

SACRED HEART PARISH 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. 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 EpiPen® auto-injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Aims

- 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 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 each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.

Sacred Heart Parish School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time. It is the School's responsibility to develop and maintain an Anaphylaxis Management Policy.

Implementation

Risk Minimisation and Prevention Strategies

Classrooms

1. Keep a copy of student Individual Anaphylaxis Management Plans in the appropriate classrooms. Be sure the ASCIA Action Plan is easily accessible.
2. Liaise with Parents 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 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. Never give food from outside sources to a student who is at risk of anaphylaxis.
5. Treats for the other students in the class should not contain the substance to which the student is allergic.
6. 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.
7. 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).

8. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.

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

10. The Principal, Deputy Principal or Classroom Teachers should inform casual relief 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 Auto-injector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. i.e. seeking a trained staff member.

11. Statistics show that peanuts and nuts are the most common trigger for an anaphylactic reaction and fatality due to food anaphylaxis. To minimise the risk of a first time reaction to peanuts and nuts, Sacred Heart Parish School will carefully consider the use of peanuts, nuts, peanut butter or other peanut or nut products during in-school and out-of-school activities. School activities will aim not to place pressure on students to try foods, whether they contain a known allergen or not.

Yard

1. School Staff on yard duty must be trained in the administration of the Adrenaline Auto-injector (i.e. EpiPen®) to be able to respond quickly to an anaphylactic reaction if needed.

2. The Adrenaline Auto-injector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location.

3. All yard duty staff must carry a bum-bag containing a red card that can be sent immediately to the staffroom in case of an emergency. All staff on yard duty must be aware of the School's Emergency Response Procedures (red card) and how to notify the staffroom/general office of an anaphylactic reaction in the yard.

4. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis. (photo cards in each bum-bag)

5. 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 these students to wear long-sleeved garments when outdoors.

6. Keep outdoor bins covered.

7. Students should keep drinks and food covered while outdoors.

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

1. Sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Auto-injector to be able to respond quickly to an anaphylactic reaction if required.

2. School Staff should avoid using food in activities or games, including as rewards.

3. 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.

4. 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.

5. Party balloons should not be used if any student is allergic to latex.

Canteens

1. Canteen staff (whether internal or external) 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.
2. Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.

Field trips/excursions/sporting events

1. Sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Auto-injector and be able to respond quickly to an anaphylactic reaction if required.
2. A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Auto-injector must accompany any student at risk of anaphylaxis on field trips or excursions.
3. School Staff should avoid using food in activities or games, including as rewards.
4. The Adrenaline Auto-injector 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.
5. For each field trip, excursion etc; a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. 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.
6. The School should consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required).
7. 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.
8. Prior to the excursion taking place School Staff should consult with the student's Parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps and remote settings

1. 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.
2. 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.
3. 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.
4. Schools 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.

5. 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. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
6. 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.
7. Use of substances containing allergens should be avoided where possible.
8. Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
9. The student's Adrenaline Auto-injector, 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.
10. 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.
11. 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.
12. 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.
13. Schools should consider taking an Adrenaline Auto-injector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
14. Schools should consider purchasing an Adrenaline Auto-injector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
15. The Adrenaline Auto-injector should remain close to the student and School Staff must be aware of its location at all times.
16. The Adrenaline Auto-injector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Auto-injector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.
17. 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.
18. Cooking and art and craft games should not involve the use of known allergens.
19. Consider the potential exposure to allergens when consuming food on buses and in cabins.

The Individual Anaphylaxis Management Plan

The Principal, Deputy and Student Wellbeing Leader 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. School Staff will implement and monitor the student's Individual Anaphylaxis Management Plan.

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 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 medical practitioner to the parent, that:
 - sets out the emergency procedures to be taken in the event of an allergic reaction;
 - is signed by a medical practitioner
 - 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, and as applicable,
- if the student's condition changes, insofar as it relates to allergy and the potential for anaphylactic reaction
- as soon as practicable after the student has an anaphylactic reaction at school
- 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 (e.g. class parties, elective subjects, cultural days, fetes, incursions)

It is the responsibility of the parent to:

- provide the emergency procedures plan (ASCIA Action Plan);
- provide the school with an Adrenaline Auto-injector that is current and not expired at all times
- provide an up to date photo for the ASCIA Action plan when that Plan is provided to the school and when it is reviewed.
- participate in reviews of their child's Individual Anaphylaxis Management Plan

- inform the school in writing if their child's medical condition changes, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant provide the school with an updated ASCIA Action Plan

The 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 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.

The communication plan for staff includes:

1. All school staff will be provided with a copy of the Anaphylaxis Management Policy. This will be included in the Staff Information folder.
2. All school staff will participate in Training as articulated below.
3. All school staff will be advised of Prevention Strategies via the distribution of the Anaphylaxis Management Policy.
4. All school staff will be informed of students at risk of anaphylaxis, and provided with relevant student photos and medical condition summaries. This will be provided by the Admin. First Aid Officer.
5. All school staff will be informed of the steps to be taken to respond to an anaphylactic reaction by a student via the distribution of the Anaphylaxis Management Policy which includes Emergency Response Procedures and through Staff Training as articulated below.
6. Volunteers and casual relief staff of students at risk of anaphylaxis will be informed 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 by the Principal or Deputy Principal.

