



Anaphylaxis Management POLICY

Rationale

Karoo recognises:

- That 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 (e.g. 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 these triggers.
- Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.
- Adrenaline given through an autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

The purpose of the Anaphylaxis policy is:

- a) To ensure a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling
- b) To raise staff, student and school community awareness about severe allergies and the school's Anaphylaxis Management Policy
- c) To engage with parents/carers of students at risk of anaphylaxis in assessing risks, develop risk minimisation strategies and management strategies for the student
- d) To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures, including recognising and responding to an anaphylactic reaction and competently administering an autoinjector
- e) To comply with Ministerial Order 706 and associated guidelines.

1. Guidelines

- 1.1 All staff will be trained every two years in the management of anaphylaxis and the use of autoinjector through online training and a face to face assessment.
- 1.2 School staff that complete the online training course will be required to repeat that training and the adrenaline auto injector competency assessment every two years.
- 1.3 Staff that participate in online training will undergo an assessment within 30 days with an appropriately qualified assessor
- 1.4 Karoo PS will nominate staff members to be the school anaphylaxis supervisors. They need to complete an accredited short course that teaches them how to conduct a competency check on those who have completed the online training course.
- 1.5 All staff will also attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years.

- 1.6 Information about students with a diagnosed risk of anaphylaxis will be provided to all staff.
- 1.7 All staff, including casual relief teachers must know the emergency procedure in the event of an anaphylactic reaction.
- 1.8 Regular updates related to students diagnosed with anaphylaxis will be communicated to staff at the beginning of each term and at weekly briefings where appropriate.
- 1.9 The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and procedures for anaphylaxis management.
- 1.10 Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.
- 1.11 The school will comply with Ministerial Order 706 and associated guidelines.

2. Implementation

- 2.1 The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Karoo Primary School's procedures for anaphylaxis management.
- 2.2 Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.
- 2.3 Students who have been diagnosed with an acute anaphylactic reaction to a nominated allergen will require an autoinjector to be administered by a trained staff member in the event of an anaphylactic reaction
- 2.4 In the event of an anaphylactic reaction the school's first aid and emergency management response procedures and the student's Individual Anaphylaxis Management Plan must be followed
- 2.5 Autoinjector will be securely stored. They will be clearly labelled with the student's name and details of their condition, dosage and emergency numbers and Anaphylaxis Management Plan. Expiry dates will be checked regularly
- 2.6 The school will have a back-up adrenaline autoinjector(s) as part of the school first aid kit(s)
- 2.7 Information about students with a diagnosed risk of anaphylaxis will be provided to all staff. All staff must know the emergency procedure in the event of an anaphylactic reaction
- 2.8 Each student with a diagnosed risk of anaphylaxis will have their name on an alert card that is located in every teacher's yard duty bags carried while on yard duty. Copies will also be displayed in the First Aid Room and Staff Room with details of their allergy and course of action in an emergency
- 2.9 Casual replacement staff will be alerted to those students in the class with special medical needs including anaphylaxis. A photo of the student together with relevant information will be included in the handbook for casual replacement staff
- 2.10 Strategies to reduce risk of exposure to anaphylactic triggers to be discussed between students, staff and parents
- 2.11 The first aid coordinator will keep all information regarding students at risk up to date and annually review Anaphylaxis Management Plans

2.12 The school will complete an annual Anaphylaxis Risk Management Checklist.

Preventing Allergic Reaction

- 2.13 Students will not be allowed to share food or snacks at any time
- 2.14 Staff will be made aware that products such as sunscreens, play-doh, latex and cooking oil may contain nut products
- 2.15 Staff will be made aware that bee, wasp and insect stings may cause allergic reactions in students
- 2.16 Staff will be made aware that eggs, nuts, fish and shell fish, wheat, sesame, soy and dairy products may cause allergic reactions in students
- 2.17 Classroom teachers of those students diagnosed with a risk of anaphylaxis will be aware of the risks during cooking sessions and will provide alternative ingredients
- 2.18 Lollies, chocolates etc. should not be used as treats/rewards by staff including visitors to the school
- 2.19 Planning for special school events, excursions or camps should include consideration for the potential for anaphylactic reactions in diagnosed students
- 2.20 Students diagnosed with anaphylaxis will not pick up rubbish in the yard
- 2.21 Hand washing for all staff and students will be encouraged, particularly in relation to eating food and cooking.

