

ANAPHYLAXIS MANAGEMENT POLICY

*The Currajong School takes a zero-tolerance approach to child abuse and is fully committed to ensuring that its strategies, policies, procedures and practices meet all **Child Safe Standards as specified in Ministerial Order No. 1359 (2022)***

SCHOOL STATEMENT

The Currajong School will fully comply with Ministerial Order No. 706 and the associated Guidelines published and amended by the Department of Education and Training from time to time.

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.

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 shell fish, wheat, soy, sesame and certain insect stings (particularly bee stings).

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/carers are important in helping the student avoid exposure.

Adrenaline given through an adrenaline auto-injector such as an EpiPen® into the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

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/guidelines in the school community.
- To engage with parents/carers of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents/carers, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the School has been notified of that diagnosis.

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 and ASCIA Action Plan with a photograph with the child's name and allergies will be displayed in the staffroom, sickbay and the child's classroom. These will be updated annually or when notified by the parents that the plan has changed.

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 a medical practitioner)
- The Individual Anaphylaxis Management Plan must include 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 settings in and out of school, 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 responsible for implementing the strategies
- Information on where the student's medication will be stored
- The student's emergency contact details
- An emergency procedures plan (ASCIA Action Plan), provided by the parent/carer, 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
 - ✦ Includes an up to date photograph of the student

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

- annually, and as applicable
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when a 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
- immediately after a student has an anaphylactic reaction at school

It is the responsibility of the parent/carer to:

- 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
- provide the School with an adrenaline autoinjector that is current and not expired for their child

COMMUNICATION

The Principal will be responsible for ensuring that a Communication Plan is developed to provide information to all staff, students and parents/carers about anaphylaxis and the School's Anaphylaxis Management Policy.

The communication plan (Appendix 1) will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions and special event days.

Volunteers and casual relief staff will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction of a student in their care by staff members.

The Principal is responsible for ensuring that all school staff are briefed at least twice a year by a staff member who has up to date anaphylaxis management training on:

- The School's Anaphylaxis Management Policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of the students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located
- How to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector
- The school's general first aid and emergency response procedures
- The location of, and access to, adrenaline autoinjectors that have been provided by the parents or purchased by the school for general use.

The Principal is responsible for ensuring that all school staff who are subject to training requirements must:

- have successfully completed an anaphylaxis management training course in the three years prior (Course in First Aid Management of Anaphylaxis 22578VIC) or an online anaphylaxis management training course in the two years prior (ASCIA anaphylaxis e-training for Schools <https://etraining.allergy.org.au>).
- participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis training course in the two years prior, on the identities of the students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located, and access to, adrenaline autoinjectors that have been provided by the parents/carers or purchased by the school for general use.

STAFF TRAINING AND EMERGENCY RESPONSE

Teachers and other school staff who conduct classes with students at risk of anaphylaxis, attend or give instruction to students at risk of anaphylaxis must have successfully completed training in an anaphylaxis management training course. Any further school staff that the Principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while the student is under the care or supervision of the school, must be trained.

When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the School outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the Principal must ensure that there is a sufficient number of school staff present who have been trained in accordance with clause 12 of Ministerial Order No. 706.

As per clause 12.2.2 and 12.2.2 (a) to (f) of Ministerial Order No. 706, the Principal must ensure that staff training addresses:

- The School's Anaphylaxis Management Policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of the students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located
- How to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector
- The school's general first aid and emergency response procedures
- The location of, and access to, adrenaline autoinjectors that have been provided by the parents or purchased by the school for general use.

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- have successfully completed an anaphylaxis management training course in the three years prior (Course in First Aid Management of Anaphylaxis 22578VIC) or an online anaphylaxis management training course in the two years prior (ASCIA anaphylaxis e-training for Schools <https://etraining.allergy.org.au>).
- participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis training course in the two years prior, on the identities of the students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located, and access to, adrenaline autoinjectors that have been provided by the parents/carers or purchased by the school for general use.

If for any reason training and briefing has not yet occurred, the Principal must develop an interim plan in consultation with the parents/carers of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and ensure that training must occur as soon as possible thereafter.

The school's first aid procedures (related policy – First Aid Policy) and student's emergency procedures plan (related procedure – Emergency Management Plan) must be followed in responding to an anaphylactic reaction.

An *Anaphylaxis Risk Management Checklist* is to be completed annually.

