

Cobram Anglican Grammar School

A school of The Anglican Schools Commission (Inc.)

Anaphylaxis Management Policy

Section	Student Welfare
Number	10a
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Approved	School Council
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Policy Owner	Executive Assistant

1. Principles

1.1. 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 injector (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 will comply with guidelines related to anaphylaxis management in schools as published and amended by the Department of Education and Training from time to time. The School complies with the Ministerial Order 706.

1.2 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. Procedures

2.1 Individual Management Plans

The Principal (or delegate) will ensure that an Individual Anaphylaxis Management Action Plan is developed in consultation with the students' parent/guardian, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

Individual Management Plans will be in place as soon as practicable after the student enrolls at the school, and where possible before the student's first day of attendance at that school. In the event that this is not possible, an interim plan will be developed for use until the Individual Management Plan is in place.

The Individual Anaphylaxis Management Plan must include the following:

- information about the medical condition that relates to the allergy and the potential for anaphylactic reaction, including the type of allergy or 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
- Names of people responsible for implementing risk minimisation prevention strategies
- Storage of medication
- Student emergency contact details
- An ASCIA Action Plan, provided by the parent

Each Individual Management Plan will be reviewed in consultation with the student's parents/guardians:

- annually;
- if the student's medical condition changes; and
- as soon as is practicable after a student has an anaphylactic reaction at school; and
- when a 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.

It is the responsibility of the parent to:

- Provide the school with an ASCIA Action Plan, prepared by a medical or nurse practitioner;
- Inform the school, in writing, if their child's medical condition changes and if relevant provide an updated ASCIA Action Plan; and
- Provide an up to date photo, if required, 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 injector that is current and not expired for their child.

Individual Anaphylaxis Management Plans and ASCIA Action Plans are kept in the below locations:

During Normal School Activities	In the First Aid Room, Staff room and with the student's adrenaline injector
During off site or out of school activities	With the teacher in charge and with the student's adrenaline injector

2.2 Staff Training

Anaphylaxis Supervisor

- The Principal will nominate two staff members to become school anaphylaxis supervisors who will undertake competency checks on all staff that have successfully completed the online training course.
- The anaphylaxis supervisor will undertake face-to-face training to skill them in providing competency checks to assess the ability of staff in the use of an adrenaline injector (EpiPen® and AnaPen®).

School Staff

The Principal is responsible for ensuring that the following School Staff will be appropriately trained:

- School Staff who conduct classes that students who are at risk of anaphylaxis attend; and
- Any further School Staff that the Principal identifies based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school

The identified School Staff will undertake the following training:

- A face to face anaphylaxis management training course in the three years prior (22578VIC);
OR
- An online anaphylaxis training course (ASCIA e-training) in the two years prior and had their competency in use of an adrenaline injector assessed by a School Anaphylaxis Supervisor, within 30 days of completion of the online training course;
AND
- Participate in two briefings per year conducted by a member of staff who has successfully completed an anaphylaxis management course in the two years prior.

The Principal will ensure that the appropriate briefing is provided to school staff at least twice per year, with the first briefing being prior to the commencement of classes at the beginning of each school year.

The briefing will be provided by a member of staff who has successfully completed an anaphylaxis training course, and will include the following:

- 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 practise with a trainer adrenaline auto-injecting device;
- The School's first aid and emergency response procedures;
- The location of, and access to adrenaline injectors that have been provided by parents or purchased by the school for general use;
- To regularly check the 'student at risk – anaphylaxis' noticeboard/intranet site for updates that may affect them;

The Principal will develop an interim plan and consult with parents if training and/or a briefing has not occurred as required. Training and the briefing will occur as soon as possible after the interim plan has been developed.

2.3 School Planning and Emergency Response

In the event of an anaphylactic reaction, the students ASCIA Action Plan, emergency response procedures in this policy, along with the first aid policy and should be followed.

An ASCIA Action plan will be provided by the parent and must be followed when responding to an anaphylaxis emergency. The plan:

- sets out the emergency procedures to be taken in the event of an allergic reaction;
- is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
- includes an up to date photograph of the student;
- is placed in a known place, and made immediately available for all staff to access (hard copy and soft copy).

Classroom:

- In the event of an anaphylactic reaction, the teacher will remain with the child and class.
- Junior School Classroom teacher to either dial extension 100 (reception/first aid) or send another staff member or student (messenger) immediately to the office with (anaphylaxis alert/urgent) communication card and child's name, which will alert the first aid officer to come immediately to the classroom with the individual child's adrenaline injector and school general use adrenaline injector.
- Senior School to either dial extension 100 (reception/first aid) or send another staff member or reliable student to alert Reception/First Aid officer to come immediately to the classroom with the individual child's adrenaline injector and the school general use adrenaline injector.

