

# **ANAPHYLAXIS**

## **POLICY**

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### **School Statement**

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen. The most common allergens in children are eggs, peanuts, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, certain insect stings and medications.

Ministerial Order 706 - Anaphylaxis Management in Victorian Schools outlines the requirements of a school Anaphylaxis Management Policy. Ministerial Order 706 came into effect on 22 April 2014 and repeals Ministerial Order 90.

Bolwarra Primary School will:

- Comply with Ministerial Order 706 and the associated guidelines published and amended by the department from time to time.
- Ensure that all children diagnosed as being at risk of anaphylaxis have an Individual Anaphylaxis Management Plan (that includes an individual ASCIA Action Plan for Anaphylaxis). This plan will be developed in consultation with the student's parents/carers and medical practitioner.
- Provide information and guidance in relation to the school's management of anaphylaxis, including:
  - prevention strategies to be used by the school to minimise the risk of an anaphylactic reaction for in-school and out-of-school settings
  - school management and emergency response procedures that can be followed when responding to an anaphylactic reaction
  - the purchase of spare or 'backup' adrenaline auto-injection devices(s) as part of the school first aid kit(s), for general use
  - development of a Communication Plan to raise staff, student and school community awareness about severe allergies and the School's Anaphylaxis Management Policy
  - regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen/Anapen and
  - Completion of an Annual Anaphylaxis Risk Management Checklist.

### **Individual Anaphylaxis Management Plans**

The Principal 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 (eg. 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**

Bolwarra Primary School will employ the following risk minimisation and prevention strategies:

### **In-school settings**

Bolwarra Primary is a "Nut Free" school which means:

- No nuts or nut products
- No products that state "May Contain Traces of Nuts" that are manufactured Overseas
- Students can however, bring foods that state "May Contain Traces of Nuts" if those foods are manufactured in Australia. These foods are considered okay due to Australia's tight quality controls and safety standards around contamination of products

#### **Classrooms:**

- Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom, staffroom and first aid room. 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.
- Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. 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.
- The principal 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.

**Canteen:**

- Display the student's name and photo in the canteen/kitchen as a reminder to parent canteen helpers.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
- Food banning is not generally recommended by ASCIA. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
- Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of 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 from peanuts.

**Playground:**

- School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) and 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. 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.

**Special events (e.g. sporting events, incursions, class parties, etc.):**

- 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 to be able to respond quickly to an anaphylactic reaction if required.
- School Staff should avoid using food in activities or games, including as rewards.

- For special occasions, School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
- Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.

#### **Out-of-school settings**

##### **Travel to and from School by bus:**

- School Staff should consult with Parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from school on the bus. This includes the availability and administration of an Adrenaline Autoinjector. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Autoinjector on their person at School.

##### **Field trips/excursions/sporting events:**

- A School Staff member trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on excursions.
- School Staff when using food in activities or games, including as rewards need to be aware of our policy and check labelling of the food.
- 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 excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis.
- All School Staff members present during the 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 excursions.
- 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.

##### **Camps and remote settings**

- Prior to engaging a camp owner/operator's services the school should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the school should consider using an alternative service provider.
- The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- The school must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. The school has a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.

- The school should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
- School Staff should consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
- If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
- The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
- Prior to the camp taking place School Staff should consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
- School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.
- The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.

## **School Management and Emergency Response**

All students diagnosed as being at risk of anaphylaxis must have an Individual Anaphylaxis Management Plan that includes an individual ASCIA Action Plan for Anaphylaxis. These plans will be displayed in the staffroom, first aid room and the relevant students classrooms.

**In the case of an emergency the school will follow the plan set out in the ASCIA Action Plan for Anaphylaxis.**

## **Adrenaline Autoinjectors for General Use**

The Principal/ Anaphylaxis Coordinator 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.

## **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 anaphylaxis management policy.

The Communication Plan must include procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

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.

## **Staff Training**

All School Staff must 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 will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

This policy was last ratified by School Council in....

September 2017

## COMMUNICATION PLAN

<b>Who?</b>	<b>When?</b>	<b>How?</b>
All	Start of each year	Newsletter
New staff	On their first day at the school.	Induction process
Casual staff	On their first day at Bolwarra for each year prior to entering the classrooms.	Principal or their representative to show them the Anaphylaxis window.
New families	When they put in their enrolment forms	Policy given to the new family and the ‘no nut’ policy explained
All staff	Start of year – Day 1 for teachers  First meeting of Term 4	Briefing on Anaphylaxis  Briefing on Anaphylaxis

### Staff Training

#### ASClA Anaphylaxis e-training every 2 years

<b>Staff Trained</b>	<b>When</b>	<b>Expiry Date</b>
Sally Poehland	12/10/2016	October 2018
Elizabeth Arthur	12/10/2016	October 2018
Josephine Englezos	12/10/2016	October 2018
Nicole Chapple	12/10/2016	October 2018
Adam Thompson	07/11/2016	November 2018
Craig Cummins	07/11/2016	November 2018

#### Verifying the Correct use of Adrenaline Autoinjector Devices

<b>Staff Trained</b>	<b>When</b>	<b>Expiry Date</b>
Lee Gibbons	26/05/2016	25/05/2019
Kylee McDonald	26/05/2016	25/05/2019

