



St Mary of the Cross

Catholic Primary School

Saltwater Coast Estate, Point Cook

Anaphylaxis Policy

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Anaphylaxis Policy

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Vision

We, at St Mary of the Cross, are an inclusive and welcoming Catholic Community of actively engaged learners.

We model Mary MacKillop's servant leadership, to nurture compassionate and respectful individuals who translate their beliefs into action.

Introduction

At St Mary of the Cross Parish Primary School we believe that the safety and wellbeing of all children is paramount to the work we do. Children who are at risk of anaphylaxis are a group that requires a 'whole of community' responsibility.

The key to prevention of anaphylaxis is knowledge, awareness and planning.

Aims of this Policy

- 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 raise awareness about 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 engage with the student community in raising awareness of the risks students face in dealing with anaphylaxis, and develop awareness of risk minimisation and management strategies that can be implemented throughout the school
- 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.

The school is committed to:

- Providing, as far as practicable, a safe and healthy environment in which children at risk of an anaphylaxis episode can participate equally in all aspects of the school's programs.
- Raising awareness of allergies and anaphylaxis throughout the community.
- Actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks,
- Ensuring that each staff member and other relevant adults have adequate knowledge and training of allergies, anaphylaxis and emergency procedures.

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), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings, oils, 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. Clear, concise and efficient management procedures are also key to managing Anaphylaxis in the school setting.

Anaphylaxis Management in Schools

Ministerial Order 90

The principal/staff 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 camps and excursions.
- 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, or immediately after a student has an anaphylactic reaction at school.

Anaphylaxis Risk Assessment

In order to reduce the risk associated with anaphylaxis, the school will complete an Anaphylaxis Risk Management Assessment (Appendix 1) at the commencement of each year.

This Risk assessment will be completed by the school secretary, and be reviewed by the Principal.

Areas identified for improvement will be dealt with in an appropriate time frame.

Anaphylaxis Management Plans

Every student who has been diagnosed as at risk of anaphylaxis must have an individual Anaphylaxis Management Plan.

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

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

- the name of the person/s responsible for implementing the strategies.
- information on where the EpiPen® will be stored.

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 should be kept in various locations around the school, such as in the student's classroom, the canteen, the sick bay and the school office. It should be visible and/or easily accessible by staff in the event of an incident, these should be updated annually or if a change in the student condition.

Food bans

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.

Nut bans

At St Mary of the Cross we are committed to providing, as far as practicable, a safe and healthy environment. We are committed to risk management and are aware of the difficulties in banning products. We discourage nut products at school and discourage sharing of foods by students.

Statistics show that nuts are the most common trigger for an anaphylactic reaction. 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. Remember that school activities should never place pressure on any students to try foods known to contain common food allergens such as peanuts.

More information about nut banning can be found in the ASICA Guidelines for Prevention of Food Anaphylactic Reactions in Schools which can be downloaded from ASCIA website: www.allergy.org.au

Emergency Management Procedures – Anaphylaxis

In the event of an anaphylactic reaction, the following procedures will be implemented:

On site:

1. The reaction is observed by child or class teacher (internal) or teacher on yard supervision (external)
2. Closest teacher is made aware of situation (If observed by students)
3. Patient is checked
4. Contact made with school office via internal communication system or portable radio or mobile phone (external)
5. Auto injector is rushed to the reaction site
6. Ambulance contacted (School Office)
7. Parents contacted (School Office) or appropriate others in case of an adult
8. Auto injector is checked for: Child's name and expiry date (by administrator of auto injector)
9. Ensure injector is administered correctly (needle to thigh)
10. Auto injector is administered in thigh
11. Affected area is rubbed to aid spread of adrenaline
12. Make patient comfortable
13. Await ambulance arrival
14. Staff member accompanies patient to hospital

Off Site: (Excursion or camp)

