Policies - Anaphylaxis

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 auto-adrenaline injecting device (e.g. EpiPen®, Anapen) to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Purpose
- 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

In doing so the school will fully comply with Ministerial Order 706 and the associated guidelines published and amended by DEECD at various times.

Individual Anaphylaxis Management Plans
The principal will ensure that an individual 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 enrols, 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 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.

The student’s individual management plan will be reviewed by the First Aid co-ordinator, in consultation with the parent/carers:
- annually, and as applicable if the students condition changes, or immediately after a 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 by the school (e.g. Class parties, cultural events fetes, incursions).

It is the responsibility of the parent to:
- provide an auto-adrenaline injecting device to be located permanently at the school, with a valid expiry date.
- provide the emergency procedures plan (ASCIA Action Plan) updated at the start of each year
- inform the school if their child’s medical condition changes and if relevant provide an updated emergency action plan (ASCIA Action Plan)
- provide an up to date photo for the emergency action plan when it is provided to the school and when it is reviewed
- if possible provide a second auto-adrenaline injecting device (from home) on the day of any excursion and for the duration of any camp (Medical forms for excursions/camps will include parent notification of this.)
STORAGE OF EPIPENS
On receipt of a child’s auto-adrenaline injecting device the school will label both the auto-adrenaline injecting device and the box with the child’s name.
All the auto-adrenaline injecting devices will be stored in a large foil lined cooler bag as they need to be kept between 15-25 degrees. Each individual auto-adrenaline injecting device will also be contained in a smaller lined bag or cooler box, within the larger foil lined cooler bag. This will give two layers of insulation, as well as being kept in the first aid room, which remains reasonably cool.

COMMUNICATION PLAN
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. This will ensure notification at staff meetings and visual displays of the child and their needs/ allergies etc. in classrooms, canteen and administrative areas.
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. Information folders will be in each classroom, the canteen, staffroom, OSHC room and admin areas.
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 and staff members 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
Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.
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 identify the school staff to be trained based on a risk assessment.
Training will be provided to these staff as soon as practicable after the student enrolls. Wherever possible, training will take place before the student’s first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents. The school’s first aid procedures and student’s emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

START OF YEAR PROCEDURES
A First Aid Officer will check the expiry date of all auto-adrenaline injecting devices at the beginning of the year and notify parents of expiry dates, so the parent can arrange for replacement prior to expiry. It is the parents ultimate responsibility to ensure their child has a current plan and in date auto-adrenaline injecting device. The auto-injector devices will be registered on the EPIPENCLUB website where a reminder text will be sent near to the expiry date. The Principal will purchase Adrenaline auto-injector(s) for general use (purchased by the school) and as a back up to those provided by parents. The Principal will determine the number of additional auto-injectors required and in doing so will take into account:
• the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis
• the accessibility of the auto-injectors that have been provided by parents of students who have been diagnosed with being at risk of anaphylaxis
• the availability and sufficient supply of Adrenaline auto-injectors for general use in specific locations: in the yard, at excursions, camps and special events conducted by the school
• the auto-injectors have a limited life, usually expiring within 12-18 months, and will need to be replaced at the schools expense, either at the time of use or expiry, which ever occurs first.

COMMUNICATION OF THE ANAPHYLAXIS POLICY
Following any review/update of the Anaphylaxis Policy a copy will be sent to families with an anaphylactic child. Any new or incoming Prep child with anaphylaxis will also be sent a copy of the Anaphylaxis policy. The current Anaphylaxis policy will also be available from the school website.

ANNUAL RISK MANAGEMENT CHECKLIST AND PREVENTION STRATEGIES
The Principal will conduct an annual Risk Management Checklist as published by DEECD to monitor compliance with their obligations. The school will take measures to minimise the risk of an anaphylactic reaction by:
✓ alerting parents, canteen, specialist teachers etc. about allergies and the risks if food is shared or cooked in classes
✓ no sharing of wind instruments, food and encouraging non food rewards or using treats supplied by parents.
✓ ensuring egg cartons are safely stored out of reach and checking with parents before any activities are undertaken using face paints or animals
✓ displaying photos of children with allergies in the canteen and educating helpers on food handling procedures
✓ being prepared on all camps and excursions with up to date information, medical emergency procedures, and First Aid kits complete with action plans
✓ being aware of outside areas of concern, keeping areas mown and encouraging children to play in safe areas away from insect activity
✓ adding specific detail of risk management to individual Anaphylaxis Management Plans

REFERENCE
This document was modified from http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxis schizophrenia.aspx to comply with Ministerial order 706 and the revised Anaphylaxis Guidelines.

REVIEW DATE
This policy will be reviewed annually as training of all staff is implemented in order to ensure it remains up to date and caters for all anaphylactic children and staff members.

RATIFIED BY SCHOOL COUNCIL  13th May 2014