



CAULFIELD PRIMARY SCHOOL

ANAPHYLAXIS POLICY

POLICY NO. 1.1

Rationale

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, 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 these triggers.

Purpose

Caulfield Primary School aims 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.
- Raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community
- Engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- Ensure that each staff member has adequate knowledge about allergies, anaphylaxis, and the school's policy and procedures in responding to an anaphylactic reaction.

Caulfield Primary School fully complies with *Ministerial Order 706* and the associated Guidelines published and amended by the Department from time to time. The key reference and support for the school regarding anaphylaxis is the DET *Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian schools*.

Staff training

Staff training will be completed according to the table below:

Completed by	Course	Provider	Cost	Valid for
All school staff	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
AND 2 staff per school (School Anaphylaxis Supervisor)	<i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years

In addition, all staff are to 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:

- title and legal requirements as outlined in Ministerial Order 706
- pictures of the students at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
- signs and symptoms of anaphylaxis
- ASCIA Anaphylaxis e-training
- ASCIA Action Plan for Anaphylaxis and how to administer an Adrenaline autoinjector®
- Caulfield Primary School's First Aid policy and emergency response procedures
- on-going support and training.

The briefing must be conducted by a member of the school staff, preferably the person nominated as the School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the last 2 years.

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. Training will be provided to relevant 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.

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 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 and the signs or symptoms the student might exhibit in the event of an allergic reaction (based on a written diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to known 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 risk minimisation strategies which have been identified in the Plan
- information on where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan as required.

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
- 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 and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

It is the responsibility of the student's parents to:

- obtain the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with an adrenaline autoinjector that is current (ie the device has not expired) for their child
- participate in annual reviews of their child's Plan.

Risk Minimisation strategies

Our school does not ban any food, including nuts. This is in accordance with the DET guidelines. These guidelines recommend practical, age-appropriate strategies and the provision of better education to improve awareness of the classmates of affected students

- Students of risk of anaphylaxis are not to be served foods that contain the substance to which they are allergic.
- Students at risk of anaphylaxis are not to be given food from outside sources that cannot be guaranteed to be free of allergens.
- Staff will discuss with parents as part of students' ASCIA plans what plans or alternatives will be in place where food is to be shared e.g. birthdays and class parties.
- Staff are encouraged to consider options other than food for celebrations and rewards e.g. having game days and special events rather than class parties at end-of-term.

Peer understanding is an important element of support for students at risk of anaphylaxis. Classroom teachers will provide students with simple prevention strategies:

- Always take food allergies seriously – severe allergies are no joke
- Don't share food with friends, particularly those who have food allergies
- Wash hands after eating
- Know what classmates are allergic to and tell a teacher if you have that food at school
- If a school friend becomes sick, get help immediately
- Treat any adrenaline auto-injector with respect.

In addition, staff will be familiar with the risk minimisation strategies identified in the DET *Anaphylaxis Guidelines*, Appendix F.

School planning and emergency response

- A complete and up to date list of students identified as being at risk of anaphylaxis is kept in the school sick bay area.
- Each student's individual plan and photo is also kept both in the school sick bay and in the staff room area.
- All classrooms with an anaphylactic child also has their plan and photo near the classroom door.
- Each student's adrenaline auto-injector is kept in sick bay and each student's plan is kept with their adrenaline auto-injector.
- Teachers sign out the adrenaline auto-injector as required for excursions

Adrenaline auto-injectors for general use

The principal will purchase adrenaline auto-injector(s) for general use (purchased by the school) and as a back up to those supplied by parents.

The principal will also need to determine the number of additional adrenaline auto-injector(s) required to be purchased by the school. 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 auto-injectors 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 auto-injectors for general use in specified locations at the school including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school
- the adrenaline auto-injectors for general use have a limited life, and will usually expire 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
- the expiry date of adrenaline auto-injectors should be checked regularly to ensure they are ready for use.

Note: adrenaline auto-injectors for general use are available for purchase at any chemist. No prescriptions are necessary.

Communication Plan

The principal will be responsible for providing and managing information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

Communication to staff includes:

- All school staff provided with a copy of the Anaphylaxis Management Policy. This will be included in the Staff Information folder.
- All school staff informed of students at risk of anaphylaxis, and provided with relevant student photos and medical condition summaries.
- All school staff informed of the steps to be taken to respond to an anaphylactic reaction by a student.
- Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

Communication to students includes:

- Regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Raising awareness of anaphylaxis throughout the school.

Communication to parents includes:

- Providing information about anaphylaxis via the school newsletter and website.
- Providing information about foods that may cause allergic reactions in students at risk of anaphylaxis via the newsletter, website and notices.

It is the responsibility of the principal of the school to ensure that relevant school staff are:

- adequately trained (either through face-to face or online training), and
- briefed at least twice per calendar year through an in-house school briefing.

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. The annual checklist is designed to step schools through each area of their responsibilities in relation to the management of anaphylaxis in schools.

Date of approval: 2017	Date of review: 2020
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