



## **ANAPHYLAXIS POLICY**

*Policy No. 3.8*

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### **School Statement**

Wales street Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

Wales street Primary school will, in the event of an anaphylactic reaction, follow the school's first aid and emergency response procedures and the students Anaphylaxis action Plan.

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*Please note that 'EpiPen' is a trademark name for an Adrenaline auto injector and any reference to this name is deemed to imply it is one and the same.*

### **APPENDIX**

- A. Anaphylaxis Management Plan**
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#### **1.0 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.

#### **2.0 Aims:**

- 2.1** 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.
- 2.2** To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community
- 2.3** To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.

2.4 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.

### 3.0 Implementation:

#### 3.1 Individual Management Plans

- a. The principal will ensure that a Management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to an allergy and the potential for anaphylactic reaction, where the school has been notified of the diagnosis.
- b. The Plan must be in place as soon as practicable after the student enrolls, and where possible, before the student's first day at the School, an interim plan will be developed in the meantime.
- c. Wales Street Primary School has utilized the Anaphylaxis Management Plan recommended by DET. See Appendix A
- d. The Original Management Plan is located in the First Aid room with copies to their teacher to keep in the classroom for easy access
- e. Copies are located in the students' classroom and in the students' EpiPen bags.
- f. The 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 minimize 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, organized 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
  - instructions to follow the child's ASCIA Action Plan in an emergency.
- g. The student's Anaphylaxis management plan will be reviewed, in consultation with the student's parents/ carers:
  - 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 (e.g. class parties, elective subjects, cultural days, fetes, incursions).

***The Anaphylaxis Management Plan has an additional risk management page that parents can add to if they wish.***

#### 3.2 Individual Anaphylaxis Action Plan (ASCIA)

- a. The Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan can be reviewed in Appendix B.
- b. The Anaphylaxis Action Plan, developed by the students' medical practitioner, will be placed in areas as listed, as soon as practicable after the student enrolls and where possible before their first day of school:
  - Original in Staff Room
  - In staff room and office and first Aid room
  - In student's class room

- In canteen and food handling areas
  - In Out of School Hours Care room if attending program
  - Electronic copy in Cases network under EWC/Health/Allergy Plans
- c. The ASCIA Action Plan supplied by the students' parents and medical practitioner should set out the following:
- The emergency procedure to follow in the event of an allergic reaction
  - The students' allergy type or types
  - The students contact details.
  - Use of an antihistamine (if applicable )
  - Signed by a Medical Practitioner
  - An up to date photo of the student
- d. It is the responsibility of the parent to:
- Inform the school in writing, either at enrolment or diagnosis, of the child's allergies and whether the student has been diagnosed at the time as being at risk of anaphylaxis
  - 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, provides an updated emergency procedures plan (ASCIA Action Plan).
  - provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when it is reviewed: and
  - provide the school with an Adrenaline auto injector that is current and not expired for their child
- e. All Red Epipen (Adrenaline auto injector) bags are stored in the First Aid Room, easily accessible on a hook on the wall. These contain the students:
- Epipen, ( Adrenaline auto injector)
  - ASCIA plan
  - Antihistamine (if applicable).
  - Management Plan

Each bag is clearly labelled with students, name and photo I.D.

### 3.3 Communication Strategies

- a. The Principal is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the schools anaphylaxis management policy.
- b. At the beginning of the school year, the school nurse will update staff on which children have anaphylaxis plans.
- c. The particular classes that have anaphylactic students will have letters sent home to all parents alerting them to the nature of anaphylaxis, and the need for caution in regards the use of allergens in the school/classroom.
- d. All staff will be briefed bi yearly by a qualified staff member as mentioned in 3.5 staff training, as well as
- attend a government approved lecture on Anaphylaxis-valid for 3years(one of 22099 VIC,22300VICor 10313NAT) /or
  - complete online training (ASCIA e-training for Victorian schools) and be successfully assessed as competent by the school anaphylaxis supervisors (22303VIC) - valid for 2 years in accordance with Ministerial Order 706.
- e. The Anaphylaxis DVD and/or government briefing template may be used for this purpose at staff briefings.
- f. The Assistant Principal will inform Volunteers and casual relief staff, of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction. Student photos and plans will be placed in all CRT folders by the assistant Principal.
- g. The Anaphylaxis Management procedure will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, on yard duty, on school excursions, on school camps and in specialist classes. (See Appendix C.)

### 3.4 Adrenaline auto Injectors (EpiPen) for general Use

The principal is responsible for arranging the purchase of additional adrenaline auto- injectors for general use, and as a back- up, to those supplied by the parents.

The principal will consider the following factors in purchasing auto-injectors for general use:-

- The number of students enrolled at risk of anaphylaxis
- The accessibility of adrenaline auto-injectors supplied by parents
- The availability of a sufficient supply of auto-injectors for general use in specified locations at the school including the school yard, at excursions, camps and special events conducted, organized or attended by the school.
- That adrenaline auto- injectors have a limited life, usually expire within 12-18 months, and will need to be replaced at the schools expense either at the time of use or expiry, whichever comes first.

