

Anaphylaxis Policy

Background

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 EpiPen® auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Purpose

To:

- Provide a safe and healthy school environment at Huntingdale Primary School that takes into consideration the needs of all students, including those who may suffer from anaphylaxis.
- 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.
- Manage anaphylaxis effectively and efficiently as possible at school.
- Ensure open communication of children's anaphylaxis between parents and the school.
- Raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- Ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.
- Ensure the school is compliant with asthma policies and procedures as outlined in DET's Ministerial Order 706, DET Anaphylaxis Guidelines (which may be amended by DET from time to time), Occupational Health and Safety Guidelines and the *School Policy and Advisory Guide*.

Implementation

- The Principal has the overall responsibility of implementing this policy, but may delegate certain roles to suitably qualified staff.
- This policy works in conjunction with the school's First Aid Policy.

Staff Training

- All staff will be trained in Anaphylaxis Awareness (10313 NAT) which will be paid for by the school.
- In addition, staff will participate in a briefing to occur twice a 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 students with a medical condition that relates to an allergy and the potential for anaphylactic reaction and where the medication is located



- How to use an auto adrenaline injecting device such as EpiPen®, including hands on practice with a trainer adrenaline auto injecting device
- The school's general first aid and emergency response procedures
- The location of and access to adrenaline auto injector(s) that have been provided by parents or purchased by the school for general use.

Individual Anaphylaxis Management Plans

- The Principal in conjunction with the First Aid Officer 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 kept up to date.

Note: A template for an Individual Anaphylaxis Management Plan can be found in Appendix E of the Anaphylaxis Guidelines for Victorian Schools on the Department's website:
www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

- 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 diagnosis, including the type of allergy or allergies the student has (based on a 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 and 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.

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
- 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



- Provide the school with an adrenaline auto injector that is current (the date has not expired) for their child.

Prevention Strategies

General

- Huntingdale Primary School will ask that food containing nuts **should not** be brought to school.
- Foods which are discouraged include nuts or products including, but not limited to, Nutella, peanut butter, fruit & nut bars, or other products containing nuts in the ingredients. This does not include foods that contain the warning “may contain traces of nuts”.
- Despite all reasonable efforts to restrict nuts and nut products at Huntingdale Primary School, exposure to nuts or nut products may still occur and parents, staff and at-risk students must always remain vigilant to avoid exposure to unsafe foods.
- The Office Manager will inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student’s Individual Anaphylaxis Management Plan and Adrenaline Auto injector, the School’s Anaphylaxis Management Policy, and each individual person’s responsibility in managing an incident ie seeking a trained staff member.
- Information regarding anaphylaxis will be written on the daily CRT schedule.
- The school will practice from time to time an emergency drill for an anaphylaxis event.

Classroom Activities

- Teachers will have access to antiseptic wipes to clean surfaces such as tables to prevent any outbreaks.
- Students who have anaphylaxis plans will have them on display in the classroom and in school rolls.
- In a basket in the classroom is a red card “Epipen Required in (class name)”
- Any activities using foods/cooking must have a signed permission form by parents which includes updated anaphylaxis information.
- Teachers will liaise with Parents about food-related activities ahead of time.
- Teachers will use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Staff will not give food from outside sources to a student who is at risk of anaphylaxis unless the ingredients are clearly labelled.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
- Staff will be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
- Staff will ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
- Teachers will have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

Health Centre

- Student anaphylaxis plans will be displayed in the Health Centre.
- Students’ anaphylaxis medication is kept in the Health Centre in clearly marked boxes and will be checked termly to ensure it is in date. Parents will be informed when the medication needs replacing.



Recess/Lunch, Before and After School/in between breaks

- Students are discouraged from sharing foods at recess, lunchtimes and during other breaks. Food should only be eaten inside the classrooms.
- Staff will be aware that anaphylaxis medication is located in the Health Centre.
- Staff will be aware of all students who have anaphylaxis.
- A red card “Epipen Required on oval/sealed area” will be contained in duty bags
- Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff will liaise with Parents to encourage students to wear closed shoes and long-sleeved garments when outdoors.
- The school will keep lawns and clover mowed and outdoor bins covered.
- Students should keep drinks and food covered while outdoors.

Special Events

- At special events which involve food (e.g. Intercultural Weeks) any food product should have a full list of ingredients so it can be evaluated whether students with anaphylaxis can consume these.
- Any activities using foods/cooking must have a signed permission form by parents which includes updated anaphylaxis information.
- At special sporting events (e.g. Cross country trials, Sports Nights), as part of the First Aid Kit, an epipen will be available and a folder of all student medical plans.
- A charged mobile telephone will accompany all outside events in case of emergency.
- School Staff should avoid using food in activities or games, including as rewards.
- For special occasions, School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
- Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.
- Party balloons should not be used if any student is allergic to latex.

