

Kananook Primary School

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

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.

Kananook Primary School is fully committed to complying with the Ministerial Order 706 and the associated Anaphylaxis Management Guidelines published and amended by the Department. As such

Kananook Primary School has the following actions in place:

1. An Individual Anaphylaxis Management Plan for the student, developed in consultation with the student's parents/carers and medical practitioner
2. Prevention strategies for in-school and out of school settings
3. School Management and emergency response to anaphylactic reactions
4. A communication plan to raise staff, student and school community awareness about severe allergies and the school's policies
5. Regular training and updates for school staff in recognising and responding appropriately to an anaphylactic emergency, including competently administering an EpiPen/Anapen.

PURPOSE

1. 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.
2. To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
3. To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies.
4. 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.

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 where possible before their 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 a 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 food related activities, camps, excursions and incursions.
- 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 (ASCIA Action Plan), provided by the parent, that:
 - sets out the emergency procedures to be taken 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 procedures plan
 - 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 before the school year commences, and if there is a changeover of teachers
- if the student's condition changes, or
- immediately after a student has an anaphylactic reaction (either at school or outside school)
- when the student is to participate in an off-site activity or a special event

2. PREVENTION STRATEGIES

The key to prevention of anaphylaxis is the **identification of triggers** (allergens) and prevention of exposure to these. For students who have been diagnosed with a severe allergy, there is a range of practical prevention strategies that schools can put in place to minimise exposure to known allergens.

Schools should undertake a **risk assessment** based on the student's usual routine, as well as plan for special circumstances such as class parties, sports days, camps, incursions or excursions. It is useful to discuss and establish emergency procedures for various scenarios, e.g. if an anaphylactic reaction occurs in the classroom, while on yard duty or after school, and practise these to assess how effective they are.

Banning of food or other products is not recommended due to the possibility of encouraging complacency among staff and students, the presence of hidden allergens and the difficulty of monitoring and enforcing a ban. It is better for school communities to become aware of the risks associated with anaphylaxis, and to implement practical, age-appropriate strategies to minimise exposure to known allergens. However, it is recommended that food related activities are amended where practicable to minimise any risk of exposure to the allergen and to allow students at risk of anaphylaxis to participate equally in all activities.

A ban on peanut and nut products within a school is not recommended but may be agreed to by a school and its community. However to minimize the risk of a first-time reaction to nuts, schools should not use peanuts, nuts, peanut butter or other peanut or nut products in curricular or extra-curricular activities.

Refer to **page 20** of the Anaphylaxis Guidelines for Victorian Government Schools for advice about a range of prevention strategies that can be put in place.

3. SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

A school's Anaphylaxis Policy must include details of how the policy integrates with the school's general first aid and emergency response procedures. Emergency response details must include:

- 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
- Details and location of Individual Anaphylaxis Management Plans and ASCIA Action Plans
- Information about the storage and accessibility of Adrenaline Auto injectors
- How communication with school staff, students and parents is to occur

The Principal will complete an annual **Risk Management Checklist** to monitor compliance with their obligations.

In the event of an anaphylactic reaction the Emergency Response Procedures stated in the policy must be followed.

4. COMMUNICATION PLAN

The principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students, parents and visitors (including casual relief teachers) 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 event days.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed regarding students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Principal, Assistant Principal or reception staff.

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 students 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

Refer to **page 42** of the Anaphylaxis Guidelines for Victorian Government Schools for advice about the strategies to raise staff and student awareness, working with parents/carers and engaging the broader school community.

5. STAFF TRAINING AND EMERGENCY RESPONSE

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 up to date training in an anaphylaxis management training course. Training involves a Management Training Course in the three years prior and two briefings each year. Briefings include:

- The School's Anaphylaxis Management Policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of students with an allergy and the location of their medication
- How to use an Adrenaline Auto injector, including hands-on practice
- The school's general first aid and emergency response procedures
- The location of the general use auto injector

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 practicable after the student enrolls. Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.