General First aid/back up EpiPen's are located in:

- The yard duty EpiPen bag
- The Wales street buildings photocopy room in a bum bag on the wall.

There are a junior and an adult EpiPen in each set, with a guide to which EpiPen strength to use for a given anaphylactic child.

When to use Adrenaline Auto injectors for General Use:

- It is recommended that Adrenaline Auto injectors for General Use be used when:
  - a student's prescribed Adrenaline Auto injector does not work, is misplaced, out of date or has already been used; or
  - when instructed by a medical officer after calling 000.

### 3.5 Staff Training and Emergency Response.

- Teachers and other school staff who conduct classes with students at risk with Anaphylaxis must have up to date training in an anaphylaxis management training course /or successfully complete online e-training and pass related assessments by the school supervisors
- When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the School outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School, the Principal must ensure that there are a sufficient number of School Staff present who have been trained in an anaphylaxis management training course.
- A briefing will be provided to all staff as soon as practicable at the beginning and middle 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 Auto injector, including hands on practice with a trainer Adrenaline Auto injector device;
  - the School's general first aid and emergency response procedures; and
  - the location of, and access to, Adrenaline Auto injector 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 2 years.
- In the event of an anaphylactic reaction, the Emergency Response Procedures must be followed, together with the School's general first aid and emergency response procedures and the student's ASCIA Action Plan.
- 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

- An up to date list of all students at risk of anaphylaxis is maintained and reviewed as required.

### 3.6 Prevention Strategies

#### a. During classroom activities (including class rotations, specialist and elective classes)

- At the commencement of the school year the school nurse sends out an information letter to parents of children who share a class with an anaphylactic child. This letter details the allergens particular within that grade, so parents have a greater awareness of the risks within that class room for the anaphylactic student, and can assist in the safe management and /or reduction of that allergen.
- a copy of the student's Individual Anaphylaxis Management Plan is placed on the classroom wall below the ASCIA Action Plan, for ease of access.
- Liaison with Parents about food-related activities is 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.
- Set up a clear lunch/snack routine in class that considers the anaphylactic child's needs in a safe and clear manner-this will vary according to the child's age

#### Special events

- 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 Auto injector 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.

#### b. Outside of school activities (travel, excursions, camp)

##### *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 minimization 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 Auto injector. The Adrenaline Auto injector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Auto injector on their person at School.

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

- 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 Auto injector 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 Auto injector 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 Auto injector and a copy of the Individual Anaphylaxis Action 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.

#### **C. Camps and remote settings**

- Prior to engaging a camp owner/operators service 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.
- Schools 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. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
- Schools 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 minimization 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.

- Use of substances containing allergens should be avoided where possible.
- Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
- The student's Adrenaline Auto injector, 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 student's 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.
- Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
- Taking an Adrenaline Auto injector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
- The Adrenaline Auto injector should remain close to the student and School Staff must be aware of its location at all times.
- The child is required to bring 2 EpiPens with them for camp. (one from school and one from home)
- Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
- Cooking and art and craft games should not involve the use of known allergens
- Consider the potential exposure to allergens when consuming food on buses and in cabins.

**d. In the Yard for recess/lunch**

- 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 Auto injector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
- The Adrenaline Auto injector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard in the First aid room, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes).
- A communication Plan is in place whereby-
  - 3 yard duty staffs are positioned to cover the school grounds during recesses; they are easily identifiable with fluorescent vests
  - Each staff member carries a yard duty bag that holds a photo montage of all anaphylactic and allergic children
  - Each staff member's bag also carries individual emergency cards of each anaphylactic child that can be sent into the office so the appropriate child's EpiPen bag is obtained for use in the yard in the event of an emergency
  - Each staff member is equipped with a walkie talkie so as to easily and efficiently contact the office for an ambulance to be called and the EpiPen to be brought out to the student for use in an emergency

-The central yard duty staff member carries a set of EpiPen's that are owned by the school in the case of backup being required.

- 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 colors, 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.
- Children with insect allergies should be encouraged to keep shoes on at all times, where light colored clothing, and avoid scented perfumes or lotions
- Any child with allergies or anaphylaxis should be exempt from picking up any yard duty rubbish rosters.
- When putting in new plants, consider those less likely to attract stinging insects.
- Remove any bee or insect nests/mounds by a nominated professional, when the school yard is student free.

**e. In After-Care.**

- Staff to be trained in the use of the EpiPen and knowledge of Anaphylaxis.
- To have a copy of any Anaphylactic students ASCIA Action Plan clearly available and information pertinent to the student available and known to staff.
- To discourage use of allergens in cooking or products.
- To have separate food available to student as provided by parents and school.
- Consultation with parents re special events to reduce likelihood of allergens being present.
- Separate eating area for those eating allergens. This area to be wiped down with appropriate liquid cleaner, hands to be washed post eating and a glass of water consumed.
- All surfaces to be wiped down post cooking and implements thoroughly washed

<b>Version</b>	<b>Edited by/Comments</b>	<b>Next review</b>
2	2014 Approved by School Council	2016
3	Reviewed by Policy committee/ Ratified by School Council July 2016	2018