



Upper Plenty Primary School Anaphylaxis Management Policy

Anaphylaxis Management in Schools

Ministerial Order 90

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 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.

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 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 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 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.

Note: Appendix 2 (pp 21 – 23) of the Anaphylaxis Guidelines for Victorian Government Schools contains advice about a range of prevention strategies that can be put in place.

- 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.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
 - 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.

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.

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 students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by information provided in class roll.

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 autoadrenaline injecting device
- the school's first aid and emergency response procedures

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 based on a risk assessment¹. 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.

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

This policy was last ratified by School Council in....

March 2013

Appendix One: Anaphylaxis Checklist

School Name:

Primary / Secondary (Please Circle):

Primary

Secondary

Location / Address:

Date of Review:

Time:

School Contract Person: Name:
(Who provided information collected)

Position:

Review given to: Name:
(if different from above)

Position:

Comments:

1. How many current students have been prescribed (and carry) an adrenaline auto injector?

2. Have any students ever had an allergic reaction while at school?

Yes

No

If Yes, how many times?

If Yes, how many students?

3. Have any students ever had an Anaphylactic Reaction at school?

Yes

No

If Yes, how many students?

If Yes, how many times?

4. Has a staff member been required to administer an adrenaline auto injector to a student?

Yes

No

If Yes, how many times?

SECTION 1: Anaphylaxis Management Plans and ASCIA Action Plans

1. Does every student who carries an adrenaline auto injector (either for allergic reaction or anaphylaxis) have an individual Anaphylaxis Management Plan signed by a medical practitioner in place (see Chapter 6 and Appendix 1, Anaphylaxis Guidelines for Victorian Schools)?

Yes

No

2. Are all individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?

Yes

No

3. Do the Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for in-school and out of class settings?

During classroom activities, including elective classes

Yes

No

In canteens or during lunch or snack times

Yes

No

Before and after school, in the school yard and during breaks

Yes

No

For special events, such as sports days, class parties and extra-curricular activities Yes No

For excursions and camps Yes No

Other

4. Do all students who carry an adrenaline auto injector have a copy of their ASCIA Emergency Action Plan for anaphylaxis kept at school (provided by the parent)? Yes No

Where are they kept?

5. Does the ASCIA Emergency Action Plan for anaphylaxis have a recent photo of the student with them? Yes No

SECTION 2: Storage and Accessibility of adrenaline auto injectors

1. Where are the students adrenaline auto injectors stored?

2. Are the adrenaline auto injectors stored at room temperature?

3. Is the storage safe (out of reach of students and not refrigerated)? Yes No

Is the storage unlocked and accessible to staff at all times? Yes No

Comments

Are the adrenaline auto injectors easy to find? Yes No

Comments

4. Is a copy of students' ASCIA Emergency Action Plan for anaphylaxis kept together with their student's adrenaline auto injector? Yes No

Comments

5. Are the adrenaline auto injectors and ASCIA Emergency Action Plans for anaphylaxis clearly labelled with students' names? Yes No

Comments

6. Has someone been designated to check the adrenaline auto injector expiry dates on a regular basis? Yes No

Who?

Comments

7. Has the school signed up to EpiClub or Ana-alert (free reminder services)? Yes No

8. Do all staff know where the adrenaline auto injector and ASCIA Emergency Action Plan for anaphylaxis are stored? Yes No

Comments

9. Is there an adrenaline auto injector for general use in the school's first aid kit? Yes No

If Yes, where is it located?

10. Is this device clearly labelled as the 'General Use' adrenaline auto injector? Yes No

SECTION 3: Prevention Strategies

1. Have you done a risk assessment to identify potential accidental exposure to allergens for a student with anaphylaxis? Yes No

2. Have you implemented any of the prevention strategies (in Appendix 2 of the Guidelines)? Yes No

3. Is there always a staff member on yard duty with current training in anaphylaxis emergency management? Yes No

SECTION 4: Training and Emergency Response

1. Have all staff attended a twice yearly briefing? Yes No

2. Have you developed an Emergency Response Plan for when an allergic reaction occurs?

In the class room? Yes No

In the school yard? Yes No

At school camps and excursions? Yes No

On special event days, such as sports days? Yes No

Does your plan include who will call the Ambulance? Yes No

3. Is there a designated person who will be sent to collect the student's adrenaline auto injector and ASCIA Emergency Action Plan? Yes No

4. Have you checked how long it will take to get to the adrenaline auto injector and ASCIA Emergency Action Plan to a student from various areas of the school including:

The class room? Yes No

The school yard? Yes No

The sports field? Yes No

5. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline auto injector(s) are correctly stored and available for use? Yes No

Who will do this on excursions?

Who will do this on camps?

Who will do this on sporting activities?

6. Is there a process for post incident support in place? Yes No

Comments

7. Have all staff been briefed on:

The school's Anaphylaxis Management Policy? Yes No

The causes, symptoms and treatment of anaphylaxis? Yes No

The identities of students who carry an adrenaline auto injector and where their medication is located? Yes No

How to use an adrenaline auto injector device, including hands on practice with a training adrenaline auto injector device? Yes No

The school's first aid and emergency response procedures? Yes No

Where the adrenaline auto injector for general use is kept? Yes No

When the adrenaline auto injector for general use can be administered? Yes No

SECTION 5: Communicating with Staff, students and parents/carers

1. Is there a communication plan in place to provide information about anaphylaxis and the school's policies? Yes No

To staff? Yes No

To students? Yes No

To parents/carers? Yes No

2. 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? Yes No

Comments

3. Do all staff know which students suffer from anaphylaxis? Yes No

Comments

4. How is this information kept up to date?

Comments

5. Are there strategies in place to increase awareness about severe allergies among students? Yes No

Comments
