



# Eildon Primary School

No.3931

ABN 59 435 842 741

45 High St, EILDON, VIC, 3713.

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## **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 (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 those triggers. Partnership between school and parents is important in ensuring that certain foods or items are kept away from the student while at school. Adrenaline administered through an EpiPen or its equivalent to the muscle of the outer thigh is the most effective first aid treatment of 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 schooling
- to raise awareness about anaphylaxis and the school's anaphylaxis management plan in the school community
- to engage with parents/guardians 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 annual training and 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 parents of students, who have been diagnosed by a medical practitioner as being at risk of anaphylaxis, understand that their medical practitioner must provide an up-to-date individual anaphylaxis management plan to the school as early as possible. The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls, and if possible, prior to the student starting 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
- information on where the student's medication will be stored

- contact details for the student
- the procedure for managing an emergency (ASCIA Action Plan), which is provided by the parent and supplied to them by a medical practitioner or equivalent
- each student's individual management plan will be reviewed, in consultation with parents/guardians 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 procedure plan to the school
  - inform the school if their child's medical condition changes, and if relevant, provide an updated emergency procedure plan
  - provide an up-to-date photo for the emergency procedure 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/plan. The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in classroom, in the school yard, on school excursions and special event days. The CRT coordinator (or designated person) will ensure CRT's are informed of students at risk and what their role is in responding to an anaphylactic reaction by a student in their care. This includes:

- being alerted to the relevant anaphylaxis information in class rolls, and
- if replacing a specialist teacher, having access to the specialist timetable, which identifies classes with anaphylactic students.

All staff will be briefed once each semester by the Principal (or staff member with up-to date anaphylaxis management training) on:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the students diagnosed at risk of anaphylaxis and the location of medication
- the correct use of the auto adrenaline injecting device
- the school's first aid and emergency response procedures.

## **STAFF TRAINING AND EMERGENCY RESPONSE**

Teachers and other school staff who conduct classes with students at risk of anaphylaxis will have up-to-date training in an anaphylaxis management training course. At other times while a student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the Principal will ensure that there is a sufficient number of staff present who have up-to-date training in an anaphylaxis management.

## **GENERAL**

- Generic auto adrenaline injecting devices are located in the staffroom first aid area in a labelled first aid box;
- Personal EpiPens will be located in the same first aid EpiPen box in plastic pockets labelled with the student's name and instructions for use;
- each student's ASCIA plan is located in the staffroom in the first aid area and readily accessible;
- a photo of each individual student at risk is displayed throughout the school - each classroom / roll has a record of anaphylactic children;
- the designated Principal is responsible for checking the expiry dates of the auto adrenaline injecting devices and will notifying parents prior to expiry;
- each student's action plan is updated annually by the student's medical practitioner;
- each classroom roll has a copy of information of each student at risk of anaphylaxis;
- in the event of a suspected anaphylactic emergency, an ambulance will be called;
- the school will liaise with parents/guardians about food related activities;
- on school camps, excursions and sporting events, the auto adrenaline injecting device will remain close to the student. Consideration is given in planning ahead for food and meals for students at risk of anaphylaxis;
- all students at risk of anaphylaxis must provide an auto adrenaline injecting device (in date) and a current ASCIA action plan for school camp;
- staff are routinely briefed about students at risk of anaphylaxis.

## **ANAPHYLAXIS COMMUNICATION PLAN**

Eildon Primary School has taken steps to ensure effective communication of students at risk of anaphylaxis:

1. Anaphylaxis action plans are located in the staffroom and include students' photos.
2. Anaphylaxis action plans including photos are located in attendance rolls in all classrooms.
3. All staff undergo regular briefings on anaphylaxis, the symptoms and emergency responses.
4. All staff with a student at risk of anaphylactic responses in their classroom, will be briefed at the beginning of the year, to ensure their awareness of the issues related to these students.
5. Parents/guardians of anaphylactic students will be contacted each year to ensure we have the most up-to-date anaphylactic management plan available and that there auto injection pens are in date.

## **EMERGENCY MANAGEMENT**

In the event of an anaphylactic episode:

### **During instruction time (in classrooms or specialists)**

#### **Anaphylactic episode**

1. Identify the student and verify they have an individual anaphylactic management plan. See classroom roll or display if in specialist room.

2. Get assistance from classroom teacher next door as help is sought from the office. Move child to the office if possible, and then undertake emergency response management .
3. The office will ring 000 for emergency medical assistance and notify relevant staff to provide support as soon as practicable.

