



**ST. LEONARDS
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SCHOOL**
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Anaphylaxis Policy

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. 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 the school.

Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

The school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

The Principal will ensure that an Individual Anaphylaxis 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.

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 student's 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.

GUIDELINES

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 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 student's emergency contact details; and
- an ASCIA Action Plan.

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 parent, 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;
- 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 Parents to:

- provide the ASCIA Action Plan;
- inform the School 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 the School and when it is reviewed; and
- provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

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 of students at risk of anaphylaxis 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 once each semester 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

An information DVD will be used for this purpose at staff briefings.

STAFF TRAINING AND EMERGENCY RESPONSE

- Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.
- At other times 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 staff present who has had up to date training in an anaphylaxis management training course.
- The principal will identify the school staff to be trained based on a risk assessment.

A risk assessment tool to assist principals can be downloaded from [DEECD Health Support Planning Policy](#)

- Training will be provided to these staff as soon as practicable after the student enrolls.
- Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.
- The school's first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

ANNUAL RISK MANAGEMENT CHECKLIST

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

PREVENTION STRATEGIES

Appendix F contains risk minimisation strategies.

References :

- [DEECD Anaphylaxis Policy](#)
- [DEECD Health Support Planning Policy](#)

Appendix F: Risk Minimisation strategies for schools

In-school settings

It is recommended that school staff determine which strategies set out below for various in-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment. Not all strategies will be relevant for each school.

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 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 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.	Children with food allergy need special care when doing food technology. An appointment should be organised with the student's parents prior to the student undertaking this subject. 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, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident, i.e. seeking a trained staff member.

Travel to and from school by school bus

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| 1. | School staff should consult with parents 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 child is deemed too young to carry an adrenaline autoinjector on their person at school. |
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Field trips/excursions/sporting events

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| 1. | If a school has a student 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. |
| 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. | School staff should avoid using food in activities or games, including as rewards. |
| 4. | 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. |
| 5. | 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. |
| 6. | The school should consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required). |
| 7. | 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. |
| 8. | Prior to the excursion taking place school staff should consult with the student's parents 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 excursion activity. |