ANAPHYLAXIS MANAGEMENT POLICY

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 item are kept away from the student while 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.

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 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.

This policy has been enacted as per Ministerial Order 706. This order sets out the steps schools must take to ensure the safety of students at risk of anaphylaxis in their care. These requirements are a minimum standard for school registration.
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 practical after the student enrolls, and where possible on the 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 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 student’s individual management plan will be reviewed, in consultation with the student’s parents/ carers:

- Annually, and as applicable
- If the student’s conditions change
- Immediately after a student has an anaphylactic reaction at school or
- 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, fetes, and incursions.

It is the responsibility of the parent 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
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. The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in the 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 students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the principal.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- The schools anaphylaxis management policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of students diagnosed at risk of anaphylaxis and where their medication is located
- How to use an autoadrenaline injecting devices
- The schools first aid and emergency response procedures

STAFF TRAINING AND EMERGENCY RESPONSE

All 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 an 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 practical after the student enrolls.

Wherever possible, training will take place before the students 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 students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.
IMPLEMENTATION

1. Copies of the Action Plan will be given to the class teacher to be placed in the roll, displayed in the classroom, Specialist Rooms, Sick Bay, the Staff Room, Main Office, OSHC Office (if appropriate) and the Canteen.

2. As allergies may change over time, the action plan **must be updated annually**, or if the child’s conditions alters during the year.

3. The school will educate students and parents about anaphylactic issue via newsletter articles and specific classroom sessions.

4. Parents will be informed if their child is in the same class as a child at risk of a severe allergic reaction (with parental consent), and all families will be informed of the relevant classroom strategies to be employed to ensure the wellbeing of the child concerned.

5. In the case of a child with severe food allergies attending camp, excursion or special school activity, parents may need to supply any special food requirements. Staff will liaise with campsite personnel to ensure adequate precautions and safety measures are implemented.

6. Completion of an annual anaphylaxis risk management checklist will be done.

**In preventing allergic reactions the following guidelines will be followed:** Watsonia Heights Primary School promotes a NUT FREE school.

Nuts are known as a severe allergen. To minimize risks, as far as is practical Watsonia Heights Primary School does not permit nuts to be brought onto school grounds, or on school excursions or camps. This policy extends to all students and adults in the school community.

The following are not allowed:

- Nuts – including peanuts, almonds, cashews, pine nuts, hazelnuts, walnuts, brazil nuts, pecans or any other type of nut
- Spreads – such as peanut butter, nutella, other choc/ nut spreads, pesto, nut butters and peanut oil
- Dried fruit and nut boxes and museli bars containing nuts
- Biscuits or cakes containing nuts, including flourless cakes with almond meal
- There should be **no trading and sharing of food**, food utensils and food containers.
- Drink bottles and lunch boxes should be clearly named.
- Children with severe food allergies should only eat lunches and snacks provided by the parent/guardian.
- For other allergies, individual action will be taken.
- Food products containing nuts, as an ingredient will not be available through the school’s lunch ordering service, or sold at the school as part of special activities.
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- Boxes and packages which have contained nuts (including tree nuts) are not to be used in classroom activities. Ingredients lists must be checked carefully, and approved by the student’s parents. If unsure, the Visual Arts teacher should request that art/craft products be checked by parents of students with severe allergies for ‘hidden’ ingredients which may cause a reaction.
- The use of food in crafts, cooking and science experiments will be restricted to NUT FREE and NUT TRACE FREE as far as is practical depending on the allergies of particular children.
- Food preparation areas and cooking utensils should be cleaned carefully after use to prevent the risk of cross contamination.
- The student’s known to have severe allergic reactions should be known by sight to all staff.
- Children with severe food allergies will not be required to pick up papers in the school grounds.
- Routine hygiene practices should be reinforced in all classrooms.

**USE OF THE EPIPEN**

- If an EpiPen is required by a student, it will be stored safely (but be easily accessible) in the classroom, and must be taken on all excursions
- The EpiPen should be kept at room temperature.
- The EpiPen is to be clearly labeled with the student’s name, and be kept in the original packaging.
- Parents must provide the EpiPen and it is their responsibility to ensure that it is not out of date.
- The school will keep an EpiPen for emergency use in the Sick Bay.
- While on yard duty, all teachers will carry an emergency red card and a photo card in the ‘bumbag’, which will be sent immediately to the Office/Staff Room in the event of an EpiPen being required in the playground.

**SCHOOL COMMUNITY/ OTHER PARENTS ROLE**

All parents of the school are expected to support the policy in the interests of student safety and wellbeing, and that they familiarise themselves with information conveyed from the school to home regarding Anaphylaxis Management.

**RELEVANT DOCUMENTS/ LINKS:**

- Department of Education and Early Childhood Development (DEECD) Anaphylaxis Management in Schools website:
- Ministerial order 706: Anaphylaxis Management in Victorian Schools