



SUNBURY WEST PRIMARY SCHOOL
ANAPHYLAXIS POLICY - 2014
This policy must be read in conjunction with the
DEECD Anaphylaxis Guidelines

RATIONALE:

Sunbury West Primary School has a duty of care towards students, which includes protecting an anaphylactic student from risk that the school should reasonably have foreseen.

BACKGROUND:

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, hazelnuts and almonds), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

SIGNS & SYMPTOMS OF ANAPHYLAXIS:

The symptoms of a **mild to moderate allergic reaction** can include:

- Swelling of the lips, face and eyes
- Hives or welts
- Abdominal pain and/or vomiting

Symptoms of Anaphylaxis (**a severe allergic reaction**) can include:

- Difficulty breathing or noisy breathing
- Swelling of the tongue
- Swelling/tightness in the throat
- Difficulty talking and/or a hoarse voice
- Wheezing or persistent coughing
- Loss of consciousness and/or collapse
- Young children may appear pale and floppy

STATEMENT:

To facilitate the safety of students suffering from anaphylaxis, the school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time, for students who are recognized as at risk.

IMPLEMENTATION:

Anaphylaxis Management Plan

Every student who has been diagnosed as at risk of anaphylaxis must have an individual Anaphylaxis Management Plan, developed in consultation with the student's parents.

The student's Anaphylaxis Management Plan should clearly set out:

- the type of allergy or allergies
- the student's emergency contact details

- the name of the person/s responsible for implementing the strategies.
- information on where the Adrenalin Auto-injector will be stored
- practical strategies to minimise the risk of exposure to allergens for in-school and out of class settings, including:
 - » during classroom activities
 - » in canteens or during lunch or snack times
 - » before and after school, in the yard and during breaks
 - » for special events such as incursions, sport days or class parties
 - » for excursions and camps.

ASCIA Action Plan

- The Anaphylaxis Management Plan should also include an ASCIA Action Plan, which sets out the emergency procedures to be taken in the event of an allergic reaction. (ASCIA, the Australasian Society of Clinical Immunology and Allergy, is the peak body of immunologists and allergists in Australia).
- It is the responsibility of parents/carers to complete an ASCIA Action Plan, in consultation with their child's medical practitioner, and provide a copy to the school. The ASCIA Action Plan must be signed by the student's medical practitioner, and have an up to date photograph of the student.
- A copy of the student's ASCIA Action Plan will be kept with the Adrenalin Auto-injector, in the First Aid room, in the staff room, in the student's classroom, in the canteen, in specialist classrooms, with the student's enrolment information, and on the student's personal file.
- The ASCIA Action Plan will be easily accessible by all staff in the event of an incident.
- Information is to be kept up to date and reviewed in consultation with the student's parents/guardian in all of the following circumstances:
 - 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 (eg. class parties, elective subjects, cultural days, fetes, incursions).
 - When reviewed, an updated photo of the child will be attached to the ASCIA Action Plan
- The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.
- Where a student is already enrolled the Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student has been diagnosed and the school has been notified by the parent.

SCHOOL PREVENTION STRATEGIES

Sunbury West will employ the following Risk Minimisation and Prevention Strategies

During classroom activities (including specialist classes):

- Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Ensure the ASCIA Action Plan is easily accessible even if the Adrenaline Auto injector is kept in another location.
- Liaise with Parents about food-related activities 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/traces of the substance to which the student is allergic. It is recommended to use non-food treats where possible.
- 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.
- Ensure a 'no food sharing' policy exists in all areas of the school
- Ensure casual relief teachers and volunteers are given the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Auto injector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.
- Ensure the CRT book in the classroom admin tub contains a copy the student's Anaphylaxis Management Plan including the student's ASCIA Action Plan
- Parents of other students should be informed about foods that may cause allergic reactions in students at risk of anaphylaxis in the grade and request that they avoid providing students with treats whilst they are at School or at a special School event.

Canteen:

- Canteen staff will be required to have 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,
- Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis. Canteen staff are required to have up to date training in an Anaphylaxis Management Training Course.
- Display the student's name and photo in the canteen as a reminder to Canteen Staff.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
- The canteen will provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.

