in the playground or on excursions/camps.
- 3.38 All classrooms, first aid tubs and yard duty bags will include an 'ANAPHYLAXIS RED CARD' for staff to send to the office to alert staff to begin the emergency response process.

ANNUAL RISK MANAGEMENT CHECKLIST

3.39 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.

Note: A 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/anaphylaxischl.aspx>

This policy is a risk mitigation plan and does not offer a guarantee that the school is 'nut free'. Children with allergies need to be educated to always maintain vigilance about their environment and their personal medical condition.

4. Evaluation

This policy will be evaluated annually.

REFERENCE: *Ministerial Order No.706 – Anaphylaxis Management In Victorian Schools*
<http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxischools.aspx>
<http://www.allergy.org.au/health-professionals/anaphylaxis-resources>
http://www.rch.org.au/allergy/advisory/Anaphylaxis_Support_Advisory_Line/

** This policy is written in consultation with DET Guidelines.*