**ANAPHYLAXIS POLICY AND PROCEDURES**

Prepared May 2019

### Policy Statement

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.

GREENSBOROUGH Primary School will fully comply with **Ministerial Order 706 – Anaphylaxis Management in Schools** and the associated Guidelines published and amended by the Department from time to time.

GREENSBOROUGH Primary School acknowledges that it is the school’s responsibility to develop and maintain an Anaphylaxis Management Policy.

### 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 enrols, 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 (e.g. 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

* A timetabled staff meeting each semester and facilitated by Principal, to inform all staff of students with severe allergies / anaphylaxis, student action plans and administration of medications / Epipens
* Timetabled information sessions / discussions facilitated by the school nurse with all classes about severe allergies / anaphylaxis and the importance of eating their own food and not sharing
* All classes to eat lunch in their own classroom, with a focus on supervision.
* Students will not share any component of their lunch or snacks.
* Food for a child with a severe allergy / anaphylaxis should only be supplied by that child’s parent
* Lunch orders for children with severe allergies / anaphylaxis are under the discretion of the child’s parent
* A list of children with severe allergies / anaphylaxis and their photos is to be displayed in the canteen (see above). Canteen staff to be educated on severe allergy /anaphylaxis and emergency care
* Keeping the lawns well mown, ensuring children always wear shoes
* Not allowing drink cans at school, except for Out-of-school events where parents are present.

### School Management and Emergency Response

• auto adrenaline injecting devices are located in the sick bay 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;
• 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.

### 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**

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 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
* All GREENSBOROUGH Primary School staff are required to be familiar with this policy and the Anaphylaxis Guidelines for Victorian Government Schools
* It is expected that parents of children with anaphylaxis will provide to the school:
* Written instruction in the form of an anaphylaxis action plan, detailing substances the child is allergic to and measures to be taken should a reaction occur.
* An Epipen or other medication (within use by date) necessary for the emergency management of anaphylaxis for their child.
* Anaphylaxis management plans will be displayed in prominent staff areas and provided to the child’s teachers.
* Medication required for the emergency management of Anaphylaxis will be stored under the following conditions:
* In a central, unlocked area accessible to all staff
* Clearly labelled with the child’s name
* With a copy of the child’s anaphylaxis plan
* Where deemed necessary in consultation with the parents, arrangements may be made to store a second Epipen in the child’s classroom.
* Appropriate medication, e.g. Epipens, will be taken on all excursions from the school. It is the responsibility of the child’s classroom teacher to ensure that this occurs.
* Risk minimisation strategies will be discussed and implemented in consultation with the parents, school health staff, the student and classroom teacher to plan specific risk minimisation for the individual child.

**ANAPHYLAXIS COMMUNICATION PLAN**

GREENSBOROUGH 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.

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 PLT 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 own snack 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 arranging for contacting 000
• 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.