



Yarraville Special Developmental School

No. 5278

ANAPHYLAXIS MANAGEMENT POLICY

This policy reflects Ministerial Order 706 and the associated Guidelines published and amended by the Department of Education and Training.

Yarraville SDS Principal:

Ashwini Sharma

School Council President:

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Certification

School Council President

Signed

Date 28/3/2017

Principal

Signed

Date 28/3/17

This policy ratified at School Council meeting

28 Feb 2017



Yarraville Special Developmental School

Excellence In Learning

ANAPHYLAXIS MANAGEMENT POLICY

Aim

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

Rationale

The School will comply by:

- The development and implementation, monitoring and regular review of Individual Anaphylaxis Management Plans and will include ASCIA Action Plan for Anaphylaxis.
- Use of preventative strategies
- Include school management and emergency response procedures
- Purchase of adrenaline auto injectors for general use
- A communication plan
- Training of school staff
- Completion of a School Anaphylaxis Risk Management checklist.

Implementation

Individual Anaphylaxis Management Plans: that the principal of the school is responsible for ensuring 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 having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis. The Individual Anaphylaxis Management Plan and ASCIA Action Plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school.

Individual Anaphylaxis Management Plan must include the following:

- Information about the medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or 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 is stored
- The student's emergency contact details
- An action plan for anaphylaxis in a format approved by the ASCIA provided by the parent.

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 a student has an anaphylactic reaction at school, and

- When a 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.

Parental Responsibility:

- 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
- Provide the school with an adrenaline auto injector that is current and not expired for their child

Prevention Strategies:

To minimise the risk of an allergic reaction, the school will consider carefully the use of peanuts, nuts, peanut butter or other foods that cause reactions with students. Below are listed strategies within the school setting.

Classrooms
1. Keep a copy of the student’s Individual Anaphylaxis Management Plan in the classroom. Also ensure that the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2. Liaise with Parents about food-related activities ahead of time.
3. Use non-food treats where possible. But if food treats are used Parents of students with food allergy should provide a treat box. These need to be clearly labelled.
4. Never give food from outside sources to students who are at risk of anaphylaxis.
5. 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.
6. 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).
7. Ensure all cooking utensils, preparation dishes, plates, knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
8. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
9. All casual relief teachers, education support staff, specialist teachers and volunteers should be informed if a student with anaphylaxis is in the room. They should also be informed of the location of students Individual Anaphylaxis Management Plan, Adrenaline Autoinjector, the School’s Anaphylaxis Management Policy, and each person’s responsibility in managing an incident. I.e. seeking a trained staff member.
Yard
1. The School must ensure that as we have students with anaphylaxis, sufficient School staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen) to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Autoinjector and each student’s Individual Anaphylaxis Management Plan/ASCIA Plan are in the bum bag carried in the yard by a staff member. All staff should be aware of this.
3. Staff must know that the student’s medical information and medication is carried in a bum bag by a staff member on yard duty. That there is a mobile phone in yard duty First Aid bag so that the office can be notified immediately and in turn notify First Aid of an anaphylactic reaction in the yard.

4. All staff must be able to identify, by face, those students at risk of anaphylaxis.
5. Students with anaphylaxis responses to insects should be encouraged to stay away from water and flowering plant. Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6. Keep lawns and clover mowed and outdoor bins covered.
7. Students do not take food or drinks outside.
Special events (e.g. sporting events, incursions, class parties, etc.)
1. If a School has a student at a risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2. Staff should avoid using food in activities or games, including rewards.
3. If special occasions are being planned staff should consult with Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
4. Parents of other students should be asked in advance to avoid providing students with treats whilst they are at School or at a Special Event due to the risk of anaphylactic reactions from other students.
5. Party balloons should not be used if any student/s' attending are allergic to latex.

