

ANAPHYLAXIS POLICY

RATIONALE

The Children's *Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008* and Ministerial Order 706, requires proprietors of licensed children's services, to have an anaphylaxis management policy in place. Thomastown West Primary School has a duty of care towards students, which includes protecting a student in the care of the school from the risk of injury that a staff member should reasonably have foreseen. Thomastown West Primary School should work in partnership with parents/carers and the students to support students to feel safe at school.

BROAD GUIDELINES

The DEECD is committed to:

- Complying with Ministerial Order 706 and subsequent anaphylactic guidelines on anaphylaxis management
- Providing, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling
- Raising awareness about allergies and anaphylaxis in the school community
- Actively involving the parents/carers of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student
- Ensuring that each staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures

IMPLEMENTATION

Upon enrolment:

- An enrolment checklist for anaphylaxis will be undertaken by the school first aid officer of any child at risk of anaphylaxis.
- The parent/carer is to provide a medical certificate by their doctor or an immunologist to state that their child has been medically diagnosed as at risk of anaphylaxis.
- A risk minimisation plan is completed in consultation with the parent/carer, which includes strategies to address the particular needs of each child medically diagnosed as at risk of anaphylaxis.
- The parent/carer will provide a current Anaphylaxis Action Plan that has been completed in by their medical Practitioner by the first day of the child's commencement at school. If this form is not provided by that time, then the student will be considered unsafe to attend school, and the parent/carer will be asked to keep their child home until this form has been completed.
- A current and up to date Adrenaline Auto-injection device will be provided to the school by the child's first day at school. This needs to be given to the first aid officer who can check the contents and then distribute to the classroom teacher, along with the Action Plan.
- The medical condition of Anaphylaxis will be updated onto cases 21, along with the child's listed allergens.

Anaphylaxis Management Plans:

Thomastown West Primary School will ensure that an individual management plan is developed, in consultation with the student's parents/carers, 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 diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from the medical practitioner)
- strategies to minimise the risk of exposure to the 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.
- the name of the person implementing the strategies
- information on where the student's medication will be stored and the students emergency contact details

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- an emergency procedures plan (ASCIA action plan) provided by the parents, that:
 - sets out the emergency procedures to be taken in the event of an allergic reaction
 - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan and;
 - includes an up to date photograph of the student.
- In the event of an anaphylactic reaction, the School's first aid and emergency response procedures and the student's Individual Anaphylaxis Management Plan must be followed

NB: If the emergency procedures plan is present with any child at risk of anaphylaxis, this means that consent has been given to staff to administer the adrenaline auto-injection device to the child who is suspected of having an anaphylactic reaction.

The student's individual management plan will be reviewed, in consultation with the student's parents/carers:

- annually, and as applicable
- if the student's condition changes
- immediately after a student has an anaphylactic reaction

It is the responsibility of the parent/carer to:

- provide the emergency procedures plan (ASCIA action plan)
- inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan)
- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

It is expected that Thomastown West Primary School will:

- ensure that all families are aware of the policy that any child who has been prescribed an adrenaline auto-injection device is not permitted to attend school without this device. Any child who is found not to have their adrenalin auto-injection device will have the parent/carer called to pick him/her up or to bring the device to school straight away.
- nominate a person (First Aid Officer) to check that these devices are up to date at the start of each term and remind parents of impending expiry.
- ensure that the adrenaline auto-injection device is kept in a cupboard away from children but easily accessible to adults, and includes a copy of the Anaphylaxis Emergency Action Plan.
- ensure that the Adrenaline auto-injection device kit, including a copy of the anaphylaxis medical management action plan is carried by a staff member when a child leaves Thomastown West Primary School e.g. excursions and camps.
- arrange briefings for all staff members of the school as a refresher on how to administer the Adrenalin auto-injection device annually.

It is expected that parents/carers will:

- provide to the school, before or on the child's first day of school, an up to date Adrenalin Auto-Injection device, which the child either brings to school with them each day in a bum bag, or is an additional pen which is kept at school.
- keep the Adrenalin Auto-injection device up to date and replace it before the time of expiry.
- notify the school of any changes in relation to child's allergies.

Training and Education:

Ministerial Order 90 - Anaphylaxis Management in Schools requires schools to provide regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen®/Anapen®.

