

Simpson PS ANAPHYLAXIS MANAGEMENT POLICY

Ministerial Order 706 – Anaphylaxis Management in Schools

School Statement

The school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

Individual Anaphylaxis Management Plans

The Principal will ensure that an Individual Anaphylaxis 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 student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written 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 School 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 the School;
- the position 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; and
- an ASCIA Action Plan.

School Staff 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 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; 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).

It is the responsibility of the Parents to:

- provide the ASCIA Action Plan;
- inform the School in writing if their child's medical condition, 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 that Plan is provided to the School and when it is reviewed; and
- provide the School with an Adrenaline Autoinjector, or the prescribed medication, that is current and not expired for their child.

Prevention Strategies

Risk Minimisation and Prevention Strategies will be in place for all relevant in-school and out-of-school settings which include:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in canteens;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

Classrooms

Keep a copy of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan in the classroom.

Adrenaline Autoinjector & medication will be kept in the First Aid room.

Treats for students in the class should not contain the substance to which the student is allergic.

Use non-food treats where possible.

Be aware of the possibility of hidden allergens in food and other substances used in cooking, science and art classes.

Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

Classroom teacher to inform casual relief teachers, specialist teachers and volunteers of the names of any student at risk of anaphylaxis, the location of each student's Individual Anaphylaxis management Plan and Adrenaline Autoinjector, the School's Anaphylaxis management policy, and each individual person's responsibility in managing an incident.

Yard

Sufficient school staff must be trained in the administration of the Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if needed.

The school will have a communication Plan in place so the student's medical information and medication can be retrieved quickly.

Yard duty staff must be able to identify, by face, those students at risk of anaphylaxis.

Special Events

Sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly.

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 event.

Bus Travel

School Staff should consult with Parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from school on the bus. This includes the availability and administration of an Adrenaline Autoinjector. The Adrenaline

Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Autoinjector on their person at school.

Excursions/Sporting Events

Sufficient School Staff supervising the event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly.

A school staff member trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector, or the student's parent, must accompany any student at risk of anaphylaxis on excursions.

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.

A risk assessment should be undertaken for each student attending who is at risk of anaphylaxis

All School Staff members present must be able to identify, by face, those students at risk of anaphylaxis.

Prior to the event taking place School Staff should consult with the student's Parent to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular activity.

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.

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.

Schools 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.

School Staff should 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.

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.

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.

Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.

School Management

Role and responsibilities of Principals

School Principals have overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis.

Ensure that the school develops, implements and reviews its School Anaphylaxis Management Policy in accordance with the Order and these Guidelines.

Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at enrolment or at the time of diagnosis (whichever is earlier).

Ensure that Parents provide an ASCIA Action Plan which has been signed by the student's Medical Practitioner and that contains an up-to-date photograph of the student.

Ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's Parents for any student that has been diagnosed by a Medical Practitioner with a medical condition relating to allergy and the potential for anaphylactic reaction, where the School has been notified of that diagnosis.

This includes ensuring the documentation of practical strategies for activities in both in-School and out-of-School settings to minimise the risk of exposure to allergens, and nomination of staff who are responsible for implementation of those strategies. The risk minimisation plan should be customised to the particular student for participation in normal School activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate/overseas trips). Ensure students' Individual Anaphylaxis Management Plans are communicated to staff.

If using an external canteen provider, be satisfied that that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications for food-handling practices. This includes careful label reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies.

Ensure that Parents provide the School with an Adrenaline Autoinjector for their child that is not out-of-date and a replacement Adrenaline Autoinjector when requested to do so.

Ensure that a Communication Plan is developed to provide information to all School Staff, Students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy.

Ensure there are procedures in place for providing volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

Ensure that relevant School Staff have successfully completed an anaphylaxis management training course in the three years prior.

Ensure that relevant School Staff are briefed at least twice a year by a staff member who has completed current 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 the location of their medication;
- how to use an Adrenaline Autoinjector, including hands-on practise with a trainer Adrenaline Autoinjector (which does not contain adrenaline);
- the School's general first aid and emergency procedures; and the location of Adrenaline Autoinjecting devices that have been purchased by the School for General use.

Allocate time, such as during staff meetings, to discuss, practise and review the School's Anaphylaxis Management Policy. Practise using the trainer Adrenaline Autoinjectors as a group and undertake drills to test effectiveness of the School's general first aid procedures.

Encourage ongoing communication between Parents and School Staff about the current status of the student's allergies, the school's policies and their implementation.

Ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with Parents annually, when the student's medical condition changes, as soon as practicably after a student has an anaphylactic reaction at School, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the School.

Ensure the Risk Management Checklist for anaphylaxis is completed annually.

Arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for General Use to be part of the School's first aid kit.

Role and responsibilities of School Staff

All School Staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers.

The key obligations under the Order, and prevention strategies.

Know and understand the School Anaphylaxis Management Policy.

Understand the causes, symptoms, and treatment of anaphylaxis.

Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.

Know where to find a copy of each student's Individual Anaphylaxis Management Plan quickly, and follow it in the event of an allergic reaction.

Know the School's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction.

Know where students' Adrenaline Autoinjectors and the Adrenaline Autoinjectors for General Use are kept. (Remember that the Adrenaline Autoinjector is designed so that anyone can administer it in an emergency).

Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.

Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at School, or away from School. Work with Parents to provide appropriate food for their child if the food the School/class is providing may present a risk for him or her.

Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies provided in this document (see Chapter 8). Work with Parents to provide appropriate treats for students at risk of anaphylaxis.

Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.

Be aware of the risk of cross-contamination when preparing, handling and displaying food.

Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.

Raise student awareness about severe allergies and the importance of their role in fostering a School environment that is safe and supportive for their peers.

Role and responsibilities of Parents of a student at risk of anaphylaxis

Parents have an important role in working with the School to minimise the risk of anaphylaxis. The key obligations for Parents under the Order and required to assist the School:

Raise student awareness about severe allergies and the importance of their role in fostering a School environment that is safe and supportive for their peers.

Inform the School in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed at the time as being at risk of anaphylaxis.

Obtain an ASCIA Action Plan from the student's Medical Practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the School.

Inform School Staff in writing of any changes to the student's medical condition and if necessary, provide an updated ASCIA Action Plan.

Inform School Staff in writing of any changes to the student's medical condition and if necessary, provide an updated ASCIA Action Plan.

Provide the School with an up to date photo for the student's ASCIA Action Plan and when the plan is reviewed.

Meet with and assist the School to develop the student's Individual Anaphylaxis Management Plan, including risk management strategies.

Provide the School with an Adrenaline Autoinjector and any other medications that are current and not expired.

Replace the student's Adrenaline Autoinjector and any other medication as needed, before their expiry date or when used.

Assist School Staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days).

If requested by School Staff, assist in identifying and/or providing alternative food options for the student when needed.

Inform School Staff in writing of any changes to the student's emergency contact details.

Participate in reviews of the student's Individual Anaphylaxis Management Plan:

- when there is a change to the student's condition;
- as soon as practicable after the student has an anaphylactic reaction at School;
- at its annual review; and

prior to the student participating in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the School.

Emergency Response

Where possible, only School Staff with training in the administration of the Adrenaline Autoinjector should administer the student's Adrenaline Autoinjector. However, it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by).

In-School Environment

Raise the alarm that a reaction has occurred - whereby a student goes to the nearest teacher, office or other predetermined point to raise an alarm which triggers getting an Adrenaline Autoinjector to the child and other emergency response protocols.

A nominated staff member to call ambulance; and

A nominated staff member to wait for ambulance at a designated school entrance.

Out-of School Environments

Excursions and Camps - Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore emergency procedures will vary accordingly. A team of School Staff trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:

- the location of Adrenaline Autoinjectors i.e. who will be carrying them. Is there a second medical kit? Who has it?;
- 'how' to get the Adrenaline Autoinjector to a student; and
- 'who' will call for ambulance response, including giving detailed location address. e.g. Melway reference if city excursion, and best access point or camp address/GPS location.

Students at risk of anaphylaxis

- A member of the School Staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan:
 - 'Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.'
- A member of the School Staff should immediately locate the student's Adrenaline Autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan
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Adrenaline Autoinjectors for General Use

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

Communication Plan

At Staff meetings, Staff will be provided with

- 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 of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these can be located;
- Information about the storage and accessibility of Adrenaline Autoinjectors;
- Volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care will be informed by the classroom teacher

Staff Training

It is the responsibility of the Principal of the School to ensure that relevant School Staff are:

- trained; and
- briefed at least twice per calendar year.

The following School Staff will be appropriately trained:

- School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any further School Staff that are determined by the Principal.

The identified School Staff will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior; and
- 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:
 - the School'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 their medication is located;
 - how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
 - the School's general first aid and emergency response procedures; and
 - the location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.

The briefing must be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

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 with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School 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 the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

A video has been developed and can be viewed from
<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

Reviewed 2019 Approved by SC June meeting