ANAPHYLAXIS MANAGEMENT POLICY

1. **Rationale:**
   1.1 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.
   
   1.2 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 vital in ensuring that certain foods or items are kept away from the student while at school.

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

2. **Aims:**
   2.2 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 school life.
   2.3 To raise awareness about anaphylaxis and the school’s anaphylaxis management policy in the school community.
   2.4 To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
   2.5 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.
   2.6 To ensure the correct procedure for administering an autoinjector.

3. **Implementation:**
   3.1 The school will comply with the Ministerial Order 706 and associated guidelines for Anaphylaxis Management.
   3.2 The Principal will be responsible for ensuring completion of an Annual Anaphylaxis Risk Management Checklist.
   3.3 The school will purchase a spare ‘back-up’ adrenaline auto-injection device for general use.
   3.4 **Individual Management Plans:**
      The Principal 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 after the student enrols, and where possible, before 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 student has (based on a diagnosis from a medical practitioner).
• Strategies to minimise the risk of exposure to allergens while the student 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 out of the school for implementing the strategies.
• Information on where the student’s medication will be stored.
• The student’s emergency contact details.
• An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
  o sets out the emergency procedures to be taken in the event of an allergic reaction;
  o is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
  o includes an up to date photograph of the student.

The student’s individual management plan will be reviewed, in consultation with the student’s parents/ carers:
• annually, and as applicable,
• if the student’s condition changes, or
• immediately after a student has an anaphylactic reaction at school.

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.

3.5 Communication Plan:

The Principal 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.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Principal. This will be through a verbal briefing and the CRT Information Booklet.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training 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 auto-adrenaline injecting device
• the school’s first aid and emergency response procedures

3.6 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.

Training will be provided to these staff as soon as practicable after the student enrols. 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 student’s emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

St John Ambulance Victoria will provide training to staff at no charge to the school. Staff who conduct classes with students diagnosed with Anaphylaxis must successfully complete an accredited anaphylaxis training course every three years.

Accredited anaphylaxis training courses that meet the requirements of Ministerial Order 706 are:

• Course in First Aid Management of Anaphylaxis 22099VIC
• Course in Anaphylaxis Awareness 10313NAT

In addition, the Principal should ensure that all staff are briefed at least twice a year by a staff member who has completed course 22099VIC or 10313NAT in Anaphylaxis Management in the last 12 months.

4. Evaluation:
This policy will be reviewed annually as part of the school’s three-year review cycle. Ratified by School Council on 26th August 2014.
EMERGENCY RESPONSE PROCEDURES

In School Emergency – Classroom

1. The teacher shall send a YELLOW CARD alert to office with another teacher, aide or two reliable children advising need for autoinjector. **The adult notified of the emergency shall immediately take the autoinjector and the individual management plan to the classroom** and advise another staff member to contact Ambulance Victoria to respond to an “anaphylaxis emergency”.

2. The staff member administering the autoinjector shall **remain with and monitor the child** until he/she can be handed over to ambulance staff.

3. The nearest **first aid trained staff member** will be summoned to attend and to remain with the child.

4. The classroom teacher shall remove and supervise the other children away from the immediate vicinity.

5. The Principal or his/ her delegate shall notify parents and DEECD Emergency Management as per First Aid and Emergency Management guidelines.
In School Emergency – Outside Classroom

1. The teacher shall send TWO YELLOW CARDS to the Office or to any nearby staff member. The adult notified of the emergency shall immediately take the autoinjector and individual management plan to the location and advise another staff member to contact Ambulance Victoria to respond to an “anaphylaxis emergency”.

2. The staff member administering the autoinjector (EpiPen) shall remain with and monitor the child until he/she can handover to ambulance staff.

3. The nearest first aid trained staff member will be summoned to attend and monitor the child until he/she can handover to ambulance staff.

4. The teacher shall remove and supervise the other children away from the immediate vicinity.

5. The Principal or his/ her delegate shall notify parents and DEECD Emergency Management as per the First Aid and Emergency guidelines.
Out of School Emergency

NOTE: Parents of students with Anaphylaxis attending excursions or camps offsite will be strongly encouraged to send TWO autoinjectors with their child.

1. The supervising teacher shall administer the autoinjector according to the child’s individual emergency management plan.

2. The supervising teacher shall direct another member of staff or adult to contact Ambulance Victoria “000” (using mobile phone) advising of “anaphylaxis emergency”.

3. The staff member administering the autoinjector shall remain with and monitor the child until he/she can handover to ambulance staff.

4. If a first aid trained staff member is in attendance, that person will be summoned to attend and monitor the child until he/she can handover to ambulance staff.

5. Other teaching staff and parents shall remove and supervise the other children away from the immediate vicinity.

6. The supervising teacher shall direct another member of staff or adult to contact the school (using mobile phone) advising of “anaphylaxis emergency”.

7. The Principal or his/her delegate shall notify parents and DEECD Emergency Management as per First Aid and Emergency Management guidelines.

8. In the event of an Anaphylactic incident, a thorough ‘debriefing’ of all concerned will be arranged by the Principal.