The Principal is responsible for arranging for the purchase of additional adrenaline autoinjector(s) for general use and as back up to those supplied by parents/carers.

The Principal will determine:

- the number and type of adrenaline autoinjector(s) for general use to purchase, and in doing so, consider the number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction and in consideration with the accessibility of adrenaline autoinjectors that have been provided by parents/carers.
- the number and type of adrenaline autoinjector(s) for general use to purchase, and in doing so, consider the availability of a sufficient supply of adrenaline autoinjector(s) 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 number and type of adrenaline autoinjector(s) for general use to purchase, and in doing so, consider that adrenaline autoinjectors have a limited life, usually expire within 12-18 months, and will need to be replaced at the time of use or expiry, whichever is first.

RISK MINIMISATION AND EMERGENCY RESPONSE CONSIDERATIONS

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school can employ a range of practical prevention strategies to minimise exposure to known allergens.

All students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction will have an Individual Anaphylaxis Management Plan and ASCIA Action Plan displayed in their classroom, sickbay, staffroom, kid's kitchen, excursion medical folders and within the red medical bag that holds the student's adrenaline autoinjector.

During off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the School, the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan will be kept in the excursion medical folder and within the red medical bag that holds the student's adrenaline autoinjector.

The table below provides examples of risk minimisation strategies.

Setting	Considerations
Classroom	<ul style="list-style-type: none"> • Display a copy of the students Individual Anaphylaxis Management Plan and ASCIA Action Plan in the classroom. • Liaise with parents/carers about food related activities ahead of time. • Use non-food treats where possible. If food treats are used in class, it is recommended that parents/carers provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school's allergen minimisation strategies.

	<ul style="list-style-type: none"> • Never give food from outside sources to a student who is at risk of anaphylaxis • Be aware of the possibility of hidden allergens in cooking, science and art classes (e.g. egg or milk cartons). • Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. • Casual/relief teachers should be provided with a copy of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan and refer to the classroom assistants who are familiar with the student. • The teacher in the classroom needs to send a second staff member (generally an assistant) to communicate that there is an anaphylactic emergency to the office and to get the child's Individual Anaphylaxis Management Plan and ASCIA Action Plan and auto-injector. The teacher should remain with the child experiencing the reaction. • Staff are to follow the procedures on the child's Individual Anaphylaxis Management Plan and ASCIA Action Plan. If paramedics deem that the child is to be sent to hospital, a teaching assistant should accompany the child in the ambulance, and take with them the child's medical authority form.
Yard	<ul style="list-style-type: none"> • Students with anaphylactic responses to insects should wear shoes at all times. • Staff trained to provide an emergency response to anaphylaxis should be readily available during non class times (e.g. recess and lunch). • The adrenaline auto-injector should be stored in the designated location (on the bench under the first aid cupboard in the staffroom), where it is easily accessible from the yard • Teaching staff on duty need to send in the second staff member (generally an assistant) to communicate that there is an anaphylactic emergency to the office and to get the child's Individual Anaphylaxis Management Plan and ASCIA Action Plan and auto-injector from the staffroom. The staff member on duty should remain with the child experiencing the reaction. • Staff are to follow the procedures on the child's Individual Anaphylaxis Management Plan and ASCIA Action Plan. If paramedics deem that the child is to be sent to hospital, a teaching assistant should accompany the child in the ambulance and take with them the child's medical authority form.

<p>On-site events (e.g. sporting events, in school activities, class parties)</p>	<ul style="list-style-type: none"> • For special occasions, class teachers should consult parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student. • Parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the schools allergen minimisation strategies. • Party balloons should not be used if a student is allergic to latex • Latex swimming caps should not be used by a student who is allergic to latex. • Staff are informed that the adrenaline auto-injectors are located in the staffroom on the bench under the first aid cupboard and are labelled with the child's name and photo. Back up auto-injectors are located in the same area. • Staff should avoid using food in activities or games.
	<ul style="list-style-type: none"> • Staff are to follow the procedures on the child's Individual Anaphylaxis Management Plan and ASCIA Action Plan that is displayed in the classroom, staffroom, sickbay and kid's kitchen. If paramedics deem that the child is to be sent to hospital, a teaching assistant should accompany the child in the ambulance, and take with them the child's medical authority form.
<p>Off-site school settings - excursions, adventure days and school camps</p>	<ul style="list-style-type: none"> • The student's adrenaline auto-injector, Individual Anaphylaxis Management Plan and ASCIA Action Plan will be kept in the excursion medical folder and within the red medical bag that holds the student's adrenaline autoinjector, including a means of contacting emergency assistance must be taken on all excursions. One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the auto-injector should accompany the student on excursions. All staff present during the excursion need to be aware if there is a student at risk of anaphylaxis. <p>Staff are to follow the procedures on the child's Individual Anaphylaxis Management Plan and ASCIA Action Plan. If paramedics deem that the child is to be sent to hospital, a teaching assistant should accompany the child in the ambulance, and take with them the child's medical authority form.</p> <ul style="list-style-type: none"> • The school should consult parents/carers in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/carer to send a meal (if required).

	<ul style="list-style-type: none"> • The adrenaline auto-injector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school's first aid kit backpack. • Students with allergies to insect venoms should always wear closed shoes when outdoors.
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RELATED POLICIES AND FURTHER INFORMATION

First Aid Policy, Emergency Management Plan

EVALUATION

This policy will be reviewed as per our three-year review cycle or more often if necessary due to changes in regulations or circumstances.

Approval date:	Approved by:	Next review:
May 2023	School Board	May 2026



The Currajong School acknowledges the traditional owners of this country throughout Australia and their continuing connection to land and community. We pay our respects to them and their cultures and to the Elders past, present and emerging.

ANAPHYLAXIS MANAGEMENT COMMUNICATION PLAN

The Principal will be responsible for ensuring that a Communication Plan is developed to provide information to all staff, students and parents/carers about anaphylaxis and the School's Anaphylaxis Management Policy.

This Communication Plan has been developed to provide information to all school staff, students and parents/carers about anaphylaxis and the school's Anaphylaxis Management Policy.

COMMUNICATION STRATEGIES

Principal

- will ensure that teachers and other school staff who conduct classes with students at risk of anaphylaxis, attend or give instruction to students at risk of anaphylaxis must have training in an anaphylaxis management training course. Any further school staff that the Principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while the student is under the care or supervision of the school must be trained.
- will ensure that staff will participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis training course in the two years prior, on the identities of the students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located, and access to, adrenaline autoinjectors that have been provided by the parents/carers or purchased by the school for general use.

Staff

As per clause 12.2.2 and 12.2.2 (a) to (f) of Ministerial Order No. 706, the Principal must ensure that staff training addresses:

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- The causes, symptoms and treatment of anaphylaxis
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- How to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector
- The school's general first aid and emergency response procedures
- The location of, and access to, adrenaline autoinjectors that have been provided by the parents or purchased by the school for general use.

School staff who are subject to training requirements must:

have successfully completed an anaphylaxis management training course in the three years prior (Course in First Aid Management of Anaphylaxis 22578VIC) or an online anaphylaxis management training course in the two years prior (ASCIA anaphylaxis e-training for Schools <https://etraining.allergy.org.au>).

- participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis training course in the two years prior, on the identities of the students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located, and access to, adrenaline autoinjectors that have been provided by the parents/carers or purchased by the school for general use.
- All staff will be made aware of individual students at risk of Anaphylaxis, their allergies and their signs through staff meetings
- All staff will be made aware of where student action plans and EpiPens are stored through staff meetings and medical alert posters
- All staff to be aware of the medical alert posters which are on display in the sick bay, staffroom and Kids' Kitchen
- A photograph with the child's name, allergies and action plan will be displayed in the staffroom, sickbay and the child's classroom
- Classroom assistants will ensure that casual relief staff are directed to this identifying information and the student's action plan

Students

Peer support is an important element of support for students at risk of anaphylaxis. Classroom teachers will discuss the topic of anaphylaxis with students in their class, with a few simple key messages, including:

- Always take food allergies seriously - severe allergies are no joke
- Don't share your food with someone who has a food allergy
- Wash your hands after eating
- Know what your friends and classmates are allergic to
- If a friend or classmate becomes sick, get help straight away
- Be respectful of any medication that belongs to another student
- Don't pressure anyone to eat food that they might be allergic to

Parents/carers

Parents/carers of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to school. The school will develop an open and cooperative relationship with parents/carers so that they can feel confident that appropriate management strategies are in place.

Aside from implementing practical prevention strategies in schools, the anxiety that parents/carers and students may feel can be considerably reduced by regular communication and increased education, awareness and support from the school community.

Raising School Community Awareness

We will raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. This will be done by providing information in the school newsletter, parent handbook, parent information nights and displaying relevant posters and information around the school.

