



Anaphylaxis Management Policy

St Carlo Borromeo Primary School

St Carlo Borromeo Primary School acknowledges the School's responsibility to develop and maintain an Anaphylaxis Management Policy, in accordance to and complying fully with Ministerial Order 706 and the associated Guidelines published by the Department .

RATIONALE

The purposes of this policy are:

- To raise awareness about anaphylaxis and the School's anaphylaxis management policy.
- Through education, staff training and policy implementation to minimise the risk of a student.
- having an anaphylactic reaction at school.
- To provide, as far as practicable, a safe & supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the School's policy & procedures to respond to an anaphylactic reaction.
- To ensure all staff members are trained to respond appropriately if a student has an anaphylactic reaction.
- To facilitate communication between the School and families to ensure the safety and wellbeing of students at risk of anaphylaxis.
- To actively involve parents/guardians of students at risk of anaphylaxis in assessing risks.
- Ensuring the location of Adrenaline Auto injectors are well known and in appropriate locations.
- At the beginning of every school year, the designated staff member reviews the Individual Anaphylaxis plans of existing students, ensuring that all information is current, adds new enrolment with anaphylaxis and notifies all the community of expectations and procedures regarding anaphylaxis policy.

Individual Anaphylaxis Management Plans

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents; this includes an ASCIA Action Plan, 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:

- 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 with the ASCIA Action Plan on annual; review and provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

Prevention Strategies

To assist with managing the risk of anaphylaxis St Carlo Borromeo Primary School requires that parents must communicate their child's allergies and risk of anaphylaxis at the earliest opportunity and agree to provide updated information as mentioned above.

To minimise the risk a letter is sent out at the beginning of every school year informing the students, parents and staff of the potential risk of anaphylaxis reaction in the school environment, minimising the risk of exposure to the known allergens, therefore taking reasonable steps to protect the student from risks that are reasonably foreseeable.

In the emergency folder records of the students with individual anaphylaxis plans are identified. ASCIA Action Plans are easily accessible and kept with Adrenaline Autoinjectors. These are stored in an unlocked easily accessible cupboard away from direct light and heat.

Individual Management Plans are also kept in the First Aid Room

The school notify Parents about food-related activities ahead of time.

We are 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). Cooking utensils are washed and cleaned, thoroughly after preparation of food and cooking.

We have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

If the school has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty are trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®) to be able to respond quickly to an anaphylactic reaction if needed.

The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff are aware of their exact location. They are kept in the first Aid Room in a clearly labelled drawer.

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.

Prior to engaging a camp owner/operators services the School makes enquiries as to whether it can provide food that is safe for anaphylactic students.

The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone are taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency is considered, e.g. a satellite phone.

If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.

Prior to the camp taking place School Staff consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.

All School Staff members present during the field trip or excursion are aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.

School Management and Emergency Response

In accordance with the Ministerial Order 706 all staff will be briefed each semester by a staff member who has current 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 the location of their medication.
- How to use an auto adrenaline injecting device.
- The School's first aid and emergency response procedures.

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 current 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, it must be ensured that there is a sufficient number of staff present who have current training in anaphylaxis management.

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.

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

Staff Training & Emergency Response

St Carlo School Anaphylaxis School Supervisors are Nella Fimiani and Pina Distefano.

In accordance with Ministerial Order 706 School staff are trained and further briefed at least twice a year by a staff member who has current 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 the location of their medication.
- How to use an auto adrenaline injecting device
- The school's first aid and emergency response procedures.

New or casual relief staff are also briefed by a staff member who has current anaphylaxis management training.

The school 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.

Parents, staff and students are made aware of students with anaphylaxis at the commencement of every new school year. Medical files are reviewed annually.

Student's photos are displayed on the medical board in the staffroom.

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 schools anaphylaxis management policy.
- Individual Anaphylaxis Management Plans will be displayed in the classroom and First Aid Room.
- Staff meeting discussions will be held at the beginning of each year to identify student's individual management plans.
- Specialised training sessions from outside agencies for identified staff will be conducted
- 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 staff members.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- schools 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

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.

Role of staff responsible for the student at risk of anaphylaxis

A copy of the student's anaphylaxis action plan is displayed in the staffroom and is visible to all staff. Adrenaline Autoinjectors expiry dates are checked at the commencement of each year.

A copy of the student's anaphylaxis management plan is also stored with the Adrenaline Autoinjector kit.

The student's anaphylaxis action plan in the event of an allergic reaction is followed.

Where a student who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction the process is to; -

- Call an ambulance immediately by dialling 000.
- Commence first aid measures.
- Contact the parent/guardian or person to be notified in the event of illness if parent/guardian cannot be contacted.

Food sharing is not encouraged: The practice where the student at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

Ensure that the Auto injector kit for each student at risk of anaphylaxis is carried by a trained adult on excursions that this student attends.

Role of Parent/Caregiver

- Inform Principal and Head of School in writing that their child is at risk of Anaphylaxis [on enrolment or on diagnosis of their child's condition.]
- Read and be familiar with the School's Anaphylaxis Management Policy.
- Notify the School in writing of any advice from medical practitioner.
- Provide the School with an anaphylaxis action plan signed by a registered medical practitioner giving written consent to use the Adrenaline Autoinjector in line with this action plan.
 - Provide a complete Adrenaline Autoinjector kit to School.
 - Ensure Auto injector is clearly labelled with student's name and not out of date.
 - Replace auto injector when it expires or upon being informed by staff that it has been used.
- Notify staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- Assist staff by offering information and answering any questions regarding their child's allergies.
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of their child.
- Provide a safe treat box for their child (which is clearly labelled with the child's name) and replenish treat box promptly on request by staff.
- Encourage their child to have a "no food sharing" approach i.e. the practice where the student at risk of anaphylaxis eats only that food that is supplied or permitted by the parent / guardian, and does not share food with, or accept other food from any other person.

EVALUATION

If a child has an anaphylactic reaction, review the adequacy of the response of the School and consider the need for additional training and other corrective action.

REFERENCES AND ACKNOWLEDGEMENTS

Anaphylaxis Guidelines

Department of Education and Early Childhood Development

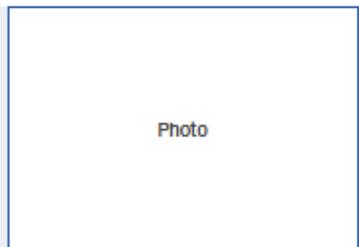
Ministerial Order 706 Anaphylaxis Management in Schools

Policy will be reviewed February 2019

ACTION PLAN FOR Anaphylaxis

Name: _____ for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors

Date of birth: _____



Allergens to be avoided: _____

Family/carer name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

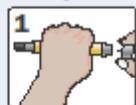
Plan prepared by: _____

Dr _____

Signed _____

Date _____

How to give EpiPen® or EpiPen® Jr



1 Form fist around EpiPen® and PULL OFF GREY SAFETY CAP.



2 PLACE BLACK END against outer mid-thigh (with or without clothing).



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.



4 REMOVE EpiPen® and DO NOT touch needle. Massage injection site for 10 seconds.

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MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth, abdominal pain, vomiting

ACTION

- stay with person and call for help
- give medications (if prescribed)
- locate EpiPen® or EpiPen® Jr
- contact family/carer



Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- 1 Give EpiPen® or EpiPen® Jr**
- 2 Call ambulance* - telephone 000 (Aus) or 111 (NZ)**
- 3 Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand**
- 4 Contact family/carer**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If In doubt, give EpiPen® or EpiPen® Jr

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____

St Carlo Borromeo Primary School is a Child Safe School