IMPLEMENTATION

Students at Risk:

1. At enrolment families of students with an allergy to foodstuffs, will be asked for information detailing their condition, actual identified triggers, appropriate responses and a medical plan which identifies the name and contact details of the doctor responsible for the action plan.
2. Children at risk will be asked to only eat snack food and lunches prepared at home and not trade or share food, food utensils or containers.
3. Children at risk will be asked to wash their hands before eating.
4. Older children at risk will carry their own auto injector in their school bag whilst at rotational activities such as the interschool field events. The teacher in charge will ensure all other teachers, aides and parent helpers at the event are also aware of the students at risk and understand to call on the teacher in charge and/or First Aid Officer for immediate assistance in an emergency and to call 000.

Parents of Students at Risk:

It is the responsibility of the parent to:

1. provide the emergency procedures plan (ASCIA Action Plan).
2. inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
3. 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.
4. provide the school with an EpiPen/Anapen (and a spare if deemed necessary).
5. replace the EpiPen/Anapen before it expires.

Staff:

Organisation

1. Auto-injecting devices will be stored properly (below 25 degrees, out of direct sunlight, in an easily accessible location) in the office and clearly labelled with the students' names and anaphylaxis management plans.
2. A copy of the student's ASCIA Action Plan will be kept with the EpiPen/Anapen.
3. A copy of the student's ASCIA Action Plan will be displayed in the First Aid Room, Front Office, Staff Room, Kids' Kitchen/PTF room and Hall kitchen and in the student's classroom.
4. The First Aid coordinator will check EpiPens for cloudiness and/or expiry dates and inform parents, in writing, if they need to be replaced. The Assistant Principal will log a student's EpiPen details onto the on-line EpiClub reminder service, www.epiclub.com.au

Training

1. All staff will undertake an Anaphylaxis Training Course every three years
2. Staff briefings will be conducted each semester to review policy and procedures. See page 45 of the Guidelines for briefing details.
3. All staff will be familiar with the ASCIA Action Plans and Individual Management Plans of the anaphylactic students

Teachers in charge

1. Teachers in charge of excursions, out of school activities and camps must ensure that they take the assigned and spare auto-injecting devices and are responsible for the administration of all medications.

2. Teachers in charge of organising school incursions must ensure visitors to the school are notified by phone prior to the event of the presence of students at Kananook with severe food allergies (admin staff will provide incursion personnel with a Visitors' Letter which clearly prohibits food being handed out by visitors to the school).
3. Teachers in charge of organising excursions, sporting events and camps must inform the venue staff of the presence of students with severe food allergies. Camp managers must be informed about food and other allergens and menus must be discussed prior to the camp.
4. Teachers in charge will inform parents of anaphylactic (or coeliac) children either by written notification and/or email, phone contact about planned activities involving food, with the exception of Free Fruit Friday to allow them to consider the food and/or provide an alternative. For random activities/events, parents of anaphylactic (coeliac or other food related medical conditions) children must be contacted prior to food being offered to their children. No parent contact, no food is to be given out.
5. Costumes/ dress ups and props for a child with anaphylaxis will be properly cleaned by the staff member in charge or parent of before being worn or touched.

Classroom and specialist teachers

1. Classroom teachers and specialist teachers will educate all students about anaphylaxis
2. Classroom teachers and specialist teachers will be alert to the type of food containers used for art/craft activities, in particular milk, egg and nut containers. These items/containers will be not be used with children at risk of anaphylaxis.
3. Classroom and specialist teachers will use anti-bacterial wipes to clean surfaces, equipment or spills to avoid an anaphylactic student's contact with allergens.
4. Allergic/anaphylactic students will be assisted to wash their hands at the conclusion of lessons involving shared items/equipment and before eating.
5. Allergic/Anaphylactic students will not participate in cleaning up of food rubbish, unless it is their own and will not participate in yard duty that includes cleaning up of food rubbish, unless it is their own. Other forms of 'community service' will be assigned if required.
6. Classroom teachers and specialist teachers will be guided by Parent Food Permission Notices regarding decisions about handing out food such as birthday cake to students. In regards to students with allergies, no parent contact – no food.

