



St Joseph's Anaphylaxis Management Policy

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 children who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents/carers are important in ensuring that certain foods or items are kept away from the child while at school.

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

Staff and parents/carers need to be made aware that it is impossible to achieve a completely allergen-free environment in any primary school. Instead, St Joseph's recognises the need to adopt procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction and to ensure that the staff is equipped to deal with such a situation, should it occur.

PURPOSE:

- To comply with Ministerial Order No. 706, as well as guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time.
- To provide, as far as practicable, a safe and supportive environment in which each child at risk of anaphylaxis can participate equally in all aspects of schooling.
- To raise awareness about anaphylaxis and allergies and the school's anaphylaxis management policy within the school community.
- To engage with parents/carers of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- 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.
- To facilitate communication to ensure the safety and wellbeing of each child at risk of anaphylaxis.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN AND ASCIA ACTION PLAN

The principal will ensure that an individual management plan is developed, in consultation with each child's parents/carers, for any child 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 child enrolls, and where possible, prior to their first day of school.

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the child has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the child is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
- The name of the person/s responsible for implementing the strategies.
- Information on where the child's medication will be stored.
- The child's emergency contact details.
- An action plan in the format approved by the Australasian Society of Clinical Immunology and Allergy (ASCIA Action Plan) provided by the parent.

The student's individual management plan will be reviewed by the School Nurse, in consultation with the student's parents/carers annually, if the child's condition changes, or immediately after a child has an anaphylactic reaction at school.

- An ASCIA Action Plan provided by the parent:
 - includes clear identification of the child (up to date photograph.)
 - documents the allergic triggers.
 - documents the emergency contact information.
 - documents the first aid response including any prescribed medication.
 - sets out the emergency procedures to be taken in the event of an allergic reaction;
 - is signed by a medical practitioner.

It is the responsibility of the parent 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 procedures plan (ASCIA Action Plan).
- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.
- provide the EpiPen® and replace the EpiPen® prior to its expiry date or after it has been used.
- provide a secondary EpiPen® to the Before/After School Program if the child is attending.

Storage

- Each child's medication is stored in an unlocked and easily accessible medical cupboard in the First Aid Room.
- The ASCIA Action Plan and EpiPens® are in individual bags, clearly labelled and visible. These bags are stored in the General Office.
- The child's emergency contact details are on the individual plans, copies of which are kept in every medical alert folder.
- Spare general use EpiPens are stored in the Office and in each of the three first aid bags which are used for excursions.

STRATEGIES TO MINIMIZE THE RISK OF EXPOSURE TO ALLERGENS

All members of the school community are responsible for implementing the following strategies to minimise the risk of exposure to allergens.

Classrooms

- Keep a copy of the child's ASCIA Action Plan in the classroom.
- Liaise with parents/carers about food related activities ahead of time.
- Use non-food treats.
- Never give food from outside sources to a child who is at risk of anaphylaxis. Children with severe food allergies must only eat food that has been prepared at home or provided by their parent/carer.
- Bottles, other drinks and lunch boxes provided by the parents/carers for their child must be clearly labelled with the child's name for whom they are intended.
- Our risk minimisation approach includes informing children and parents/carers about anaphylaxis. We ask parents/carers to use alternatives to peanut butter and nutella on sandwiches and to not send any nut products to school.
- Photos of each child who has severe allergies will be displayed in the first aid room, classroom Medical Alert Folders, office and staffroom (subject to parental permission being granted.)
- The use of food in crafts, science experiments and other learning activities may need to be restricted depending on the allergies of the particular children in the class. Teachers are to check with School Nurse before using food based activities.
- Simple hygiene measures such as hand washing are considered important. The risk of a life threatening anaphylaxis from casual skin contact, even with highly allergenic foods such as peanuts, appears to be low.
- Be aware of the possibility of hidden allergens that may be encountered during learning activities.
- Have regular discussions with the children about the importance of washing hands, eating their own food and not sharing food. There is to be no trading or sharing of food, food utensils and food containers.
- The Deputy Principal will inform Casual Relief Teachers of children at risk of anaphylaxis, preventative strategies in place and the school's emergency procedures. Provide Casual Relief Teachers with a procedure sheet and copy of each child's ASCIA Action Plan which are kept in the CRT book.
- Ensure that tables and surfaces are wiped down regularly using low-allergen products.
- Physical isolation of a child at risk of anaphylaxis is not recommended.

BEFORE AND AFTER SCHOOL CARE

- Before/After School Care Staff are informed about children at risk of anaphylaxis by the parent/guardian when completing the enrolment form.
- A child with anaphylaxis will have an ASCIA action plan and EpiPen supplied by the parent/guardian and stored in a central area in the Before/Aftercare room.
- A Medical Alert folder containing the children's names and photos is provided to the staff.
- A 'no sharing' approach is recommended for food, utensils and food containers.
- Before/After Care Program does not stock peanut and treenut products (eg: hazelnuts, cashews, almonds including nut spreads.)
- Products that 'may contain traces of nuts' should not be served to children known to be allergic to nuts.
- Be wary of contamination of other foods when preparing, handling or displaying food.
- Ensure that tables and surfaces are wiped down regularly using hypo allergenic products.