1. The reaction is observed by child, supervising teacher or supervising adult
2. Closest teacher is made aware of situation (If observed by others)
3. Patient is checked
4. Auto injector is retrieved from supervising teacher (F-year 2) or from child's bag/person (Years 3-6)
5. Ambulance called (by another teacher or supervising parent)
6. Contact made with school office via mobile phone (by another teacher or supervising parent)
7. Parents or appropriate others in case of an adult, contacted (School Office)
8. Auto injector is checked for: Patient's name and expiry date (by administrator of auto injector)
9. Ensure injector is administered correctly (needle to thigh)
10. Auto injector is administered in thigh
11. Affected area is rubbed to aid spread of adrenaline

12. Make patient comfortable and continue to reassure them
13. Await ambulance arrival
14. Staff member accompanies patient to hospital
15. Excursion/Camp supervisor to update Principal on situation

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, need to have up to date training in an anaphylaxis management training course.
- Staff training will be provided twice per year. One session will be held at the beginning of each year.
- 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 provide training to staff as soon as practicable after the student enrolls. The school's first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.
- Be aware that the research shows that students in the 10 to 18 year age group are at a higher risk of suffering a fatal anaphylactic reaction.

Storage and Accessibility of EpiPens®

Adrenaline given through an auto-injector such as the EpiPen® to the outer mid-thigh muscle is the most effective treatment for anaphylaxis. Administering adrenaline can reverse potentially life threatening symptoms such as shortness of breath or swelling of the face and throat within minutes.

Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto-injector commonly known as the EpiPen®. Children under 20kg are prescribed an EpiPen® Junior, which has a smaller dosage of adrenaline. The EpiPen® and EpiPen® Junior are designed so that anyone can use them in an emergency.

If a student has been prescribed an EpiPen®, the EpiPen® must be provided by the student's parent/carers to the school.

EpiPens® will be stored and can be accessed quickly in the staff study, in a shelf unit with the child's name, photo, EpiPen® and their plan.

Remember that in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes.

- EpiPens® should be stored in an unlocked, easily accessible place away from direct heat. They should not be stored in the refrigerator or freezer.
- All staff should know where the EpiPen® is located.

Make sure the EpiPen® is not cloudy or out of date

- EpiPens® should be signed in and out when taken from its usual place, for example for camps or excursions.

Roles and Responsibilities

Responsibility of Parents:

- provide the emergency procedures plan (ASCIA Action Plan).
- inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
- 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.

Parents/Carers should:

- Inform 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.
- Obtain 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.
- Meet with the school to develop the student's Anaphylaxis Management Plan.
- Provide an ASCIA Action Plan, or copies of the plan to the school that is signed and dated by the student's medical practitioner and has an up to date photograph.
- Provide the EpiPen® and any other medications to the school.
- Replace the EpiPen® and other medications, before they expire. Assist 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.
- Supply alternative food options for the student when needed. Inform staff of any changes to the student's emergency contact details.
- Participate 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.

The Principal

The Principal has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis.

The Principal / or nominee should:

- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Meet with parents/carers to develop an Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation.
- Request that parents provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed and dated by the student's medical practitioner and has an up to date photograph of the student.
- Ensure that parents provide the student's EpiPen® and that it is not out of date.
- Ensure that staff obtains training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Develop a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies.
- Provide information to all staff (including specialist staff, new staff, sessional staff, canteen staff and office staff) so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures. This can include providing copies or displaying the student's ASCIA Action Plan in canteens, classrooms and staff rooms
- Ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response.
- Allocate time, such as during staff meetings, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis. Practise using the trainer EpiPen® regularly.
- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
- Review the student's Anaphylaxis Management Plan annually or if the student's circumstances change, in consultation with parents.
- Ensure that regular checking of expiry dates occurs.

School Staff

School staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff, and volunteers.

Staff should:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- 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 EpiPen® is kept. Remember that the EpiPen® 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.
- Always take the EpiPen® when leaving school property with the student.
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens.
- Work with parents/carers to provide appropriate treats 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 awareness about severe allergies and their associated symptoms and the importance of their role in fostering a school environment that is safe and supportive for their peers.