- Ensure that tables and surfaces are wiped down with warm soapy water regularly.
- Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
- Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

During recess and lunchtime:

- Sufficient School Staff on yard duty must be trained in the **recognition of an allergic reaction and** the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
- 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.
- 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 bum folders must contain the names and photographs of 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 colours, as well as closed shoes and long-sleeved garments when outdoors.
- Lawns and clover mowed and outdoor bins covered.
- Students should keep drinks and food covered while outdoors.

Before And After School:

- Sufficient School Staff on yard duty must be trained in the **recognition of an allergic reaction and** the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.

Special Events Including Incursions, Sports, Cultural Days, Fetes Or Class Parties, Excursions And Camps.

- Sufficient School Staff on yard duty must be trained in the recognition of an allergic reaction and the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
- 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.

- All classroom activities eg science, technology and special occasion must consider the use of any potential allergens such as latex, eggs, nuts etc

Excursions And Off Campus Sporting Events.

- Ensure the child's auto-injector travels in the same bus/ car as the student on any excursion or camp
- Ensure that adequate school staff who are trained in the recognition of anaphylaxis and the administration of the Adrenaline autoinjector accompany the student at risk in the same bus/car
- Ensure the child supplies a second (back up) auto injector when travelling away from the school setting.
- The school will provide an additional Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®).
- Sufficient School Staff supervising the event must be trained in the recognition of an allergic reaction and the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed
- A School Staff member or team of 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, including as rewards.
- The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management 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.
- 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.

Camps

- 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.
- 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.
- The school 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.

- The school 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.
- 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.
- 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. 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.
- Ensure the child's auto-injector travels in the same bus/ car as the student on any excursion or camp
- Ensure that adequate school staff who are trained in the recognition of anaphylaxis and the administration of the Adrenaline autoinjector accompany the student at risk in the same bus/car
- Ensure the child supplies a second (back up) auto injector when travelling away from the school setting.
- 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

In the event of an allergic reaction:

- In the event of an anaphylactic reaction, the school's first aid and emergency response procedures and the student's individual Anaphylaxis Management Plan must be followed.
- Depending on the individual student's ASCIA Action Plan the first response may be either
 - administering the prescribed dose of Phenergan or other antihistamine or
 - administering the Adrenalin Auto-injector
- Staff member is to stay with the student. DO NOT leave the student unattended.
- Urgently *send another staff member* to the **Sick Bay to collect the Adrenalin Auto-injector and prescribed antihistamine medication** or a *student runner* to have the Adrenalin Auto-injector and prescribed medication delivered urgently by another staff member. This is part of the school's Code Black procedures.

- General Office to ensure First Aid Coordinator or trained staff member is sent to location also.
- Follow the individual student's Action Plan (ASCIA) – stored with the Adrenalin Auto-injector.
- In **mild/moderate** reactions – give medications if prescribed and directed in plan.
- With **severe** reactions – give Adrenalin Auto-injector – note time administered.
- Attending staff member to ensure an ambulance is called.
- Administer first aid as required.
- Contact the parents/carers

Storage and Accessibility of Prescribed Adrenalin Auto-injector and Purchase of Adrenalin Auto-injector for General Use

If a student has been prescribed an Adrenalin Auto-injector, the Adrenalin Auto-injector must be provided by the student's parent/carer to the school.

- The Adrenalin Auto-injector will be located in the Sick Bay.
- The Adrenalin Auto-injector will be clearly labeled with the student's name and the insulated bag will have the student's name and a current photo of the student attached for easy identification.
- A copy of the student's ASCIA Action Plan must be kept with the Adrenalin Auto-injector.
- If an antihistamine has been prescribed as a first course of action, it and the Adrenalin Auto-injector will be taken by the Teacher in Charge when the student is on an excursion, walking excursion, camp and sport.
- Ensure the dosage is clearly indicated on the antihistamine medication and a medicine measure is supplied (if applicable)

The school will purchase an Adrenalin Auto-injector for general use – ie for use by a student who suffers from an anaphylactic reaction for the first time.

This general purpose Adrenalin Auto-injector can also be used as a back-up to the prescribed Adrenalin Auto-injector provided by a student's parent/carer.

