



## Stella Maris Primary School Beaumaris Anaphylaxis Management Policy

### Rationale

This policy has been prepared to assist in preventing life threatening anaphylaxis and is based on advice from the Australasian Society of Clinical Immunology and Allergy (ASCI) and takes account of the published literature at the time of publication. It is not intended to replace professional medical advice.

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention. Anaphylaxis is a generalised allergic reaction, which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal, and cardiovascular). A severe allergic reaction usually occurs within 20 minutes of exposure to the trigger and can rapidly become life threatening.

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 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

### School Statement

In order to comply with the Ministerial Order 706 and guidelines on Anaphylaxis Management at Stella Maris we aim:

- 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 whether on or off school premises.
- Stella Maris will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time and will develop and maintain our Anaphylaxis Management Policy accordingly.

### Individual Anaphylaxis Management Plans

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.

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 Parents 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.

### **Prevention Strategies**

Stella Maris School adopts a Risk Minimisation approach with regard to particular foods (such as peanuts and tree nuts) which are the most likely foods to cause anaphylaxis. The implementation of blanket food bans or attempts to prohibit the entry of food substances into schools is not recommended. Therefore Stella Maris does not endorse the implementation of blanket food bans or attempts to prohibit the entry of food substances into the school.

Issues considered in not recommending blanket food bans include;

- the practicalities of such measures
- the issue that for school age children an essential step is to develop strategies for avoidance in the wider community as well as at school
- the lack of evidence of the effectiveness of such measures
- other guidelines and position statements and experts do not recommend such measures
- some guidelines state that such a policy should be "considered" for a specific foodstuff such as peanut rather than recommended

- food bans at schools are not recommended by allergy consumer organisations
- the risk of complacency about avoidance strategies if a food is banned.

Research clearly shows that although allergic reactions to food are common in children, severe life threatening reactions are uncommon and deaths are rare.

- The majority of food reactions, even to highly allergenic foods such as peanuts are not anaphylactic
- However more than 90% of fatal reactions to foods have occurred in children aged 5 years and older. This indicates the importance of food avoidance for those school age children considered to be at risk.
- The risk of anaphylaxis in an individual case depends on a number of factors including the age of the child, the particular food involved, the amount of the food ingested and the presence of asthma
- Peanuts and other nuts are the most likely foods to cause anaphylaxis.
- Anaphylaxis is very unlikely to occur from skin contact or exposure to food odours.

## 2. The four steps in the prevention of food anaphylactic reactions in children at risk in schools

- Obtaining medical information about children at risk by school personnel.
- Education of those responsible for the care of children concerning the risk of food anaphylaxis.
- Implementation of practical strategies to avoid exposure to known triggers.
- Age appropriate education of children with severe food allergies.

**These Risk Minimisation and Prevention Strategies** for Stella Maris School are put in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

### **In-school settings**

#### **Within the classrooms at Stella Maris we will:**

- keep a copy of the student's ASCIA Action Plan in the classroom
- liaise with parents/carers about food related activities ahead of time
- recommend that parents/carers provide a treat box with alternative treats if food treats are used in class. Treat boxes should be clearly labelled and only handled by the student
- discourage food from outside sources to a student who is at risk of anaphylaxis
- be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons)
- have regular discussions with students about the importance of washing hands, eating their own food and not sharing food
- ensure the Deputy Principal or nominee informs casual relief teachers of students at risk of anaphylaxis, preventive strategies in place and the school's emergency procedures
- make casual relief teachers aware of a copy of the student's ASCIA Action Plan kept in a red folder on the teacher's desk within the classroom and First Aid room
- with permission of the parent/carer ask the classroom teacher to send home a letter informing all parents that a student at risk of anaphylaxis is a class member

### **Yard**

#### **On the yard at Stella Maris:**

- students with anaphylactic responses to insects will be encouraged to stay away from water or flowering plants
- consideration will be given to plants and sources of water in the playground so that the student can avoid them without being unfairly limited
- lawns will be mowed and outdoor bins are fitted with lids

- sufficient staff on yard duty will be trained in the administration of the EpiPen® to be able to respond quickly if needed
- the EpiPen® will be easily accessible from the yard and stored in the Staffroom
- staff on yard duty will carry a red communication card 'Anaphylaxis' in the First Aid bag to notify the general office/first aid team of an anaphylactic reaction in the yard. Teachers will not leave a student who is experiencing an anaphylactic reaction unattended – the teacher will direct another person to bring the EpiPen® Adrenaline Autoinjectors

### **During Special events e.g. sporting events, incursions, class parties, etc**

#### **At Stella Maris:**

- when special occasions occur, class teachers will consult parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student
- parents/carers of other students will be informed about foods that may cause allergic reactions
- in students at risk of anaphylaxis
- the use of party balloons, swimming caps, bandaids and rubber gloves will be monitored if a student is allergic to latex
- staff will know where the EpiPen® is located and how to access it if required

