

MONTPELLIER PRIMARY SCHOOL

ANAPHYLAXIS MANAGEMENT POLICY

PURPOSE

Anaphylaxis is a severe, sudden, rapidly progressive allergic reaction when a person is exposed to an allergen 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), planning 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® autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

AIMS

- 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/carers 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.

POLICY

- The school will comply with Ministerial Order 706 and associated guidelines published and amended by the Department from time to time.
- The School will purchase two spare 'backup' adrenaline auto injector devices as part of the school first aid kit. This is stored in the Sick Bay and the use by date is checked regularly.

INDIVIDUAL ANAPHYLAXIS MANGEMENT PLANS

The Principal or nominee 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.

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 (e.g. 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

This is the risk minimisation and prevention strategies that we have in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- 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; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

Use of non-food treats where possible. Food treats for other students should NOT contain the substance which the student is allergic to. Permission must be sought from parents if a teacher wishes to use food treats in their class.

SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

The School's Anaphylaxis Management Policy includes procedures for emergency response to anaphylactic reactions. The procedures include the following:

- 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;
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these can be located:
 - in the classroom;
 - in the school yard;
 - in all school buildings and sites including gymnasiums and halls;
 - on school excursions;
 - on school camps; and
 - at special events conducted, organised or attended by the school.
- information about the storage and accessibility of Adrenaline Autoinjectors;

- how communication with School Staff, students and Parents is to occur in accordance with a communication plan.

ADRENALINE AUTOINJECTORS FOR GENERAL USE

The Principal will purchase Adrenaline Autoinjector(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 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 need to be replaced at the School's expense, either at the time of use or expiry, whichever is first.

Preventative Measures: Across the school environment

CLASSROOM –

- keep a copy of the student's ASCIA Action Plan in the classroom.
 - liaise with parents/carers about food related activities ahead of time.
 - use non-food treats where possible, but if food treats are used in class, it is recommended that parents/carers provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
 - treats for the other students in the class should not contain the substance to which the student is allergic.
 - never give food from outside sources to a student who is at risk of anaphylaxis.
 - be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).
 - have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
 - The Assistant Principal will inform casual relief teachers of students at risk of anaphylaxis, preventative strategies in place and the school's emergency procedures. Provide casual relief teachers with a procedure sheet and a copy of the student's ASCIA Action Plan.
- (CRT FOLDER)**

CANTEEN-

- if schools use an external canteen provider, the provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.
- canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action



Plans. Some schools have the student's name and photo displayed in the canteen as a reminder to staff.

- liaise with parents/carers about food for the student.
- **food banning is not generally recommended** - instead, a 'no sharing' approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and treenut products (e.g. hazelnuts, cashews, almonds), including nut spreads.
- products that 'may contain traces of nuts' should not be served to students known to be allergic to nuts.
- canteens should provide a range of healthy meals/ products that are designed not to include peanut or other nut products.
- **physical isolation of students at risk of anaphylaxis is not recommended.** Nut-free tables or nut-free zones may be appropriate for younger children.
- be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis.
- make sure that tables and surfaces are wiped down regularly.
- refer to section 4.4.6.11 of the Victorian Government Schools Reference Guide, '*Food safety in schools and food handling regulations*'. www.eduweb.vic.gov.au/referenceguide

YARD

- students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. Schools should liaise with parents/carers to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
- consideration should be given to plants and sources of water in the playground so that the student can avoid them without being unfairly limited. Keep lawns and clover mowed and outdoor bins covered.
- the student should keep drinks and food covered while outdoors.
- if a school has a student who is at risk of anaphylaxis, sufficient staff on yard duty must be trained in the administration of the EpiPen® to be able to respond quickly if needed.
- the EpiPen® should be easily accessible from the yard (remember that an anaphylactic reaction can occur in as little as five minutes).
- staff on yard duty should carry a communication device (red card) to notify the general office/first aid team of an anaphylactic reaction in the yard. **Teachers should not leave a student who is experiencing an anaphylactic reaction unattended** – the teacher must direct another person to bring the EpiPen®.

SPECIAL EVENTS E.G. SPORTING EVENTS, INCURSIONS, CLASS PARTIES ETC

- for special occasions, class teachers should consult parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student.
- parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and requested to avoid them in treats brought from home.
- party balloons should not be used if a student is allergic to latex.
- swimming caps should not be used if a student is allergic to latex.
- staff must know where the EpiPen® is located and how to access it if required.
- staff should avoid using food in activities or games, including as rewards.

