

# ANAPHYLAXIS MANAGEMENT POLICY

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 certain foods or items are kept away from the student while they are at school.

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

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

## PURPOSE:

To provide, as far as practical, 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 student/s 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 the procedures in responding to an anaphylactic reaction.

## INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Principal will ensure that an individual management plan is developed, in consultation with the student's parents/carer, 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 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 and supervision of school staff, for in-school and out of school settings including MASK, 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 (ASCI Action Plan), provided by the parent, that
  - sets out the emergency procedures to be undertaken 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 procedure plan; and
  - includes an up to date photograph of the student

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/carer 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.
- Provide the School with an Adrenaline Auto injector for their child that this is current and not expired.

## PREVENTION STRATEGIES

School Staff are reminded that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The development and implementation of appropriate prevention strategies to minimise the risk of incidents of anaphylaxis is an important step to be undertaken by school staff when satisfying this duty of care.

Murchison Primary School has identified Risk Minimisation and Prevention Strategies that will be put in place for the following in-school and out-of-school settings:

- during classroom activities (including class rotations, specialist and elective classes);
- out in the yard (including between classes and other breaks, during recess and lunchtimes, before and after school);
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps;
- MASK (Murchison After School Care).

### **Classrooms:**

- Keep a copy of the Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible along with the Adrenaline Autoinjector.
- Liaise with Parents about food related activities ahead of time.
- Never give food from outside sources to a student who is at risk of Anaphylaxis.
- Encourage student not to bring food that may contain egg and nuts.
- Products labelled 'may contain traces of nuts' is not to be served to students allergic to nuts. Products labelled 'may contain milk or egg' is not to 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, art classes (e.g. Egg or milk cartons).
- 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 class discussions with students about the important of washing hands, eating their own food and not sharing food.
- A designated staff member will inform CRT's, 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 managing an incident.

### **Yard:**

- Sufficient school staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. Epipen) to be able to respond quickly to an anaphylactic reaction if needed.

- The Adrenaline Autoinjector and Individual Management Plan/s 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 that 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 be able to identify, by face, those students at risk of anaphylaxis.
- Keep lawns and clover mowed and outdoor bins covered.
- Students should keep drinks and food covered while outdoors.

**Special Events (e.g.: sporting events, incursions, class parties, after school care, etc.)**

- Sufficient school staff supervising the 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 are to avoid using food activities or games, including as rewards with the exception of Science lessons, Cultural Days and Clubs.
- 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.
- Party balloons should not be used if any student is allergic to latex.

**Mask:**

- Staff are to be able to demonstrate satisfactory training in food allergies and implications on food-handling practices.
- Staff, including volunteers, are to be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after the student enrolls.
- Display the student's names and photo in MASK as a reminder to School Staff.
- Products labelled 'may contain traces of nuts' must not be served to students allergic to nuts.
- MASK should provide a range of healthy snacks/meals that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
- Make sure that tables and surfaces are wiped down with warm soapy water regularly.
- Food banning is not generally recommended. Instead, a 'no sharing' with all students approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products including chocolate/hazelnut spread.
- Be wary of contamination of other food when preparing, handling or displaying food.

**Field trips/ Excursions/ Sporting Events:**

- Sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and is able to respond quickly to an anaphylactic reaction if required.
- A school staff member or team of the 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, such as rewards.
- The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis must easily be accessible and school staff must be aware of their exact location.
- For each field trip, excursion etc. a risk assessment must be undertaken for each individual student attending who is at risk of anaphylaxis. All staff members present during the excursion or field trip 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 must consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or requests 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 and another strategy for supporting the student who is at risk of anaphylaxis.
- Prior to the excursion taking place, school staff should consult with the students' parents and medical practitioner (if necessary) to review the students 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.
- 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 must conduct a risk assessment of 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 owner/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 must be undertaken.
- If the school has concerns about whether the food provided on camp will be safe for students at risk of anaphylaxis, it should consider alternative means for providing food for those students.
- Uses of substances containing allergens should be avoided where possible.
- The students 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. Satellite phone.
- Prior to the camp taking place school staff should consult with the students' 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 must be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure that all school staff participating in the camp is 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-site activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
- Schools should consider taking an Adrenaline Autoinjector 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 Autoinjector should remain close to the student and school staff must be aware of its location at all times.
- The Adrenaline Autoinjector should be carried in the school first aid kit.
- 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.

## SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

Students identified as having a diagnosis of anaphylaxis by a doctor:

- Zye Treadway – he has an allergy to cashews and uncooked eggs that can result in an anaphylactic reaction.

Zye's Anaphylaxis Management Plan and ASCIA Action Plans can be located in:

- The first aid cupboard – located inside the teacher resource office of the new building.
- His classroom
- Staffroom
- MASK room
- Art, Library, Music and Reading Recovery rooms
- Office
- Yard duty bags
- First aid bags
- Principal's office

Zye's Adrenaline Autoinjector is located in his classroom and spare ones for General Use are located in the staffroom and Principal's office.

**In the event of an anaphylactic reaction, follow the procedures set out in the Management Plan and ASCIA Action Plan.**

When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care of supervisor of the School outside of normal class activities, including 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 sufficient number of school staff present who have been trained in accordance with Chapter 12 of the guidelines.

In the event of an anaphylactic reaction, the emergency responses procedures in its policy must be followed, together with the schools general first aid and emergency response procedures and the students ASCIA Action Plan.

### **Frist time reactions**

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the school staff should follow the school's first aid procedures.

This includes immediately contacting an ambulance on 000 and locating and using Autoinjector for General Use (only).

## ADRENALINE AUTOINJECTORS FOR GENERAL USE

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.

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:

- the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- the accessibility 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; and
- The Adrenaline Auto injectors for General Use have a limited life, usually expiring within 12-18months, 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/carers 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 day events.

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/Business Manager.

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 student 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

The following School Staff will be appropriately trained:

- School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any further School Staff that are determined by the Principal.

The identified School Staff will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior; and
- 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 Auto injector, including hands on practise 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 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.

**Evaluation:**

This policy will be reviewed as part of the school's three-year review cycle.

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

**May 2014**