



Kalinda Primary School No. 5121

Anaphylaxis Management Policy

Rationale:

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 (eg. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

This policy describes the school's management of the risk of anaphylaxis.

Purpose:

- To provide 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 staff, student and school community awareness about severe allergies and the school's Anaphylaxis Management Policy.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, develop 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, including recognising and responding to an anaphylactic reaction and competently administering an EpiPen/Anapen.
- To comply with the Education and Training Reform Act 2006
- To comply with the Children's Services and Education Amendment (Anaphylaxis Management) Act 2008.
- To comply with Ministerial Order 706 (MO706) – Anaphylaxis Management Policy and associated guidelines.

Guidelines:

- All staff will be trained in the management of anaphylaxis and the use of EpiPens. /Anapens according to Ministerial Order 706.
- Each child who has a diagnosed risk of anaphylaxis will have an individual Anaphylaxis Management (ASCIA Action Plan) updated annually or at any time the child's medical condition changes including immediately following an anaphylactic reaction.
- Information about students with a diagnosed risk of anaphylaxis will be provided to all staff.
- All staff must know the emergency procedure in the event of an anaphylactic reaction.
- Regular updates related to children diagnosed with anaphylaxis will be communicated to staff at the beginning of each term and at weekly briefings where appropriate.
- The school will comply with Ministerial Order 706 (MO706) and associated guidelines.
- Care will be taken as far as possible, to ensure that students with anaphylaxis are not unnecessarily singled out or treated differently.

Implementation:

- Students who have been diagnosed with an acute anaphylactic reaction to a nominated allergen will require an EpiPen or Anapen to be administered by a trained staff member in the event of an anaphylactic reaction.

- In the event of an anaphylactic reaction, the school's first aid and emergency management response procedures and the student's Individual Anaphylaxis Management Plan must be followed.
- EpiPens and Anapens will be securely stored. They will be clearly labelled with the student's name and details of their condition, dosage and emergency numbers and Anaphylaxis Management Plan. Expiry dates will be checked regularly.
- The school will have **back-up adrenaline auto-injector** (s) as part of the school first aid kit (s). The school will determine the number of backup adrenaline autoinjector devices as part of the first aid kit (s) for general use taking into account the number of diagnosed students attending the school and the likely availability of a backup device in various settings including school excursions and school camps. The school will regularly check the expiry date of the backup device (s).
- Information about students with a diagnosed risk of anaphylaxis will be provided to all staff. All staff must know the emergency procedure in the event of an anaphylactic reaction.
- Each child with a diagnosed risk of anaphylaxis will have **their name on an alert card that is located in every teacher's yard duty folder carried while on yard duty**. Copies will also be displayed in the **First Aid Room and Staff Room** with details of their allergy and course of action in an emergency.
- Casual replacement staff will be alerted to those students in the class with special medical needs including anaphylaxis. **A photo of the student together with relevant information will be included in the handbook for casual replacement staff.**
- Strategies to reduce risk of exposure to anaphylactic triggers will regularly be discussed between students, staff and parents.
- Staff will be continuously updated whenever a student's medical condition related to anaphylaxis changes or risks have been diagnosed.
- The first aid coordinator will keep all information regarding students at risk up to date and annually review Anaphylaxis Management Plans.
- The Principal will complete an annual Anaphylaxis Risk Management Checklist to monitor the school's compliance with their legal obligations and the Guidelines.
- As an anaphylactic reaction, can traumatise the student and others witnessing the reaction, the school will support students and staff affected through post incident counselling provided by support staff such as the school nurse, guidance officer, student welfare coordinator or school psychologist.

Preventing Allergic Reaction

Consideration will be given to food given to children. To this end:

- **The Canteen Coordinator will induct volunteers with information regarding students diagnosed with anaphylaxis and guidelines for food preparation.**
- Staff will be made aware that:
Eggs, peanuts, tree nuts such as cashews, cow's milk, fish and shellfish, wheat, soy, sesame, bee, wasp and insect stings as well as medications, may cause allergic reactions in children.
- Staff will be made aware that **products** such as sunscreens, play-doh, latex and cooking oil may contain nut products and that eggs, nuts, fish and shell fish, wheat, sesame, soy and dairy products may cause allergic reactions in children.
- Classroom teachers of those children diagnosed with a risk of anaphylaxis will be aware of the risks during cooking sessions and will provide alternative ingredients.
- Lollies, chocolates etc. should not be used as treats/rewards by staff including visitors to the school.
- **Students with anaphylaxis will not be allowed to share food or snacks at any time. All other students will be discouraged from sharing food.**
- Planning for special school events, excursions or camps should include consideration for the potential for anaphylactic reactions in diagnosed students.
- Students diagnosed with anaphylaxis will not pick up rubbish in the yard.
- Hand washing for all staff and students will be encouraged, particularly in relation to eating food and cooking.

Individual Anaphylaxis Management Plan

- The Principal of the school is responsible for ensuring that an individual Anaphylaxis Management Plan in consultation with the student's parents, is developed for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. This plan includes the ASCIA Action Plan.
- The individual Anaphylaxis Management Plan must be in place as soon as practicable after the student's enrolment or diagnosis.