Communication to parents/guardians:

This information will be provided to parents/guardians at the start of each school year via the newsletter. A separate note may be sent home to parents/guardians at specific year levels if deemed necessary.

### **In the Playground:**

During recess and lunch times anaphylactic episode:

1. Identify the student and verify they have an individual anaphylactic management plan.
2. Contact the office immediately and if feasible take the child to the staffroom and locate the management plan.
3. If the child cannot be moved from the playground, send for the EpiPen and administer treatment there whilst contacting 000 by a mobile phone for emergency medical assistance. Clearly explain that this child is suffering a suspected anaphylactic reaction.

### **At excursions/sports/camp:**

1. The School will inform the camp of any students with anaphylaxis to ensure that appropriate arrangements are made for students participating at camp.
2. The auto adrenaline injecting device will accompany students at risk of anaphylaxis to all excursions, sports events and camps.
3. The school will also have an extra auto injection device in their first aid supplies.
4. The injecting device will be kept within close proximity of the student and teacher.
5. In the event of an anaphylactic episode, the supervising teacher will administer the auto adrenaline injection. The supervising teacher will ring 000 for medical assistance.
6. If the episode takes place at another school or establishment, first aid assistance will be sought.
7. For school camps: Parents will be fully informed of the relevant considerations such as:
  - the remoteness of the camp (distance to nearest hospital)
  - mobile telephone coverage (in some locations, coverage is not reliable).

### **Anaphylaxis communication/management**

#### **Classroom including specialists:**

- Every teacher will receive a current individual anaphylactic management plan (including photographs) for all anaphylactic children in their grade level. If the child goes to different maths groups or literacy groups (or specialists) this allows for all staff to be aware of potential hazards.

- Individual management plans will be placed in all classroom rolls and displayed in all specialist rooms. Specialists will have the names of all children who have anaphylaxis.

### **CRT's**

- Photocopies of the current anaphylaxis management plans are placed in classroom rolls.
- The Principal will draw attention to any child who is at risk of anaphylaxis.

### **Minimising exposure**

- Children are expected to eat their play lunch and lunches in the classroom.
- In an attempt to minimise exposure, all children in classrooms sit at their own table and do not move around whilst eating, this will help minimise cross contamination.

There will be regular communication with parents via the newsletter and notes sent home reminding them that nuts are not recommended and we ask that they exercise caution when preparing lunches and snacks. If food is brought in to the school i.e. birthday cakes we require that all ingredients are to be clearly labelled and any known allergens clearly stated. The Principal or classroom teacher will decide whether they are to be given out or if they can be sent home at the end of the day. In the case that the ingredients are not clearly stated, the Principal or classroom teacher reserves the right to refuse the food (refer to duty of care policy).

### **EPIPENS**

Students will normally have their own EpiPen stored at the school which will be prescribed by their doctor. In addition, the school will have two general EpiPens on site in case a personal EpiPen is unavailable/unserviceable. If a student weighs 10 -20kg, they will be administered the school's EpiPen Jr (green) in the event of an anaphylactic episode providing their own EpiPen Jr is unavailable. Adults and children weighing more than 20kg will receive the school's regular EpiPen (yellow) if their own EpiPen is unavailable.

### **ANAPHYLAXIS MANAGEMENT**

Schools are encouraged not to ban nut products, but to raise awareness of the risks associated with anaphylaxis and to implement practical age-appropriate strategies to minimise exposure to known allergens.

Parents/guardians are free to pack the foods of their choice for their children to eat at school, however parents/guardians need to be mindful that at this school we may have children and teachers who are anaphylactic, a condition that can cause death.

Teachers at Eildon Primary School will reinforce that we don't share food and that we should wash our hands after eating. Where it is known that students have brought nut products to school and there is an anaphylactic student in the classroom, the teacher will take all precautions to minimise risk.

Parents can help us maintain a safe environment by ensuring nut products are placed in a sealed container or sealed plastic bag. Please be aware that in classrooms we do not use

food as treats or rewards. Food such as cakes or other foods may be sent to school to celebrate birthdays however a full list of ingredients needs to be provided. On special occasions when food is freely available, teachers will ensure that a safe environment is maintained for all students.

Prior to commencing units of work that involve cooking, teachers will discuss the individual needs of students at risk with parents. Parents who have concerns or require clarification are urged to speak to the classroom teacher or Principal. Alternatively, you can contact the office for further information.

School Council Ratified: 8<sup>th</sup> August 2016  
This policy will be reviewed in 2017

Principal Signature: .....

School Council President: .....