Anaphylaxis Policy
Mornington Park Primary School 5040

Rationale:

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. Partnership between the school and parents is important in ensuring that certain foods or items are kept away from the student while at school.

Signs and symptoms of anaphylaxis include hives/rash, tingling in or around the mouth, abdominal pain, vomiting or diarrhoea, facial swelling, coughing or wheezing, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing.

Adrenaline given through an Epipen auto injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Aims:

- 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 ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school’s policies and procedures in responding to an anaphylactic reaction.

Implementation:

Mornington Park Primary school will take all practical steps to provide a safe, healthy environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis.

No child who has been prescribed an autoadrenaline injecting device is permitted to attend the school or its programs without that autoadrenaline injecting device.
Responsibilities:

The Principal liaising with the First Aid Officer 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 before their first day of school.

Individual Anaphylaxis Management Plans

The individual management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on 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 student’s individual management plan will be reviewed in consultation with the student’s parents / carers annually and as applicable i.e. if the student’s condition changes, immediately after a student has had an anaphylactic reaction at school

It is the responsibility of the parent to:

- Provide the emergency procedures plan (ASCIA Action Plan)
- Provide the school with a complete autoadrenaline injecting device (Epipen or Anapen)
- Comply with the school’s policy that no child who has been prescribed an autoadrenaline injecting device is permitted to attend the school or its programs without that autoadrenaline injecting device
- Inform the school if their child’s medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan)

It is the responsibility of the school to:

- Have an anaphylaxis policy in place
- Identify susceptible children and know their allergens
- Work with parents to develop individual Anaphylaxis Management Plans for students diagnosed at risk of anaphylaxis
- Liaise regularly with parents
- Provide an autoadrenaline injecting device in each building in addition to those provided by known students with anaphylaxis.
- Ensure that the kit for each child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends
- Ensure that the kit is stored in locations that are known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat
- Regularly check the expiry date of the kit
- Follow information contained in the student’s Anaphylaxis Plan
- Provide professional development for staff in how to recognise and respond to an anaphylactic reaction
- In the event of a reaction follow the procedures in the students ASCIA Action plan
- Inform the community about anaphylaxis via the newsletter
- Not allow food sharing and restrict food to that approved by parents
- Display ASCIA generic posters called Action plan for Anaphylaxis in key locations around the school. E.g In the Sickbay, Staffrooms, and near all phone lines in the school.

**It is the responsibility of the staff to ensure that:**

**In relation to the child at risk:**
- This child should only eat food that has been specifically prepared for him/her.
- Where the school is preparing food for the child, ensure that it has been prepared according to the parent’s instructions. (Some parents will choose to provide all food for their child.)
- All food for this child should be checked and approved by the child’s parent/guardian and be in accordance with the risk minimisation plan.
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child be clearly labelled with the child’s name.
- There should be no trading or sharing of food, food utensils and containers with this child.

In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.

- Parents/guardians have provided a safe treat box for this child.
- There is increased supervision of this child on special occasions such as excursions, incursions or family days.

**In relation to other practices at the school:**

- Ensure tables and bench tops are washed down after eating.
- Ensure hand washing for all children upon arrival at the school, before and after eating.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children.

Staff should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the risk minimisation plan.

The risk minimisation plan will inform the school’s food purchases and menu planning.
• All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not ‘wander around’ the school with food.

• Staff should use non-food rewards, for example stickers, for all children.

• Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.

• Where food is brought from home to the school, all parents/guardians will be asked to avoid sending food containing specified allergens or ingredients as determined in the risk minimisation plan.

**Communication Plan**

The principal liaising with the First Aid officer 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.

• Includes information about what steps will be taken to respond to an anaphylaxis reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

• Is provided for Volunteers and casual relief staff and their role in responding to an anaphylactic reaction by a student in their care.

All staff

• Will be briefed once a semester by a staff member who has up to date anaphylaxis management training on
  o The school’s anaphylaxis management policy
  o The causes, symptoms and treatment of anaphylaxis
  o The identities of students diagnosed at risk of anaphylaxis and where their medication is located
  o How to use an auto adrenaline injecting device
  o The school’s first aid and emergency responses

**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 must have up to date training in an anaphylaxis management training course.

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 identify the school staff to be trained. Training will be provided to those staff as soon as practicable after the student enroils. 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 parents.

The school’s first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

- We will all take out our phones on yard duty and will create a card system as a backup
- Classes with a known anaphylaxis child will not receive bread from Bakers Delight
- Two Epi pens need to go on excursions.
- On excursion the anaphylaxis child needs to be group with the teacher or their parent.
- The policy will be spoken about on induction days.