Administration Staff

1. Admin staff will ensure a copy of an anaphylactic student's ASCIA Action Plans and Individual Management Plans is available for CRTs and the Emergency response plan is made known.
2. A parent letter will be sent home at the commencement of each year seeking information about food allergies and obtaining permission for their child/ children to consume food items as part of school programs or special occasions such as birthdays.
3. A parent information letter will be sent home to families whose children are in the same class as the anaphylactic child.
4. Admin staff will purchase two or more general use EpiPens depending on the number of anaphylactic students enrolled
5. Will complete an annual **Risk Management Checklist** to monitor compliance with their obligations. (see appendix 1)

Casual Relief Teachers

1. Casual Relief teachers will be asked if they have been trained
2. Individual Anaphylaxis Management Plans will be reviewed at the commencement of the day
3. Emergency procedures will be discussed, including the location of the medication and action plan.

All Students

1. Students will be encouraged not to share or swap food.

2. Students will be encouraged not to use anyone else's lunch box or drink from anyone else's drink bottle. Lunchboxes and drink containers should be clearly labelled with each child's name.
3. Be involved in age appropriate education in regards to allergies/anaphylaxis as deemed necessary by the teacher
4. Children attending school camps or excursions will be advised not to bring allergen foods/treats

School Canteen and PTF

1. Parents of anaphylactic (or coeliac) children will be informed well in advance about planned activities involving food, with the exception of Free Fruit Friday.
2. For random activities/events parents of anaphylactic (or coeliac) children will be contacted by phone prior to food being offered to their children. No parent contact, no food.

Kids' Kitchen

1. The Kids' Kitchen coordinator will be informed of students with food allergies by administration staff.
2. The Kids' Kitchen coordinator will be provided with copies of Action Plans and Individual Management Plans.
3. The Kids' Kitchen coordinator will be informed of all students' allergies and intolerances prior to cooking classes.
4. The Kids' Kitchen coordinator will contact the parents of at risk students (with anaphylaxis or other dietary restrictions) before any food is handed out to enable the parent to check for hidden allergens in the ingredients and to discuss menu modifications to minimise the risk of exposure to the allergen and to allow at risk students to participate similarly in all activities.
5. Exclusive equipment will be provided for an anaphylactic student by the school and/or the parent.
6. Where practicable, additional supervision will be provided by an aide or parent helper.

Parents and broader school community

1. The school community will be kept informed and made aware of the risks associated with anaphylaxis through newsletter items or special notices.
2. A Kananook Visitor Letter will be given out to inform visitors and incursion staff of the presence of students at Kananook with severe food allergies. The letter will request that food is not to be handed out by visitors to the school.

EVALUATION

The Principal will complete an annual **Risk Management Checklist** (appendix 1) to monitor compliance with their obligations.

Education sub-committee 2009
Revised by staff November 2010
Reviewed by staff and anaphylaxis trainer 2012
Reviewed and amended May 2014

Appendix 1

ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

School Name

Address:

Date of Review:

Time:

School Contact Person: Name:

(Who provided information collected)

Position:

Review given to: Name:

(If different from above)

Position:

Comments:

1. How many current students are diagnosed with anaphylaxis?.....
2. Have any students ever had an allergic reaction while at school? YES NO
If Yes, how many times?
3. Have any students had an Anaphylactic Reaction at school? YES NO
If Yes, how many times?
4. Has a staff member been required to administer an EpiPen® to a student? YES NO
If yes, how many times?

ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

Section 1 Anaphylaxis management Plans and ASCIA Action Plans

1. Does every student who has been diagnosed at risk of anaphylaxis have an individual Anaphylaxis Management Plan in place? (see Section 4.1 and Appendix 1, Anaphylaxis Guidelines)?
YES NO
2. Are all Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?
YES NO
3. Do they set out strategies to minimise the risk of exposure to allergens for in-school and out of class settings?
During classroom activities, including elective classes YES NO
In canteens or during lunch or snack times YES NO
Before and after school, in the school yard and during breaks YES NO
For special events, such as excursions, sport days, class parties and extra curricular activities?
YES NO
For excursions and camps YES NO
Other
4. Do all students who suffer from anaphylaxis have a copy of their ASCIA Action Plan kept at school (provided by the parent)?
YES NO
5. Where are they kept?
6. Do the anaphylaxis action plans have a recent photo of the student with them? YES NO

