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## THE PATCH PRIMARY SCHOOL

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### ANAPHYLAXIS

#### Rationale

Anaphylaxis is an acute allergic reaction to certain food items and insect stings. The condition develops in approximately 1-2% of the population. The most common allergens are nuts, eggs, cow's milk and bee or other insect stings, and some medications. It can be life threatening and research indicates it is becoming more prevalent.

#### Aims:

The Patch Primary School believes that the safety and well-being of children who are at risk of anaphylaxis is a whole-of-community responsibility. The school will:

- comply with [DET Ministerial Order 706](#) and the associated guidelines
- develop risk minimisation and prevention strategies
- have at least one adrenaline autoinjector available for general use which must be 'in date'
- complete an annual school anaphylaxis risk management checklist (the Principal is responsible for this)
- provide, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally
- raise awareness about anaphylaxis and the school's anaphylaxis policy in the school community
- work with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student
- ensure *every* staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures
- actively involve the parents/guardians in the management of their child's anaphylaxis at school
- facilitate communication between the school, parents and the school community to ensure the safety and well-being of children at risk of anaphylaxis

#### Individual Anaphylaxis Plan

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 at the school with an interim plan to be developed in the meantime by the Principal in consultation with the parent/carer.

The **Individual Anaphylaxis Management Plan** will set out the following:

1. Information about the diagnosis, including the type of allergy or allergies the student has (based on diagnosis from a medical practitioner)
2. 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
3. The name of the person responsible for implementing the strategies
4. Information on where the student's medication will be stored

5. The student's emergency contact details
6. An emergency procedures plan (ASCIA Action Plan) provided by the parent that:
  - a. Sets out the emergency procedures to be followed in the event of an allergic reaction
  - b. Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan
  - c. Includes an up-to-date photo of the student

The student's **Individual Anaphylaxis Management Plan** will be reviewed, in consultation with the student's parents/carers:

- At the beginning of each school year, and as applicable
- If the student's condition changes, or
- Immediately after a student has an anaphylactic reaction at school
- When a student is to participate in any off-site activity
- IAMP's and ASCIA Action Plans are located in the medical cupboard in the resource room, modified plans are in staffroom, classroom and with their individual adrenaline auto-injector. During excursions and camps the teacher in charge has this information with them.

**It is the responsibility of the parent/carer to:**

- 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 ASCIA Action Plan
- Provide an up to date photo for the ASCIA Action Plan when the plan is provided to the school and when it is reviewed
- Provide the school with an adrenaline autoinjector and any other related medication that is current and not expired
- Participate in annual reviews of their child's Individual Anaphylaxis Management Plan

**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 policy. Information about anaphylaxis and the schools' anaphylaxis policy (including how to respond to an anaphylactic emergency at The Patch Primary School) can be obtained by visiting the school's website.

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, and on school excursions and camps.

Steps that will be taken to respond to an anaphylactic reaction by a student in the following locations:

*Classrooms*

All teachers conducting classes with students at risk of anaphylactic reaction must be trained in the prevention, recognition and treatment of an anaphylactic reaction. Teachers will be familiar with the school emergency response procedures for anaphylaxis.

*In the school yard*

Staff on yard duty will be knowledgeable of students with anaphylaxis and will be trained in prevention, recognition and treatment of an anaphylactic reaction. During yard duty staff are allocated a back pack with a laminated cards on our school anaphylaxis emergency response

procedures, how to administer an adrenaline auto-injector, an adrenaline auto-injector are contained in the bag

#### *On school excursions/camps*

Staff attending will be knowledgeable of students with anaphylaxis and will be trained in prevention, recognition and treatment of an anaphylactic reaction.

School staff taking students at risk of anaphylaxis on a school camp or excursion are required to take a first aid kits at all times which will contain a backup adrenaline autoinjector.

#### *Volunteers and casual relief staff*

Volunteer and casual relief staff working with student at risk of anaphylaxis will be informed of students at risk and their role in responding to an anaphylactic reaction by a student in their care, with a list of students with known allergies in the CRT folder, a poster is located in the staffroom, the medicine cupboard, first aid duty bags and first-aid cupboard.

This information will be provided by the Assistant Principal or other nominated staff member.

