

ANAPHYLAXIS POLICY

This policy has been developed in line with Ministerial Order 706. The school will fully comply with this order and the associated Guidelines published and amended by the Department from time to time. The school staff will implement and monitor each student's individual anaphylaxis management plan. This policy must be read in conjunction with Ministerial order 706.

<http://www.education.vic.gov.au/Documents/school/teachers/health/ministerialorderword.docx>

and Anaphylaxis Guidelines

www.education.vic.gov.au/Documents/school/teachers/health/anaphylaxisguidelines.docx

Rationale

- 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. hazelnuts, cashews and almonds), 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.

Aims

- 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 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.

Implementation

1. It is the parents and/or primary care givers responsibility to notify staff at school and at the Out of Hours School Care Program of their child's anaphylactic condition in writing.
2. 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.

3. Staff will receive annual training in the treatment and management of anaphylactic students including the correct administration of the EpiPen®. All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training. (Note: A DVD from the Anaphylaxis Guidelines Information Pack can also be used for this purpose at staff briefings).
4. Teachers and other staff, who conduct classes that students at risk of anaphylaxis attend, will have up to date training in an anaphylaxis management training course. Staff at the Out of Hours School Care Program will also be included in any training courses offered at the school.
5. Training will be provided to these staff as soon as practicable after the student enrolls and where possible before the student's first day at school.
6. At other times when the 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 training course.
7. For any excursion outside the school setting teachers will use the sign out/in procedure for removing an EpiPen from the sickbay, prior to and on return from the excursion.
8. The school's First Aid procedures and students Emergency Procedures Plans (ASCI Action Plan) will be followed in responding to an anaphylactic reaction.
9. 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 management policy.
10. The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in the classroom, in the school yard, on school excursions, on school camps and special event days.
11. Volunteers and casual relief staff 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 Casual Relief Coordinator.
12. The First Aid Officer will be responsible for checking EpiPen® expiry dates as well as storage temperatures for EpiPens held at the school. Parents and primary carers will be notified a month prior in writing if the EpiPen needs to be replaced.
13. Awareness of students with anaphylaxis throughout the school is vital. Information regarding students individual responses and treatment along with their photo, will be prominently placed in all classroom attendance rolls, the staffroom, specialist areas, the first aid room, canteen, Out of Hours Program, in the CRT Information Handbook and the Yard Duty bags. This will include EpiPen® administration directions and a copy of the individual student's Action Plan.
14. The purchaser of soaps and other products for use by the whole school community will be mindful of checking for allergen triggers. For example nut or nut related ingredients and dairy products. If there is any doubt about a particular product communication will be made with the parent/carer of the child with the specific allergy.
15. The school canteen will not stock peanut and treenut products (e.g. hazelnuts, cashews, almonds), including nut spreads.
16. The school canteen will not knowingly serve any food containing a food allergen, or trace of a food allergen to a student known to be allergic to that specific food allergen.
17. Students, teachers and visitors are requested not to bring peanut and treenut products to the school
18. Only non-food treats will be used to celebrate birthdays, e.g. stickers
19. For special occasions such as the end of year class parties, the class teacher will communicate with the parent/carer of children with allergies to provide food from home for the student.
20. Children at risk of anaphylaxis will only eat food that is supplied or permitted by the parent/carer, and will not share food or accept food from any other person.
21. There will be regular discussions with students and staff about the importance of washing hands, for all students to only eat their own food and not share food including not purchasing on behalf of other children e.g. at the canteen.

22. Disposal of any used EpiPen® will be in accordance with Occupational Health and Safety.
23. Parents and/or primary carers are responsible for ensuring their children have an adequate supply of appropriate medication held at the school and for replacing the EpiPen before it expires.

Evaluation

- This policy will be reviewed and updated as information becomes available.

DEFINITIONS:

Allergy:

the immunological process of reaction to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergic reaction:

a reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse, or cessation of breathing.

Anaphylaxis:

a severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly lungs or circulation systems.

Anaphylaxis "Action Plan":

a medical management plan prepared and signed by a doctor; it must provide the child's name and allergies, and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCI) action plan.

Anaphylaxis "Management Plan":

a plan completed by the Principal or nominee on the basis of information from the student's medical practitioner provided by the parent/carer. This plan outlines strategies to avoid allergens and minimise risks to the student.

Children with Anaphylaxis:

those children whose allergies have been medically diagnosed, and who are at risk of anaphylaxis.

Anaphylaxis management training:

training provided by a person designated by the Principal which includes recognition of allergic reactions, treatment and practise with an EpiPen® trainer. Training should also include strategies for anaphylaxis prevention.

ASCI:

Australasian Society of Clinical Immunology and Allergy.

EpiPen® kit:

a container, for example an insulated lunch pack. The kit should contain a current EpiPen®, a copy of an anaphylaxis action plan, and telephone contact details for the child's parents/primary care giver, the doctor/medical service and the person to be notified in the event of a reaction if the parent/primary care giver cannot be contacted. The kit should also contain a container (such as a tooth brush holder) to store a used EpiPen® until safe disposal can be arranged.

Intolerance:

Often confused with allergy, intolerance indicates that the body is unable to absorb or breakdown nutrients. Lactose intolerance, which is due to a lack of intestinal enzyme, lactase, is an example of non-allergic cow milk tolerance. Lactase digests the milk sugar, lactose. The large quantities of undigested lactose act as a laxative. The immune system is not involved.