|  |  |
| --- | --- |
|  | **ANAPHYLAXIS POLICY** |
| Policy reveiwed by:Kathie Arnold and Jamie Sharp  | Ratified at school council:To be reviewed:August 2021 |
| **STATEMENT:** |
| Aldercourt Primary School will fully comply with Ministerial Order 706 and the associated guidelines published and amended by the department. |
| **RATIONALE AND AIM:** |
| Anaphylaxis is a severe allergic reaction to a substance, most commonly nuts, egg, milk, wheat, soy, seafood, some insect stings and medications. It is important therefore for all staff members to be aware of anaphylaxis, its symptoms and triggers, and the management of anaphylaxis in a school environment. Some symptoms of anaphylaxis include swelling of the lips, face and eyes, difficulty breathing, abdominal pain and/or vomiting and loss of consciousness which could be life threatening.Our aim is to minimise the risk of an anaphylactic reaction occurring to a child / adult when at school and to manage anaphylaxis and anaphylaxis sufferers as effectively and efficiently as possible at school. Aldercourt Primary School will fully comply with Ministerial Order 706 and the associated guidelines published to assess and review their current management policies and practices. |
| **INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN:** |
| The Principal will ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the students’ 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 enrols and where possible before their first day of school.The Individual Anaphylaxis Management Plan will set out the following:* Information about the students’ 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 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 students’ medication will be stored
* The students’ emergency contact details
* An Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan. *A 2017 ASCIA Plan blank template is attached at the end of this policy*

School Staff will then implement and monitor the students’ Individual Anaphylaxis Management Plan and it will be reviewed, in consultation with the students’ parents in all of the following circumstances:* Annually
* If the students’ 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, and
* 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

It is the responsibility of the student’s parents to:* Provide the ASCIA Action Plan to the school
* Inform the school in writing if the student’s medical condition in relation to allergy/anaphylaxis changes and if relevant provide an update ASCIA Action Plan to the school.
* Provide an up to date colour photo of the student to attach to the ASCIA Action Plan when it is provided to the school and when it is reviewed.
* Provide the school with an Adrenaline Autoinjector that is current for their child.
 |
| **PREVENTION STRATEGIES:** |
| Some of the risk minimisation strategies and prevention strategies that have been put in place for all relevant in-school and out-of-school settings by Aldercourt Primary are:CLASSROOM* A risk assessment of the potential for accidental exposure to allergens for a student with anaphylaxis will be completed at the commencement of each school year and procedures implemented to minimise the risk of an anaphylactic reaction.
* To reduce the risk of an allergic reaction it is encouraged by educating children, parents and staff to limit/eradicate Nuts or Nut Products to be brought to school.
* To promote the practice where the child at risk eats only the food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.
* A copy of the students’ ASCIA Action Plan will be displayed in the classroom relevant to that student, the school’s First Aid Room, Library, Canteen, Art Room, Performing Arts Room and Staffroom.
* Each teacher of an at risk of anaphylaxis (including specialist staff and ES staff) will be given a confidential information pack that contains the school’s Anaphylaxis Management Policy, the students Individual Anaphylaxis Management Plan and information on the location of the Autoinjectors.
* CRT Information Books contain the names of any students at risk of anaphylaxis, the location of each student’s Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the Schools Anaphylaxis Policy.
* With permission from parents/ guardians an anaphylaxis information booklet will inform volunteers the names of any students at risk of anaphylaxis, the location of each student’s Individual Anaphylaxis Management Plan and Adrenaline Autoinjector and the Schools Anaphylaxis Policy.
* All parents of students in the same year level as a student with anaphylaxis will receive a school notification at the start of each school year detailing food allergens to avoid.

CANTEEN* Canteen staff should be able to demonstrate satisfactory training in food allergen management and its implication on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
* Products labelled ‘may contain traces of nuts’ should not be served to students allergic to nuts.
* Make sure that tables and surfaces are wiped down with warm soapy water regularly.
* Be aware of the potential for cross-contamination of other foods when preparing, handling or displaying food.