### **Prevention strategies**

- Details on all anaphylaxis students will be posted in the in the staffroom, the medicine cupboard, first aid duty bags and first- aid cupboard and communicated in staff meetings and training.
- There will be no burning of peanuts or tree nuts in Science experiments.
- Appropriate risk minimization strategies will be discussed and implemented where required for any classroom activities which may involve food.
- The Patch Primary School recommends no sharing of food. This is important to minimize the risk of exposure to confirmed allergens whilst at school.
- Students are asked to not share food with one another which ensures that all students are eating the food packed or ordered for them by their parents/guardians. This minimizes the risk of exposure to confirmed allergens for those students at risk of anaphylaxis to food allergens.
- Staff are to be trained on prevention i.e. food related class activities, recognition and treatment of anaphylactic reactions.
- All staff will be briefed once each semester by a staff member who has up to date 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 where their medication is located
  - How to use an adrenaline injecting device
  - The school's first aid and emergency response procedures

### **Back up adrenaline auto injectors**

The Principal is responsible for arranging the purchase of additional adrenaline auto-injectors for general use which will act as a back-up to those supplied by parents. The Principal will consider the following when deciding how many back-up adrenaline adrenaline auto-injectors to purchase:

- adrenaline auto-injectors expire within 12-18 months and will be replaced by the school once they have been used or once they reach their expiry (whichever happens first);
- the number of students enrolled with a risk of anaphylaxis;
- the accessibility of adrenaline auto-injectors provided by parents; and

- the availability of adrenaline auto-injectors for general use in specified locations (e.g. during class, school yard, special events, excursions and camps).

The school currently has purchased three adrenaline auto-injector for general use. This will be stored in the following location:

- 2 in the Medicine Cupboard in the resource room
- 1 in the First –Aid Cupboard of Out of School Hours Care

### **Staff Training**

The Principal is responsible for ensuring that teachers and any other school staff including education support staff and CRT's as identified by the Principal, who interact with students at risk of anaphylaxis (especially those who conduct classes that students at risk of anaphylaxis attend, must have up to date training from an DET-approved anaphylaxis course.

School staff subject to training requirements must have:

- Successfully completed an anaphylaxis training course in the two years prior
- Participate in a briefing to occur twice per calendar year, with the first one to be held at the beginning of the school year

The Patch School uses the online training course provided by ASCIA that can be accessed at: <https://etrainingvic.allergy.org.au/>. This accreditation is valid for a two-year period. In order to successfully complete this training staff will also be required to show the School Anaphylaxis Supervisor that they are able to appropriately and competently use an adrenaline autoinjector. This capability must be tested within 30 days of completion of the online training course.

The Principal is asked to appoint two School Anaphylaxis Supervisors whose duties include facilitating the semester anaphylaxis briefings, assessing and confirming the ability of staff members to use an adrenaline auto-injector and Order compliance. School Anaphylaxis Supervisors are required to successfully complete the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC* (every 3 years) and the *ASCIA Anaphylaxis e-training for Victorian Schools* (every 2 years).

The briefing content will include:

- the school anaphylaxis management policy
- the school first aid and emergency response procedures
- a demonstration of how to use an adrenaline auto-injector, including “hands on” practice with a “trainer” adrenaline auto injector
- the causes, symptoms and treatment of anaphylaxis
- identities of students diagnosed with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and where their medication is located
- where to locate and access adrenaline auto-injectors that have been provided by parents and of those purchased by the school

If, for any reason, training and briefing has not yet occurred in accordance with DET Ministerial Order 706, the Principal must develop an interim plan in consultation with the parents of any affected student with a medical condition relating to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.

At all 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 identify the school staff to be trained based on a risk assessment.

### Emergency Response

During an anaphylaxis emergency the student's ASCIA Action Plan, the schools' emergency response procedures, and general first aid procedures are to be followed.

1. Always follow the student's ASCIA Plan which outlines the emergency response required as well as the relevant first aid for an anaphylactic reaction.
2. Person 1 must remain with the student.
3. Person 2 obtains student's kit which contains the student's auto-injector, ASCIA plan, IAMP and antihistamine if prescribed. They must also obtain a back-up auto-injector which is the same dose of the student's prescribed auto injector. These are located next to the student's kits.
4. Person 2 returns to the student and the ASCIA plan is followed.
5. Person 1 is to remain with the student at all times and wait for an ambulance
6. Person 2 is to notify the school nurse, Principal, Assistant Principal and the other members of the leadership team as relevant
7. Parents/guardians are to be contacted.
8. The incident is to be recorded in SEQTA and also RISKMAN.
9. Follow up and counselling/debrief to be offered to relevant parties.
10. Update of the student's IAMP as soon as is practicable.

