



CATHEDRAL COLLEGE WANGARATA
A school of The Anglican Schools Commission (Inc.)

Anaphylaxis Management Policy

Section	Student Welfare
Number	6a
Version	1.2
Approved	School Council
Date	February 2019
Review Date	February 2020

1.0 Principles

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 and certain insect stings (particularly bee stings).

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

The school complies with the Ministerial Order 706, 2015.

Purpose

- 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/guidelines in the school community.

- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

2.0 Procedures

Individual Anaphylaxis Care Plans

The principal (or principal's delegate) will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of school.

The Individual Anaphylaxis Health Care Plan will contain the following information:

- the student's allergies
- locally relevant risk minimisation/prevention strategies
- names of persons responsible for implementing risk minimisation/prevention strategies
- storage of medication
- the student's emergency contact details
- the student's ASCIA pan.

The student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:

- annually, and as applicable,
- if the student's condition changes,
- immediately after the student has an anaphylactic reaction
- when the student is to participate in an off- site excursion or event and with reference to the permission/medical form for that event.

It is the responsibility of the parent/guardian to:

- provide an ASCIA Action Plan completed by the child's medical practitioner with a current photo,
- inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan
- provide the school with an adrenaline auto-injector that is current and not expired.

Communication

The principal (or principal's delegate) will be responsible for providing information to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies. These strategies include the development and review of an Anaphylaxis Communication Plan annually.

Ongoing consultation with parents/guardians will be communicated to provide practical prevention strategies ensuring appropriate management strategies are in place for the safe environment of their child.

Volunteers and casual relief staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

Staff Training and Emergency Response

Teachers and other school staff who have contact with the student at risk of anaphylaxis, are required to undertake training in anaphylaxis management including how to respond in an emergency. The Principal will identify the other staff required to undertake anaphylaxis training based on a risk assessment that assesses the likelihood of those staff having the responsibility for at risk students. Those staff include:

- all teachers
- teacher aides
- admin staff who act as first aid officers.

The Student Welfare office will maintain an up to date list of students at risk of anaphylaxis.

Those staff required to undertake training must have successfully completed:

- a) a face to face anaphylaxis management training course in the three years prior (one of 22300VIC or 10710NAT); or
- b) an online anaphylaxis training course (ASCIA e-training) in the two years prior and had their competency in use of an auto-injector assessed by a School Anaphylaxis Supervisor; and
- c) participate in two briefings per year conducted by a member of staff who has successfully completed an anaphylaxis management course.

The bi-annual briefings will include the following:

- the school's Anaphylaxis Management Policy
- the causes, symptoms and treatment of anaphylaxis
- the identifies of students at risk of anaphylaxis, the details of their medical conditions and the location of their medication
- how to use an adrenaline auto-injector, including practising with a "trainer" adrenaline auto-injector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline auto-injectors that have been provided by parents/guardians or provided by the school.

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 and know how to recognise, prevent and treat anaphylaxis. Training will be provided to these staff as soon as practicable after the student enrolls.

Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the student's parents/guardians. As soon as possible staff training will be conducted after the interim plan has been developed.

The Principal is responsible for arranging the purchase of a number of 'backup' adrenaline auto-injectors for general use. The number of additional adrenaline auto-injectors will be influenced by:

- the number of students enrolled at risk of anaphylaxis
- the accessibility of adrenaline auto-injectors supplied by parents
- the location of at risk students around the school's buildings
- the number of yard duty areas, camp/excursion bags
- the fact that adrenaline auto-injectors have a limited life, usually expire within 12-18 months, and will need to be replaced either at the time of use or expiry date, whichever is earliest.

The school's first aid procedures and student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

Risk Minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies.

As part of the risk minimisation strategies the Principal is required to complete an annual Anaphylaxis Risk Management Checklist.

Setting	Considerations
OSHC Services/ Classroom	<ul style="list-style-type: none"> • Display a copy of the students ASCIA Action Plan in the classroom. • Liaise with parents/guardians about food related activities ahead of time. • Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school's allergen minimisation strategies (see Step 4 of 'allergy awareness' in schools). • Never give food from outside sources to a student who is at risk of anaphylaxis. • Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).

	<ul style="list-style-type: none"> • Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. • Casual/relief teachers should be provided with a copy of the student's ASCIA Action Plan.
Canteens	<ul style="list-style-type: none"> • If schools use an external/contracted food service provider, the provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling. • With permission from parents/guardians, canteen staff (including volunteers), should be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans. With permission from parents/guardians, some schools have the students name, photo and the foods they are allergic to, displayed in the canteen as a reminder to staff. • Liaise with parents/guardians about food for the student. • Food banning is not recommended (see Step 4 of 'allergy awareness' in schools), however some school communities may choose not to stock peanut and tree nut products (including nut spreads) as one of the school's risk minimisation strategies. • Products labelled 'may contain traces of peanuts/tree nuts' should not be served to the student known to be allergic to peanuts/tree nuts. • Be aware of the potential for cross contamination when storing, preparing, handling or displaying food. • Ensure tables and surfaces are wiped clean regularly.
Yard	<ul style="list-style-type: none"> • The student with anaphylactic responses to insects should wear shoes at all times. • Keep outdoor bins covered. • The student should keep open drinks (e.g. drinks in cans) covered while outdoors. • Staff trained to provide an emergency response to anaphylaxis should be readily available during non class times (e.g. recess and lunch). • The adrenaline autoinjector should be easily accessible from the yard. • It is advised that schools develop a communication strategy for the yard in the event of an anaphylactic emergency. Staff on duty need to be able to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended. Refer to Case Studies provided for examples of how schools could manage this.
On-site events (e.g. sporting events, in school activities, class parties)	<ul style="list-style-type: none"> • For special occasions, class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student. • Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies (see Step 4 of 'allergy awareness' in schools).

<p>On-site events cont.</p>	<ul style="list-style-type: none"> • Party balloons should not be used if a student is allergic to latex. • Latex swimming caps should not be used by a student who is allergic to latex. • Staff must know where the adrenaline autoinjector is located and how to access if it required. • Staff should avoid using food in activities or games, including rewards. • For sporting events, it may be appropriate to take the student's adrenaline autoinjector to the oval. If the weather is warm, the autoinjector should be stored in an esky to protect it from the heat.
<p>Off-site school settings – field trips, excursions</p>	<ul style="list-style-type: none"> • The student's adrenaline autoinjector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions. • One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis. • Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required). • Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student. • Consider the potential exposure to allergens when consuming food on buses. • When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers. • Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies. • Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals. • Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts. • Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided. • The student's adrenaline autoinjector and ASCIA Action Plan and a mobile phone must be taken on camp. • A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis. • Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.

Off-site school settings – camps and remote settings (Cont'd)

- Be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp.
- The adrenaline autoinjector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school first aid kit, although schools can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own adrenaline autoinjector.
- The student with allergies to insect venoms should always wear closed shoes when outdoors.
- Cooking and art and craft games should not involve the use of known allergens.
- Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.