

Anaphylaxis Management

POLICY

In accordance with Ministerial Order 706, Ripponlea Primary School (RPS) will maintain up-to-date practices and procedures to cater for students, staff and school visitors with allergies that may result in anaphylaxis.

PURPOSE

The purpose of the Anaphylaxis Management policy is to:

- ensure RPS fully complies with its legislative requirements, in particular Ministerial Order 706 and the associated Guidelines published and amended by the Department of Education and Training (DET) from time to time;
- provide as far as is practicable, a safe and supportive environment in which students, at risk of anaphylaxis, can participate equally in all aspects of their schooling;
- raise awareness about anaphylaxis and RPS' anaphylaxis management policy in the school community;
- engage with parents/carers of students at risk of anaphylaxis in assessing students' risks, developing risk minimisation strategies and management strategies for such students;
- ensure that each staff member has adequate knowledge of allergies, anaphylaxis management and RPS' policy and procedures in responding to an anaphylactic reaction.

DEFINITIONS

Anaphylaxis is a severe, rapidly progressive allergic reaction that is life-threatening. Allergic reactions, including severe life-threatening allergic reactions (anaphylaxis) are becoming more common in children. Deaths are less common, however, deaths do occur and anaphylaxis must therefore be regarded by schools as a medical emergency requiring a rapid response. Any student with a diagnosed allergy is at higher risk of their condition progressing to anaphylaxis and should be monitored carefully.

Certain foods and insect stings are the most common causes of anaphylaxis. Nine foods cause ninety-five per cent of food-induced allergic reactions, including anaphylaxis, in Australia:

- 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.

Other common allergens include some insect stings, particularly bee stings (but also wasp and jumper jack ant stings), tick bites, some medications (e.g. antibiotics and anaesthetic drugs) and latex.

IMPLEMENTATION

1. The medical conditions of all students and staff will be identified at the beginning of each year. Staff and parents/carers of such students will be required to complete the standard medical information form. This information will be entered onto the RPS database.

Individual Anaphylaxis Management Plans

2. Individual Anaphylaxis Management Plans for students with potentially life-threatening allergies will be created in consultation with the student's parents/carers, medical practitioner and RPS' first aid officer.
3. 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.
4. The Individual Anaphylaxis Management Plans are to be displayed in the staff room and stored in the relevant student's classrooms, with details included in the Casual Relief Teachers' (CRTs) information lists for that class. Details on all Individual Anaphylaxis Management Plans are to be kept in each yard duty bum bag.
5. The Individual Anaphylaxis Management Plan will set out the following:
 - information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/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 RPS 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 RPS staff, students and volunteers;
 - 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; and
 - an Australasian Society for Clinical Immunology and Allergy (ASCIA) Action Plan.
6. The Individual Anaphylaxis Management Plans will be reviewed, in consultation with the student's parents/carers in all of the following circumstances:
 - annually;
 - if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes; and
 - as soon as practicable after the student has an anaphylactic reaction at RPS.
7. The student's individual Anaphylaxis Management Plan will be discussed with parents/carers prior to the student participating in an off-site activity, such as a camp and excursion.
8. It is the responsibility of the parents/carers to:
 - provide RPS with the ASCIA Action Plan;

- inform RPS, in writing, if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- provide an up-to-date photo for the ASCIA Action Plan when that Plan is provided to RPS and when it is reviewed;
- provide RPS with an adrenaline autoinjector that is current and not expired for their child; and
- annually review the ASCIA Action Plan.

Communication Plan

9. The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents/carers about anaphylaxis and RPS' Anaphylaxis Management Policy.
10. The Communication Plan will include information about emergency response procedures to an anaphylactic reaction in a classroom, in the school yard, on a school excursion, on a school camp and on special event days.
11. The Principal/administrative staff will inform CRTs of students at risk of anaphylaxis under their care, and of the emergency response procedures in responding to an anaphylactic reaction.
12. All staff in charge of students at risk of anaphylaxis need to read and be familiar with their student's ASCIA Action Plan and Individual Anaphylaxis Management Plan.
13. The RPS Principal or delegate/administrative staff will provide CRTs with a 'CRT Information Sheet' explaining the location of the Class Details Folder where details of the students diagnosed at risk of anaphylaxis as well as details of RPS's emergency response procedures are to be found.