Comments

Section 2 Storage and accessibility of the EpiPen

- 1. Where are the students EpiPen’s® Stored?
- 2. How are the EpiPens® stored?
- 3. Is the storage safe (out of reach of students)? YES NO
 Is the storage unlocked and accessible to staff at all times? YES NO

Comments

- 4. Is the EpiPen® easy to find? YES NO

Comments

- 5. Is a copy of students’ ASCIA Action Plans kept together with their EpiPen®? YES NO

Comments

- 7. Are EpiPen’s® and Action Plans clearly labelled with students’ names? YES NO

Comments

- 8. Has someone been designated to check the EpiPen’s® expiry dates on regular basis?
 YES NO

Who?.....

Comments

- 9. Has the College signed up to EpiClub (a free reminder service)? YES NO
- 10. Do all staff know where the EpiPens® and Action Plans are Stored? YES NO

Comments

- 9. Is there a spare EpiPen®? YES NO

If Yes, what Type?.....

- 10. Where is it stored?

- 11. Is it clearly labelled as the ‘backup EpiPen®? YES NO

Section 3 Prevention Strategies

- 1. Have you done a risk assessment of the potential for accidental exposure to allergens for a student with anaphylaxis?
 YES NO
- 2. Has the school implemented any of the prevention strategies (in Appendix 2 of the Guidelines)?
 YES NO
- 3. Which ones?
- 4. Others:
- 5. Is there always a trained staff member on yard duty? YES NO
- 6. How many staff have completed training?.....

Section 4 Training and Emergency Response

- 1. Have all staff responsible for the care of students with anaphylaxis been trained? YES NO

2. When does their training need to be renewed?.....
3. Do all staff have an understanding of the causes, signs and symptoms of anaphylaxis and of their role in the school's first aid and emergency response procedures? YES NO
4. Have you planned how the alarm will be raised if an allergic reaction occurs?
 In the class room? YES NO
 How?
 In the school yard? YES NO
 How?
 At school camps and excursions? YES NO
 How?SECTION 4: Training and Emergency Response continued
 On special event days, such as sports days? YES NO
 How?
5. Does your plan include who will call the Ambulance? YES NO
 How?
6. In an emergency is there a plan for who will be sent to collect the EpiPen® and Action Plan?
 YES NO
 Who will this be when in the class room?.....
 Who will this be when in the school yard?.....
 Who will this be at sporting activities?.....
7. Have you checked how long will it take to get to the EpiPen® and Action Plan to a student from various areas of the school?
 YES NO
 How long?.....
 When in the class room? YES NO
 How long?.....
 When in the school yard? YES NO
 How long?.....
 When at sports fields? YES NO
 How long?.....
8. On excursions or other out of school event is there a plan for who will look after the EpiPen® and Action Plan?
 YES NO
 Who will do this on excursions?
 Who will do this on camps?
 Who will do this on sporting activities?
9. Is there a process for post incident support in place? YES NO
10. Have all staff been briefed on:-
 the school's Anaphylaxis Management Policy? YES NO
 the causes, symptoms and treatments of anaphylaxis? YES NO
 the identities of students diagnosed at risk of anaphylaxis and where their medication is located?
 YES NO
 how to use an adrenaline auto-injecting device, including hands on practice with a trainer adrenaline auto-injecting device
 YES NO
 the school's first aid and emergency response procedures YES NO

Section 5: Communicating with staff, students and parents / carers

1. Is there a communication plan in place to provide information about anaphylaxis and the school's policies to staff, students and parents/ carers? YES NO

2. Are there procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response?

YES NO

Comments

3. Do all staff know which students suffer from anaphylaxis?

YES NO

Comments

How is this information kept up to date?

Comments

4. Are there strategies in place to increase awareness about severe allergies among students?

YES NO

Comments