

Anaphylaxis Policy- 2017



Niddrie Primary School

Background

Niddrie Primary School is committed to providing a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.

Niddrie Primary School will fully comply with the *Children's Services and Education and Training Reform Act 2006 Ministerial Order 706* and the associated guidelines published and amended by the Department from time to time.

Rationale:

- 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.
- Niddrie Primary School will fully comply with Ministerial Order 706 Anaphylaxis Management in Victorian Schools and the associated guidelines published and amended by the Department from time to time.

Aims:

- To provide, so far as is practicable, a safe environment for children diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction
- To educate staff, students and parents on the seriousness of anaphylaxis

To provide procedures to enable staff to:

- identify children diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction
- understand their symptoms and triggers
- implement prevention strategies to minimise the risk of exposure to allergens as per the Anaphylaxis Guidelines for Victorian Schools
- implement an emergency response plan in the event of a severe allergic reaction
- administer appropriate medications
- to remove, so far as is practicable, the presence of nuts, a severe allergen, from the school environment

Implementation

1. Individual Anaphylaxis Management Plans

A template of an Individual Anaphylaxis Management Plan can be found in Appendix A.

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.

The individual anaphylaxis management plan must 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;

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- 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.
- An emergency procedures plan (ASCIA Action Plan)

Note: The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by Medical Practitioners to Parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found in Appendix 3 of the Anaphylaxis Guidelines or downloaded from <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

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 parent 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.

2. Prevention Strategies

a) Sharing of foods between all children is actively discouraged.

b) Removal of Nuts from the School Environment

- Nuts are known as a severe allergen. Unlike other allergens, sufferers can suffer a reaction through being in close proximity to nuts (e.g. smell or skin contact) without the need to ingest nuts.
- So as to minimise risk, as far as practicable, to the school community, Niddrie Primary will no longer permit nuts to be brought on to school grounds during normal school hours, or on school excursions or camps. This policy extends to all children and staffs in all classes even where there are no children with nut allergies directly in that class.

The following will not be allowed:

- Nuts, including peanuts, almonds, cashews, pine nuts, hazelnuts, walnuts, brazil nuts, pecans or any other type of nut
- Spreads such as Peanut Butter, other nut butters, pestos and peanut oil.
- Dried fruit is permitted but not dried fruit and nut boxes or Muesli bars containing nuts
- Biscuits or other cakes containing nuts, including flourless cakes with almond meal.
- Nutella and other choc/nut spreads

Products labelled "may contain nuts" are permitted, however children with nut allergy should not eat them.

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Should a child bring foods containing nuts, the student will, under the supervision of the Principal or nominated staff member, eat lunch in a designated area within the classroom, dispose of rubbish appropriately and wash their hands thoroughly. The Principal or nominated staff member will contact the family to remind them of the school's 'no nut' policy.

- Lunch orders will not contain nuts.
- The teacher and parent of a child with anaphylaxis will communicate whenever the class is planning to cook or have special food days
- In the event of birthday treats, the teacher will discuss alternative arrangements for the student with anaphylaxis, for example their own 'treat jar'.
- Special events conducted, organised or attended by the School out of school hours including the annual fete and soirees will not be required to be nut-free

It is important to note that nuts are not the ONLY potential cause of a life threatening reaction. Each child's allergies need to be discussed with their classroom teacher.

3. School Management and Emergency Response

The following procedures are in place at Niddrie Primary School to deal with students diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction

1. Identifying the child at school – locations of photo ID

All staff are expected to be familiar with identity of all children diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction

- First aid room photo ID inside door of first aid cupboard
- The school attendance roll has an ASCIA action plan with identifying photograph inside the front cover for each child diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction
- Classroom has a photo of the child diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction
- Staff/Office workspace @copier area – photo gallery and list of triggers of students diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction.
- In the OHSC room (where the child is a registered user of the service)
- In the yard duty bag.

Excursions and Camps

A staff member will be responsible for ensuring the Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction is taken on any excursion or camp.

The Principal will ensure that at any special events conducted, organised or attended by the School out of school hours there are staff present who are trained in the use of adrenaline autoinjectors and who have access to the autoinjectors currently held by the school.

2. Casual Relief Teachers and Volunteers

A designated staff member will inform casual relief 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.

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3. Outside the classroom

Bum bags are carried by the teachers on yard duty at recess and lunchtime. These each contain red ID cards with the child's name and photograph. If there is an incident outside during recess, the teacher sends the child's card to the office / staffroom to alert the staff.

4. Medication location

The medication for each child is held in the Sick Bay.

The cupboard is marked with a label Epipens.

Each child's medication is in a container labelled on the outside with their photograph and name. Inside is the medication with the action plan and signed permission form to administer medication.

The general use epipens are stored in the same location, clearly labelled as "general use".

5. Information and Medication

Medication, action plans, medication permission forms etc are required to be updated each year.

Parents/Guardians will be responsible for ensuring that their children have an adequate supply of appropriate medication available at school.

Parents of children with anaphylaxis are responsible for ensuring that medication held at the school is replaced before the expiry date. The Office Manager will check EpiPens (including those for general use) monthly to ensure they are not out of date and will notify parents one month prior to expiry.

