



**Glenroy Central
Primary School**

School Anaphylaxis Management Policy

**Ministerial Order 706-Anaphylaxis
Management in Schools**

**Approved by School Council:
June 2017**

Review: June 2020

SCHOOL STATEMENT

Glenroy Central Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

BACKGROUND INFORMATION

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), cows' 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.

PURPOSE

The purpose of this policy is 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. As well as raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community and engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Principal will ensure that an individual 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 (based on written diagnosis from a Medical Practitioner)
- strategies to minimise the risk of exposure to known and notified allergens while the student is under 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 our school
- information on where the student's medication will be stored
- the student's emergency contact details
- an ASCIA Action Plan

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, or immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the Parents / Caregivers to:

- provide the ASCIA Action Plan
- inform the school in writing if their child's medical condition changes and if relevant provide an updated ASCIA Action Plan
- provide an up to date photo for the ASCIA Action Plan when the 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

PREVENTION STRATEGIES

For each student knowingly affected by allergy the school will:

IN-SCHOOL SETTINGS

- Keep a copy of the student's ASCIA Action Plan in the Learning Community, Gymnasium, Canteen, First Aid Room and staffroom.
- Keep a copy of the preventative strategies in place and the school's emergency procedures in the staffroom and office.
- Liaise with parents/carers about food related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in the Learning Communities, it is recommended that parents/carers provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Treats for the other students in the Learning Communities should not contain the substance to which the student is allergic.
- 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, food technology, science and art sessions (eg. egg or milk cartons).
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

CANTEENS

- Canteen staff, including volunteers, will be briefed about students at risk of anaphylaxis and preventative strategies. Student's name and photo will be displayed in the canteen as a reminder to staff.
- Canteens should provide a range of healthy meals/products that are designed not to include peanut or other nut products.
- Be wary of contamination of other foods when preparing, handling or displaying food.

YARD

- If a school has a student who is at risk of anaphylaxis, staff on yard duty will be trained in the administration of the EpiPen/Anapen to be able to respond quickly if needed.
- The EpiPen/Anapen will be easily accessible from the yard via a 'code red' card sent to the office where an EpiPen will be kept for emergencies.

SPECIAL EVENTS/EXCURSIONS/SPORTING EVENTS

- For special occasions, teachers should consult parents/carers in advance to either develop and alternative food menu or request the parent/carer to provide a meal.
- The student's EpiPen/Anapen and a mobile phone must be taken on all excursions.
- Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.

CAMPS

- Schools must have in place a risk management strategy for students at risk of anaphylaxis for school camps, developed in consultation with the student's parents/carers.
- Camps must be advised in advance of any students with food allergies.
- The student's EpiPen/Anapen, ASCIA Action Plan and a mobile phone must be taken on camp.
- A team of staff who have been trained in the recognition of anaphylaxis and the administration of the EpiPen/Anapen must accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis.
- The EpiPen/Anapen should remain close to the student and staff must be aware of its location at all times.

SCHOOL MANAGEMENT and EMERGENCY RESPONSE

- A complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction will be displayed in the Admin Building, School Gymnasium and Learning Communities.
- Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans when necessary will be placed in the Admin Building, school gymnasium and Learning Communities.
- Teachers and other school staff who conduct sessions which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.
- At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who has up to date training in an anaphylaxis management training course.

ADRENALINE AUTOJECTORS for GENERAL USE

The Principal will purchase Adrenaline Autoinjector(s) for General Use and as a backup to those supplied by Parents. The Principal will determine the number of additional Adrenaline Autoinjector(s) required. 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 Autoinjectors 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 Autoinjectors for general use in specified locations at the school, including in the school yard, at excursions, camps and special events conducted or organised by the school and the Adrenaline Autoinjectors for general use have a limited life, usually expiring 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.
- Adrenaline Autoinjectors when purchased will be stored in the First Aid room.

COMMUNICATION PLAN

If the school has a student identified as anaphylactic:

- The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.
- The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in the Learning Community, in the school yard, on school excursions, on school camps and special event days.
- Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of their role in responding to an anaphylactic reaction by a student in their care by teachers/ administration / principal / assistant principal / first aid coordinator.

- All staff will be briefed once each semester 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 students diagnosed at risk of anaphylaxis and where their medication is located, how to use an auto adrenaline injecting device and the school's first aid and emergency response procedures.

STAFF TRAINING

The following school staff will be appropriately trained:

- school staff who conduct sessions that students with a medical condition that relates to allergy and the potential for anaphylactic reaction
- any further School Staff that are determined by the Principal

The identified school staff will undertake the following training:

- an Anaphylaxis Management Training Course
- 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: 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 an 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 device, the School's general first aid and emergency response procedures; and the location of, and access to, Adrenaline Autoinjector that have been provided by parents/caregivers or purchased by the school for general use.

The briefing must be conducted by a member of school staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. 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 has successfully completed an Anaphylaxis Management Training Course in the three years prior.

ANNUAL RISK MANAGEMENT CHECKLIST

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training (DET) to monitor compliance with their obligations.