



Anaphylaxis Management Policy

RATIONALE

Kensington Primary School fully complies with Ministerial Order 706 and the Associated Guidelines published and amended by the Department from time to time.

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 students 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.

The key reference and support for the school regarding anaphylaxis is the DEECD Anaphylaxis Guidelines.

IMPLEMENTATION:

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.

An 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 or allergies the student has (based on a 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 school 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 the School;
- The name of the person/s responsible for implementing the strategies;
- Information on where the student's medication will be stored
- The name, address and phone number of the student's parents and an emergency contact details; and
- An ASCIA Action Plan

The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form of emergency procedure plans that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis.

This can be downloaded from

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

- Refer to Appendix for a copy of KPS Individual Management Plan Template

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan. The Student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents in all the following circumstances:

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg: class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of the parent to:

- provide the ASCIA Action Plan;
- inform the school if their child's medical condition changes, 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 the plan is provided to the school and when it is reviewed; and
- provide the School with an Adreanine Autoinjector that is current and not expired for their child.

PREVENTION STRATEGIES

Individual Anaphylaxis Management Plans and ASCIA Action Plans will be placed in:

- The students' classroom;
- The Anaphylaxis Folder in the Sick Bay;
- The Anaphylaxis records in the AP Office;
- The Student's Medication bag
- Before and After School care.

Individual Anaphylaxis Management Plans for Camp will accompany Camp First Aid packs/Excursions First Aid packs.

The playground / yard duty first aid bag will contain a current photo of all students with anaphylaxis, the allergy, and the required action.

The School will maintain a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;

In Classrooms

1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom (located in the teacher's Attendance Roll). The ASCIA Action Plan is displayed near the classroom door and is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2.	Liaise with Parents about food-related activities ahead of time.
3.	Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4.	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.
5.	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).
6.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.

7. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
8. A designated staff member (Assistant Principal) 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, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

In The Canteen

1. Canteen staff should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to: 'Safe Food Handling' in the School Policy and Advisory Guide, available at: <http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx>
2. Prominently display the person responsible for the canteen with training in Safe Food Handling.
3. Display the student's name and photo in the old canteen as a reminder to Staff & parents.
4. 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.

In The Yard

1. If the School has a student who is at risk of anaphylaxis, School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location.
3. The School has a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard.

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

1. If the School has a student at risk of anaphylaxis, 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.

Field Trips / Excursions / Sporting Events

1. If the School has a student at risk of anaphylaxis, 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.
2. 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 at risk of anaphylaxis on field trips or excursions.
3. The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis will be stored in the Excursion bag with School Staff.

4. For each field trip, excursion etc, 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 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.
5. 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.

Camps and Remote Settings

Prior to engaging a camp owner/operator's services the School must make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider.

The School 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.

School Staff will consult with Parents of students at risk of anaphylaxis 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.

An Anaphylaxis Management Plan for Camp will be developed with the parents.

The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp.

Prior to the camp taking place School Staff will consult with the student's Parents to review the student's 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 will 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 at risk of anaphylaxis, as a back-up device in the event of an emergency.

The School will purchase an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.

SCHOOL MANAGEMENT and EMERGENCY RESPONSE

In the event of an anaphylactic reaction, the Emergency Response Procedures as stated below must be followed, together with the School's general first aid and the student's ASCIA Action Plan.

When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the School, outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School, the Principal must ensure that there are sufficient number of School Staff present who have been trained in accordance with the DEECD guidelines and as detailed below in this policy.

EMERGENCY RESPONSE PROCEDURE

- **In the home room/classroom**
 - In the case of an ANAPHYLACTIC attack in the student's home/classroom
 - Administer the EpiPen.
 - Ring 000 (ask for an ambulance to attend, staying on the phone for instructions from the professionals)

- **Blue card to the office** (a blue card is velcroed to the photos of the students. Blue card will alert office staff to attend)
 - Office staff will bring school EpiPen and mobile phone to assist and ring parents from the mobile (mobile will be used to contact parents)
 - HOW TO Administer the EpiPen is displayed in the rooms.
 - In students' home/classrooms, THEIR EPIPEN is stored in a yellow cool store bag out of reach of the students but easily accessible to the staff. All stored in a cupboard marked "First Aid" on the wall.
 - This will be returned to the sick bay each night during the heat of summer as they are sensitive to heat.
 - Back-up EpiPens are stored in the Business Manager's Office
- **In all other rooms**
 - **In the case of an ANAPHYLACTIC attack**
 - **Blue card to the office**
 - **Ring 000** (ask for an ambulance to attend, staying on the phone for instructions from the professionals)
 - **Administer EpiPen.**
 - **Office staff will bring school epiPen and mobile phone to assist, and ring parents from the mobile (mobile will be used to contact parents)**
- **In the yard**
 - The yard duty bag contains laminated cards with the names and photographs of Anaphylactic students.
 - **In the case of an ANAPHYLACTIC attack**
 - **Blue card to the office.**
 - **Ring 000** (ask for an ambulance to attend, staying on the phone for instructions from the professionals)
 - **Administer EpiPen.**
 - **Ring 000 (from school phone if contact has not been made)**
 - **Ring student's parents (from office if contact had not been made)**
 - Office staff will bring school epiPen and mobile phone to assist and ring 000 if the staff member on duty has not been able to do so
- **Out of school ie: camps/excursions/sporting events**
 - The Excursion/Camps bag contains laminated cards with the names and photographs of Anaphylactic students.
 - **In the case of an ANAPHYLACTIC attack**
 - **Ring 000/112** (ask for an ambulance to attend, staying on the phone for instructions from the professionals)
 - **Administer EpiPen.**
 - **Ring 000**
 - **Ring student's parents**
 - School staff will bring school EpiPen as back up in Excursion/Camps bag
- **Review Procedure**
 - After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision, it is important that the following review processes take place;
 - The Adrenaline Autoinjector must be replaced by the Parent as soon as possible and the Principal shall ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenalin Autoinjector being provided;
 - If the Adrenaline for General Use has been used this should be replaced as soon as possible and the Principal should ensure there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided;
 - The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents;
 - The School's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School staff.