Individual Anaphylaxis Management Plan

- 2.22 The Principal of the school is responsible for ensuring that an individual anaphylaxis management plan is developed for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis in consultation with the student's parents
- 2.23 The individual anaphylaxis management plan must be in place as soon as practicable after the student's enrolment. The management plan must include:
 - a) Information about diagnosis including the allergy or allergies
 - b) Strategies to minimise the risk of exposure to the allergen while the student is under the supervision of school staff, for in-school and off campus settings
 - c) The name of the person responsible for implementing the strategies
 - d) Information as to where student medication is stored
 - e) The student's emergency contact details
 - f) An emergency procedure plan that is signed by the medical practitioner which includes the student's photograph
 - g) Requirement for the annual review of the individual management plan or more often if the student's medical condition changes or immediately after the student has an anaphylactic reaction at school
- 2.24 It is the responsibility of the parent to sign the updated emergency procedure plan, inform the school if the student's medical condition changes

Communication Plan

- 2.25 The Principal of the school is responsible for ensuring that a communication plan is developed to provide information to all staff, casual relief teachers, students, volunteers and parents about anaphylaxis and the school's anaphylaxis management policy
- 2.26 Consultation will occur between students, parents and staff via a communication plan to inform of strategies to reduce the risk of exposure to anaphylactic triggers including:

- during classroom activities
 - during snack and lunch time
 - before and after school, in the yard and during breaks
 - for special events such as cooking, incursions, sports days and class parties
 - for excursions, special event days and camps
- 2.27 The communication plan will include information as to how to respond to an anaphylactic reaction by a student
- 2.28 The communication plan will include the procedure to inform casual relief teachers of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction
- 2.29 The following will be advised of the school's policy
- school canteen and/or food provider
 - camp venues
 - excursion venues where lunch is provided
 - Out of School Hours Care program

Staff Training and Emergency Response

- 2.30 Ministerial Order 706 requires schools to provide regular training for school staff in recognising and responding appropriately to an anaphylactic reaction including competently administering and Autoinjector
- 2.31 Accredited anaphylaxis management that meets the requirements of Ministerial Order 706 are:
- a) Course in First Aid Management of Anaphylaxis 22300VIC and/or
 - b) Course in Anaphylaxis Awareness 10313NAT
- 2.32 The principal of the school will also ensure that all school staff undertakes twice yearly briefings on anaphylaxis management under Ministerial order 706. Any person who has completed course 22300VIC or 10313NAT in Anaphylaxis Management in the previous 2 years can lead the briefing using the Department's facilitation guide and speaking notes. The briefings will include:
- a) Staff practice with a replica Autoinjector
 - b) Staff familiarisation of the students at the school at risk of an anaphylactic reaction and their Management Plans
 - c) The school's Emergency Procedure in the event of an anaphylactic reaction.
- 2.33 The Principal of the school is responsible for identifying individual school staff to be trained outside of the regular training for staff, based on the assessment of risk of an anaphylactic reaction occurring while a student is under the supervision of the school
- 2.34 The school's Emergency Procedure based on the student's individual Anaphylactic Management Plan will be followed in responding to an anaphylactic reaction

Emergency Procedure

- 2.31 First Aid - If a student with an Anaphylaxis Management Plan complains of / presents as/with:
- Difficulty breathing
 - Swelling of tongue and/or lips
 - Tightness in throat
 - Difficulty talking
 - Persistent cough

- Collapse
- Pale and floppy
- Hives and/or a rash

The Staff member should:

- Follow the student's Anaphylaxis Management Plan/Autoinjector
- Notify the office
- Office to contact Ambulance, Parents and Principal
- Relocate other students, if in classroom
- Stay with student until ambulance arrives, record time of administration

2.32 In the event of an anaphylactic reaction during recess the yard duty supervisor should:

- Locate alert card with student's name with the listed signs or symptoms from yard duty bag
- Remain with student and send two other students with the Red Emergency card to staff room to alert a staff member to bring the Autoinjector
- **Call 000 for MICA ambulance via mobile phone**
- A trained staff member should administer the Autoinjector and give any other required first aid. They should remain with the child until the emergency ambulance arrives
- Additional staff members should be alerted to support the situation in relation to crowd control
- Office staff should contact the parents and provide the ambulance with the student's details and Anaphylaxis Management Plan
- A staff member must man the school gate and direct the ambulance when it arrives.

3. Resources

3.1 This policy is underpinned by the:

- a) Duty of Care Policy
- b) Yard Duty and Supervision Policy
- c) First Aid Policy
- d) Medication Management Policy
- e) Student Engagement and Wellbeing Policy
- f) Student Welfare Policy

4. Evaluation

4.1 The Education Sub Committee and Karoo PS staff will review the effectiveness of the school's Anaphylaxis Management Policy on a cyclical basis in accordance with DET guidelines and priorities.