**Evaluation:**

An anaphylaxis risk management checklist will be completed each year by the First Aid Officer and information will be presented to the Principal for review and adaptation of the policy if required.

**References**

Department of Education and Early Childhood Development

Australian Society of Clinical Immunology and Allergy
http://www.allergy.org.au/content/view/10/3/

**Related Legislation**

*Children's Services and Education Legislation (Anaphylaxis Management) Amendment Act 2008 (Vic) - 14 July 2008*

*Ministerial Order 90 Anaphylaxis Management in Schools – minimum standard for school registration under Part IV of the Education and Training Reform Act*

**Related Guidelines and Procedures:**

*Anaphylaxis Risk Management Checklist Review*

This document was reviewed in May 2011 and will be reviewed no later than May 2014.
Anaphylaxis Risk Management Checklist

This checklist should be completed by the First Aid Officer each year and a copy provided to the Principal.

Date of Review:
First Aid officer:
Review presented to:
Comments

How many current students diagnosed with anaphylaxis?

Have these students ever had an allergic reaction while at school?
If yes, how many times?

Have any students had an anaphylactic reaction while at school?
If yes, how many times?

Has a staff member been required to administer an Epipen to a student?
If yes, how many times?

Does every student who has been diagnosed at risk of anaphylaxis have an individual management plan in place?

Are all Anaphylaxis Management Plans reviewed regularly with parents (at least annually)

Do they set out strategies to minimize the risk of exposure to allergens for in school and out of class settings?

- During classroom activities.
- During lunch or snack times
- Before and after school, in the school yard and during breaks
- For special events, such as excursions, sport days, class parties and extracurricular activities
- For excursions and camps
Do all students who suffer from anaphylaxis have a copy of their ASCIA Action Plan kept at school (provided by the parent)?

Where are they kept?

Do the anaphylaxis action plans have a recent photo of the student with them?

Comments

Where are the students' Epipens stored?

How are the Epipens stored?

Is the storage safe? (out of reach of students)

Is the storage unlocked and accessible to staff at all times?

Comments

Is the Epipen easy to find?

Comments

Is a copy of students’ ASCIA Action Plans kept together with their Epipen?

Comments

Are Epipens and Action Plans clearly labeled with students’ names?

Comments

Has someone been designated to check the Epipen expiry dates on a regular basis?

Who?

Comments

Has the school signed up to Epiclub (a free reminder service)?

8. Do all staff know where the Epipens and Action Plans are stored?

9. Is there a spare Epipen?

If yes what type?

10. Where is it stored?

11. Is it clearly labeled as a backup Epipen?

1. Have you done a risk assessment of the potential for accidental exposure to allergens for a student with anaphylaxis?

2. Has the school implemented any of the prevention strategies (in Appendix 2 of the guidelines)?

3. Which ones?

4. Others
5. Is there always a trained staff member on yard duty?
6. How many staff have completed training?

1. **Have all staff responsible for the care of students with anaphylaxis been trained?**

2. **When does their training need to be renewed?**
3. **Do all staff have an understanding of the causes, signs and symptoms of anaphylaxis and their role in the school’s first aid and emergency response procedures?**

4. **Have you planned how the alarm will be raised if an allergic reaction occurs?**
   - In the classroom?
     - How?
   - In the school yard?
     - How?
   - At school camps and excursions?
     - How?
   - On special event days such as sport days?

5. **Does your plan include who will call the ambulance?**
   - How?

6. **In an emergency is there a plan for who will be sent to collect the Epipen and Action Plan?**
   - Who will this be when in the classroom?
   - Who will this be when in the school yard?
   - Who will this be at sporting activities?

7. **Have you checked how long it will take to get to the Epipen and Action Plan to a student from various areas in the school?**
   - How long?
     - When in the classroom
   - How long?
     - When in the school yard
   - How long?
     - When at the sports field
How long?

8. On excursions or other out of school event is there a plan for who will look after the Epipen and Action Plan?
Who will do this on excursions?
Who will do this on camps?
Who will do this on sporting activities?

9. Is there a process for post incident support in place?

10. Have all staff been briefed 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 auto-injecting device, including hands on practice with a trainer adrenaline auto-injecting device
The school’s first aid and emergency response procedures

11. Is there a communication plan in place to provide information about anaphylaxis and the school’s policies to staff, students and parents / carers?

12. Are there procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response?
Comments

13. Do all staff know which students suffer from anaphylaxis?
Comments
How is this information kept up to date?

14. Are there strategies in place to increase awareness about severe allergies among students?
Comments