YARD* Anaphylactic Alert cards with each child’s photograph and name will be kept in the yard duty first aid bags and be carried by the yard duty teacher at all times.
* Training has been provided to all school staff in the administration of the Adrenaline Autoinjector to enable staff to respond quickly to an anaphylactic reaction if needed. All new staff will be provided with training as soon as it is possible.
* School staff trained in the administration of the Adrenaline Autoinjector will attend excursions/out-of-school events with students’ at risk of anaphylaxis so as to be able to respond quickly to an anaphylactic reaction if required.
* Teachers in charge of excursions will ensure that students suffering from Anaphylaxis will have their Adrenaline Autoinjectors in the first aid bag when travelling out of school.
* On school camp the students’ Adrenaline Autoinjector, Individual Anaphylaxis Plan, including the ASCIA Action Plan and a mobile phone will be taken. If there is no mobile phone access and alternative method of communication must be available.
* Prior to camp the relevant school staff and the students’ parents need to review the students’ Individual Anaphylaxis Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
 |
| **SCHOOL MANAGEMENT AND EMERGENCY RESPONSE:** |
| * Each student’s Autoinjector will be stored in the First Aid Room in a separate named insulated bag with a current copy of their ASCIA Action. Their name will be clearly visible on the outside.
* An Autoinjector Register is maintained by ES office staff. Autoinjectors will be signed in and out when removed from where they are stored in the First Aid Room and used for special events, excursions or camps. This register will be kept in the Anaphylaxis Plan folder in the first aid room.
* Care must be provided immediately for any student who develops signs of an anaphylactic attack.
* In the event of an anaphylactic reaction the school’s emergency response procedures and the student’s Individual Anaphylaxis Management Plan must be followed.
* All students with anaphylaxis must have an up to date written Individual Anaphylaxis Management Plan consistent with DET’s requirements completed by the Principal or nominee and parent/guardian.
* Parents/Guardians are responsible for supplying the school with the child’s Adrenaline Autoinjector and to ensure that it has not expired.
* The Principal will purchase one Adrenaline Autoinjector for general use as a back up to those supplied by the parents. These general use Autoinjector will also be placed in the First Aid room and be clearly marked as general use.
* If a student has a first time reaction, but has not previously been diagnosed, the general use Adrenaline Autoinjectors can be used for treatment of an anaphylactic reaction, after it has been administered staff are to call 000.
* Posters illustrating correct procedures will be displayed in the relevant areas of the school.
* Where possible only school staff with anaphylaxis training should administer the Adrenaline Autoinjector. Follow the instructions in the students’ ASCIA Action Plan when administering the Adrenaline Autoinjector.

In the event of a student requiring treatment for an anaphylactic reaction our emergency response plan is:Classroom:1. The teacher in charge will notify the main office by using the student’s Anaphylactic Alert and Emergency Response card located in the classroom or a student/ES member will phone the office. A student in class will take this card to the main office and pass on to the Office Staff.
2. An Office/ES Staff member or Teacher will then coordinate emergency procedures. One trained staff member will go to the student with the Adrenaline Autoinjector. One staff member to ring 000 and report that a student has experienced an anaphylactic/severe allergic reaction and that an Adrenaline Autoinjector has been administered, this staff member will then wait outside for the ambulance to direct them when they arrive. One staff member to call the parents of the child. Later the school Principal or nominee to contact Emergency Services Management, Department of Education on 95986266.

School Yard:1. If a student is having an Anaphylactic reaction, the yard duty teacher is to stay with the student and notify the main office by sending the child’s Anaphylactic Alert and Emergency Response card located in the yard duty first aid bags or use the walkie talkie to communicate to the office or staffroom. A student will take this card to the main office and pass on to the Office Staff.
2. An Office/ES staff member or Teacher will collect the student’s Adrenaline Autoinjector and Medication Kit which is clearly named and located on a hook on the wall in the First Aid Room and immediately proceed to the site of the emergency. Another staff member to ring 000 to report a student has experienced an anaphylactic/severe allergic reaction and that an Adrenaline Autoinjector has been administered.
3. Note time of administering Adrenaline Autoinjector. Watch to see if signs of anaphylaxis return. If necessary administer Adrenaline Autoinjector for general use.
4. Principal or nominee to coordinate emergency procedures. School bell to be rung for students to return to their classrooms. One staff member to wait at the entrance of the school to direct the ambulance. One staff member to contact the parents of the student. Later the Principal or nominee to contact Emergency Services Management, Department of Education on 9598 6266.

