



Anaphylaxis Management Policy

Endorsed by School Council: September 2017

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 (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.

1. PURPOSE

- 1.1. To provide, 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.
- 1.2. To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- 1.3. To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimization strategies and management strategies for the student.
- 1.4. 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.

2. GUIDELINES

- 2.1. The school's Anaphylaxis Management Policy is based on guidelines found in the Anaphylaxis Management in Schools Ministerial Order 706.
- 2.2. In the event of an anaphylactic reaction, the school's first aid and emergency response procedures and the student's Individual Anaphylaxis Management Plan must be followed.
- 2.3. The Principal should 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.
- 2.4. The individual anaphylaxis management plan should be in place as soon as practicable after the student enrolls and before their first day of school.

3. INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

- 3.1. The individual Anaphylaxis Management Plan will contain the following:

- 3.1.1 information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner);

Date Effective	Version Number	Date Planned Review	Date Actual Review
	1.0	September 2020	

- 3.1.2 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;
- 3.1.3 the name of the person/s responsible for implementing the strategies;
- 3.1.4 information on where the student's medication will be stored;
- 3.1.5 the student's emergency contact details;
- 3.1.6 an Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan, provided by the parent, that:
 - (a) sets out the emergency procedures to be taken in the event of an allergic reaction;
 - (b) is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
 - (c) includes an up-to-date photograph of the student.

3.2. The student's individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents/carers:

- 3.2.1 annually;
- 3.2.2 if the student's condition changes;
- 3.2.3 immediately after a student has an anaphylactic reaction at school; and
- 3.2.4 when a 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.

3.3 It will be the responsibility of the parent to:

- 3.3.1 provide the school with an ASCIA Action Plan with current photo;
- 3.3.2 supply the school with the child's EpiPen and any other medication;
- 3.3.3 replace the student's EpiPen and any other medication as needed, before their expiry date or when used;
- 3.3.4 inform the school in writing if their child's medical condition changes and if relevant, provide an up-dated ASCIA Action Plan;
- 3.3.5 review the ASCIA Action Plan annually with their medical practitioner and provide an up-to-date photo at the time of the review;
- 3.3.6 meet with the School to develop the student's individual Anaphylaxis Management Plan, including risk management strategies;
- 3.3.7 participate in annual reviews of the student's individual Anaphylaxis Management Plan; and
- 3.3.8 inform the school in writing of any changes to the student's emergency contact details.

3.4 It is the responsibility of the school to follow the student's ASCIA Action Plan and individual Anaphylaxis Management Plan.

4 PREVENTION STRATEGIES

4.1 Risk minimisation and prevention strategies are to be followed by school staff for in-school and out-of-school settings. **Refer to Appendix I.**

5 SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

5.1 CLASSROOM PROCEDURE

- 5.1.1 If a student is having an anaphylactic reaction in the classroom, the teacher will ring the office for the appropriate EpiPen and one of the school's back-up pens. Classroom teacher to follow DRABCD (Danger, Response, Airways, Breathing, CPR, Defibrillator).
- 5.1.2 Implement the student's ASCIA Action Plan and administer EpiPen as required.

Date Effective	Version Number	Date Planned Review	Date Actual Review
	1.0	September 2020	

- 5.1.3 Monitor and record happenings/reactions and time of administering EpiPen.
- 5.1.4 Teacher to stay with student at all times.
- 5.1.5 Office staff to:
 - (a) take student's EpiPen and back-up EpiPen to classroom;
 - (b) ring ambulance; and
 - (c) ring parents/guardian.

5.2 YARD DUTY

- 5.2.1 If a student is having an anaphylactic reaction in the yard, the yard duty teacher will tick the appropriate box on the anaphylactic notification form in the Yard Duty Folder and send 2 students to the staff room for appropriate first aid trained staff, student's EpiPen and the school's back-up EpiPen.
- 5.2.2 Yard duty teacher to stay with student at all times and follow DRABC (Danger, Response, Airways, Breathing, CPR).
- 5.2.3 Staff to:
 - (a) Take student's EpiPen and school's back-up EpiPen to student;
 - (b) Implement student's ASCIA Action Plan and administer EpiPen as required;
 - (c) Monitor and record happenings/reactions and time of administering EpiPen.
- 5.2.4 Office Staff to:
 - (a) ring ambulance; and
 - (b) ring parents/guardian.

5.3 CANTEEN

- 5.3.1 The canteen manager is to demonstrate satisfactory training in food allergen management, including knowledge of major food allergens triggering anaphylaxis and cross contamination issues relating to food allergy.
- 5.3.2 Canteen staff will be briefed about students at risk of anaphylaxis and the Principal will determine the canteen staff to receive training in an Anaphylaxis Management Training Course.
- 5.3.3 The canteen manager will be provided with students' ASCIA Action Plans where food allergies are present.
- 5.3.4 Parents are to determine if their child is to receive food from the school canteen and this will be outlined in their individual Anaphylaxis Management Plan.
- 5.3.5 The canteen manager will be provided with an alert of student's name and photo that are not to receive food from the school canteen.

5.4 SCHOOL EXCURSION

- 5.4.1 It is the class teacher's responsibility to ensure the EpiPen and any other medication is collected from the first aid room and is taken on any excursion. (EpiPens must be signed out of register). The child must also bring their own EpiPen as a back-up and hand this to their class teacher.
- 5.4.2 The child's Anaphylaxis Management Plan and ASCIA Action Plan must also be taken.
- 5.4.3 The EpiPen, medication, Management and Action Plans must remain with the child's supervisor.
- 5.4.4 An Anaphylactic student needs to be within range of an adult with an EpiPen on all excursions.
- 5.4.5 The class teacher is to take a mobile phone with a list of emergency contacts.
- 5.4.6 The class teacher is to be aware of local emergency services in the area and how to access them.