Communication Plan

- The principal/staff 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 of students at risk of anaphylaxis will be informed of the presence of those students and reminded of their role in responding to an anaphylactic reaction by a student in their care. Responsibility: Deputy Principal

Staff Training

Teachers and other school staff who are responsible for the care of students at risk of anaphylaxis, will obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®. This may include administrators, canteen staff, casual staff and volunteers.

Information about current training providers is available from the Department's website:

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

Self-administration of the EpiPen®

The decision whether a student can carry their own EpiPen® should be made when developing the student's Anaphylaxis Management Plan, in consultation with the student, the student's parents/carers and the student's medical practitioner.

It is important to note that students have the right to self-administer if they are able to at the time, but even an 18 year old may not physically be able to self-administer due to the effects of a reaction. Staff still have a duty of care to administer an EpiPen® for students who carry their own EpiPens® .

If a student self-administers an EpiPen®, they must immediately report to a staff member and 000 must be called. Note: If a student carries their own EpiPen®, a second EpiPen® (provided by the parent) should be kept on site in an easily accessible, unlocked location that is known to all staff.

Policy Evaluation

This policy will be reviewed annually, or if new regulations are issued by the Federal or State Governments. Responsibility: Staff & Board of Management

APPENDIX 1

ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

(To be completed annually)

Responsibility: School Secretary

| | | |
|---|--------------|--|
| Date: / / | Year: | |
| School Contact Person: (Person completing this Risk Assessment) | | |
| Position: | | |
| Reviewed by: | | |
| Position: | Principal | |
| Comments: | | |
| | | |

| | | |
|--|-----|----|
| How many current students have been prescribed (and carry) an adrenaline auto injector? | | |
| Have any students ever had an allergic reaction requiring medical intervention at school? If Yes, how many times? | Yes | No |
| If Yes, how many students? | | |
| Have any students ever had an Anaphylactic Reaction at school? If Yes, how many students? | Yes | No |
| If Yes, how many times | | |
| Has a staff member been required to administer an adrenaline auto injector to a student? If Yes, how many times? | Yes | No |

SECTION 1: ANAPHYLAXIS MANAGEMENT PLANS AND ASCIA ACTION PLANS

| | | |
|--|-----|----|
| Does every student who carries an adrenaline auto injector (either for allergic reaction or anaphylaxis) have an individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis (Emergency Action Plan for individuals at risk of anaphylaxis, completed and signed by a prescribed medical practitioner). | Yes | No |
| Are all individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)? | Yes | No |
| Do the Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for in-school and out of class settings? | Yes | No |
| 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 sports days, class parties and extra-curricular activities | Yes | No |

| | | |
|---|-----|----|
| For excursions and camps | Yes | No |
| Other | | |
| Do all students who carry an adrenaline auto injector have a copy of their ASCIA Emergency Action Plan for anaphylaxis kept at school (provided by the parent)? | Yes | No |
| Where are they kept? | | |
| Does the ASCIA Emergency Action Plan for anaphylaxis have a recent photo of the student with them? | Yes | No |

SECTION 2: STORAGE AND ACCESSIBILITY OF ADRENALINE AUTO INJECTORS

| | | |
|---|-----|----|
| Where are the students adrenaline auto injectors stored? | | |
| Do all staff know where the school's general auto injectors are stored. | Yes | No |
| Are the adrenaline auto injectors stored at room temperature? | Yes | No |
| Is the storage safe (not refrigerated)? | Yes | No |
| Is the storage unlocked and accessible to staff at all times? | Yes | No |
| Comments | | |
| Are the adrenaline auto injectors easy to find? | Yes | No |
| Comments | | |
| Is a copy of students' ASCIA Emergency Action Plan for anaphylaxis kept together with their student's adrenaline auto injector? | Yes | No |
| Comments | | |
| Are the adrenaline auto injectors and ASCIA Emergency Action Plans for anaphylaxis clearly labelled with students' names? | Yes | No |
| Comments | | |
| Has someone been designated to check the adrenaline auto injector expiry dates on a regular basis? Who? | Yes | No |
| Comments | | |
| Has the school signed up to EpiClub or Ana-alert (free reminder services)? | Yes | No |
| Do all staff know where the adrenaline auto injector and ASCIA Emergency Action Plan for anaphylaxis are stored? | Yes | No |
| Comments | | |
| Is there an adrenaline auto injector for general use in the school's first aid kit? | Yes | No |
| If Yes, where is it located? | | |
| Is this device clearly labelled as the 'General Use' adrenaline auto injector? | Yes | No |