Ensure the correct dosage of auto-injector is used (ie Epipen Jnr or Epipen)

Responsibilities

School – responsible for:

- Actively seeking information to identify students with severe life threatening allergies at enrolment.
- Meeting with parents/carers to obtain information about the student's allergies and prevention strategies if a student has been diagnosed as being at risk of anaphylaxis.
- Conducting a risk assessment to allergens while the student is in the care of the school.
- Requesting that parents provide an ASCIA Action Plan that has been signed and stamped by the student's medical practitioner and has an up to date photograph of the student.
- Ensuring that parents provide the student's Adrenalin Auto-injector and that it is not out of date.
- Ensuring that relevant staff obtains training in how to recognize and respond to an anaphylactic reaction, including administering an Adrenalin Auto-injector.
- Developing a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies through newsletters, posters, meetings and training.

- Providing information to all staff (including teaching, non-teaching and new staff) so that they are aware of students who are at risk of anaphylaxis, the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction of a student in their care.
- Development of procedures to inform volunteers and casual relief staff of students with a medical condition so that they are aware of students who are at risk of anaphylaxis, the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction of a student in their care.
- Development and reviewing the student's Anaphylaxis Management Plan annually including an annual risk assessment, in consultation with parents.
- Completion of an annual Risk Management Checklist to be completed by the Principal to monitor the school's obligations, as published and amended by the Department from time to time.

Relevant Staff – responsible for:

- Knowing the identity of students who are at risk of anaphylaxis.
- Understanding the causes, symptoms, and treatment of anaphylaxis.
- Obtaining training in how to recognize and respond to an anaphylactic reaction, including administering an Adrenalin Auto-injector.
- All staff to participate in twice yearly briefings with the first one to be held at the beginning of the school year, by a member of school staff (usually the first aid coordinator) who has successfully completed an anaphylaxis management training course in the 12 months prior on:
 - The school's anaphylaxis management policy
 - The causes, symptoms and treatment of anaphylaxis
 - The identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;
 - How to use an adrenaline auto-injector (Adrenalin Auto-injector), including hands on practice with a trainer Adrenalin Auto-injector;
 - The school's general first aid and emergency response procedures; and
 - The location of, and access to, Adrenalin Auto-injectors that have been provided by parents or purchased by the school for general use.
- Knowing the school's first aid emergency procedures and what their role is in relation to responding to an anaphylactic reaction.
- Knowing where the student's Adrenalin Auto-injector is kept. Remember that the Adrenalin Auto-injector is designed so that anyone can administer it in an emergency.
- Knowing and following the prevention strategies in the student's Anaphylaxis Management Plan.
- Planning ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Working with parents/carers to provide appropriate food for the student.
- Avoiding the use of food treats in class or as rewards, as these may contain hidden allergens.
- Being careful of the risk of cross-contamination when preparing, handling and displaying food.
- Raising student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive to their peers.

First Aid Coordinator – responsible for supporting the Principal and teachers to implement prevention and management strategies for the school that include:

- Maintaining an up to date register of students at risk of anaphylaxis.
- Checking that the student's emergency contact details are up to date.
- Obtaining training in how to recognize and respond to an anaphylactic reaction, including administering an Adrenalin Auto-injector.
- Checking that the Adrenalin Auto-injector is not cloudy or out of date regularly, eg at the beginning or end of each term.

- Informing parents/carers in a reasonable time when the Adrenalin Auto-injector needs to be replaced.
- Ensuring that the Adrenalin Auto-injector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that it is appropriately labeled.
- Supporting staff in conducting regular reviews of prevention and management strategies and individual student management plans.
- Supporting staff in development strategies to raise school staff, student and community awareness about severe allergies.

Parents / Carers of a student at risk of anaphylaxis. Responsible for:

- Informing the school, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis.
- Obtaining information from the student's medical practitioner about their condition and any medications to be administered. Inform school staff of all relevant information and concerns relating to the health of the student.
- Meeting with the school to develop the student's Anaphylaxis Management Plan.
- Providing an ASCIA Action Plan, or copies of the plan to the school that is signed and stamped by the student's medical practitioner and has an up to date photograph.
- Providing the Adrenalin Auto-injector and any other medications before it expires.
- Assisting school staff in planning and preparation for the student prior to school camps, field trips, incursions, excursions or special events such as class parties or sport days.
- Supplying alternative food options for the student when needed.
- Informing the school of any changes to the student's emergency contact details.
- Participating in reviews of the student's Anaphylaxis Management Plan, e.g. when there is a change to the student's condition or at an annual review.

Resources:

www.allergy.org.au (ASCIA)

www.education.giv.gov.au/abouschool/childhealth/anaphylaxis.htm

www.education.vic.gov.au/about/news/newsalerts/anaphylaxis

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