School Camp and/or Excursions1. Prior to engaging a camp owners/operator’s services the school should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the school should consider using an alternative service provider.
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. School staff 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. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
4. The adrenaline autoinjector should remain close to the student and School Staff must be aware of its location.
5. A designated staff member will assume responsibility for the transport and security of the Autoinjector when students with anaphylaxis are on an excursion or school camp. Students Adrenaline Autoinjectors to be kept in a first aid bum bag and to be worn by a staff member at all times. A general use Adrenaline Autoinjector is to be taken and located in the First Aid Kit. The trained staff member will administer the Adrenaline Autoinjector in the event of an anaphylactic emergency with the support from another trained staff member.
6. The teacher in charge of the school camp and/or excursion must have a mobile phone and will coordinate all emergency procedures. One staff member will ring 000 and will wait for and direct the ambulance when they arrive. The other staff member will contact the child’s parents. Later the teacher in charge of camp will contact the Principal or nominee and let them know what has happened and they will then notify Emergency Services Management, Department Education on 9598 6266.

Special Event and/or Sports Days1. A designated staff member will assume responsibility for the transport and security of the Adrenaline Autoinjectors and medication when students with anaphylaxis are engaged in a special event and/or sports day. A general use Autoinjector is to be located in the first aid kit. A trained staff member will administer the Autoinjector in the event of anaphylactic reaction with support from another trained staff member.
2. The teacher in charge of the special event and/or sports day must have a mobile phone and will coordinate emergency procedures. One staff member to ring 000 and wait for and direct the ambulance when it arrives. On staff member to contact the parents of the child. Later the teacher in charge is to notify the Principal or nominee and let them know what has happened and they will then notify Emergency Services Management, Department Education on 9598 6266.

Review procedures for after an anaphylactic reaction has taken place.* The review includes replacing all Adrenaline Autoinjectors that have been used either by the parents and/or school. If no Adrenaline Autoinjectors are left in the school the Principal should ensure there is an interim Individual Management Plan in place.
* The students’ management plan should be reviewed in consultation with the parents. The schools Anaphylaxis Policy should be reviewed.
 |
| **COMMUNICATION PLAN:** |
| The Principal will be responsible for ensuring a communication plan is developed to provide information to all staff, students and parents about allergy, anaphylaxis and the School’s Anaphylaxis Management Policy.The communication plan will include information about emergency response procedures in classrooms, the School grounds, or on School camps, excursions, trips, and on special event days (such as sport days).The communication plan will include procedures to inform casual relief teachers, volunteers and new staff of students at risk of anaphylaxis, and their role in responding to an anaphylactic reaction of a student in their care. It will also tell them how to obtain information on emergency response procedures, including the management of students at risk of anaphylaxis under their supervision.To assist in raising student awareness the school will remind students during classroom education and during school assembly the importance of: * Hand washing
* Not sharing food, and discouraging peanut and tree nut products in all forms being brought into the school.
* Raising student awareness of serious allergic reactions
* Ensuring trip and excursion groups are aware of student’s allergies and those at risk of anaphylaxis.

Community awareness procedures include putting articles in the school newsletter and poster/signs around the school. To help keep school staff informed and up to date they will be briefed twice a year once at the beginning of the school year on the first curriculum day of the school year and once at the first staff meeting of term 3. This briefing will be done by the school Principal or nominee.It is the responsibility of the Principal of the school to ensure that the relevant school staff are trained and briefed at least twice per calendar year. |
| **STAFF TRAINING:** |
| All school staff who conduct classes with students with a medical condition that relate to allergy and potential for anaphylactic reaction and all ES staff will be appropriately trained. Identified school staff will complete the following training:Anaphylaxis Management Training Course at least once every 2 yearsParticipate in a briefing twice per calendar year (with the first being held at the beginning of the school year) on:* The schools 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 the medication is located
* How to use an Adrenaline Autoinjector including hands on practise with a trainer Adrenaline Autoinjector device.
* The schools general first aid and emergency response procedures and
* The location of and access to Adrenaline Autoinjectors that have been provided by the parents or purchased by the school for general use.

This briefing must be conducted by a member of school staff that has completed an Anaphylaxis Management Training course in the last 12 months. These briefings will take place in term 1 and term 3. **The Principal and/or nominee will complete an Annual Risk Management Checklist to monitor school compliance.** |