6. Training

Register of anaphylaxis trained staff is in a file in the first aid room.

Contains the dates of the training and attendees and the details of the course attended.

Twice yearly briefings of staff to be minuted at staff meetings.

MANAGEMENT OF ANAPHYLACTIC (SEVERE ALLERGIC) REACTION

Signs and Symptoms may include:

- Swelling of the throat
- Swelling in and around the mouth
- Difficulty swallowing
- Red flush / very pale / clammy skin
- Breathing difficulties: coughing and wheezing. Tightness of chest, shortness of breath
- Blue around lips / fingernails
- Welts / hives on skin (in combination with any other of these symptoms)
- Goes floppy / limp
- Distressed by symptoms of a reaction
- Loses consciousness
- Act quickly but don't panic.
- Stay with the child.
- Lay the child flat. If breathing is difficult allow them to sit.
- Use the nearest phone to contact the office and send two students with red ID card to the office to alert staff deliver the box containing the child's EpiPen / general use Epipens
- Send someone else or contact office to call an ambulance 000.
- Immediately alert team / staff member.
- Staff to assist the removal of students from the area.

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Administration of EpiPen

- Check the name / photograph on the EpiPen container is for correct child
- Remove EpiPen from the container
- Remove blue safety cap from the end of the EpiPen and form a fist around the EpiPen
- Place orange end of the EpiPen against the child's outer mid-thigh muscle (through clothes if necessary) and push down hard, listening for the "click" sound which indicates that the syringe has fired into the muscle.
- HOLD SYRINGE IN PLACE FOR 10 SECONDS to give the adrenalin time to enter the muscle.
- Remove the syringe and massage the site of the injection for a further 10 seconds.
- Note the time the injection was given.
- Return the syringe to the container. Hand to the paramedics when they arrive.

Reassure the child and watch them closely in case of worsening condition. If there is no improvement or condition worsens a second injection may be given after 5 minutes if the paramedics have not arrived.

Contacting the ambulance

- Tell the operator that a child (give child's name) is having an anaphylactic reaction and give precise location details: Niddrie Primary School at Watt St Airport West

Ask someone to contact student's emergency contacts.

Within 24 hours, contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

Review

After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision:

1. The Adrenaline Autoinjector must be replaced by the Parent as soon as possible.
2. In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
3. If the Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible.
4. In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided.
5. The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents.
6. 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.

4. 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;

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- 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.

Note: Adrenaline Autoinjectors for General Use are available for purchase at any chemist. No prescriptions are necessary.

Currently Niddrie Primary School holds an Epipen and an Epipen Junior for general use.

5. Communication

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 at special events.

Casual Relief Teachers and Volunteers

A designated staff member will inform casual relief 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.

Staff

It is the responsibility of the Principal of the School to ensure that relevant School Staff are:

- trained; and
- briefed at least twice per calendar year

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 see section above

Students

- Teachers will discuss anaphylaxis in class, and trial procedures for responding to an anaphylactic reaction. Discussion will include what type of foods may include an allergen, the importance of good hygiene (hand washing), no sharing of food and no tolerance for teasing.
- Children who do not suffer from allergies should be educated to understand medical
- issues affecting others and to act in a responsible manner.

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Parents

The school community will be informed about allergens via:

- Quarterly reminders in the newsletter of the potentially life –threatening nature of an anaphylactic reaction and the importance of managing exposure to allergens, including the ban on bringing nuts and nut products to school.
- Anaphylaxis Management Policy available at the office

6. 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.

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.

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 with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to 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, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

Note: A video has been developed and can be viewed from

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

7. Annual Risk Management Checklist

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

A template of the Risk Management Checklist can be found at Appendix B (see also

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

This policy will be available on the school website and a copy will be available for viewing at the office.

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This policy is a risk mitigation plan and does not offer a guarantee that the school is nut- free. Children with allergies need to be educated to always maintain vigilance about their environment.

LINKS AND APPENDICES (including processes related to this policy)

Links which are connected with this policy are:

- DET Medication Policy
- DET Anaphylaxis Policy
- DET Health Support Planning Policy
- <http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxisschools.aspx>

Appendices which are connected with this policy are:

- Appendix A: Individual Anaphylaxis Management Plan
- Appendix B:: Annual Risk Management Checklist

8. Evaluation

This policy will be reviewed in 2019

This policy was ratified by School Council in December 2017

Appendix A

Individual Anaphylaxis Management Plan.

This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent.

It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School	Phone
Student	
DOB	Year level
Severely allergic to:	
Other health conditions	
Medication at school	
EMERGENCY CONTACT DETAILS (PARENT)	
Name	Name
Relationship	Relationship
Home phone	Home phone
Work phone	Work phone
Mobile	Mobile
Address	Address
EMERGENCY CONTACT DETAILS (ALTERNATE)	
Name	Name
Relationship	Relationship
Home phone	Home phone
Work phone	Work phone
Mobile	Mobile
Address	Address
Medical practitioner contact	Name
Phone	