

Rationale

Ormond Primary School (OPS) fully complies with Ministerial Order 706 and the Associated Guidelines published and amended by the Department of Education and Training (DET) from time-to-time.

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 Adrenaline Autoinjector (i.e. 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 OPS'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 all staff have adequate knowledge about allergies, anaphylaxis, and OPS's policy and procedures in responding to an anaphylactic reaction.

The key reference and support for the school regarding anaphylaxis is the DET Anaphylaxis Guidelines.

Guidelines

1. 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 enrolls and before their first day of school.
- An 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 or allergies the student has (based on a 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 OPS 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 OPS.
 - The Principal will be responsible for implementing the above strategies.
 - Information on where the student's medication will be stored.
 - The name, address and phone number of the student's parents and any emergency contact details.
 - An ASCIA Action Plan.

Note:

The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form of emergency procedure plans that is provided by medical practitioners to parents when a child is

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diagnosed as being at risk of anaphylaxis. This can be downloaded from <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>.)

- The Principal and/or representative 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 the following circumstances:
 - annually
 - if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes, and/or
 - as soon as practicable after the student has an anaphylactic reaction at OPS.
- The class teacher will monitor 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 OPS (e.g. class parties, elective subjects, cultural days, fetes, incursions)
- It is the responsibility of the parent/guardian to:
 - provide the ASCIA Action Plan;
 - inform OPS if their child's medical condition changes, 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 the plan is provided to OPS and when it is reviewed; and
 - provide OPS with one Adrenaline Autoinjector that is current and not expired for their child.

2. Prevention Strategies

- Individual Anaphylaxis Management Plans and ASCIA Action Plans will be placed in:
 - the students' classroom; Staffroom; Hall; Art Room; Language Room.
 - Each classroom/ roll has a record of anaphylactic students.
 - the Medical Alert folder, with appropriate sections, in the First Aid Room;
 - the Anaphylaxis records in the Office; and
 - Before and After School care.
- Individual Anaphylaxis Management Plans will accompany Camp First Aid packs/Excursions First Aid packs.
- The playground/yard duty first aid bag will contain a current adrenaline auto injector, photo of all students with anaphylaxis, the allergy, and the required action.
- OPS shall maintain a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;

Classrooms

1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2. Liaise with parents/guardians about food-related activities ahead of time.
3. Use non-food treats where possible, but if food treats are used in class it is recommended that parents/guardians of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4. 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.

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5. 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).
6. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
7. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
8. A designated staff member 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, OPS's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident (i.e. seeking a trained staff member).

Yard

1. If OPS has a student who is at risk of anaphylaxis, OPS Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if needed.
2. 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.
3. OPS has a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard.

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

1. If OPS has a student at risk of anaphylaxis, OPS 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.

Field trips/excursions/sporting events

1. If OPS has a student at risk of anaphylaxis, OPS Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2. An OPS Staff member or team of OPS 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.
3. The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis will be stored in the Excursion bag with OPS Staff.

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4. 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 OPS 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.

5. Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student who is at risk of anaphylaxis.

Camps and remote settings

1. Prior to engaging a camp owner/operator's services OPS must 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 OPS, then OPS should consider using an alternative service provider.
2. OPS will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food that is safe for students at risk of anaphylaxis.
3. OPS Staff will 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.
4. 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.
5. Prior to the camp commencing the classroom teacher will 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.
6. OPS Staff participating in the camp will 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 OPS Staff participating in the camp are clear about their roles and responsibilities.
7. OPS will take an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency.
8. OPS will purchase two Adrenaline Autoinjectors for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.

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3. OPS Management and Emergency Response

- In the event of an anaphylactic reaction, the Emergency Response Procedures as stated below must be followed, together with OPS's general first aid and the student's ASCIA Action Plan.
- When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of OPS, outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by TPS, the Principal must ensure that there are sufficient number of TPS Staff present who have been trained in accordance with the DET guidelines and as detailed below in this policy.

4. EMERGENCY RESPONSE PROCEDURE

- In the home room/classroom
 - In the case of an ANAPHYLACTIC attack in the student's home/classroom
 - Classroom teacher will phone the office requesting assistance and student's Adrenaline Autoinjector to be brought to classroom.
 - Office staff will bring school Adrenaline Autoinjector and mobile phone to assist and ring parents from the mobile (mobile will be used to remain in contact with 000).
 - A teacher trained in the Administration of the Adrenaline Autoinjector will administer the Adrenaline Autoinjector.
 - Ring 000 (ask for an ambulance to attend, staying on the phone for instructions from the professionals)
 - Contact parents.
 - HOW TO Administer the Adrenaline Autoinjector is displayed in the rooms.
 - The individual Adrenaline Autoinjectors supplied by families hang on the wall of the First Aid Room away from heat and cold. They are stored in clear zipped pouches which are easy to open. The student's Action Plan is also located in the pouch, with a clear and recent photo displayed on the pouch.
 - Two back-up Adrenaline Autoinjectors are stored in the Yard Duty bags.
- In all other rooms