Date Effective	Version Number	Date Planned Review	Date Actual Review
	1.0	September 2020	

- 5.4.7 In the event of an anaphylactic reaction, the teacher/supervisor is to immediately implement the student’s ASCIA Action Plan, and contact the school in a timely manner.

5.5 EXTERNAL SPORTING EVENTS

- 5.5.1 It is the supervising teacher’s responsibility to ensure the EpiPen and any other medication is collected from the first aid room and is taken on any excursion (EpiPens must be signed out of register). The child must also bring their own EpiPen as a back-up.
- 5.5.2 The child’s Anaphylaxis Management Plan and ASCIA Action plans must also be taken.
- 5.5.3 The EpiPen, medication, Management and Action plans must remain with the child’s supervisor.
- 5.5.4 The supervising teacher will take a mobile phone with a list of emergency contacts.
- 5.5.5 The supervising teacher is to be aware of local emergency services in the area and how to access them and liaise with them before the day.
- 5.5.6 In the event of an anaphylactic reaction, the supervising teacher is to immediately implement the student’s ASCIA Action Plan, and inform the school in a timely manner.

5.6 SCHOOL CAMPS

- 5.6.1 All staff/adults attending camp are to be made aware of any child on camp who is at risk of anaphylaxis.
- 5.6.2 It is the supervising teacher’s/designated first aid person’s responsibility to ensure the EpiPen and any other medication is collected from the first aid room and is taken on any camp (EpiPens must be signed out of register). The child must also bring their own EpiPen as a back-up.
- 5.6.3 The child’s Anaphylaxis Management Plan and ASCIA Action Plan must also be taken.
- 5.6.4 Staff must know where the EpiPen is located and how to access it if required.
- 5.6.5 An anaphylactic child needs to be within range of an adult with an EpiPen on all camps.
- 5.6.6 Teachers are to be aware of local emergency services in the area and how to access them and liaise with them before the day. If the camp is more than 10 minutes from emergency services strategies regarding the child attending are to be discussed with parents.
- 5.6.7 Consultation is to be held with parents prior to all camps. Parent may be required to attend camp.
- 5.6.8 In the event of an anaphylactic reaction, the teacher/supervisor is to immediately implement the student’s ASCIA Action Plan, and contact the school in a timely manner.

6 ADRENALINE AUTO INJECTORS FOR GENERAL USE (EpiPen)

- 6.1 The Principal will purchase adrenaline auto-injector(s) for general use (purchased by the School) and as a back-up to those supplied by parents.
- 6.2 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:
 - 6.2.1 the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis;

Date Effective	Version Number	Date Planned Review	Date Actual Review
	1.0	September 2020	

- 6.2.2 the accessibility of adrenaline auto-injectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis;
- 6.2.3 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;
- 6.2.4 the 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.

7 COMMUNICATION PLAN

- 7.1 When the school is notified of a child's anaphylaxis status, administration staff will liaise with parents and communicate to them their responsibilities under Section 3.3 of the policy.
- 7.2 The Principal will be responsible for communicating information to all staff, students, parents and volunteers (as practicable) about anaphylaxis and the school's Anaphylaxis Management Policy. This information will include 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. **Refer to Appendix II.**
- 7.3 Volunteers and casual relief staff will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction of a student in their care by:
 - 7.3.1 the Assistant Principal at the time of signing-in;
 - 7.3.2 reading the alert notice and essential information form in the CRT folder; and
 - 7.3.3 reading the class/specialist Student Administration Folder.

8 STAFF TRAINING

- 8.1 The following school staff will be appropriately trained:
 - 8.1.1 staff who conduct classes with students having a medical condition that relates to allergy and has the potential for anaphylactic reaction; and
 - 8.1.2 any further school staff who are determined by the Principal.
- 8.2 Anaphylactic Management Training, either online or face-to-face, will be completed by staff as soon as practicable after the student enrolls, and wherever possible, training will take place before the student's first day at school.
- 8.3 Where this is not possible, an interim plan will be developed in consultation with the parents.
- 8.4 All staff will be briefed once each semester by a staff member who has up-to-date Anaphylaxis Management Training on:
 - 8.4.1 the school's anaphylaxis management policy;
 - 8.4.2 the causes, symptoms and treatment of anaphylaxis;
 - 8.4.3 the identities of students diagnosed at risk of anaphylaxis and where their medication is located;
 - 8.4.4 the school's first aid and emergency response procedures;
 - 8.4.5 how to use an adrenaline auto injecting device;
 - 8.4.6 the location of, and access to, adrenaline auto injectors that have been provided by parents or purchased by the school for general use.
- 8.5 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, that there is a

Date Effective	Version Number	Date Planned Review	Date Actual Review
	1.0	September 2020	

sufficient number of staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

9 ANNUAL RISK MANAGEMENT CHECKLIST

The principal will complete an annual risk management checklist to monitor the School's obligations, as published and amended by the DET from time to time.

10 REVIEW

The school's Anaphylaxis Management Policy will be reviewed in accordance with the school's Self-Assessment Procedures and VRQA Regulations.

Date Effective	Version Number	Date Planned Review	Date Actual Review
	1.0	September 2020	