YARD

- Each child with potential anaphylactic reactions to insects are encouraged to stay away from water or flowering plants and to wear closed shoes when outdoors.
- Consideration is given to plants and sources of water in the playground so that the child can avoid them without being unfairly limited. Lawns are mowed regularly and outdoor bins are covered.
- Children requiring more time to finish food during recess or lunch time are required to be seated on the benches outside the staffroom where they will be under the supervision of staff.
- Ensure that sufficient staff who are on yard duty are trained in the administration of the EpiPen® to be able to respond quickly if needed.
- Staff who on yard duty carry a method of communication to notify the first aid staff member and office of an anaphylactic reaction on the playground. This method includes a photo of the child and alert cards. Teachers do not leave a child who is experiencing an anaphylactic reaction unattended – the teacher directs another person to bring the EpiPen® as per the School Emergency Response Plan.

SPECIAL EVENTS

- Parents are instructed to bring non-food treats to celebrate birthdays. This includes when celebrating a teacher's birthday or other special occasion.
- Children will bring food prepared at home in clearly labelled containers avoiding known allergen foods.
- For special occasions (e.g.: Chinese New Year/Footy Day), class teachers should consult parents/carers in advance to either select appropriate food from the menu offered or request the parents/carers to send a meal for their child.
- The school community is informed about foods that may cause allergic reactions in children at risk of anaphylaxis and requested to avoid them in foods brought from home.
- Party balloons are not used if a child is allergic to latex.
- Swimming caps are not worn if a child is allergic to latex.
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- Staff know where the EpiPen® is located and how to access it if required.
- Staff avoid using food in activities or games, including as rewards.

EXCURSIONS

- The child's EpiPen®, ASCIA action plan and a mobile phone must be taken on all excursions.
- Parents of a child at risk of anaphylaxis may wish to attend an excursion after discussion with the teacher.
- The staff take the school first aid kit on excursions which includes the child's EpiPen® and a back-up EpiPen®.
- Parents will be notified prior to the excursion if food is going to be provided by the venue so that they are given the opportunity to provide an alternative meal.
- If food is to be provided by the venue, they will be made aware of any food allergies present in the group attending.

SCHOOL CAMPS

- A risk management strategy for students at risk of anaphylaxis on school camp will be in place.
- Camps will be advised prior to arrival of each child's allergies.
- Each child with anaphylaxis will be allowed to provide their own food if necessary. It is requested that foods containing nuts are not taken or supplied.
- Each child's EpiPen®, ASCIA action plan and a mobile phone must be taken on the camp. A back-up EpiPen® will also be taken.
- Ensure sufficient staff have had anaphylaxis training.
- The EpiPen® will remain accessible to the child at all times.
- Staff are aware of the potential for allergen exposure on the bus/plane.
- During travel to and from the camp, the EpiPen® and ASCIA Action Plan will be kept on the bus / plane with the teacher responsible for the child.
- If the group is flying, discussions must take place with the airline at the time of booking regarding the need to have an EpiPen® and a particular diet (if necessary) on the plane.
- Students will be allowed to take their own food on the plane if necessary.
- Prior to the camp all staff attending will have a refresher training session in use of the EpiPen®.

COMMUNICATION PLAN

The purpose of the Communication Plan is to provide information to all staff, children and parents/carers about anaphylaxis and the school's anaphylaxis management policy.

Strategies for Communication:

1. Medical Alert Folders are available in every classroom, the specialty areas, the front office, the Principal's office and the Deputy Principal's offices. These folders contain a copy of every affected child's ASCIA plan, as well as a copy of the Emergency Response Plan.
2. Every staff member is required to become familiar with the position and contents of the Medical Alert Folder.
3. The Deputy Principal is responsible for informing all casual relief staff of the position and contents of the Medical Alert Folders.
4. All staff will be briefed at the beginning of each year and during Semester Two, by a staff member who has had anaphylaxis management training. This update informs staff on:
 - a. the school's anaphylaxis management policy
 - b. the causes, symptoms and treatment of anaphylaxis
 - c. the identities of children diagnosed at risk of anaphylaxis and where their medication is stored
 - d. how to use an auto adrenaline device
 - e. the school's first aid and emergency response procedures
 - f. the location of, and access to, adrenaline autoinjectors provided by parents or purchased by the school for general use.
5. All staff will complete the anaphylaxis e-training course every two years.
6. The school community's awareness of anaphylaxis will be promoted through inclusions in the school newsletter.
7. The School Advisory Board and the Parents and Friends' Association is informed about the school's Anaphylaxis Policy.

STAFF TRAINING AND EMERGENCY RESPONSE

Teachers and other school staff who are responsible for the care of a child at risk of anaphylaxis, must have up to date training in an anaphylaxis management course. 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 parents.
- 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 school's first aid procedures and the child's ASCIA Action Plan will be followed in responding to an anaphylactic reaction.

RESOURCES AND SUPPORT

- ASCIA Guidelines for the Prevention of Food Anaphylactic Reactions in Schools, Preschools and Childcare (2015).
- Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools (2015)
- Australasian Society of Clinical Immunology and Allergy (ASCIA) – www.allergy.org.au
- Anaphylaxis Australia Inc – www.allergyfacts.org.au
- Royal Children's Hospital – 9345 5701

Evaluation

This policy will be reviewed as part of the School Improvement Plan or as required. Reviewed and ratified October, 2020

Review Date October, 2024

The School Nurse will complete an annual Risk Management Checklist to monitor the obligations of the school regarding anaphylaxis