OUT OF SCHOOL SETTINGS: Preventative Measures

FIELDS TRIPS AND EXCURSIONS

- the student's EpiPen®, ASCIA Action Plan and a mobile phone must be taken on all field trips/excursions.
- a staff member or team of staff who have been trained in the recognition of anaphylaxis and the administration of the EpiPen® must accompany the student on field trips or excursions.
- all staff present during the field trip or excursion needs to be aware if there is a student at risk of anaphylaxis.
- staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- the school should consult parents/carers in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/carer to send a meal (if required).
- parents/careers may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/carers as another strategy for supporting the student.
- consider the potential exposure to allergens when consuming food on buses.

CAMPS AND REMOTE SETTINGS

- schools must have in a place a risk management strategy for students at risk of anaphylaxis for school camps, developed in consultation with the student's parents/carers.
- camps must be advised in advance of any students with food allergies.
- staff should liaise with parents/carers to develop alternative menus or allow students to bring their own meals.
- 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
- use of other substances containing allergens should be avoided where possible.
- the student's EpiPen®, ASCIA Action Plan and a mobile phone must be taken on camp.
- a team of staff who have been trained in the recognition of anaphylaxis and the administration of the EpiPen® must accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis.
- staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- be aware of local emergency services are in the area and how to access them. Liaise with them before the camp.
- the EpiPen® should remain close to the student (and other students if appropriate) and staff must be aware of its location at all times.
- the EpiPen® should be carried in the school first aid kit.
- 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 and 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.
- refer to section 4.4.2 of the Victorian Government Schools Reference Guide, 'School excursions' www.eduweb.vic.gov.au/referenceguide

COMMUNICATION PLAN

What steps will be taken to respond to an anaphylactic episode by a student-



IN SCHOOL SETTINGS

All staff will be briefed once each semester by the Assistant Principal 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 autoadrenaline injecting device (Epipen)
- the school's first aid and emergency response procedures:

ACTION: In the YARD

- 1. Give two other children the red card from Yard Duty folder and tell them to go straight to Sick Bay and say – “Anaphylaxis and child’s name”.**
- 2. Epipen or medication will be brought down to teacher immediately by Principal, A.P. or office staff**
- 3. Give Epipen – teacher on duty with child with assistance from Principal, A.P. or office staff**
- 4. Call ambulance. Telephone 000 – Principal, Assistant Principal or office staff**
- 5. Contact Parent/Carer - Principal, Assistant Principal or office staff**

ACTION: CLASSROOM

- 1. Ring the office and say – “Anaphylaxis and child’s name”.**
- 2. Epipen or medication will be brought to teacher immediately by Principal, A.P. or office staff**
- 3. Give Epipen – teacher with child with assistance from Principal, A.P. or office staff**
- 4. Call ambulance. Telephone 000 – Principal, Assistant Principal or office staff**
- 5. Contact Parent/Carer - Principal, Assistant Principal or office staff**
- 6. Other students to go to a nearby classroom to be supervised by that teacher.**

STAFF TRAINING

It is the responsibility of the Principal of the School to ensure that relevant School Staff are:

- trained; and
- briefed at least twice per calendar year.

The all 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 the Principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.

The identified School Staff 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:
 - 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 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 or nominee will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

FURTHER INFORMATION AND RESOURCES

- Ministerial Order 706
- Anaphylaxis Guidelines
- Anaphylaxis Management Course Notes – Ambulance Victoria First Aid
- A template of an individual anaphylaxis management plan can be found on Page 18 Anaphylaxis Guidelines for Victorian Government Schools or the Department's website: <http://www.sofweb.vic.edu.au/wellbeing/support/anaphyl.htm>
- Appendix 2 (pp 21 – 23) of the Anaphylaxis Guidelines for Victorian Government Schools contains advice about a range of prevention strategies that can be put in place.
- The red and blue 'ASCI 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 on page 20 of the Anaphylaxis Guidelines or downloaded from <http://www.sofweb.vic.edu.au/wellbeing/support/anaphyl.htm>
- A risk assessment tool has been included in this information pack to assist Principals and can be downloaded from <http://www.sofweb.vic.edu.au/wellbeing/support/anaphyl.htm>.
- Anaphylaxis DVD

REVIEW CYCLE

This policy and procedures will be reviewed annually.

