Background

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 Autoadrenaline Injecting Device® auto injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

SCORESBY PRIMARY SCHOOL AIMS TO BE A NUT FREE SCHOOL

Purpose

- 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 the student’s schooling.
- To raise awareness about anaphylaxis and the school’s anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about, allergies, anaphylaxis and the school’s policy and procedures for responding to an anaphylactic reaction.

1. Guidelines:

1.1 Severe Anaphylactic reactions can develop within minutes after exposure to the allergen and require a swift response of adrenaline [Autoadrenaline Injecting Device] to treat life-threatening reactions.
1.2 Parents should notify, at the time of enrolment, if their child has been identified as at risk of Anaphylaxis or as soon as the child is diagnosed and provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan. A Student’s Anaphylaxis Management Plans will then be completed by the school in conjunction with the parent.
1.3 It is the responsibility of the Principal Nominee or the Principal’s nominee, Parents and/or First Aid Officer to liaise with class teachers yearly, to share information regarding the student’s current anaphylaxis management plan that has been completed and signed in consultation with the student’s doctor.
1.4 All staff shall be made aware of relevant information for all students at risk of anaphylaxis at the first full staff meeting for the year and as part of new staff induction. Any Anaphylaxis updates or new anaphylaxis information will be shared at staff briefings throughout the year as required;
1.5 Casual Replacement Teachers (CRTs) employed to teach classes where children have been identified as being at risk of anaphylactic reaction will be required to familiarise themselves with the relevant child and the relevant ASCIA Action Plan and Student’s Anaphylaxis Management Plan. A copy is placed in the Emergency Management Plan in each classroom and in the CRT folder for each room stored in the basket near the door where emergency documents and the roll are stored.
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2. Implementation

2.1 Parents will be responsible for;

- Providing an ASCIA Action Plan for each child, that has been developed in consultation with and signed by the child’s doctor, for any student that has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- Providing information at time of enrolment about their child’s allergies and if needed an associated ASCIA Action Plan. A Student’s Anaphylaxis Management Plan will then be made in consultation with the school for their child.
- Providing two Autoadrenaline Injecting Devices for school use - one for the classroom and one for the first aid office.
- Recording the expiry date of medications placed at school and the timely replacement of those medications / Autoadrenaline Injecting Devices.
- Informing the school if their child’s medical condition changes and if necessary, provide an updated ASCIA Action Plan and then, the Student’s Anaphylaxis Management Plan will also be updated accordingly.

The Student’s Anaphylaxis Management Plan made in consultation with the school will;

- contain detailed information about diagnosis, including the type of allergy or allergies the students has, based on diagnosis by medical practitioner (the ASCIA Action Plan).
- provide an explanation of symptoms and directions for action should a reaction occur (the ASCIA Action Plan).
- contain current parent and other emergency contact phone numbers.
- provide strategies to minimise the risk of exposure to allergens while the student is under care / supervision of school staff, for in- school and out of school setting such as; camps, special events days and excursions and the person who will be responsible for the implementation.
- at the time of review, parents will provide an updated ASCIA Action Plan and current photo. This plan is to be provided to the school and signed by the medical practitioner who is treating the child for Anaphylaxis and organised the Autoadrenaline Injecting Device medication, this is necessary in order for the school to complete or update the Student Anaphylaxis Management Plan annually.

These forms can be downloaded from www.education.vic.gov.au/healthwellbeing/health/anaphylaxis.htm and ASCIA www.allergy.org.au

2.2 The school will ensure that:

- Individual Anaphylaxis Emergency Action Plans are displayed in; the staff room, each classroom Emergency Management Plan folder, and the emergency management folder in the First Aid Office and CRT booklets. A mini card containing important information will carried on yard duty in a First Aid folder to identify students at risk. A copy of Student’s Anaphylaxis Management Plans will also be contained in the First Aid Office medical records folder and individual classroom medical alerts folders (from 2010) as well as Autoadrenaline Injecting Device containers.
- Individual Anaphylaxis Emergency Action Plans must be reviewed by carers annually if condition changes or immediately after a student has an anaphylactic reaction at school. These updates will be made by the parents, for the school in consultation with the child’s doctor.