Staff Training

14. All RPS Staff will undertake training and must have successfully completed an Anaphylaxis Management Training Course within the last three years.
15. All RPS Staff will participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
 - legal requirements as outline in Ministerial Order 706;
 - RPS' Anaphylaxis Management Policy;
 - the causes, signs symptoms and treatment of anaphylaxis;
 - the identities of the students with a medical condition that relates to an allergy, the potential for anaphylactic reaction, and where their medication is located;
 - how to use an Adrenaline Autoinjector, including hands-on practice with a trainer Adrenaline Autoinjector device;
 - RPS' general first aid and emergency response procedures; and
 - how to locate and access the adrenaline autoinjectors that have been provided by parents/carers or purchased by RPS for general use.
16. The briefing must be conducted by a member of RPS Staff who has successfully completed an approved Anaphylaxis Management Training Course in the last 12 months.

School Management and Emergency Response

A school's Anaphylaxis Management Policy must include details of how the policy integrates with the school's general first aid and emergency response procedures.

RPS Anaphylaxis Management Policy must include emergency response procedures relating to anaphylactic reactions including:

- a complete and up to date list of students identified as being at risk of anaphylaxis;
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis and where these are located within RPS and during school excursions, school camps and special events conducted, organised or attended by RPS;
- an outline of the storage and accessibility of adrenaline autoinjectors, including those for general use; and
- how appropriate communication with school staff, students and parents/carers is to occur in accordance with a Communication Plan that complies with the Ministerial Order.

When a student at risk of an anaphylactic reaction is under the care or supervision of RPS outside normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by RPS, the Principal must ensure that there are a sufficient number of school staff present who have been trained in accordance with the Ministerial Order.

In the event of an anaphylactic reaction, the student's ASCIA Action Plan for Anaphylaxis, the emergency response procedures for anaphylaxis and general first aid procedures must all be followed.

Adrenaline Autoinjectors for General Use

17. RPS's Principal will purchase adrenaline autoinjector(s) for general use (purchased by RPS) and as a back up to those supplied by parents/carers.

18. RPS's Principal will determine the number of additional adrenaline autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:

- the number of students enrolled at RPS who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of adrenaline autoinjectors that have been provided by parents/carers of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of adrenaline autoinjectors for general use in specified locations at RPS, including in the school yard, and at excursions, camps and special events conducted or organised by RPS; and
- the Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the RPS's expense, either at the time of use or expiry, whichever is first.

Prevention Strategies

Strategies used by RPS to minimise the risk of an anaphylactic reaction are set out in Appendix 1

Annual Risk Management Checklist

19. RPS's Principal, or nominee, will complete an annual Risk Management Checklist as published by DET to monitor RPS's compliance with its obligations. (Reference given below.)

REFERENCES

 HYPERLINK

"<http://www.education.vic.gov.au/school/principals/spag/management/Pages/worksafe.aspx>"

Individual Anaphylaxis Management Plan
<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

Anaphylaxis Risk Management Checklist

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

Guidelines for Managing Anaphylaxis in Victorian Schools

<http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxisschools.aspx>

RELATED POLICIES

- Duty of Care
- Privacy
- Camps & Excursions
- Healthy eating

Ratified by School Council: May 2019

Next review date: May 2020

Appendix 1

Classrooms

1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan for Anaphylaxis is easily accessible even if the adrenaline autoinjector is kept in another location.
2. Liaise with parents/carers about food-related activities well ahead of time.
3. Use non-food treats where possible, but if food treats are used in class it is recommended that parents/carers of students with food allergy provide a treat box with alternative treats. Alternative treat boxes should be clearly labelled and only handled by the student.
4. Never give food from outside sources to a student who is at risk of anaphylaxis.
5. Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
7. Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
9. Students with food allergy need special care when doing food technology and an appointment should be organised with the student's parents/carers prior to the student undertaking any food technology activities. Helpful information is available at: www.allergyfacts.org.au/images/pdf/foodtech.pdf.
10. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
11. A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline autoinjector, RPS's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident (i.e. seeking a trained staff member).