Under Ministerial Order 90, all schools with a child or young person at risk of an anaphylactic reaction are required to undertake twice yearly briefings on anaphylaxis management. To help schools ensure they are complying with the legislation a presentation has been developed.

It is the responsibility of Thomastown West Primary School to:

- hold an anaphylaxis briefing at the beginning of term one and the beginning of term three conducted by the **First Aid Officer** or any other person who has completed the course 21659VIC in anaphylaxis management in the past three years. This briefing will include the viewing of the Anaphylaxis DVD provided by the DEECD.
- ensure that all staff who are in regular contact with a child, who has been medically diagnosed as at risk of anaphylaxis, will attend a three yearly Course in First Aid Management of Anaphylaxis 21659VIC which will be organised by the First Aid Officer.
- keep a record of staff whom have been trained in the management of anaphylaxis.

Risk Minimisation:

Whilst every child at risk of anaphylaxis at Thomastown West Primary School must have an ASCIA Action Plan for anaphylaxis provided by their doctor, each child at risk must also have an Individual Management Plan detailing strategies to help reduce the risk of anaphylaxis occurring. All staff in contact with this child will have a copy of this plan and implement it while the child is under their care.

Thomastown West Primary School will also endeavour to put certain policies in place as a broad risk minimisation for all students who have been medically diagnosed as at risk of anaphylaxis.

- Thomastown West Primary school will not “ban” certain types of foods (e.g. nuts) as it is not practicable to do so, and is not a strategy recommended by the Royal Children’s Hospital. However, the school will request that parents do not send those items to school. A reminder notice will be put in the School Newsletter, and letters sent out to parents twice a year at the beginning of term one and the beginning of term three.
- Thomastown West Primary School will reinforce the rule about not sharing food, and that students only eat what is provided to them from home. Regular education within the classroom is to be held to enforce this rule.
- All staff, CRTs, volunteers and visitors will be directed to support these broad risk minimisation policies.

Summary:

Staff responsible for the child at risk of anaphylaxis shall:

- ensure a copy of the child’s Anaphylaxis Medical Management Action Plan is visible and known to all staff in the school and follow this plan in the event of an allergic reaction, which may progress to anaphylaxis
- practise the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and “anaphylaxis scenarios” twice yearly.
- ensure that the auto-injection device kit is stored in a location that is known to all staff which is easily accessible to adults (not locked away) but inaccessible to students and away from direct sources of heat.
- regularly check the adrenaline auto-injection device expiry date.
- follow the procedures on the child’s individual management plan for risk minimisation, and the Thomastown West Primary School procedures of risk minimisation.
- When leaving Thomastown West Primary School ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child
- in the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
 - Call an ambulance immediately by dialling 000
 - Commence first aid measures
 - Contact the Parent/Carer

Parents/carers of children shall:

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- inform staff at Thomastown West Primary School, either on enrolment or on diagnosis, of their child's allergies.
- develop an anaphylaxis risk minimisation plan with the Thomastown West Primary School first aid officer.
- provide staff at Thomastown West Primary School with an Anaphylaxis Management Action Plan signed by a Registered Medical Practitioner giving written consent to use the Adrenalin auto-injector device in line with this action plan.
- provide staff with a complete auto-injection kit.
- regularly check the adrenaline auto-injection device expiry date.
- inform staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance to these changes.
- communicate all relevant information and concerns to staff, particularly any matter relating to the health of the child.
- comply with the Thomastown West Primary School Policy that no child who has been prescribed an adrenaline auto-injection device is permitted to attend the school or its programs without the device.
- comply with the risk minimisation procedures as outlined on their child's Individual Management Plan and the Thomastown West Primary School procedures for risk minimisation.

EVALUATION

This policy shall be reviewed as part of the three year policy review cycle and/or in response to DEECD policies and guidelines.

REFERENCES

Anaphylaxis Australia. (2011). *Ideas on Risk Minimisation Strategies in the School or Childcare Environment*. Melbourne: Anaphylaxis Australia.

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The Royal Childrens Hospital . (2009). *The child Safety Handbook A Guide to Injury Prevention for Parents of 6-12 Year Olds. Severe Allergies in Children* (pp. 73-74). Melbourne: The Royal Childrens Hospital .