



## ANAPHYLAXIS MANAGEMENT POLICY

### **Rationale:**

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, 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 as 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 and items are kept away from the student at school. Adrenaline given through an EpiPen to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis. Knowledge of at risk students, their allergens and rapid location of EpiPen is therefore paramount to providing a safe environment.

### **Statement:**

Craigieburn Secondary College is committed to support the safety and wellbeing of staff and students who are at risk of Anaphylaxis. The College will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

### **Aim:**

The college aims to minimise the risk of anaphylaxis occurring and is committed to:

- Providing, 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.
- Raising awareness about anaphylaxis and the College's anaphylaxis policy in the school community.
- Engaging with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- Ensuring that each staff member has adequate knowledge about allergies, anaphylaxis and the College's policy and procedures in responding to an anaphylactic reaction.

### **Implementation:**

All students at Craigieburn Secondary College who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at the College and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, 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 risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

### **Annual Update**

A student's Individual Anaphylaxis Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

## **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 College's anaphylaxis management policy. The identities of students diagnosed at risk of anaphylaxis will be clearly publicised.

The communication plan will include information about what steps to take 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 such as sports day etc.,

Volunteers and casual relief staff who care for or teach students at risk of anaphylaxis, will be made aware of their role in responding to an anaphylactic reaction.

## **Staff training**

Staff at the College will receive appropriate training in anaphylaxis management, consistent with the Department's Anaphylaxis Guidelines.

Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the principal identifies, must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years.

Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

### **EpiPens for general use**

The school will maintain a supply of adrenaline autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

The principal will determine the number of additional EpiPens required. In doing so, the Principal will take into account the following relevant considerations:

- the number of students enrolled at the School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.
- If a student who has a prescribed EpiPen, does not have an up to date EpiPen they should not attend the College until one can be provided.
- All EpiPens are stored and clearly marked in the Sick Bay. They are in clear containers along with the student's anaphylaxis management plan and any other medications required for use in implementing the plan.

### **Risk Minimisation Strategies**

It is important to remember that minimisation of the risk of anaphylaxis is everyone's responsibility: the school (including school Principal and all School Staff), Parents, students and the broader school community. To reduce the risk of a student suffering from an anaphylactic reaction we have put in place the following strategies:

#### **In-School Settings**

A sheet with the photos of all students at risk of anaphylaxis is posted on:

The staff room notice board

Sick Bay

The canteen

General Office

Library Office

- All teaching staff are given a copy of this (above) document
- Casual relief teachers, specialist teachers and volunteers will be made aware of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and EpiPen, the schools Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. This will be completed annually and apart of staff induction process to the College.
- All staff are informed of the nature of the risk for each student and advised to minimize the potential for risk no food is to be eaten in classrooms.
- Regular information is given to students about the importance of eating their own food, not sharing food and not bringing to school food or treats containing nuts.
- Teachers are made aware of the possibility of hidden allergens in cooking, food technology, science and art class. (eg. Egg or milk cartons)

## **Canteen**

- Canteen staff, including volunteers, are briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans. The students name and photo are displayed in the canteen as a reminder to staff.
- The canteen provides a range of healthy meals/products that are designed not to include peanut or other nut products.
- Products that 'may contain traces of nuts' should not be served to students known to be allergic to nuts
- Tables and surfaces are wiped down regularly both in the food preparation and eating areas.

## **Yard**

- Sufficient School staff on yard duty must be trained in the administration of the EpiPen and be able to respond quickly to an anaphylactic reaction if needed.
- Staff on yard duty should carry a communication device to notify the general office of an anaphylactic reaction in the yard. Teachers should not leave a student who is experiencing an anaphylactic reaction unattended – the teacher must direct another person to bring the EpiPen.
- Yard duty staff must be able to identify, by face, those students at risk of an allergic reaction and ensure they are aware of students at risk information and familiarising themselves with the emergency response procedures.

## **Special events eg. Sporting events**

- A sufficient number of trained staff will be in attendance at the event and be made aware of the location of first aid equipment and EpiPens.
- The spare EpiPens and management plans of students attending the special event should be included in the first aid kit/s
- Staff must know where the EpiPens are located and how to access if required

## **Out-of-school Settings**

### **Field Trips and Excursions**

- The student's EpiPen, ASCIA Action Plan and a mobile phone must be taken on all field trips/excursions
- A staff member or team of staff who have been trained in the recognition of anaphylaxis and the administration of the EpiPen must accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis
- Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.

## **Camps and Remote Settings**

- Students should carry their own EpiPen at all times
- The spare school EpiPen should be carried in the school first aid kit but be accessible at all times
- A risk management strategy for students at risk of anaphylaxis for school camps will be developed in consultation with the student's parents/carers
- Staff should liaise with parents/carers to develop alternative menus or allow students to bring their own meals
- Camps must be advised in advance of any students with food allergies
- Camps should avoid stocking peanut butter or tree nut products, including nut spreads
- The students EpiPen, ASCIA Plan and a mobile phone must be taken on camp along with a Satellite phone if in remote area
- All staff who accompany students at risk on camp must be trained in the recognition of anaphylaxis symptoms and the administration of an EpiPen
- An emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction must be developed
- 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 areas of high insect concentrations

## **Emergency Response**

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the school's first aid officer. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"><li>• Lay the person flat</li><li>• Do not allow them to stand or walk</li><li>• If breathing is difficult, allow them to sit</li><li>• Be calm and reassuring</li><li>• Do not leave them alone</li><li>• Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at the Sick Bay.</li><li>• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li></ul>
2.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none"><li>• Remove from plastic container</li><li>• Form a fist around the EpiPen and pull off the blue safety release (cap)</li><li>• Place orange end against the student's outer mid-thigh (with or without clothing)</li><li>• Push down hard until a click is heard or felt and hold in place for 3 seconds</li><li>• Remove EpiPen</li><li>• Note the time the EpiPen is administered</li><li>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li></ul>
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

## FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
  - [Anaphylaxis](#)
  - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

## EVALUATION

As part of the College review cycle this policy will be reviewed every three years

This policy will be reviewed: **20<sup>th</sup> May 2021**