



LUMEN CHRISTI
PRIMARY SCHOOL

ANAPHYLAXIS MANAGEMENT POLICY

SCHOOL STATEMENT

Lumen Christi Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

RATIONALE

All children have the right to feel safe and well, and know that they will be attended to with due care when in need of first aid for the treatment of anaphylaxis.

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 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 adrenaline auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

POLICY STATEMENT

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 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; and
- an ASCIA (Australian Society of Immunology and Allergy) 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:

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- 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 at School; 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 (e.g. class parties, elective subjects, cultural days, fetes, incursions).
- Staff will be instructed about the different ways to deliver the adrenaline auto injector depending on the type of the injector.

Auto injectors may include Annapen or Epipen or any other auto injectors

GUIDELINES

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 Auto Injector that is current and not expired for their child.

Prevention Strategies

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 Lumen Christi 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 extracurricular 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

School Management and Emergency Response

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

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- 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
- 15) A debrief with those who were in the area at the time ;i.e. children, teachers

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
- 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 if a parent is not in attendance
- 15) Excursion/Camp supervisor to update Principal on situation
- 16) A debrief with those who were in the area at the time; i.e. children, teachers

Storage and Accessibility of an adrenaline Auto injectors

Adrenaline given through an auto injector 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 under 20kg are prescribed an adrenaline Auto injector for a Junior, which has a smaller dosage of adrenaline. If a student has been prescribed an adrenaline auto injector, it must be provided by the student's parent/carers to the school.

Adrenaline Auto Injectors will be stored and can be accessed quickly in the first aid room, with the child's name, photo, and their plan.

- Remember that in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes.
- Auto injectors will be stored in the First Aid room.
- All staff will know where the Auto Injector is located.

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Adrenaline Auto Injectors for General Use

The Principal will purchase Adrenaline Auto-injector(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 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
- the 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.

Communication Plan

- 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 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.

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

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

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.

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- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering the different adrenaline auto injectors.
- 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 it 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 Adrenaline Auto injector 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.

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.

POLICY EVALUATION

This policy will be reviewed annually, or if new regulations are issued by the Federal or State Governments.

Responsibility: Staff & School Advisory Council

REFERENCE MATERIALS:

Ministerial Order 706 – Anaphylaxis Management in Schools

Reviewed and Ratified: June 2017

Next review Year: June 2018