



Anaphylaxis Management Policy/Procedures

239 Pearcedale Road Cranbourne South VIC 3977 Tel: 9782 2999

Email: cranbourne.south.ps@edumail.vic.gov.au Website: <http://www.cranbournesouth.vic.edu.au/>

Introduction

Cranbourne South Primary School has developed and maintains an Anaphylaxis Management Policy that fully complies with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

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 EpiPen® autoinjector 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 policy and procedures in responding to an anaphylactic reaction.

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 Action Plan.

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

Review of Individual Anaphylaxis Management Plans

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's Parents in all of the following circumstances:

- 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 (eg. class parties, elective subjects, cultural days, fetes, incursions).

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Responsibilities of the Parents

- 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 Autoinjector that is current and not expired for their child.

Prevention Strategies

School staff will know these prevention strategies:

- Know student/s in their class or classes who are at risk and be familiar with their individual management plans and have up to date training in anaphylaxis management.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food with others.
- Send parent permission notices home to all parents about classroom or school activities that may pose a risk to students with anaphylaxis, for example hatching chicken eggs.
- Be aware of hidden allergens or ingredients used for cooking, science and technology or art classes e.g. egg or milk cartons.
- Know where medication for at risk students is stored and how to use it.

School Management and Emergency Response

The School will ensure that:

- Individual Anaphylaxis Action Plans are displayed in the First Aid room.
- A copy of Individual Anaphylaxis Action Plans will be attached to each enrolment record, placed in the Serious Illness Register (First Aid office) and if appropriate included in the camp health documents folder.
- Individual Anaphylaxis Action Plans are reviewed in consultation with parents/ carers annually, if conditions change or immediately after a student has an anaphylactic reaction at school.
- The First Aid Coordinator updates school first aid records in accordance with action plans annually or if conditions changes or a reaction occurs.
- The Casual Relief Teacher (CRT) coordinator informs CRTs of students at risk of anaphylaxis in their class and provides information on the procedures for dealing with an anaphylactic reaction with class buildings and out in the yard.
- At risk students who are under the care or supervision of the school during yard duty, excursions, camps and special events, are provided with a sufficient number of staff present who have current training in anaphylaxis management.
- An EpiPen is carried by school staff on excursions, outings and camps for each student with an Individual Anaphylaxis Action Plan and the EpiPen is accessible to the adult who is responsible for or accompanying the child during the activity.
- School staff are trained in anaphylaxis risk assessment and management as soon as practicable from the start of the school year and participate in an update in Semester 2.
- An interim plan is made for any new students enrolled, developed in conjunction with parents and to be replaced by an Individual Anaphylaxis Action Plan (ASCIA) developed with their doctor and returned to the first aid officer within a week of enrolment.
- Induction for new staff will include anaphylaxis awareness information and appropriate training will be sought as soon as possible for new staff.
- A school communication plan is in place providing current information for all staff, students and parents.
- The communication plan includes information about what steps will be taken to respond to a student's anaphylactic reaction in a classroom, in the yard, on a school excursion, camp and special event day.
- EpiPens of children identified by Individual Anaphylaxis Action Plans will be kept in individual bags / containers that are colour coded and clearly labelled. The bags/containers are kept in the First Aid room in a clearly identified cupboard.
- The school has 3 EpiPens, 2 in the office and one in the Gallery in MAC 15.

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Adrenaline Autoinjectors for General Use

The Principal will purchase Adrenaline Autoinjector(s) for General Use and as a back up to those supplied by Parents. The Principal will determine the number of additional Adrenaline Autoinjector(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 Autoinjectors 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 Autoinjectors 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 Autoinjectors 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 school will have a Communication Plan to raise staff, students and school community awareness about anaphylaxis, severe allergies and the following school rules:

- Children must not share food at any time
- Parents and families must see the class teacher before bringing a birthday cake or lolly bags to school.
- Parents should not give food treats to children in the playground
- Parents and families should never give food to another person's child unless prior arrangement has been made between the parents

Staff Training

The following School Staff will be appropriately trained:

- School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any further School Staff that are determined by the Principal.

The identified School Staff will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior; and
- participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
 - o the School's Anaphylaxis Management Policy;
 - o the causes, symptoms and treatment of anaphylaxis;
 - o the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
 - o how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
 - o the School's general first aid and emergency response procedures; and
 - o the location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.

The briefing must be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.

The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

Cranbourne South PRIMARY SCHOOL

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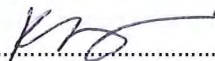
Annual Risk Management Checklist

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.

This checklist can be found at

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

This policy was adopted at the School Council Meeting held at Cranbourne South Primary School, on ...

Signed.....
School Council President

Signed.....
Principal