Yard Duty

- Staff should not leave a student who is experiencing an anaphylactic reaction. Yard duty bum bags are carried by all staff with photos and Action Plans for those students at risk of anaphylaxis. The Yard duty bum bags also contain Anaphylaxis Emergency cards.
- If another staff member is available, they will be sent to the office to alert Reception/First Aid Officer to bring the adrenaline injector. If there is not another member of staff available, the staff member will use a card system via a student (messenger) to alert Reception/First Aid Officer who will bring the student's adrenaline injector and the general use adrenaline injector.

If an adrenaline injector is administered, the School must:

- Immediately call an ambulance 000
- Lay the student flat and elevate their legs. Do not allow them to stand or walk. If breathing is difficult for them, allow to sit but not stand.
- Reassure the student experiencing the reaction, as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another staff member to move other students away and reassure them elsewhere.
- In the rare situation where there is no marked improvement and severe symptoms are present, a second injection may be administered after five minutes, if a second adrenaline injector is available.
- Contact the student's emergency contacts.
- Notify the Principal of the incident

A complete and up to date list of students identified as being at risk of anaphylaxis will be maintained by School Enrolment/Administration staff and is available in the First Aid room.

A modified version of the Individual Management Plan will be prepared and approved by parents for each excursion or camp.

As part of the School's risk management procedures, a risk management plan for an excursion in which a student who suffers anaphylactic allergic reactions is involved will be provided to and approved by parents before the excursion.

When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside of normal class activities, including the school yard, at camps and excursions or at special events conducted, organised or attended by the school, the Principal will ensure that there is a sufficient number of school staff present who have been trained in accordance with clause 12 of Ministerial Order 706.

2.4 Adrenaline injector devices

The Principal is responsible for arranging for the purchase of additional adrenaline injector(s) as a backup to those supplied by parents. The Principal is responsible for arranging for the purchase of additional adrenaline injectors for general use. These will be kept in the First Aid Room cupboard in the Main Administration building and in Yard duty bum bags and First Aid Kits. Parent supplied adrenaline injectors are also kept in the First Aid Room cupboard. In the case that the parent supplies two adrenaline injectors a second adrenaline injector may be kept in the student's classroom or on the student's person if they are deemed to be responsible/old enough. These details will be advised on the Individual Management Plans.

The Principal has considered the following to determine the number of back up adrenaline injectors to purchase:

- The number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis;
- Accessibility of adrenaline injectors provided by parents
- Availability and sufficient supply of adrenaline injectors for general use in specified locations at the school including the school yard and at excursion camps and special events conducted, organised or attended by the school.
- The life span of an adrenaline injectors will be monitored and replaced either at the time of use or expire, whichever is first
- For some remote area trips, it may be necessary to provide more than two adrenaline injectors.

2.5 Communication Plan

The Principal is 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.

All required staff will be trained in Anaphylaxis management as per this policy, including a twice-yearly briefing, and in accordance with Ministerial Order No. 706.

Parents of students with a diagnosis of Anaphylaxis must provide the school with an Individual Action Plan completed by a Medical Practitioner and an adrenaline injector (if prescribed). An individual anaphylaxis management plan will be developed in consultation with the student's parents and will provide information as stipulated in this policy.

All staff will be alerted as to which students have an anaphylaxis diagnosis by posting of the ASCIA Action Plans on the First Aid noticeboard in the Staff Room, as well as the First Aid room noticeboard. This information is also displayed in the staff room on a TV (slide show). They will also be advised in the twice yearly briefing, as well as if a student is newly diagnosed or enrolled.

The specific class teachers, all yard duty teacher, all excursion supervisors and all other teachers are provided access to information about what steps will be taken to respond to an anaphylactic reaction (Refer to School Planning and Emergency Response Section).

Teachers and all staff members are required to regularly access this information by hard copy or soft copy to assist them with their interaction of students:

- in a classroom;
- in the school yard;
- on school excursions;
- on school camps; and
- Special event days conducted or organised by the school, such as sport days.

Casual relief staff will be informed on their arrival at school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction. Volunteers are under the supervision of the class teacher and are to follow any instructions given by the teacher or other member of staff.