Snack Shack

12. Snack Shack Committee members should be aware of food allergen management and its implications for food handling practices and take necessary precautions when determining the food to be offered and food handling practices.
13. Snack Shack parent volunteers will be advised of students at risk of anaphylaxis by way of the student's ASCIA Action Plan for Anaphylaxis on display in the canteen. Snack Shack parent volunteers will be advised to contact staff on duty in the event of a student experiencing an allergic reaction.
14. Display a copy of the student's ASCIA Action Plan for Anaphylaxis in the Snack Shack as a reminder to Snack Shack staff and volunteers.
15. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
16. Snack Shack should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
17. Make sure that tables and surfaces are wiped down with warm soapy water regularly.

18. Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers.
19. Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Yard

20. Sufficient RPS staff on yard duty must be trained in the administration of the adrenaline autoinjector (i.e. EpiPen®) and be able to respond quickly to an allergic reaction if needed.
21. The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis must be easily accessible from the yard, and staff should be aware of their exact location. Where appropriate, an adrenaline autoinjector may be carried in the RPS yard duty bag.
22. RPS has an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include all yard duty staff carrying emergency cards in yard-duty bags and yard-duty mobile phones. All staff on yard duty must be aware of RPS's emergency response procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
23. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
24. Students with severe allergies to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents/carers to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
25. Keep lawns and clover mowed and outdoor bins covered.
26. Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)

27. Sufficient RPS staff supervising the special event must be trained in the administration of an adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if required.
28. School staff should avoid using food in activities or games, including as rewards.
29. For special events involving food, school staff should consult parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student.
30. Parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.
31. Party balloons should not be used if any student is allergic to latex.
32. If students from other schools are participating in an event at RPS, consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis.
33. Agree on strategies to minimise the risk of a reaction while the student is visiting RPS. This should include a discussion of the specific roles and responsibilities of the host and visiting school.
34. Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them to events outside their own school.

Travel to and from school by school bus

35. RPS staff should consult with parents/carers of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from school on the bus. This includes the availability and administration of an adrenaline autoinjector. The adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this student is deemed too young to carry an adrenaline autoinjector on their person at school.

Field trips/excursions/sporting events

36. Sufficient RPS staff supervising the field trip or excursion or sporting event ("special events") must be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.
37. A RPS staff member or team of RPS staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector must accompany any student at risk of anaphylaxis on special events.
38. RPS staff should avoid using food in activities or games, including as rewards.
39. The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
40. For each special event a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the special event, size of venue, distance from medical assistance, the structure of the special event and corresponding staff-student ratio.
41. All RPS staff members present during the special event need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
42. RPS should consult parents/carers of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents/carers provide a special meal (if required).
43. Parents/carers may wish to accompany their child on special events. This should be discussed with parents/carers as another strategy for supporting the student who is at risk of anaphylaxis.
44. Prior to the special event taking place RPS staff should consult with the student's parents/carers and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular special event.
45. If the special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear.
46. Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to special events being held at other schools.

Camps and remote settings

47. Prior to engaging a camp owner/operator's services RPS should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation, in writing, to RPS, then RPS should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.

48. The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
49. RPS will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
50. RPS will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents/carers of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
51. RPS staff should consult with parents/carers of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for RPS to adequately discharge its non-delegable duty of care.
52. If RPS has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns, in writing, with the camp owner/operator and also consider alternative means for providing food for those students.
53. Use of substances containing known allergens should be avoided altogether where possible.
54. Camps should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
55. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.
56. Prior to the camp taking place school staff should consult with the student's parents/carers to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
57. The student's adrenaline autoinjector, Individual Anaphylaxis Management
58. Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
59. All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
60. Contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities.
61. Ensure contact details of emergency services are distributed to all RPS staff as part of the emergency response procedures developed for the camp.
62. RPS will purchase and take an adrenaline autoinjector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
63. Each student's adrenaline autoinjector should remain close to the student and RPS staff must be aware of its location at all times.

64. The adrenaline autoinjector should be carried in RPS first aid kit, however, RPS may consider allowing students, carrying their adrenaline autoinjector on camp. Remember that all RPS staff members still have a duty of care towards the student even if they do carry their own adrenaline autoinjector.
65. Students with allergies to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
66. Cooking and art and craft games should not involve the use of known allergens.
67. RPS will consider the potential exposure to allergens when consuming food on buses and in cabins.