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- The First Aid Officer updates school first aid records in accordance with action plans annually or if condition changes or reaction occurs.
- The First Aid Officer will check dates of Autoadrenaline Injecting Devices and for cloudiness each term and notify parents accordingly.
- The Casual Relief Teacher (CRT) Coordinator will inform CRT’s about the location of the relevant class CRT booklet for reference about students with Anaphylaxis that includes:
  - copy of individual action plans and the preventative strategies which are in place
  - school emergency response procedures sheet;
  - their role in responding to an anaphylactic reaction by a student in their care.
- The Canteen Manager has been notified that the school aims to be a ‘nut free’ school and products stocked are in keeping with this guideline.
- That ‘at risk’ students who are under the care or supervision of the school (yard duty, excursions, camps and special events) are provided with sufficient number of staff in attendance that have up to date training in anaphylaxis management
- That Autoadrenaline Injecting Devices are to be carried by school staff on excursions, camps and special days and they use adult to adult handover
- The school staff will be trained in regard to anaphylaxis risk assessment and management annually
- That staff induction (of new teachers) will include anaphylaxis awareness information and appropriate training will be sought as soon as possible where it is not possible to train new teachers before they commence the school year or where they commence duties after training has occurred;
- The school’s anaphylaxis policy is accessible via the school website.
- A school communication is in place and provides up to date at risk information for all staff, students and parents about anaphylaxis.
  The Communication Plan includes:
  - information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, the schoolyard, on a school excursion or camp or special event days
  - how the school will communicate Anaphylaxis information to the School Community.
- Staff are briefed once a semester by a school First Aid Officer who has up to date anaphylaxis management training on:
  - school’s anaphylaxis management policy
  - the causes symptoms and treatment of anaphylaxis
  - the identities of students diagnosed at risk and where their medication is stored
  - how to use an auto adrenaline (Autoadrenaline Injecting Device) injecting device
  - the school’s first aid procedures, Students’ Anaphylaxis Management Plans and School Communication and Response Plan which are to be followed when managing and responding to an anaphylactic reaction.
- The school provides anaphylaxis awareness information for the whole school community through the school newsletter twice yearly
- The Autoadrenaline Injecting Devices of children identified as at risk of Anaphylaxis according to their Anaphylaxis Emergency Management Plans are clearly labelled and accessible in the school first aid room and that another Autoadrenaline Injecting Device is provided by parents for classroom use.
2.3 School staff will follow these prevention strategies

Teachers will be required to:
- Know student/s in their class or classes who are at risk and be familiar with their individual management plans.
- Liaise with parents/carers about food related activities ahead of time including a list of ingredients to be used. Whole school activities, which involve food, should always be in a handled in a controlled manner and must consider the guidelines and implementation principles of this policy.
- Encourage no food sharing procedures.
- Make sure that treats from outside sources are never given to a student who is at risk of anaphylaxis. Recommend that parents/care givers of Anaphylactic students provide a treat box with suitable treats. These should be clearly labelled and only handled by the student concerned.
- Be aware of hidden allergens or ingredients used for cooking, science and technology or art classes e.g. egg or milk cartons.
- Have regular discussions with students about the importance of being allergy aware, washing hands, eating their own food and not sharing food with others.
- Know where medication for ‘at risk’ students is stored and how to use it.
- Ensure that if their class contains ‘at risk’ students that they are provide with written information (school letter) that can be sent out to inform other parents and students in the class of allergens and strategies to employ which would minimise the risk of accidental exposure to substances that can cause anaphylactic or severe allergic reactions.

2.4 School staff will follow this procedure if a serious anaphylactic reaction is suspected:

1. Administer Autoadrenaline Injecting Device.
2. Immediately call an Ambulance (000) and stipulate that a MICA unit attend and stay on line.
3. Contact parents/emergency contacts.
4. In the rare situation where there is no marked improvement and severe symptoms are present a second injection of the same dosage maybe administered after 5-10 mins.
5. The line of communication in an emergency moves from the supervising staff member and includes the classroom teacher, Level 2 first aid office personnel and senior staff members.
6. After an emergency, a report is completed by the supervising staff member, detailing procedures and outcome and placed in the school accident register.
7. Principal or nominee to notify Emergency Management.

3. Review

3.1 The Anaphylaxis Management Policy will be reviewed annually or in accordance with any changes relevant to the Health Act, DEECD guidelines or DEECD guidelines.

4. Appendix:

Appendix 2: An example of a Student’s Anaphylaxis Management Action Plan.
Appendix 3: Anaphylaxis Action Response plan (ASCIA) - generic.
These can also be located at [www.education.vic.gov.au/healthwellbeing/health/anaphylaxis.htm](http://www.education.vic.gov.au/healthwellbeing/health/anaphylaxis.htm)