A supervising teacher trained in the administration of Adrenaline Autoinjectors will:

 - In the case of an ANAPHYLACTIC attack
 - Will phone the office or send 2 responsible students to the office requesting immediate assistance.
 - Office staff will bring school Adrenaline Autoinjector and mobile phone to assist
 - Administer Adrenaline Autoinjector
 - Ring 000 (ask for an ambulance to attend, staying on the phone for instructions from the professionals) and then ring parents
- In the yard
 - The yard duty bag contains laminated cards with the names and photographs of Anaphylactic students
 - In the case of an ANAPHYLACTIC attack

A supervising teacher trained in the administration of Adrenaline Autoinjectors will:

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- Send a student to the office.
 - Administer Adrenaline Autoinjector
 - Ring 000 (ask for an ambulance to attend, staying on the phone for instructions from the professionals)
 - Ring student's parents (from office phone if contact had not been made)
- Out-of-school (i.e.: camps/excursions/sporting events)
 - The Excursion/Camps bag contains laminated cards with the names and photographs of Anaphylactic students, noting triggers and contact details of parents
 - In the case of an ANAPHYLACTIC attack
 - A supervising teacher trained in the administration of Adrenaline Autoinjectors will:
 - Ring 000/112 (ask for an ambulance to attend, staying on the phone for instructions from the professionals)
 - Ring student's parents
 - OPS staff will bring school Adrenaline Autoinjector as back up in Excursion/Camps bag

5. Impact at OPS

- An anaphylactic reaction can be traumatic for the student and others witnessing the reaction. In the event of an anaphylactic reaction, students and staff may benefit from post-incident counselling, provided, for example, by the school psychologist.
- Some students with anaphylaxis may not wish to be singled out or seen to be treated differently.

6. Review Procedure

- After an anaphylactic reaction has taken place that has involved a student in OPS's care and supervision, it is important that the following review processes take place;
- The Adrenaline Autoinjector must be replaced by the Parent as soon as possible and the Principal shall ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
 - If the Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible and the Principal should ensure there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided.
 - The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents by the principal.
 - OPS's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of OPS staff.

7. Anaphylaxis Medication – Labelling/Storing

- Medication will be stored in accordance with the student's Individual Anaphylaxis Management Plan – medication should always remain readily available for the student in case it is required.
- A copy of the Individual Anaphylaxis Management Plan, complete with a current photo of the student, will be stored with the medication.
- Parents/Carers are to be wholly responsible for recording the expiry date of medications placed at the school and will be responsible for the timely replacement of the said medication.
- The Office Assistant will check the expiry date on school's medications each term.

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8. Adrenaline Autoinjectors for General Use

- The Principal will purchase at least two Adrelanine Autoinjector(s) for General Use (purchased by OPS) 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 OPS 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 OPS, including in the school yard, and at excursions, camps and special events conducted or organised by OPS; and
 - the Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at OPS's expense, either at the time of use or expiry, whichever is first.

9. 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 OPS'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 event days.
- Volunteers and casual relief staff supervising students 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 Assistant Principal or Student Wellbeing Officer.
- All staff will be briefed twice per year by a staff member who has up to date anaphylaxis management training on:
 - OPS's 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 device;
 - OPS's first aid and emergency response procedures; and
 - how to minimise exposure to allergens such as discouraging food sharing, requesting that birthday cakes do not contain nuts, all party food brought to school is labelled with all contained ingredients and keeping the lawns mowed.

10. Staff training

- The following OPS staff will be appropriately trained:
 - OPS staff who conduct classes and supervise yard duty that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
 - Any further OPS staff that are determined by the Principal based on a risk assessment - a risk assessment tool is available from DET Health Support Planning Policy.
- The identified OPS staff will undertake the following training:
 - An Anaphylaxis Management Training Course in the three years prior; and

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- 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:
 - OPS'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 the medication is located;
 - how to use an Adrelinin Autoinjector, including hands on practice with a trainer Adrelinine Autoinjector device;
 - OPS's general first aid and emergency response procedures; and
 - the location of, and access to, Adrelinine Autoinjector that have been provided by parents or purchased by OPS for general use.
- A member of OPS staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months must conduct the briefing.
- 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.
 - Training will be provided to relevant OPS 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 OPS, including excursions, yard duty, camps and special event days, the Principal must ensure that there is a sufficient number of OPS staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

11. Annual Risk Management Checklist

- The Principal will complete an annual Risk Management Checklist to monitor compliance with the Ministerial Order 706, the DET guidelines and their obligations.

The annual checklist can be downloaded from

<http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxischl.aspx>

Review

This policy will be reviewed every year.

Related Policies

Duty of Care Policy

Emergency Management Plan

First Aid Policy

Medication Policy