### **Out-of-school settings**

#### **At Stella Maris on planned field trips and excursions:**

- the student's EpiPen®, ASCIA Action Plan and a mobile phone will be taken
- a staff member or team of staff who have been trained in the recognition of anaphylaxis and the administration of the EpiPen® will accompany the student on field trips or excursions. All staff present will be aware if there is a student at risk of anaphylaxis
- staff will develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction
- the school will consult parents/carers in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/carer to send a meal (if required)
- parents/carers may wish to accompany their child. This will be discussed with parents/carers as another strategy for supporting the student

### **Camps**

#### **At Stella Maris' planned camps:**

- there will be in place a risk management strategy for students at risk of anaphylaxis, developed in consultation with the student's parents/carers
- camp personnel will be advised in advance of any students with food allergies
- staff will liaise with parents/carers to develop alternative menus or allow students to bring their own meals
- use of other substances containing allergens will be avoided where possible
- the student's EpiPen®, ASCIA Action Plan and a mobile phone will be taken
- the team of staff who have been trained in the recognition of anaphylaxis and the administration of the EpiPen® will accompany the student. However, all staff will be aware if there is a student at risk of anaphylaxis
- staff will develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction
- the camp coordinator will be aware of local emergency services in the area and how to access them and will liaise with them before the camp
- the EpiPen® will remain close to the student (and other students if appropriate) and staff will be aware of its location at all times
- the EpiPen® will be carried in the school first aid kit. Our school will encourage students to carry their own EpiPen® on camp

- students with anaphylactic responses to insects will be encouraged to wear closed shoes and long-sleeved garments when outdoors and will be encouraged to stay away from water or flowering plants
- cooking and art and craft games will not involve the use of known allergens. Consideration of allergens will be given to eating in cabins

### School Management

At Stella Maris: all staff will be briefed twice yearly 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 management and emergency response procedures

### Emergency Response

At Stella Maris

- 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 have 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
- 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

### Students with Anaphylaxis at Stella Maris in 2016

First name	Last Name	Room / Area	Condition	Assistance Needed During an Emergency / Evacuation	Who Will be responsible?
Ibbott	Cooper	PT	Anaphylaxis	Epipen	Classroom Teacher or aide
Ferrigno	Miranda	PH	Anaphylaxis	Epipen	Classroom Teacher or aide
Harvey	Kenny	2HH	Anaphylaxis	Epipen	Classroom Teacher or aide
Martin	Ava	2HH	Anaphylaxis	Epipen	Classroom Teacher or aide
Antolos	Grace	3S	Anaphylaxis	Epipen	Classroom Teacher or aide
Risvanos	Hugo	4R	Anaphylaxis	Epipen	Classroom Teacher or aide
Noah	Atherton	4CC	Anaphylaxis	Epipen	Classroom Teacher or aide

Tait	Bennett	4R	Anaphylaxis	Epipen	Classroom Teacher or aide
Charles	Galvin	4CC	Anaphylaxis	Epipen	Classroom Teacher or aide
Ronan	Callanhan	5R	Anaphylaxis	Epipen	Classroom Teacher or aide
Kai	Lawton	6G	Anaphylaxis	Epipen	Classroom Teacher or aide

### **Adrenaline Autoinjectors for General Use**

The Principal will purchase Adrenaline 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**

At Stella Maris:

- 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 about students at risk of anaphylaxis, and their role in responding to an anaphylactic reaction by a student in their care by principal, deputy principal, classroom teacher and office staff.

### **Raising staff awareness**

At Stella Maris all staff involved in the care of students at risk of anaphylaxis, including class teachers, specialist teachers, office staff, casual relief teachers and administrative staff should know:

- the causes, symptoms and treatment of anaphylaxis
- the identities of students who are at risk of anaphylaxis
- the preventative strategies in place
- where EpiPens® are kept
- the school's first aid and emergency response procedures
- their role in responding to a severe allergic reaction.

At Stella Maris we will achieve this by:

- allocating time at a two compulsory staff meeting during the year, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis
- providing and displaying copies of the student's ASCIA Action Plan in classrooms and Staffroom

- ensuring that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response
- The principal, deputy or deputy's nominee has responsibility for briefing new staff (volunteers or casual relief staff) about students at risk of anaphylaxis, the school's policies and prevention strategies.

### **Staff Training**

The following School Staff will be appropriately trained:

- All School Staff
- Any further School Staff that are determined by the Principal.

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 their medication is located;
  - how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
  - the School's general first aid and emergency response procedures; and
  - the location of, and access to, Adrenaline 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.

### **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.

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



This policy was ratified in 2012

This policy will be reviewed biannually

This policy was last reviewed in 2016