



# AVENEL PRIMARY SCHOOL

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## ANAPHYLAXIS MANAGEMENT POLICY

### BACKGROUND

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 (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 those triggers. Partnership between school and parents is important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline administered through an EpiPen or its equivalent to the muscle of the outer thigh is the most effective first aid treatment of 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 schooling
- to raise awareness about anaphylaxis and the school's anaphylaxis management plan in the school community
- to engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and the 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.

### INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Principal will ensure that parents of students, who have been diagnosed by a medical practitioner as being at risk of anaphylaxis, understand that their medical practitioner must provide an up-to-date individual anaphylaxis management plan to the school as early as possible.

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls, and if possible, prior to the student starting school.

The individual anaphylaxis management plan will set out the following:

- information about the diagnosis, including the type of allergy or allergies student has (based on a diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to allergens while the student is under the care

or supervision of school staff, for in-school and out of school settings including camps and excursions

- information on where the student's medication will be stored
- contact details for the student
- the procedure for managing an emergency (ASCIA Action Plan), which is provided by the parent.
- Each student's individual management plan will be reviewed, in consultation with parents/carers
- annually and as applicable
- if the student's condition changes or
- immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:

- provide the emergency procedure plan to the school
- inform the school if their child's medical condition changes, and if relevant, provide an updated emergency procedure plan
- provide an up-to-date photo for the emergency procedure plan when the plan is provided to the school and when it is reviewed.

## **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/plan.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in classroom, in the school yard, on school excursions and special event days.

The CRT coordinator (or designated person) will ensure CRTs are informed of students at risk and what their role is in responding to an anaphylactic reaction by a student in their care.

This includes

- being alerted to the relevant anaphylaxis information in class rolls, and
- if replacing a specialist teacher, having access to the specialist timetable, which identifies classes with anaphylactic students.

All staff will be briefed once each semester by the school nurse (or staff member with up-to-date anaphylaxis management training) on

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the students diagnosed at risk of anaphylaxis and the location of medication
- the correct use of the auto adrenaline injecting device
- the school's first aid and emergency response procedures.

## **STAFF TRAINING AND EMERGENCY RESPONSE**

Teachers and other school staff who conduct classes with students at risk of anaphylaxis will have up-to-date training in an anaphylaxis management training course.

At other times while a student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal will ensure that there is a sufficient number of staff present who have up-to-date training in an anaphylaxis management.

## GENERAL

- auto adrenaline injecting devices are located in the sick bay in plastic pockets labelled with the student's name and instructions for use;
- each student's ASCIA plan is located in the sick bay and readily accessible;
- a photo of each individual student at risk is displayed throughout the school- each classroom / roll has a record of anaphylactic children.
- the designated first aid officer is responsible for checking the expiry dates of the auto adrenaline injecting devices and will notifying parents prior to expiry;
- each student's action plan is updated annually by the student's medical practitioner;
- each classroom roll has a copy of information of each student at risk of anaphylaxis;
- each yard duty first-aid pack contains a photo about students at risk of anaphylaxis;
- each yard duty folder contains individual cards with the students' photos and names. In the event of an anaphylactic emergency during recess or lunch time, the appropriate card is sent to the sick bay so that the school nurse/designated first aid officer can execute a rapid response;
- in the event of a suspected anaphylactic emergency, an ambulance will be called;
- the school will liaise with parents/carers about food related activities;
- on school camps, excursions and sporting events, the auto adrenaline injecting device will remain close to the student. Consideration is given in planning ahead for food and meals for students at risk of anaphylaxis;
- all students at risk of anaphylaxis must provide an auto adrenaline injecting device and ASCIA action plan for school camp;
- staff are routinely briefed about students at risk of anaphylaxis.

## ANAPHYLAXIS COMMUNICATION PLAN

Avenel Primary School has taken steps to ensure effective communication of students at risk of anaphylaxis.

1. Anaphylaxis action plans are located in the sick bay and include students' photos.
2. Anaphylaxis action plans including photos are located in attendance rolls in all classrooms.
3. All staff undergo regular briefings on anaphylaxis, the symptoms and emergency responses.
4. All staff with a student at risk of anaphylactic responses in their classroom, will be briefed at the beginning of the year, to ensure their awareness of the issues related to these students.
5. Parents/carers of anaphylactic students will be contacted each year to ensure we have the most up-to-date anaphylactic management plan available.

## EMERGENCY MANAGEMENT

In the event of an anaphylactic episode

In the classroom:

- the teacher in charge will contact the sick bay/office. If possible the child will be taken to the sick bay where their personal auto adrenaline injecting device (Epipen) can be used. When it is decided to use the Epipen; 000 will be rung immediately. A mobile phone will be used if the child is not located in the office area.