The communication plan for students includes:

1. Regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
2. Raising awareness in School through fact sheets or posters displayed in hallways and classrooms.

The communication plan for parents includes:

1. Providing information about anaphylaxis via the school newsletter and website.
2. Providing information about foods that may cause allergic reactions in students at risk of anaphylaxis via the newsletter, website and notices.

Staff Training

The following school staff will be appropriately trained:

- School staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction
- Any other school staff as determined by the principal to attend.

Staff must complete one of the following options to meet the anaphylaxis training requirements of MO706:

- ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor (valid for 3 years)
- Course in First Aid Management of Anaphylaxis 22300 VIC(valid for 3 years)
- Course in Anaphylaxis Awareness 10313NAT(valid for 3 years)

All staff will participate in a briefing once each semester, (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 students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located
- the location of, and access to, Adrenaline Auto-injectors that have been purchased by the School for general use
- how to use an adrenaline auto-injector, including hands on practise with a trainer adrenaline auto-injector device
- the school's first aid and emergency response procedures.

The briefing must be conducted by a member of the School Staff nominated as the School Anaphylaxis Supervisor who has successfully completed an Anaphylaxis Management Training Course in the last 2 years.

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Management Plan in consultation with the parents of any affected children. 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

Emergency Response

Action Plans are kept in the First Aid Room, and student classrooms

The Adrenaline auto-injectors (EpiPens) are labelled and stored in the First Aid Room in an unlocked labelled cabinet. Adrenaline auto-injectors (EpiPens) for general use (labelled **Spare EpiPen**) are available in the First Aid Room in an unlocked labelled cabinet.

In the event of an anaphylactic reaction, the Emergency Response Procedures outlined in this policy must be followed, together with the School's general first aid and emergency response procedures and the student's emergency procedure's ASCIA Action Plan. The Anaphylaxis Management Policy must be read and followed in conjunction with the School's First Aid Policy and Emergency Management Plan. All staff are to be informed as per the Communication Plan of Emergency Response Procedures.

It is imperative that an Adrenaline Auto-injector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Auto-injector 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). A member of the School Staff should remain with the student who is displaying symptoms of anaphylaxis at all times.

Emergency Response Procedures

Emergency procedures as per ASCIA Action Plan:

1. Lay the person flat, do not allow them to stand or walk. If breathing is difficult, allow to sit.
2. A member of the School Staff should immediately locate the student's Adrenaline Auto-injector and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan.
3. The Adrenaline Auto-injector should then be administered following the instructions in the student's ASCIA Action Plan.
4. The School must now call an ambulance.
5. Contact the student's emergency contacts. All details on Care Monkey. All staff have access to this school app.
6. Keep the student lying down, monitor and reassure.
7. In the situation where there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second auto-injector is available (such as the Adrenaline Auto-injector for General Use)
8. Later, contact the Security Services Unit.

Classroom incident

If anaphylactic reaction occurs in the classroom School staff may use classroom phones/personal mobile phones to contact Administration to advise a reaction has occurred and to get an Adrenaline Auto-injector to a student. Administration staff to call an ambulance.

Administration staff to wait for ambulance at school entrance.

Playground incident

If anaphylactic reaction occurs in the yard School staff may use mobile phones whilst on yard duty to contact Administration to advise a reaction has occurred and to get an Adrenaline Auto-injector to a student. Administration staff to call an ambulance.

Administration staff to wait for ambulance at school entrance.

Excursions and Camps

Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. 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 Auto-injectors
- 'how' to get the Adrenaline Auto-injector to a student; and
- 'who' will call for an ambulance response, including giving a detailed location address.

First severe allergic reaction incident

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the School Staff should follow the school's first aid procedures.

This should include immediately contacting an ambulance using 000. It may also include locating and administering an Adrenaline Auto-injector for General Use.

Additional Adrenaline Auto-injector(s)

The principal of the school will purchase Adrenaline Auto-injector(s) for General Use, and as a back up to Adrenaline Auto-injectors supplied by Parents of students who have been diagnosed as being at risk of anaphylaxis.

The principal will determine the number of additional adrenaline auto-injector(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 auto-injectors 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 auto-injectors for general use in specific locations at the school, including:
 - in the school yard, and at excursions, camps and special events conducted or organised by the school
 - adrenaline auto-injectors 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.

Risk Management Checklist

The Principal, Deputy Principal or Wellbeing Leader, must complete an annual anaphylaxis Risk Management Checklist to monitor their compliance with the Order, these Guidelines, and their legal obligations.

Evaluation

This policy will be reviewed as part of the school's four-year review

This policy was last ratified by the staff and school leadership team

March 2021