



Anaphylaxis Management Policy

Background

- Anaphylaxis is a serious health issue for a percentage of the population and the Department recognises the key to preventing an anaphylactic reaction by a student is knowledge, awareness and planning.
- Signs and symptoms of anaphylaxis include noisy or difficult breathing, swelling of the tongue or swelling/tightness in the throat, difficulty talking such as a hoarse voice, loss of consciousness and/or collapse or pale pallor and floppiness in young children.
- Adrenaline given through an Auto Injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.
- Schools are required by law to have a policy and procedures for managing anaphylaxis in place and must review and update the policy for strict compliance with the guidelines found at DET's Policy Advisory Guide > A – Z Index at the website below (updated (2 September 2014) which is the key reference and support for Werribee Primary School.

Purpose

- To ensure Werribee Primary School manages students at risk of anaphylaxis.
- To ensure the school complies with the *Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act* which came into effect in 2008.
- To ensure the school complies with Ministerial Order 706.
- To provide, as far as is practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling.
- To raise awareness of anaphylaxis and the school's anaphylaxis management policy in the school community.
- 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 for responding to an anaphylactic reaction.

Definitions

Anaphylaxis is a severe and rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (eg cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, bee or other insect stings and some medications.

Implementation

- The school will comply with Ministerial Order 706 (effective April 2014) and associated guidelines.
- In the event of an anaphylactic reaction, the school's first aid and emergency management response procedures and the student's Individual Anaphylaxis Management Plan will be followed.
- The school will:
 - ask the student whether she/he has self-administered an adrenaline auto-injector (such as EpiPen®)
 - if the student has not previously done this, administer the adrenaline auto-injector
 - call an ambulance
 - contact the student's emergency contact person and then contact Security Services Unit on 9589-6266.
- **Important:** Where there is no marked improvement and severe symptoms as described in the student's ASCIA Action Plan for Anaphylaxis are present, a second injection of the same dose may be administered after 5 to 10 minutes.
- In complying with Ministerial Order 706, the Principal will ensure
 - an Individual Anaphylaxis Management Plan for each student diagnosed at risk of anaphylaxis is developed by the parents/carers and the diagnosing medical practitioner and presented to the school
 - prevention strategies are in place for in and out of school activities
 - a communication plan in accordance with Ministerial Order 706 is developed to provide information to all staff (including volunteers and casual relief staff), students and parents about anaphylaxis and the school's management policy. It will include the steps the school will take to respond to an anaphylactic reaction whether the student is in class, the school yard, on camp or an excursion or a special event day



- the [Anaphylaxis Risk Management Checklist](#) is completed on an annual basis.
- purchasing spare or 'backup' adrenaline auto-injection devices(s) as part of the school first aid kit(s), for general use.
- The plan will be in place as soon as practicable after the student enrolls and where possible, before their first day of school. In many cases, in the interim, it will be reasonable to adopt the plan developed by the student's feeder school.
- The plan should set out the following
 - Information about the diagnosis, including type of allergy or allergies the student has (based on the diagnosis from a medical practitioner).
 - Strategies to minimise the risk of exposure to allergens whilst the student is under the care or supervision of school staff, for in-school and out-of-school settings including camps and excursions.
 - The name of the person responsible for implementing the strategies.
 - Information of where the student's medication will be stored.
 - Emergency contact details for the student.
 - The emergency ASCIA Action Plan signed by the medical practitioner and given to the parents on diagnosis.
 - Emergency procedures to be taken in the event of an allergic reaction.
 - An up to date photo of the student.
- The plan will be reviewed annually, if the condition changes, immediately after a student has an anaphylactic reaction at school or if the student is to participate in an off-site activity such as a school camp.
- It is the responsibility of the parent/carer to
 - Provide the emergency procedures plan (ASCIA Action Plan);
 - Inform the school if their child's condition changes, and if relevant, an updated ASCIA Action Plan);
 - Provide an up to date photo when the plan is reviewed.
 - Provide the school with an Adrenaline Auto injector that is current and not expired.

Training

- In compliance with Ministerial Order 706, all staff, teaching and non-teaching, will be briefed once per semester by the School's Anaphylaxis Supervisors.
- Staff will practice with a replica Adrenaline Auto Injector and demonstrate competence in its use.
- New staff will complete the online ASCIA Anaphylaxis ELearning as part of the induction process. They will then be accessed by the Supervisors within 30 days of completing their ELearning.
- In the event of an anaphylactic reaction, students and staff may benefit from post-incident counselling provided, for example, by the guidance officer, Student Welfare Coordinator or school psychologist.
- Please refer also to the school's *Risk Management Policy*.

Prevention Strategies

- The school will use the checklist and recommendations in the Anaphylaxis Guidelines to implement Risk Minimisation and Prevention Strategies in-school and out-of-school settings which include (but are not limited to) the following:
 - during classroom activities (including class rotations, specialist and elective classes);
 - between classes and other breaks;
 - in the canteen;
 - during recess and lunchtimes;
 - before and after school; and
 - special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.
- Some of the prevention strategies that will be implemented by our school to assist anaphylaxis management include:
 - providing professional development for all staff including the identification and response to anaphylaxis and the proper use of an Adrenaline Auto Injector
 - identifying susceptible students and knowing their allergens
 - informing the community about anaphylaxis via the newsletter
 - not allowing food sharing and restricting food which is approved by parents
 - keeping the lawns well mown and ensuring children always wear shoes



- requiring parents to provide an Anaphylaxis Management Plan developed in consultation with a health professional and an Adrenaline Auto Injector if necessary, both of which will be maintained in the first aid room for reference as required
- ensuring the school keeps a spare, in date Adrenaline Auto Injector for adult and child use in a central location
- Designated school staff who are responsible for the care of students at risk of anaphylaxis have a duty of care to take steps to protect students from risks of injury that are reasonably foreseeable.
- Members of staff, including administrators and casual relief staff are expected to:
 - Know the identity of students who are at risk of anaphylaxis (a complete and up-to-date list of students identified as having a medical condition that relates to the potential for an anaphylactic reaction will be provided)
 - Understand the causes, symptoms, and treatment of anaphylaxis.
 - Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Auto Injector.
 - Know the school's first aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction.
 - Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
 - Know where the student's Adrenaline Auto Injector is kept. Remember that the Auto Injector is designed so that anyone can administer it in an emergency.
 - Know and follow the prevention strategies in the student's Anaphylaxis Management Plan.
 - Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student.
 - 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 careful 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 and school community awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

Adrenaline Autoinjectors for General Use

- The Principal will purchase Adrenaline Auto injector(s) for General Use and as a back up to those supplied by parents.
- 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 specified locations at the School, including in the school yard, and at excursions, camps and special events conducted or organised by the School; and
 - Adrenaline Auto injectors for General Use have a limited life, usually expiring within 12-18 months, and be replaced either at the time of use or expiry, whichever is first.

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.
- Volunteers and casual relief staff will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the assistant principal. All staff will be briefed once each semester by the School's Anaphylaxis Supervisors.
 - 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

Evaluation

This policy will be reviewed immediately after a student has an anaphylactic reaction at school, as part of the school's three-year review cycle.

This policy was ratified by School Council on 18/10/2016

Next review Due: August 2019

Reference:

www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis.aspx
www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx
www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis#2.aspx
and Ministerial Order 706