

ANAPHYLAXIS MANAGEMENT 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 the school.

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

PURPOSE

- To ensure that Goornong Primary School will comply with Ministerial Order 706 and associated guidelines.
- 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.

The key reference and support for the school regarding anaphylaxis is the [DET Anaphylaxis Guidelines](#).

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The principal will ensure that an Individual Anaphylaxis Management Plan (that includes an individual ASCIA Action Plan for Anaphylaxis) for each affected student, is developed in consultation with the student's parents/carers and medical practitioner 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 at the 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 allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
- 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.

Note: The red and blue 'ASCIA 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.

- Download from [DET Health Support Planning Policy](#)

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 condition changes, or
- immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:

- provide the Emergency Procedures Plan (ASCIA Action Plan).
- inform the school if their child's medical condition changes, and if relevant provide an updated Emergency Procedures Plan (ASCIA Action Plan).
- provide an up to date photo for the Emergency Procedures Plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

PREVENTION STRATEGIES

The following strategies may be used by Goornong PS to prevent anaphylactic reactions in 'at risk' students.

Classroom Strategies – *it is the responsibility of the Classroom Teacher to implement the following classroom prevention strategies.*

Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.

Liaise with Parents 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 of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.

Never give food from outside sources to a student who is at risk of anaphylaxis.

Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.

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.

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).

Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.

Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

A designated staff member should 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 Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

Playground

If a School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.

The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes).

Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.

Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.

Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.

Keep lawns and clover mowed and outdoor bins covered.

Students should keep drinks and food covered while outdoors.

Out of School Activities

If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.

A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.

School Staff should avoid using food in activities or games, including as rewards.

The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and School Staff must be aware of their exact location.

For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.

All School Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.

The School should consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required).

Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis.

Prior to the excursion taking place School Staff should consult with the student's Parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

COMMUNICATION PLAN

Note: the Anaphylaxis Guidelines provides advice about strategies to raise staff and student awareness, working with parents/carers and engaging the broader school community.

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 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 principal. 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
- the school’s first aid and emergency response procedures.

STAFF TRAINING AND EMERGENCY RESPONSE

Every year all Staff must have up to date training in an anaphylaxis management training course.

This includes:

- All classroom and specialist teachers;
- Education Support Staff; and
- the Principal

At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.

The principal will ensure that all staff identified in the dot points above participate in an annual anaphylaxis management training course. Training of casual staff will be based on a risk assessment undertaken by the Principal.

The school’s first aid procedures and each student’s emergency procedures plan (ASCI Action Plan) will be followed according to the staff training procedure when responding to an anaphylactic reaction, including calling an Ambulance.

WHEN TREATING AN ANAPHYLACTIC EPISODE, IN THE EVENT OF AN EPIPEN MISFIRING, STAFF AT GOORNONG PS WILL USE THE SPARE EPIPEN PROVIDED BY THE SCHOOL.

References :

- [DET Anaphylaxis Policy](#)
- [DET Health Support Planning Policy](#)

Evaluation:

Date Reviewed	23.03.2020	
Approved By	School Council	
Approval Authority (Signature & Date)		
Communication Procedures	Parents <ul style="list-style-type: none"> ▪ Mentioned in school newsletter. ▪ Via school website. 	Staff <ul style="list-style-type: none"> ▪ Via Induction Pack.
Next Review Date	March 2023	

APPENDIX 1 - ANAPHYLAXIS RISK MANAGEMENT CHECKLIST (Page 1)

School Name:

Address:

Date of Review:

Time:

School Contact Person: Name:

(Who provided information collected)

Position:

Review given to: Name:

(If different from above)

Position:

Comments:

1. How many current students are diagnosed with anaphylaxis?.....

2. Have any students ever had an allergic reaction while at school?

YES NO

If Yes, how many times?

3. Have any students had an Anaphylactic Reaction at school?

YES NO

If Yes, how many times?

4. Has a staff member been required to administer an EpiPen® to a student?

YES NO

If yes, how many times?

ANAPHYLAXIS RISK MANAGEMENT CHECKLIST (Page 2)

Section 1 Anaphylaxis Management Plans and ASCIA Action Plans

1. Does every student who has been diagnosed at risk of anaphylaxis have an individual Anaphylaxis Management Plan in place? (see Section 4.1 and Appendix 1, Anaphylaxis Guidelines)?

YES NO

2. Are all Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?

YES NO

3. Do they set out strategies to minimise the risk of exposure to allergens for in-school and out of class settings?

During classroom activities, including elective classes YES NO

In canteens or during lunch or snack times YES NO

Before and after school, in the school yard and during breaks YES NO

For special events, such as excursions, sport days, class parties and extra curricular activities?

YES NO

For excursions and camps

YES NO

Other

4. Do all students who suffer from anaphylaxis have a copy of their ASCIA Action Plan kept at school (provided by the parent)?