**Always follow the student's ASCIA Plan.**

**A copy of the most up to date list of the students at risk of anaphylaxis is located at the medicine cupboard in the resource room and is also emailed to all staff when updated.**

### Strategies

This table describes how the school will manage students with anaphylaxis.

Strategy	Description
<b>School Anaphylaxis Policy</b>	This is a school-based policy that is required to be developed under s4.3.1(6) of the Act because the school has at least one enrolled student who has been diagnosed as being at risk of anaphylaxis. This policy describes the school's management of the risk of anaphylaxis. MO706 prescribes the matters which the policy must contain.
<b>Prevention Strategies</b>	Under MO706, a School's Policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction.
<b>Communication Plan</b>	A plan developed by the school which provides information to all school staff, students and parents about anaphylaxis and the School's Anaphylaxis Management Policy.
<b>Emergency Response</b>	Procedures which each school develops for emergency response to anaphylactic reactions for all in-school and out-of-school activities.

<b>Strategy</b>	<b>Description</b>
	The procedures, which are included in the School's Anaphylaxis Management Policy, differ from the instructions listed on the ASCIA Action Plan of 'how to administer the Adrenaline Autoinjector'.
<b>ASCIA Action Plans</b>	An ASCIA Action Plan should be completed by the student's parents/guardians in consultation with the student's medical practitioner and a copy provided to the school. The plan must outline the student's known severe allergies and the emergency procedures to be taken in the event of an allergic reaction.
<b>Individual Management Plans</b>	An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents. These plans include the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's Adrenaline Autoinjector should the student display symptoms of an anaphylactic reaction.
<b>Annual Risk Management Checklist</b>	Principals need to complete an annual Anaphylaxis Risk Management Checklist to monitor their compliance with their legal obligations and the Guidelines.
<b>Purchase additional adrenaline auto-injection devices</b>	Schools with students at risk of anaphylaxis must purchase a spare or 'backup' adrenaline auto-injection device(s) as part of school first aid kit(s), for general use. Schools can purchase an adrenaline auto-injection device at local chemists. (Schools must regularly check the expiry date of the backup device). Schools must determine the number of backup adrenaline autoinjector devices to be purchased for general use, taking into account the number of diagnosed students attending the school and the likely availability of a backup device in various settings, including school excursions and camps.
<b>Training</b>	All school staff with a duty of care responsibility for the wellbeing of students at risk of anaphylaxis should receive training in how to recognise and respond to an anaphylactic reaction including administering an adrenaline autoinjector (i.e. adrenaline auto-injector ®).
<b>Encouraging camps and special event participation</b>	Parents/guardians to complete the Department's Confidential Medical Information for School Council Approved School Excursions form. Note: Consideration should be given to the food provided.
<b>Communicating with parents</b>	Regularly communicate with the student's parents about the student's successes, development, changes and any health and education concerns.

**Evaluation:**

This policy was originally formed, and will be reviewed annually in consultation with all members of the wider community (all staff, parents, students, and interested members of the community).

**References:**

ASCIA - <http://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare>

St Johns Ambulance Victoria – 8588 8391

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

Ministerial Order 706

**Related legislation**

*Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008*

Ministerial Order 90 (repealed on 22 April 2014)

Ministerial Order 706 (updated on 3 December 2015)

**Department resources**

Ministerial Order 706

Guidance for developing a School Anaphylaxis Policy (updated)

Anaphylaxis Guidelines for Victorian Schools (updated)

Individual Anaphylaxis Management Plan Template (updated)

Annual Anaphylaxis Risk Management Checklist (updated)

Online Anaphylaxis Training Strategy: Frequently Asked Questions (updated)

Online Anaphylaxis Training Strategy: A Summary Fact Sheet

Online Anaphylaxis Training Strategy: A Step-by-Step Implementation Guide (updated)

School Anaphylaxis Supervisor Checklist (updated)

Facilitator Guide for Anaphylaxis Management Briefing (updated)

Anaphylaxis Management Briefing Presentation (updated)

**Other resources**

[Allergies & Anaphylaxis Australia](#) - about living with anaphylaxis

[ASCIA Guidelines](#)- for prevention of food related anaphylactic reactions in schools, preschools and childcare

[Royal Children's Hospital: Allergy and Immunology](#)

[Royal Children's Hospital - Anaphylaxis Support Advisory Line](#) - for all school anaphylaxis management enquires, (including the implementation of Ministerial Order 706). The advisory line is available between the hours of 8.30 am to 5 pm, Monday to Friday. Phone 1300 725 911 or (03) 9345 4235.

**Principal**



**School Council President**