Anaphylaxis Medication – Labelling/Storing:

- Medication will be stored in accordance with the student's Individual Anaphylaxis Management Plan and the student's Anaphylaxis Action Plan – medication should always remain readily available for the student in case required
- A copy of the Individual Anaphylaxis Management Plan, complete with a current photo of the student, will be stored with the medication
- Parents/Carers are to be wholly responsible for recording the expiry date of medications placed at the school and will be responsible for the timely replacement of the said medication
- Nominated staff members will check the expiry date on school's medications each term

Adrenaline Autoinjectors for General Use

The Principal will purchase Adrelanine Autoinjector(s) for General Use (purchased by the School) and as a back up to those supplied by parents.

The 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 the School who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of Adrenaline Autoinjectors that have been provided by parents 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 the School, including
- in the school yard, and at excursions, camps and special events conducted or organised by the School; 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 School's expense, either at the time of use or expiry, whichever is first.

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 supervising students 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 Assistant Principal or Student Wellbeing Officer.

All staff will be briefed twice per year 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
- How to minimise exposure to allergens such as discouraging food sharing, requesting that birthday cakes do not contain nuts, all party food brought to school is labelled with all contained ingredients

Staff training

The following school staff will be appropriately trained:

- School staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any further school staff that are determined by the Principal based on a risk assessment
 - a risk assessment tool is available from [DEECD Health Support Planning Policy](#)

Note: A video has been developed and may be viewed as part of updating staff.

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

The identified school staff will undertake the following training:

- An Anaphylaxis Management Training Course in the three years prior; and
- 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:
 - the School's Anaphylaxis Management Policy;
 - the causes, symptoms and treatment of anaphylaxis;
 - the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where the medication is located;
 - how to use an Adrelinin Autoinjector, including hands on practice with a trainer Adrelinine Autoinjector device;
 - the School's general first aid and emergency response procedures; and
 - the location of, and access to, Adrelinine Autoinjector that have been provided by parents or purchased by the School for general use.

The briefing must be conducted by a member of School staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student.

- Training will be provided to relevant School staff as soon as practicable after the student enrolls, and preferably before the student's first day at School

The Principal will ensure that 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 School staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist to monitor compliance with the Ministerial Order 706, the DEECD guidelines and their obligations.

The annual checklist can be downloaded from

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

References

- Ministerial Order 706
- DEECD Anaphylaxis Policy
- DEECD Health Support Planning Policy

EVALUATION

- This policy will be reviewed every 2 years

This Policy was approved by School Council:

For more information regarding the legislative requirements of Ministerial Order 706, and its supporting information and resources, see:

- [Anaphylaxis Guidelines for Victorian Schools \(docx - 14.48mb\)](#)
- [Sample School Anaphylaxis Policy \(docx - 39.08kb\)](#)
- [Individual Anaphylaxis Management Plan Template \(docx - 10.11mb\)](#)
- [Annual Anaphylaxis Risk Management Checklist \(docx - 34.39kb\)](#)
- [Ministerial Order 706 \(docx - 103.55kb\)](#)
- [ASCIA Guidelines](#) – for prevention of food anaphylactic reactions in schools, preschools and childcare centres
- [Anaphylaxis Australia](#)

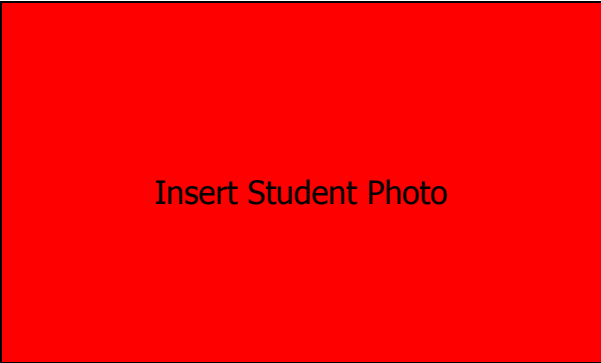


Kensington Primary School

Anaphylaxis Management Plan 2014

Cover Sheet

This Plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner provided by the parent/carer



School: Kensington Primary School

Phone: 9376 6013

Student's name:

Date of birth:

Year level:

Severely allergic to:

Symptoms:

Other health conditions:

Medication at school:

Parent/carer contact:

Parent/carer information (1)

Parent/carer information (2)

Name:

Name:

Relationship:

Relationship:

Home phone:

Home phone:

Work phone:

Work phone:

Mobile:

Mobile:

Address:

Address:

Other emergency contacts

Medical practitioner contact:

Emergency care to be provided at school: As per Anaphylaxis Action Plan **EPIPEN**

EpiPen® storage: In the school Office

The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed annually, February 2017.

Signature of parent:

Date:

Signature of principal (or nominee):

Date:

Strategies To Avoid Allergens

Student's name:		
Date of birth:	Year level:	
Severe allergies:		
Other known allergies:		
Risk	Strategy	Who is responsible
Shared food situations		
Contaminants in classroom		
Contaminants in the school environment (including Care Program and Vacation Care)		
Contaminants during school excursion/incursions		