

YARRA ROAD PS

Anaphylaxis Management

POLICY

Rationale:

Yarra Road Primary School has a duty of care towards students and staff members, which includes protecting an anaphylactic student/staff member from risks that the school should reasonably have foreseen.

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 medications.

The key to prevention of anaphylaxis in schools is knowledge of those children and staff who have been diagnosed at risk, awareness of triggers (allergens) and prevention whenever possible of exposure to those triggers.

Signs and symptoms of anaphylaxis

For a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- abdominal pain and/or vomiting.

For a severe allergic reaction can include:

- difficulty breathing or noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheezing or persistent coughing
- loss of consciousness and/or collapse
- young children may appear pale and floppy

School Statement:

To facilitate the safety of students and staff suffering from anaphylaxis, Yarra Road Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published by the Department of Education & Early Childhood Development (DEECD)

Implementation:

In the event of an anaphylactic reaction, the school's first aid and emergency response procedures and the student/staff's Individual Anaphylaxis Management Plan will be followed.

Individual Anaphylaxis Management Plans will be developed for every student and staff member who has been diagnosed as at risk of anaphylaxis. The Individual Anaphylaxis Management Plan will clearly set out:

- the type of allergy or allergies.
- the student/staff's emergency contact details.
- information on where the student/staff's medication will be stored
- practical strategies to minimise the risk of exposure to allergens for in-school and out of class settings, including:
 - during classroom activities
 - in the canteen or during lunch or snack times
 - before and after school in the yard and during breaks
 - for special events such as incursions, sport days or class parties
 - for excursions and camps.
- the name of the person/s responsible for implementing the strategies.
- information on where the EpiPen will be stored.

The Anaphylaxis Management Plan will include an Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan. It is the responsibility of parents/staff to complete an ASCIA Action Plan, in consultation with their child's/their medical practitioner, and provide a copy to the school. The ASCIA Action Plan must be signed by the student/staff's medical practitioner, and include an up to date photograph of the student/staff member.

A copy of the student/staff's ASCIA Action Plan will be kept in the child/staff's classroom, Canteen, First Aid room, with First Aid wardens and with the student/staff's EpiPen in the General Office and will be easily accessible by all staff in the event of an incident.

Information is to be kept up to date and reviewed annually with the student parents or reviewed as necessary if the student/staff's condition changes or immediately after a student/staff member has an anaphylactic reaction at school. When reviewed, parents should also provide an updated photo of the child for the ASCIA Action Plan.

Storage and Accessibility of EpiPens

If a student has been prescribed an EpiPen, the EpiPen must be provided by the student's parent/carers to the school.

- In general EpiPens will be located in the **General Office** and when deemed appropriate by parents and the school, another epiPen may be carried by an anaphylactic student.
- EpiPens should be clearly labelled with the student/staff's name.
- A copy of the student/staff's ASCIA Action Plan should be kept with the EpiPen.
- Each student/staff's EpiPen should be distinguishable from other students/staff's EpiPens and medications.
- All staff should know where the EpiPens are located.
- EpiPens should be signed in and out when taken from the usual place, for example for camps or excursions.

School Management:

➤ **The Principal is Responsible for:**

- Ensuring that the School develops, implements and reviews its School Anaphylaxis Management Policy in accordance with the Order and these Guidelines.
- Actively seeking information to identify students/staff with severe life threatening allergies at enrolment/employment.
- Meeting with parents/staff to obtain information about student/staff's allergies and prevention strategies if a student/staff member has been diagnosed as being at risk of anaphylaxis.
- Conducting a risk assessment to allergens while the student/staff member is in the care of the school.
- Requesting that parents/staff provide an ASCIA Action Plan that has been signed by the student's medical practitioner and has an up to date photograph of the student/staff member.
- Ensuring that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents for any student that has been diagnosed by a Medical Practitioner with a medical condition relating to allergy and the potential for anaphylactic reaction, where the School has been notified of that diagnosis. This includes ensuring the documentation of practical strategies for activities in both in-School and out-of-School settings to minimise the risk of exposure to allergens, and nomination of staff who are responsible for implementation of those strategies. The risk minimisation plan should be customised to the particular student for participation in normal School activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate/overseas trips).
- Ensuring that parents/staff provide the School with an Adrenaline Autoinjector for their child/self that is not out-of-date and a replacement Adrenaline Autoinjector supplied when requested to do so.
- Ensuring that staff receive training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen.
- Developing a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies through newsletters, posters, meetings and training.
- Providing information to all staff (including teaching and non-teaching, CRT staff, new staff, canteen staff and volunteers) so that they are aware of students/staff who are at risk of anaphylaxis, the student/staff's allergies, the school's management strategies and first aid procedures.
- Ensuring that the canteen and other program providers can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.
- Completing an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.
- Ensuring that relevant School Staff are briefed at least twice a year by a staff member who has current anaphylaxis management training on:
 1. the School's Anaphylaxis Management Policy;