In the school playground:

- all yard duty teachers carry a first aid bag, which will contain photographs of anaphylactic students
- in the event of an anaphylactic episode, the yard duty teacher will to contact the office and will provide the name of the student so their personal auto adrenaline injecting device can be taken to the scene directly.

- after contacting the office, the yard duty teacher will call 000 for ambulance/emergency advice;

At excursions/sports/camp:

- the School will inform the camp of any students with anaphylaxis to ensure that appropriate arrangements are made for students participating at camp
- the auto adrenaline injecting device will accompany students at risk of anaphylaxis to all excursions, sports events and camps
- the injecting device will be kept within close proximity of the student
- in the event of an anaphylactic episode, the supervising teacher will administer the auto adrenaline injection
- the supervising teacher will ring 000 for medical assistance
- if the episode takes place at another school or establishment, first aid assistance will be sought
- for school camps: Parents will be fully informed of the relevant considerations such as:
  - the remoteness of the camp (distance to nearest hospital)
  - mobile telephone coverage. (In some locations, coverage is not reliable)

## **Anaphylaxis communication/management**

Classroom including specialists,

- Every teacher will receive individual anaphylactic management plans (including photographs) for all anaphylactic children in their grade level. If the child goes to different maths groups or literacy groups (or specialists) this allows for all staff to be aware of potential hazards.
- Individual management plans will be placed in all classroom rolls and displayed in all specialist rooms. Specialists will have the names of all children who have Anaphylaxis.

CRTs

- Photocopies of anaphylaxis management plans are placed in classroom rolls.
- The Grade level coordinator will draw attention to any child who is at risk of anaphylaxis.
- Specialist teachers have a booklet with the names of all anaphylactic children.

Minimising exposure

- Children are expected to eat their play lunch and lunch in the classroom.
- In an attempt to minimise exposure, all children in classrooms sit at their own table and do not move around whilst eating, this will help minimise contamination.
- There will be regular communication with parents via the newsletter and notes sent home reminding them that nuts are not banned however, they should exercise caution when preparing lunches and snacks.

## **EMERGENCY RESPONSE INSTRUCTIONS**

During recess and lunch times

Anaphylactic episode

1. identify the student and verify they have an individual anaphylactic management plan.
2. Contact the office immediately and if feasible take the child to the sick bay and locate the management plan.
3. If the child cannot be moved from the playground, send for the epipen and administer treatment there whilst contacting 000 by a mobile phone for emergency medical assistance
  - clearly explain that this child is suffering a suspected anaphylactic reaction

During instruction time (in classrooms or specialists)

#### Anaphylactic episode

1. identify the student and verify they have an individual anaphylactic management plan. See classroom roll or display if in specialist room
2. Get assistance from classroom teacher next door as help is sought from the office. Move child to the office if possible, and then undertake emergency response management
3. The office will ring 000 for emergency medical assistance and notify relevant staff to provide support as soon as practicable.

#### Communication to parents

This information will be provided to parents at the start of each school year via the newsletter. A separate note may be sent home to parents at specific year levels if deemed necessary.

### ANAPHYLAXIS MANAGEMENT

Schools are encouraged not to ban nut products, but to raise awareness of the risks associated with anaphylaxis and to implement practical age-appropriate strategies to minimise exposure to known allergens.

Parents are free to pack the foods of their choice for their children to eat at school, however I ask that you are mindful that at this school we have children and teachers who are anaphylactic, a condition that can cause death.

Teachers at Avenel Primary will reinforce that we don't share food and that we should wash our hands after eating. Where it is known that students have brought nut products to school and there is an anaphylactic student in the classroom, the teacher will take all precautions to minimise risk. Parents can help us maintain a safe environment by ensuring nut products are placed in a sealed container or sealed plastic bag.

Please be aware that in classrooms we do not use food as treats or rewards. Food such as cakes or other foods may be sent to school to celebrate birthdays however a full list of ingredients needs to be provided. On special occasions when food is freely available, teachers will ensure that a safe environment is maintained for all students. Prior to commencing units of work that involve cooking, teachers will discuss the individual needs of students at risk with parents.

Parents who have concerns or require clarification are urged to speak to the classroom teacher. Alternatively, you can contact the office for further information.

**Date Ratified at School Council** \_\_\_\_\_

**Principal Signature** \_\_\_\_\_

**School Council President Signature** \_\_\_\_\_ **Review Date** \_\_\_\_\_