Out of School Settings

Travel to and from School by bus
1. Staff to consult with Parents of students at risk of anaphylaxis and the bus provider to minimise the risk of an anaphylactic reaction. This would include a policy of no food or drink to be shared or consumed whilst on the bus.
2. The availability of an Adrenaline Autoinjector and ASCIA Action Plan must be available and suitably qualified staff available to administer if required.
Field trips/excursions/sporting events
1. If the 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. Staff member/members 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. Staff should avoid using food in activities or games, including rewards.
4. The Adrenaline Autoinjector and ASCIA Action Plan for each student should be carried by a staff member with the student at all time.
5. For each field trip, excursion or sporting event 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 etc., size of venue, distance from medical assistance, structure of the excursions and staff-student ratio.
6. All staff member's present 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.
7. The school will consult with Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu or request Parents to provide a meals (if required).
8. Parents may wish to accompany their child, this needs to be discussed as another way to that allows the student to participate in the activity.

9. Prior to excursion staff should consult with Parents to ensure that the ASCIA Action Plan is up to date.
Camps and remote settings
1. Prior to booking a camp the School should make enquires as to whether it can provide food that is safe for anaphylactic students. If the camp cannot provide this confirmation, then the School will not use this provider but seek one that will.
2. The camp cook must be able to demonstrate satisfactory training in food allergen management and its implications on food handling practices. This should also include cross contamination issues and label reading etc.
3. Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party
4. The School must conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis in consultation with Parents and camp owner/operator prior to the camp.
5. School staff should consult with Parents and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur.
6. 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.
7. Use of substances containing allergens should be avoided where possible.
8. Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
9. The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. All should be with the student/staff at all times. If mobile access is not available, an alternative method of communication in an emergency must be considered. E.g. satellite phone.
10. Prior to camp taking place School Staff will consult with the students' 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.
11. School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Also check the emergency response procedures that the camp provider has in place. Ensure these are adequate and that all staff are perfectly clear about their roles.
12. Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School staff and camp staff as part of the emergency response procedures developed for the camp.
13. Schools should take an Adrenaline Autoinjector for General use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
14. Schools should purchase an Adrenaline Autoinjector for the first aid kit and include this as part of the Emergency Response Procedures.
15. The Adrenaline Autoinjector should remain close to the student and all staff must be aware of its location at all times.
16. If appropriate older students may be allowed to carry their Adrenaline Autoinjector on camp, but remember School staff members still have a duty of care towards the student.

17. Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water and flowering plants.
18. Cooking, art and craft games should not involve the use of known allergens.
19. Consider the potential exposure to allergens when allowing the consumption of food on buses and in cabins.
Work Experience
<p>1. Schools should involve Parents, the student and the employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. Staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the Adrenaline Autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience.</p> <p>It is important to note that it is not recommended that banning of food or other products is used as a risk minimisation and prevention strategy. The reasons for this are as follow:</p> <ul style="list-style-type: none"> • It can create complacency amongst staff and students; • It does not eliminate the presence of hidden allergens; and • It is difficult to “ban” all triggers (allergens) because these are not necessarily limited to peanuts and nuts. Triggers and common allergens can also include eggs, dairy, soy, wheat, sesame, seeds, fish and shellfish.

School Management and emergency response:

The School’s Anaphylaxis Management forms part of the School’s general first aid and emergency response procedures.

The Emergency Response for an Anaphylactic Reaction is:

- Staff member to administer Adrenaline Autoinjector immediately.
- Send another Staff member to First Aid Office to retrieve students spare Adrenaline Autoinjector.
- Inform Office Staff to call for First Aid Assistance and call 000 stating “Anaphylactic Reaction” and then to organise ambulance to be directed to site.
- Office to contact parents/emergency contacts
- If reaction continues to administer spare EpiPen 5 minutes after first EpiPen has been given and/or follow direction from ambulance staff.
- Staff to remain with student until ambulance arrives, then to inform them of time of administration and type of EpiPen used. Hand over used EpiPen.

Students affected by Anaphylaxis are:

- Ishan Chouhan