YES NO

5. Where are they kept?.....

6. Do the anaphylaxis action plans have a recent photo of the student with them?

YES NO

Comments

Section 2 Storage and accessibility of the EpiPen

1. Where are the students EpiPen's® Stored?

2. How are the EpiPens® stored?

3. Is the storage safe (out of reach of students)?

YES NO

Is the storage unlocked and accessible to staff at all times?

YES NO

Comments

Is the EpiPen® easy to find?

YES NO

Comments

4. Is a copy of students' ASCIA Action Plans kept together with their EpiPen®?

YES NO

Comments

5. Are EpiPen's® and Action Plans clearly labelled with students' names?

YES NO

Comments

6. Has someone been designated to check the EpiPen's® expiry dates on regular basis?

YES NO

Who?.....

Comments

7. Has the School signed up to EpiClub (a free reminder service)?

YES NO

8. Do all staff know where the EpiPens® and Action Plans are Stored?

YES NO

Comments

9. Is there a spare EpiPen®?

YES NO

If Yes, what Type?.....

10. Where is it stored?

11. Is it clearly labelled as the 'backup EpiPen®'?

YES NO

Section 3 Prevention Strategies

1. Have you done a risk assessment of the potential for accidental exposure to allergens for a student with anaphylaxis?

YES NO

2. Has the school implemented any of the prevention strategies (in Appendix 2 of the Guidelines)?

YES NO

3. Which ones?

4. Others:

5. Is there always a trained staff member on yard duty?

YES NO

6. How many staff have completed training?.....

Section 4 Training and Emergency Response

1. Have all staff responsible for the care of students with anaphylaxis been trained? YES NO

1. When does their training need to be renewed?.....

3. Do all staff have an understanding of the causes, signs and symptoms of anaphylaxis and of their role in the school's first aid and emergency response procedures? YES NO

4. Have you planned how the alarm will be raised if an allergic reaction occurs?

In the class room? YES NO

How?

In the school yard? YES NO

How?

At school camps and excursions? YES NO

How?

On special event days, such as sports days? YES NO

How?

5. Does your plan include who will call the Ambulance? YES NO

How?

6. In an emergency is there a plan for who will be sent to collect the EpiPen® and Action Plan? YES NO

Who will this be when in the class room?.....

Who will this be when in the school yard?.....

Who will this be at sporting activities?.....

7. Have you checked how long will it take to get to the EpiPen® and Action Plan to a student from various areas of the school? YES NO

How long?.....

When in the classroom? YES NO

How long?.....

When in the school yard? YES NO

How long?.....

When at sports fields? YES NO

How long?.....

8. On excursions or other out of school event is there a plan for who will look after the EpiPen® and Action Plan? YES NO

Who will do this on excursions?.....

Who will do this on camps?.....

Who will do this on sporting activities?.....

9. Is there a process for post incident support in place? YES NO

10. Have all staff been briefed on:-

the school's Anaphylaxis Management Policy? YES NO

the causes, symptoms and treatments of anaphylaxis? YES NO

the identities of students diagnosed at risk of anaphylaxis and where their medication is located? YES NO

how to use an adrenaline auto-injecting device, including hands on practice with a trainer adrenaline auto-injecting device YES NO

the school's first aid and emergency response procedures YES NO

Section 5: Communicating with staff, students and parents / carers

1. Is there a communication plan in place to provide information about anaphylaxis and the school's policies to staff, students and parents/ carers? YES NO

2. Are there procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response? YES NO

Comments

2. Do all staff know which students suffer from anaphylaxis? YES NO

Comments

How is this information kept up to date?

4. Are there strategies in place to increase awareness about severe allergies among students? YES NO

Comments

APPENDIX 2 – ANAPHYLAXIS MANAGEMENT PLAN

Cover Sheet

This Plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner provided by the parent/carer.

SCHOOL:		
Phone Number:		
Student's name:		
Date of birth:		Year level:
Severely allergic to:		
Other health conditions:		
Medication at school:		
Parent/carer contact:	Parent/carer information (1)	Parent/carer information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
	Address:	Address:
Other emergency contacts (if parent/carer not available):		
Medical practitioner contact:		
Emergency care to be provided at school:		
EpiPen® storage:		
The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on		
Signature of parent:		Date:
Signature of principal (or nominee):		Date:

APPENDIX 3 – SAMPLE COMMUNICATION STATEMENT TO SCHOOL COMMUNITY

We wish to inform parents that we have students enrolled at our school with a nut allergy. Whilst there is no specific ban on particular food items we encourage all parents to be thoughtful about the sandwich fillings and snack products packed in lunchboxes. Peanuts and peanut additives have the potential to cause severe and life-threatening anaphylactic reactions in allergic students. We ask parents to be mindful of this when packing their child's lunchbox.

We also wish to make parents aware that the sharing of food is not permitted at school and that students should only eat food items provided from their home—please do not send along food to be shared with other students! We thank parents for their support with this.