Camps, Overseas Events and Excursions

- A risk assessment (including anaphylaxis) will be completed for all camps and excursions.
- Anaphylaxis medication and plans will be taken on school excursions, camps, sports days and overseas travel.
- A charged mobile telephone will accompany all events in case of emergency.
- Parents will be required to fill in a permission form for each event which includes updated anaphylaxis information.
- Prior to engaging a camp owner/operator’s services the School should make 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 should consider using an alternative service provider.
- The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
- Schools must not 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. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.



- The school will liaise with camp providers about students with anaphylaxis so that an alternative food menu can be developed or request the Parents to send meals/snacks for the student.
- Prior to the camp taking place School Staff should consult 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.
- Parents may wish to accompany their child on camps and/or excursions. This should be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis.
- School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.
- The school will take an Adrenaline Auto injector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
- The Adrenaline Auto-injector should remain close to the student and School Staff must be aware of its location at all times.
- Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
- Cooking, art and craft games should not involve the use of known allergens.
- Consider the potential exposure to allergens when consuming food on buses and in cabins. Students will be told not to share food in these settings.

School Management & Emergency Response

General

- In any event of an anaphylaxis emergency, the school will follow the steps outlined on the child's anaphylaxis plan. In all instances parents will be notified.

During- school based- classrooms, yard, special events, before and after school

- In the event of an anaphylaxis emergency the teacher will phone the school office using the internal phone system (in classroom) or send the red anaphylaxis card to the office by students (in the yard).
- The Office Manager will then enact the anaphylaxis emergency plan.
- All non-teaching staff (e.g. Principal, Office Staff and Assistants) will be on hand to assist.
- A minimum of two First Aid and Anaphylaxis trained staff will attend to the sick student. (e.g. Principal/Office Manager)
- Another staff member will be on hand to call the parents and/or emergency services/DET Emergency Management (e.g. Business Manager)
- Another staff member will attend to the welfare of the staff at the scene and ensure their welfare. (e.g. Chaplain or Teaching Assistant)
- Another teacher will take other students to an alternate space in the school to supervise and assist them. (e.g. Assistant Principal or another teacher)
- If an incident happens in the yard, students may be called inside to be supervised by their classroom teachers.
- In extreme and life threatening cases an ambulance will be called. The school's emergency management plan will be enacted.
- The School's Out of Hours School Care (OHSC Club) will have their own anaphylaxis emergency response system.



During- excursions/camps/overseas/other events

- Two First Aid/anaphylaxis trained person will take the lead in situations and administer help to the student.
- One staff member will inform the camp/excursion provider that an incident is taking place and ask for support, telephone DET Emergency Management and the school. They should take any notes of the situation which can be used later in the debrief. They should liaise with the school during and after the event.
- The school may send extra staff to the excursion/camp site, if practical, to offer support to staff and supervise students.
- A staff member back at school, preferably a Principal Class Officer, should liaise with the parents and keep them informed of the situation.
- In all circumstances an ambulance should be called to assist the student and provide extra medical advice. Staff should follow instructions given by ambulance officers.
- Another staff member will attend to the remaining students and take them away from the scene.

After

- All instances of anaphylaxis emergencies will be reported on CASES21 and Edu Safe.
- A debrief of the emergency situation will take place and changes to this plan made if needed.
- An anaphylactic reaction can be traumatic for the student and others witnessing the reaction. In the event of an anaphylactic reaction, students and staff may benefit from post-incident counselling, provided, for example, by the school social worker, student welfare coordinator or school psychologist.

Adrenaline auto-injectors for general use

- The school will purchase adrenaline auto-injector(s) for general use (purchased by the school) and as a back up to those supplied by parents.
- The Principal will determine the number of additional adrenaline auto-injector(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 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 or organised by the school
 - 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
- This will be reviewed yearly to ensure there are enough back up pens as the school numbers grow.



Communication Plan

- The Principal will be responsible for ensuring that anaphylaxis is communicated to the school community. This includes:
 - Student anaphylaxis plans being displayed in the Health Centre and the classroom.
 - Informing the community about anaphylaxis via the school newsletter.
 - 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. Posters of anaphylaxis management will be in the Health Centre.
 - Student anaphylaxis medication will be kept in the Health Centre in clearly marked boxes.
 - Volunteers and casual relief staff for students at risk of anaphylaxis will be informed and their role in responding to an anaphylactic reaction by a student in their care.
 - Any updates to anaphylaxis plans will be communicated by the Office Manager to staff as soon as possible and documentation updated.
 - Letters to parents of anaphylactic children about updating their child's EpiPen®

Annual Risk Management Checklist

- The Office Manager will complete the Anaphylaxis Risk Management Checklist (Page 67 of DET Anaphylaxis Guidelines).

Note: A template for the Risk Management Checklist can be found at Appendix F of the Anaphylaxis Guidelines for Victorian Schools on the Department's website:

www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

Evaluation

- Monthly sick bay reports
- EduSafe reports

This policy will be reviewed as part of the school's 3 year cycle or as needed to comply with DET policy changes.

Document Status

Reviewed	School Council Ratification	Next Review
May 2016	14 June 2016	14 June 2019