- The individual anaphylaxis management plan must include:
 - a) Information about diagnosis including the allergy or allergies.
 - b) Strategies to minimise the risk of exposure to the allergen while the student is under the supervision of school staff, for in-school and off campus settings.
 - c) The name of the person responsible for implementing the strategies.
 - d) Information as to where student medication is stored.
 - e) The student's emergency contact details.
 - f) An emergency procedure plan provided by the parent that is signed by the medical practitioner including the student's photograph.
 - g) Requirement for the annual review of the individual Anaphylaxis Management Plan or more often if the student's medical condition changes or immediately after the student has an anaphylactic reaction at school.
- Parents/carers must complete the Department's 'Confidential Medical Information Form for School Council Approved Excursions' for each occasion that the child on an extended excursion such as a school camp.
- It is the responsibility of the parent to provide the emergency procedure plan, inform the school if the student's medical condition changes and to provide an up to date photograph of the student when the plan is reviewed annually.

Communication Plan

- The Principal of the school is responsible for ensuring that a communication plan is developed to provide information to all staff, students, volunteers and parents about anaphylaxis and the school's Anaphylaxis Management Policy.
- Consultation will occur between students, parents and staff via a communication plan to inform of strategies to reduce the risk of exposure to anaphylactic triggers including:
 - during classroom activities
 - during snack and lunch time
 - before and after school, in the yard and during breaks
 - for special events, such as cooking, incursions, sports days and class parties
 - for excursions, special event days and camps
- The communication plan will include information as to how to respond to an anaphylactic reaction by a student.
- The communication plan will include the procedure to inform casual relief teachers of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction.
- The school will regularly communicate with the student's parents about the student's successes, development, changes and any health and education concerns.

Staff Training:

- Ministerial Order 706 (MO706 including any amendments) requires schools to provide regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction including competently administering and EpiPen/Anapen.
- Ministerial Order 706 has been amended to allow for a new online training model. Under this model, it is recommended that all Victorian school staff undertake the new Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training course.
- Two staff will undertake (face-to-face) the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC to be trained to be School Anaphylaxis Supervisors and to skill them in providing competency checks to assess their colleagues' ability to use an auto-injector. This course is valid for 3 years.
- All staff with a **duty of care to students** will undertake the ASCIA e-training course every two years in how to recognise and respond to an anaphylactic reaction including administering an adrenaline autoinjector (i.e. EpiPen) and have their competency in using an auto-injector tested in person within 30 days of completing the course.
- Staff will **twice yearly briefings** on anaphylaxis management (under MO706) if the school has a child at risk of anaphylactic reaction lead by a School Anaphylaxis Supervisor.
The briefing will incorporate:
 - information on how to administer an EpiPen
 - practice with an EpiPen trainer device
 - familiarisation of the students at the school at risk of an anaphylactic reaction and their Management Plans and the school's Emergency
 - procedures in the event of an anaphylactic reaction.

Note: First Aid training does NOT meet the requirements of anaphylaxis training requirements Under MO706.

Common allergens include:

- eggs
- peanuts
- tree nuts such as cashews
- cow's milk
- fish and shellfish
- wheat
- soy
- sesame
- insect stings and bites
- medications
- products that contain any of the above

Note: Individuals may have been diagnosed with anaphylaxis to an allergen not on the list of common allergens.

Signs of mild to moderate allergic reaction include:

- Swelling of the lips, face and eyes
- Hives or welts
- Tingly mouth
- Abdominal pain and / or vomiting (signs of severe allergic reaction to insects)

Signs of anaphylaxis SEVERE allergic reaction include ONE of the following:

- Difficult/ noisy breathing
- Swelling of tongue
- Swelling/ tightness of throat
- Difficulty talking/and or a hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)
- Abdominal pain and/ or vomiting (signs of a severe allergic reaction to insects)
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Emergency Procedure

In the event of an anaphylactic reaction (during any in-school and out of school activities) staff will follow first aid and emergency management response procedures and the student's individual Anaphylaxis Management Plan.

Actions to be taken:

- Remain with child and send two students with the alert card to the school office or staff room (or telephone – which ever will be quicker in the circumstances) to alert a staff member to bring the EpiPen/Anapen.
- Call for assistance from a nearby staff member.
- **Call 000 for MICS ambulance via mobile phone.**
- A trained staff member should administer the EpiPen/Anapen following the procedures in the student's individual Anaphylaxis Management Plan.
- Any other required first aid should also be administered.
- The trained staff member should remain with the child until the emergency ambulance arrives.
- Additional staff members should be alerted to support the situation in relation to removing other children from the scene.
- Office staff should contact the parents and provide the ambulance with the student's details and Anaphylaxis Management Plan.
- A staff member should man the school gate and direct the ambulance when it arrives.

In the event of an anaphylactic reaction during recess the yard duty supervisor should:

Locate coloured alert card with student's name and the Management Plan with the listed signs or symptoms from yard duty folder and then follow the actions above.

This policy is underpinned by the:

- Duty of Care
- First Aid Policy
- Medication Management Policy
- Student Engagement and Wellbeing Policy
- Student Welfare Policy

Date School Council Ratified:

Review date: