

# Beaumaris Primary School Anaphylaxis Management Policy: 2017

## School statement

Beaumaris Primary School will fully comply with Ministerial Order 706 (Anaphylaxis Management in Schools) and the associated Guidelines published and amended by the Department; and acknowledge the school's responsibility maintain an Anaphylaxis Management Policy, which applies to all members of the BPS community.

## Rationale

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. Adrenaline given through an EpiPen autoinjector is the most effective first aid treatment for anaphylaxis.

## Annual risk management checklist

The principal will complete an annual Risk Management Checklist as published by the Department of Education to monitor compliance with their obligations.

## Staff training

The following school staff will be appropriately trained:

- School staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction
- Any other school staff as determined by the principal to attend.

School staff must complete the following to meet the anaphylaxis training requirements of MO706:

Completed by	Course	Provider	Valid for
<b>All school staff</b>	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	2 years
<b>AND</b>			
<b>2 staff</b> per school or per campus (School Anaphylaxis Supervisor)	<i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>	Asthma Foundation	3 years

**Please note:** First Aid training does **NOT** meet anaphylaxis training requirements under MO706.

In addition, all staff to 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
- the location of, and access to, adrenaline autoinjector(s) that have been provided by parents or purchased by the school for general use.
- A reminder that school staff should monitor the ingredients and not use food as rewards.

The briefing must be conducted by a member of the school staff nominated as the School Anaphylaxis Supervisor who has successfully completed an Anaphylaxis Management Training Course in the last two years.

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. 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 have successfully completed an Anaphylaxis Management Training Course.

## **Individual Anaphylaxis Management Plans**

The principal will ensure that an Individual Anaphylaxis 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 a written diagnosis from a medical practitioner)
- 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 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 the school
- the name of the person(s) responsible for implementing the strategies
- information on where the student's medication will be stored
- the student's emergency contact details
- an ASCIA Action Plan for Anaphylaxis.

School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents in all of the following circumstances:

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the 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 (e.g. class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of the parents to:

- provide the ASCIA Action Plan
- 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 (the date has not expired) for their child.

## **Risk Minimisation and Prevention strategies, anaphylaxis treatment strategies**

<b>Classrooms</b>	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan displayed in an easily visible location within the classroom.
2.	Liaise with Parents about food-related activities ahead of time.
3.	If food treats are used in class for celebrations, it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the named student.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
6.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
7.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
8.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
9.	A designated staff member will inform casual relief teachers, and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident i.e. seeking a trained staff member.
10.	Classroom emergency procedure: <ul style="list-style-type: none"><li>• teacher in charge to stay with anaphylactic student</li><li>• ask another staff member or student to notify administration staff by phone of the name and location of the student. Student's own Adrenaline auto injector to be taken to the classroom from the First Aid Room.</li><li>• OR: send another member of staff to retrieve Adrenaline Autoinjector for General Use from staff room.</li><li>• Admin staff or Teacher in charge to ring ambulance stating a student has suffered an anaphylactic reaction.</li><li>• Admin staff or Teacher in charge to contact the student's emergency contacts.</li><li>• Send a staff member to the Ambulance entry point to meet ambulance and direct to student location.</li></ul>

<b>Canteens</b>	
1.	Canteen staff should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
2.	Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis.
3.	Display the "At Risk Sheet" in the canteen as a reminder to School Staff and volunteers.
4.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
6.	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7.	The canteen is not to stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.

School yard, before and after school (supervised times only), during recess and lunchtimes.

1. The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. **(Remember that an anaphylactic reaction can occur in as little as a few minutes).**
2. Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. All yard duty staff carry emergency cards in yard-duty bags. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
3. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
4. Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to closed shoes and long-sleeved garments when outdoors.
5. Keep lawns and clover mowed and outdoor bins covered.
6. Students should keep drinks and food covered while outdoors.
7. Yard Duty emergency procedure:
  - teacher in charge to stay with anaphylactic student
  - ask another staff member or student to notify administration staff of the name of the student and take them to the location of the student
  - Student's own Adrenaline Auto injector to be taken to the location from the First Aid Room.
  - OR: send another member of staff to retrieve Adrenaline Autoinjector for General Use from staff room/first aid room.
  - Admin staff or Teacher in charge to ring ambulance stating a student has suffered an anaphylactic reaction.
  - Admin staff or Teacher in charge to contact the student's emergency contacts.
  - Send a staff member to the Ambulance entry point to meet ambulance and direct to student location.

Special events (e.g. sporting events, incursions, class parties, etc.)

1. School Staff should avoid using food in activities.
2. For special occasions, School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
3. Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.
4. Party balloons should not be used if any student is allergic to latex.

Field trips/excursions/sporting events

1. School Staff should avoid using food in activities.
2. The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and Teaching Staff must be aware of their exact location.
3. For each field trip, excursion etc., a risk assessment should be undertaken by the Teacher in Charge, for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All School Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
4. Take an Adrenaline Autoinjector for General Use on an excursion, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency.
5. Prior to the excursion taking place the Teacher in charge of the excursion, should consult with the student's Parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity. To develop an alternative food menu; or request the Parents provide a meal (if required). Parents may wish to accompany their child on field trips and/or excursions. This will be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis.

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| 6. | <p>The Teacher in Charge must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction, for each excursion.</p> <ul style="list-style-type: none"> <li>• Who carries Adrenaline Autoinjector for General Use and administers.</li> <li>• Who rings emergency service</li> <li>• Who rings parents</li> </ul> |
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## Camps

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| 1.  | Prior to engaging a camp owner/operator's services the Teacher in Charge should ensure it can provide food that is safe for anaphylactic students and receive written confirmation to that effect.   |
| 2.  | The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.  |
| 3.  | Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.  |
| 4.  | The Teacher in Charge should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.   |
| 5.  | The Teacher in Charge should consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur.  |
| 6.  | If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.  |
| 7.  | Use of substances containing allergens should be avoided where possible.   |
| 8.  | Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.  |
| 9.  | The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.   |
| 10. | Prior to the camp taking place the Teacher in Charge of the camp, should consult with the student's Parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.   |
| 11. | School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities. |
| 12. | Teacher in Charge to contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.  |
| 13. | Take an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency.  |
| 14. | The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.  |
| 15. | The Adrenaline Autoinjector for General Use should be carried in the school first aid kit; individual students are to carry their Adrenaline Autoinjector at all times whilst on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.   |
| 16. | Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.  |

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| 17. | Cooking and art and craft games should not involve the use of known allergens.   |
| 18. | Consider the potential exposure to allergens when consuming food on buses and in cabins.   |
| 19. | The Teacher in Charge must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction <ul style="list-style-type: none"><li>• Who carries Adrenaline Autoinjector for General Use and administers.</li><li>• Who rings emergency service</li><li>• Who rings parents</li></ul> |

## 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 an anaphylactic reaction (at May 2017)

Student Name	Class	Colour
Josh Maude	PP	Allergy
Charlotte Gude	PP	Anaphylaxis
Gemma Ong	PT	Anaphylaxis
Lola Ovadia	PT	Allergy
Jonty Ryan	1C	Anaphylaxis
James Stewart	1W	Allergy
Chloe Scott-Branagan	2W	Allergy
Jake Scott-Branagan	2C	Allergy
Annabella Shramenko-Chen	3L	Anaphylaxis
Madeline Jones	4F	Anaphylaxis
Quinn Sadler	4M	Anaphylaxis
JJ Goldman	5H	Anaphylaxis
Grace Galbraith	5J	Allergy
Georgie Galbraith	5V	Allergy
Isabella Wood	5C	Anaphylaxis
Peter Overton	5C	Anaphylaxis
Rhys Bellamy	6A	Anaphylaxis

Copies of Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis/Allergy are found in Appendix 1 of this policy, they are also located in the following school locations:

ASCIA Action Plans for Anaphylaxis	Individual Anaphylaxis Management Plans
Visible display in each student's classroom	Student Classroom File
Student Classroom File	First Aid Room File
First Aid Room Wall	Copies taken on each school camp
First Aid Room File	A photographic reference of each student at risk from anaphylaxis and the potential for an anaphylactic reaction.
Allergy and Alert Folder for each Specialist teacher, library, canteen	
Copies taken on each excursion	
An orange ASCIA plan is found in the back zip pocket of each yard duty bag, with a photographic reference of each student at risk from anaphylaxis and the potential for an anaphylactic reaction.	

- Individual student's Adrenaline autoinjectors are stored in the First Aid Room drawers (unlocked), each draw clearly named with the student and the expiry date. General use Adrenaline autoinjectors are located in the four yard duty bags stored in the Staff Room, and in each excursion bag.
- A photographic reference of each student at risk from anaphylaxis and the potential for an anaphylactic reaction is displayed on the "At Risk" sheet in all classrooms and offices within the school, and contained in each yard duty bag.
- Advise school staff, students and parents about how to respond to an anaphylactic reaction by a student in various environments (refer to Communication Plan on page 8).

### **Adrenaline autoinjectors for general use**

The principal will purchase adrenaline autoinjector(s) for general use (purchased by the school) and as a back up to those supplied by parents. 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.

## **Communication Plan**

This section sets out a Communication Plan to provide information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy.

Display "Be at MATE" posters around the school for the attention of students, parents and the wider school community.

**Raising staff awareness:** Staff Training: refer to page 1

A designated staff member will inform casual relief teachers, and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident i.e. seeking a trained staff member.

**Raising student awareness:** peer support is an important element of support for students at risk of anaphylaxis. Class teachers are to discuss the topic with students in class, with a few key messages:

1. Always take food allergies seriously – severe allergies are no joke.
2. Do not share food with friends who have food allergies.
3. Wash your hands after eating.
4. Know what your friends are allergic to.
5. If a school friend becomes sick, get help immediately even if the friend does not want to.
6. Be respectful of a school friend's Adrenaline Autoinjector.
7. Do not pressure your friends to eat food that they are allergic to.

**Raising school community awareness:** promote awareness of anaphylaxis in Stop Press each Semester and in the Parent Information Handbook. Including but not limited to advising school staff, students and parents about how to respond to an anaphylactic reaction by a student in various environments including:

- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls. Draw attention to the response procedure outlined on the "At Risk" sheet displayed in each room of the school.
- during off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the school.

**Policy Availability:** This policy will be readily accessible to all staff, families and visitor, and ongoing feedback on this policy will be invited.

**Review:** The Leadership Team and school staff will monitor and review the effectiveness of this policy regularly. Updated information will be incorporated as needed.

Policy date: June 2017

Review date: June 2018