2. the causes, symptoms and treatment of anaphylaxis;
3. the identities of students/staff diagnosed at risk of anaphylaxis & location of their medication;
4. how to use an Adrenaline Autoinjector
5. the School's general first aid and emergency procedures; and
6. the location of Adrenaline Autoinjecting devices that have been purchased by the School for General Use.

➤ **Staff are responsible for:**

- Knowing the identity of students/staff who are at risk of anaphylaxis.
- Understanding the causes, symptoms, and treatment of anaphylaxis.
- Obtaining training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen.
- Knowing the school's first aid emergency procedures and what their role is in relation to responding to an anaphylactic reaction.
- Knowing where the student/staff's EpiPen is kept.
- Knowing and following the prevention strategies in the student/staff's Individual Anaphylaxis Management Plan.
- Planning ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties.
- Working with parents/carers to provide appropriate food for the student.
- Avoiding the use of food treats in class or as rewards, as these may contain hidden allergens.
- Being careful of the risk of cross-contamination when preparing, handling and displaying food.
- Making sure that tables and surfaces are wiped down regularly and that students at risk are given an allocated workspace.
- Raising student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers and teachers.

➤ **First aid coordinators/school office administrators are responsible for:**

- Maintaining an up to date register of students/staff at risk of anaphylaxis.
- Ensuring that students/staff members' emergency contact details are up to date.
- Obtaining training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen.
- Checking that the EpiPen is not cloudy or out of date at the beginning or end of each term.
- Informing parents/staff members a month prior when the EpiPen needs to be replaced.
- Ensuring that the EpiPen is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that it is appropriately labelled.
- Supporting staff in conducting regular reviews of prevention and management strategies and Individual student management plans.
- Supporting staff in developing strategies to raise school staff, student and community awareness about severe allergies.

➤ **Parents/carers of a student at risk of anaphylaxis are responsible for:**

- Informing the school, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis.
- Obtaining information from the student/staff's medical practitioner about their condition and any medications to be administered and inform school staff of all relevant information and concerns relating to the health of the student.
- Meeting with the school to develop the student/staff's Individual Anaphylaxis Management Plan.
- Providing an ASCIA Action Plan, or copies of the plan to the school that is signed by the student/staff's medical practitioner and has an up to date photograph.
- Providing the EpiPen and any other medications to the school.
- Replacing the EpiPen and/or medications before it expires.
- Assisting school staff in planning and preparation for the student prior to school camps, field trips, incursions, excursions or special events such as class parties or sport days.
- Supplying alternative food options for the student/staff when needed.
- Informing staff of any changes to the student's emergency contact details or medical condition.
- Participating in reviews of the student's Anaphylaxis Management Plan, e.g. when there is a change to the student/staff's condition or at an annual review.

Risk Minimisation and Prevention Strategies:

➤ **In classroom:**

- Keep a copy of the student/staff's Individual Anaphylaxis Management Plan and ASCIA Action Plan in the classroom.
- Classroom teacher to liaise with parents about food-related activities ahead of time.
- Food from outside sources is never to be given to a student who is at risk of anaphylaxis. If food is given as a treat, parents of students with food allergy are asked to provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Teachers to have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Food banning is not policy at this school. Instead, a 'no-sharing' of food is followed for food, utensils and food containers.

➤ **In the school yard:**

- Yard duty staff must also be able to identify, by face, those students and staff at risk of anaphylaxis.
- Students and staff with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants.
- Students/staff with anaphylactic responses to insects should not be expected to pick up rubbish left outside
- All food and drinks are to be consumed in classrooms
- A Communication Plan is in place so that the student/staff's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This includes yard duty staff carrying emergency cards in yard-duty bags/folders and mobile phones. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
- The Adrenaline Autoinjector and each student/staff's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location.
- Staff/Teacher aides on duty in the yard will carry folders that contain photographs and details of allergens for each child and staff member diagnosed as having an anaphylactic reaction.
- Yard duty folders/bags contain a red Epipen card to take to the office in an anaphylactic emergency.
- Where an Epipen is needed the student/staff's own pen and a General Use pen will be sent together.