Volunteers and all casual relief staff members will be informed if they are caring for a student at risk of anaphylaxis in any of the below settings:

- in a classroom;
- in the school yard;
- on school excursions;
- on school camps; and
- Special event days conducted or organised by the school, such as sport days.

2.6 Prevention Strategies

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them.

Some of the common causes of anaphylactic reactions are listed below:

- peanuts
- tree nuts (i.e. hazelnuts, cashews, almonds, walnuts, pistachios, macadamias, brazil nuts, pecans, chestnuts and pine nuts)
- eggs
- cow's milk
- wheat
- soy
- fish
- shellfish (e.g. oysters, lobsters, clams, mussels, shrimps, crabs and prawns)
- sesame seeds
- bee stings
- wasp and jumper jack ant stings
- tick bites
- some medications

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

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.

Setting	Considerations
Classroom	<ul style="list-style-type: none"> • Display a copy of the students ASCIA Action Plan in the First Aid room and Staff Room • Liaison with parents about food-related activities ahead of time • Use non- food treats where possible, but if food treats are used it is recommended that the parents provide a treat box • Never give food from outside sources to a students who is at risk of anaphylaxis • Treats from other students in class should not contain the substances to which the student is allergic • Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contains milk or egg' should not be served to students with milk or egg allergy • Awareness of possible hidden allergens in food and other substances used in cooking, food technology, science and art classes • Ensure all cooking utensils, preparation dishes, plates and knives/forks etc. are washed and cleaned thoroughly after preparation of food and cooking • 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.
Canteen	<ul style="list-style-type: none"> • Canteen staff to be trained in food allergen management and its implications on food handling practices • Canteen staff are briefed about students at risk of anaphylaxis and where the Principal determines, have up to date training in an Anaphylaxis Management Training Course • Display the student's name and photo in the Canteen as a reminder to staff • Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts • Canteen provides a range of healthy meals/products that excludes peanuts or other nut products in the ingredient list • Tables and surfaces are wiped down regularly • No-sharing of food approach is adopted • Awareness of contamination of other foods when preparing, handling or displaying food.
School Grounds	<ul style="list-style-type: none"> • Sufficient supervision of a student who is at risk of anaphylaxis by a staff member who is trained in the administration of Adrenaline injectors

	<ul style="list-style-type: none"> • Adrenaline injectors and Individual Anaphylaxis Plans are easily accessible from the school grounds • A communication plan is in place for Staff on Staff Duty so medical information can be retrieved quickly and all staff are aware how to inform the First Aid Co-ordinator if an anaphylactic reaction occurs during recess or lunch time. • Staff on duty can identify those student's at risk of anaphylaxis • Students with anaphylactic responses to insects are encouraged to stay away from water or flowering plants • Lawns are regularly mowed and bins are covered • Students are to keep drinks and food covered while outdoors
On-site Events	<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. • 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 injector 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 injector to the oval. If the weather is warm, the adrenaline injector should be stored in an esky to protect it from the heat.
Out of school settings – Excursions, field trips, camps and remote settings	<ul style="list-style-type: none"> • The student's adrenaline injector, 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 injector 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.

	<ul style="list-style-type: none"> • 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 injector 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 injector 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. • Be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp. • The adrenaline injector 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 injector. • 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.
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References

Anaphylaxis Guidelines – A resource for managing severe allergies in Victorian schools, May 2020

Ministerial Order 706 – Anaphylaxis Management for all Victorian Schools

ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, Preschools and Childcare Centres

- www.allergy.org.au

Review Frequency		Document Availability		Policy Delivery	
1 Year	<input checked="" type="checkbox"/>	Staff	<input checked="" type="checkbox"/>	School Website	<input checked="" type="checkbox"/>
2 Years	<input type="checkbox"/>	Student	<input type="checkbox"/>	Staff Intranet	<input checked="" type="checkbox"/>
3 Years	<input type="checkbox"/>	Parents	<input checked="" type="checkbox"/>	Student Handbook	<input type="checkbox"/>
As Required	<input type="checkbox"/>			Prospectus	<input type="checkbox"/>
NA	<input type="checkbox"/>				

Version Control

Version	Date	Summary of Changes
5.0	27/06/2023	<p>Added 'Policy Owner' to Table on Page 1</p> <p>Reference to the AnaPen included in policy</p> <p>Updated Codes for Staff Training Courses, Page 3- Section 2.2</p> <p>Updated date of most recent Anaphylaxis Guidelines, Page 9, References</p> <p>Updated terminology from "autoinjector" to "adrenaline injector"</p>