RESPONDING TO ANAPHYLAXIS

This part of the communication plan includes strategies for advising school staff, students and parents/carers about how to respond to an anaphylactic reaction of a student in various environments.

Classrooms:

In the event of an anaphylaxis reaction in the classroom, the teacher is to immediately implement the student's ASCIA Action Plan:

- Notify the office to contact 000 and advise the operator that a student has suffered an anaphylactic/severe allergic reaction and that an EpiPen is being administered
- Get another staff member to remove other students from the area
- A staff member to bring the EpiPen, ASCIA Action Plan, and the school's spare EpiPen and proceed to the site of the emergency
- Staff member trained in the administration of an EpiPen to give the injection
- A teacher is to stay with the student who is experiencing the reaction
- Record the time of administering the EpiPen. Watch to see if signs of anaphylaxis subside or return. If necessary, administer the spare EpiPen after 5 minutes
- Office/Leadership team will coordinate emergency procedures including contacting the student's parents/carers or if necessary, their emergency contact person
- An assistant is to accompany the student in an ambulance if parents/carers are not available at the time

School buildings and sites including the gym:

In the event of an anaphylaxis reaction in the gym, the supervising teacher is to immediately implement the student's ASCIA Action Plan:

- Notify the office to contact 000 and advise the operator that a student has suffered an anaphylactic/severe allergic reaction and that an EpiPen is being administered
- Get another staff member to remove other students from the area
- A staff member to bring the EpiPen, ASCIA Action Plan, and the school's spare EpiPen and proceed to the site of the emergency
- Staff member trained in the administration of an EpiPen to give the injection
- A teacher is to stay with the student who is experiencing the reaction
- Record the time of administering the EpiPen. Watch to see if signs of anaphylaxis subside or return. If necessary, administer the spare EpiPen after 5 minutes
- Office/Leadership team will coordinate emergency procedures including contacting the student's parents/carers or if necessary, their emergency contact person
- An assistant is to accompany the student in an ambulance if parents/carers are not available at the time

Yard:

Yard duty teachers will not leave a student who is experiencing anaphylaxis unattended. The yard duty staff member will:

- Notify the office to call 000 and advise the operator that a student has suffered an anaphylactic/severe allergic reaction and that an EpiPen is being administered
- Get another staff member to remove other students from the area
- A staff member to bring the EpiPen, ASCIA Action Plan, and the school's spare EpiPen and proceed to the site of the emergency
- Staff member trained in the administration of an EpiPen to give the injection
- A teacher is to stay with the student who is experiencing the reaction

- Record the time of administering the EpiPen. Watch to see if signs of anaphylaxis subside or return. If necessary, administer the spare EpiPen after 5 minutes
- Office/Leadership team will coordinate emergency procedures including contacting the student's parents/carers or if necessary, their emergency contact person
- An assistant is to accompany the student in an ambulance if parents/carers are not available at the time

Special event days, excursions and school camps:

Prior to leaving the school on an excursion or school camp, the classroom teacher will ensure that the student with anaphylaxis has an up-to-date ASCIA Action Plan and a current EpiPen. The student's EpiPen and ASCIA Action Plan will be taken to the off-site activity.

In the event of an anaphylaxis reaction away from school, the teacher is to immediately implement the student's emergency ASCIA Action Plan, call an ambulance and then notify the school. The principal and office should be notified without delay. They will arrange for parents/carers to be notified and appropriate reports to be made.

Post -incident Action:

It is expected that after an incident has occurred and been resolved, that all staff members involved will engage in the following activities:

- Completion of an Incident/Accident report form including full details of the event and what has occurred
- Collection of the student's personal effects (if the student is transported by ambulance and does not have them) for return to school
- Debrief with students directly involved as witnesses to the event
- Debrief staff involved
- Communication with the Principal as appropriate regarding the particulars of the incident, actions taken and outcomes
- Discuss with parents/carers (later) what occurred and ask them to seek medical advice on how it may be prevented in the future (Principal)
- Review the student's individual management plan (Principal and Health and Safety Rep)
- Implement updated risk prevention strategies (where applicable)

Administration of an EpiPen:

- Lay person flat, do not stand or walk. If breathing is difficult allow to sit
- Check and administer EpiPen as per training
- Phone ambulance
- Contact family or emergency contact
- A further adrenalin dose may be given if there is no response after 5 minutes
- Note the time of administration and inform paramedics when they arrive. Hand the paramedics the used EpiPen/s.