➤ **Canteen:**

- Canteen staff, including volunteers, should be briefed about students/staff at risk of anaphylaxis as soon as practical after a student enrolls/staff member is employed.
- Canteen staff managers should where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course.
- The names and photos of students/staff with anaphylaxis shall be displayed in the canteen.
- Products labelled 'may contain traces of nuts' should not be served to students/staff allergic to nuts.
- Surfaces are regularly wiped down with warm soapy water.
- Canteen staff and volunteers are aware of the potential 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.

➤ **Special events (within the school):**

- Sufficient school 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.
- School staff should avoid using food in activities or games, including as rewards.
- For special occasions, staff should consult parents or staff members that are anaphylactic in advance, to either develop an alternative food menu or to request the Parents to send an alternative meal for the student.
- Parents of other students should be informed in advance about foods that may cause allergic reactions in students and teachers at risk of anaphylaxis and request that they consider this information when providing food for their own child.

➤ **Special events (outside of school):**

- If a School has a student/staff member at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
- A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student or staff member at risk of anaphylaxis on field trips or excursions.

- The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student/staff member at risk of anaphylaxis should be easily accessible and School Staff must be aware of their exact location.
- For each field trip, excursion etc, a risk assessment should be undertaken for each individual student/staff member attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
- All School Staff members present during the field trip or excursion 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.
- The School should consult Parents of anaphylactic students and anaphylactic staff in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents/they provide an alternative meal.
- Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis.
- The school will take an Adrenaline Autoinjector for General Use even if there is no student/staff member at risk of anaphylaxis, as a back-up device in the event of an emergency.

➤ **Camps:**

- Prior to engaging a camp owner/operator's services the School should make enquiries as to whether it can provide food that is safe for anaphylactic students.
- If the school has concerns about whether the food provided on a camp will be safe for students/staff at risk of anaphylaxis, it will consider alternative means for providing food for those students/staff.
- The schools 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/staff 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.
- Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
- School staff will consult with parents of students at risk of anaphylaxis and staff where appropriate and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
- The student/staff's Adrenaline Autoinjector, Individual Anaphylaxis Management 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.
- Prior to the camp taking place school staff will consult with the student's parents 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.
- Prior to the camp taking place school staff will consult with the anaphylactic staff member to review their Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
- School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.
- The school will take an Adrenaline Autoinjector for General Use on a school camp, even if there is no student/staff at risk of anaphylaxis, as a back-up device in the event of an emergency.
- The Adrenaline Autoinjector will remain close to the student/staff member at risk and school staff will be aware of its location at all times.

Emergency Response Procedures:

- A staff member is to stay with the student/staff member at all times. DO NOT leave the student unattended or move the student unless he/she is in immediate danger from another source.
- Urgently send another staff member to the General Office to collect the Epipen, and a student runner with the red Epipen emergency card to have the Epipen delivered and ring the General Office using mobile phone (if on yard duty) or class phone (if available) to ensure the quickest response time.
- Ring 000
- Follow the individual student/staff's Action Plan (ASCIA) – stored with the Epipen.
- In mild/moderate reactions - give medications if prescribed and directed in plan.
- With Severe reactions – give Epipen – note time administered.

- Attending staff member to ensure an ambulance is called.
- Contact the parents/carers/emergency contact
- Administer additional first aid as required.
- Hand over to ambulance officers when they arrive.

Staff training:

- All school staff will complete the ASCIA online e-training modules for Victoria and update as required
- All school staff will satisfy the practical components by demonstrating the correct administration of an epi-pen in a first aid scenario to a member of staff trained as an auto-injector verifier
- Two members of staff will have up-to-date training as auto injector verifiers
- Staff will attend a DEECD Anaphylaxis Management briefing twice a year.

Communication plan:

- **Procedures to provide information to all staff, students and parents about anaphylaxis and the school's management policy/plan.**
 - At the beginning of each school year as part of the school's 'hand-over' from teacher to teacher, information about a student's anaphylaxis and their current Individual Anaphylaxis Management Plan will be shared. A copy of the ASCIA Action Plan will also be provided and discussed.
 - At the beginning of each school year the classroom/home teacher will conduct a meeting with the parent(s) of the student at risk to review and update the child's Individual Anaphylaxis Management Plan
 - The school's Anaphylaxis Management Policy will be available on the school's website.
 - Medical Information including students at risk of an anaphylactic reaction is contained in a confidential class file in the classroom and taken on all out-of-school activities.
 - Children will be reminded on a regular basis of the importance in following the 'no-sharing' food rule.
 - The school will conduct twice yearly briefings to all staff to review the policy and procedures in place
- **Procedures to advise staff, students and parents how to respond to an anaphylactic reaction by a student in the classroom, in the school yard, on school excursions and special event days.**
 - All staff on playground yard duty are to carry the yard duty folder which contains photos of students with anaphylaxis, their relevant allergens and the Emergency Response Procedure to be followed.
 - When planning a special event/excursion/camp the classroom/home teacher of the student will conduct a risk assessment and then ensure all staff involved are made aware of how to respond to an anaphylactic reaction by the student and their role in responding to an emergency.
- **Procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and their role in responding to an anaphylactic reaction to a student in their care.**
 - The Casual Relief Teacher co-ordinator as well as the absent teacher's teaching partner will ensure that casual relief teachers are informed verbally of students at risk and what their role is in responding to an anaphylactic reaction by a student in their care.
 - Casual Relief Teacher Information folders will contain copies of students at risk, their allergens and the Emergency Reponse Procedure to be followed.
 - Classroom teachers will verbally inform volunteers working in their classroom of students at risk, their allergens and the Emergency Response Procedure to be followed.
- **Procedures to raise awareness of anaphylaxis**
 - **Raising staff awareness:**
All staff including administration and office staff will be briefed twice per year by a staff member who has current anaphylaxis management training about the students at our school at risk of anaphylaxis, their allergens and year levels. It will also serve as a reminder of the signs and symptoms of anaphylaxis, the measures we take to minimise risk in relation to accidental exposure of allergens and how to administer an EpiPen.

All staff with students at risk of anaphylaxis will receive a copy of that student's ASCIA management plan and Individual Anaphylaxis Management Plan.

▪ **Raising student awareness:**

Peer support is an important element of support for students at risk of anaphylaxis. At Yarra Road we aim to raise student awareness in school through fact sheets or posters displayed in hallways, canteens and classrooms.

Class teachers can discuss the topic with students in class, with a few simple key messages or by conducting class lessons from alternative sources.

▪ **Working with Parents:**

Our school works closely with parents of children at risk of anaphylaxis to ensure that we minimise their anxiety about sending their child to school.

Parents are invited to work with classroom teachers at the start of each year to update their child's Individual Anaphylactic Management Plan.

Teachers aim to develop an open and co-operative relationship with parents so that they can feel confident that appropriate risk minimisation strategies have been put in place.

Regular communication with parents is encouraged.

▪ **Raising school community awareness:**

Our school aims to raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition by providing information/links in the school newsletter on a termly basis.

The school will keep staff and the community informed about the seriousness of anaphylactic reactions to given allergens through class activities and placing articles/links in the school newsletter each term.

▪ **Resources:**

- **Parent Information Sheets** that promote greater awareness of severe allergies can be downloaded from the Royal Children's Hospital website at: www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/
- **Australasian Society of Clinical Immunology and Allergy (ASCIA)** provide information on allergies. ASCIA anaphylaxis e-training provides ready access to anaphylaxis management education throughout Australia and New Zealand, at no charge. The child care versions of the courses, incorporating training in the use of the Adrenaline Autoinjector devices EpiPen® and Anapen®, have been approved by ACECQA for the purposes of meeting the requirements of the National Regulations. Further information is available at: <http://www.allergy.org.au/>
- **EpiClub** provides a wide range of resources and information for managing the use and storage of the Adrenaline Autoinjector device EpiPen®. They also provide a free service that sends a reminder by email, SMS or standard mail prior to the expiry date of an EpiPen®. Further information is available at: www.epiclub.com.au
- **Allergy & Anaphylaxis Australia** is a non-profit organisation that raises awareness in the Australian community about allergy. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. Further information is available at: <http://www.allergyfacts.org.au/allergy-and-anaphylaxis>
- **Royal Children's Hospital Anaphylaxis Advisory Line** provides advice and support on implementing anaphylaxis legislation to education and care services and Victorian children's services. The Anaphylaxis Advisory Line is available between the hours of 8:30 a.m. to 5:00 p.m., Monday to Friday. Phone 1300 725 911 (toll free) or (03) 9345 4235. Further information is available at: http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/
- **Royal Children's Hospital, Department of Allergy and Immunology** provide information about allergies and the services provided by the hospital. Further information is available at: <http://www.rch.org.au/allergy/>

Evaluation:

This policy will be reviewed as part of the school's three year cycle or before as appropriate.

This Policy was last ratified by School Council in 2016