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| SECTION 3: PREVENTION STRATEGIES | | |
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| Have you done a risk assessment to identify potential accidental exposure to allergens for a student with anaphylaxis? | Yes | No |
| Have you implemented any of the prevention strategies (in Appendix 2 of the Guidelines)? | Yes | No |
| Are there always sufficient staff members on yard duty with current training in anaphylaxis emergency management? | Yes | No |

| | | |
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| SECTION 4: SCHOOL'S FIRST AID AND EMERGENCY RESPONSE PROCEDURE FOR WHEN AN ALLERGIC REACTION OCCURS | | |
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|---|-----|----|
| Is the school's Communication Plan for when an allergic reaction occurs for all in-school and all out-of-school scenarios clearly documented in the School's Communication Plan and distributed to all staff? | Yes | No |
| Have all staff responsible for students with anaphylaxis received training and attended a twice yearly briefing? | Yes | No |
| Do staff know when their training needs to be renewed? | Yes | No |
| Have you developed a School's First Aid and Emergency Response Plan for when an allergic reaction occurs? | Yes | No |
| In the class room? | Yes | No |
| In the school yard? | Yes | No |
| At school camps and excursions? | Yes | No |
| On special event days, such as sports days? | Yes | No |
| Does your plan include who will call the Ambulance? | Yes | No |
| Is there a designated person who will be sent to collect the student's adrenaline auto injector and ASCIA Emergency Action Plan for Anaphylaxis? | Yes | No |
| Have you checked how long it will take to get to the adrenaline auto injector and ASCIA Emergency Action Plan for Anaphylaxis to a student from various areas of the school including: | Yes | No |
| The classroom? | Yes | No |
| The school yard? | Yes | No |
| The sports field? | Yes | No |
| On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline auto injector(s) are correctly stored and available for use? | Yes | No |
| Who will do this on excursions? | | |
| Who will do this on camps? | | |

| | | |
|---|-----|----|
| Who will do this on sporting activities? | | |
| Is there a process for post incident support in place? | Yes | No |
| Comments | | |
| Have all staff been briefed on: | | |
| The school's Anaphylaxis Management Policy? | Yes | No |
| The causes, symptoms and treatment of anaphylaxis? | Yes | No |
| The identities of students who carry an adrenaline auto injector and where their medication is located? | Yes | No |
| How to use an adrenaline auto injector device, including hands on practice with a training adrenaline auto injector device? | Yes | No |
| The school's First Aid and Emergency Response Procedures for all in-school and out-of-school environments? | Yes | No |
| Where the adrenaline auto injector for general use is kept? | Yes | No |
| Where the student's medication is located including if they carry it on their person? | Yes | No |
| SECTION 5: COMMUNICATING WITH STAFF, STUDENTS AND PARENTS/CARERS | | |
| Is there a communication plan in place to provide information about anaphylaxis and the school's policies? | Yes | No |
| To staff? | Yes | No |
| To students? | Yes | No |
| To parents/carers? | Yes | No |
| Are the School's First Aid and Emergency Response Procedures for when an allergic reaction occurs for all in-school and out-of-school scenarios documented in the school's Communication Plan and distributed to all staff? | Yes | No |
| Comments | | |
| Do all staff know which students carry an auto injector and is there a process for distributing this information to all staff? | Yes | No |
| Comments | | |
| How is this information kept up to date? | | |
| Comments | | |
| Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments? | Yes | No |
| Comments | | |

This Anaphylaxis Risk Management Assessment must be completed annually.

| | |
|--|--------------------------------|
| Document stored: | First Aid room |
| Electronic file: | Stored indefinitely |
| Person responsible for completion of form: | School Secretary |
| Person responsible for Review: | Principal/Principal's Delegate |