



# ST MICHAEL'S PARISH SCHOOL ASHBURTON

## Anaphylaxis Policy

November 2017

### 1. Rationale

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 EpiPen® Auto-injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

St Michael's will fully comply with *Ministerial Order 706* and the associated Guidelines published and amended by Catholic Education Melbourne (CEM) or Department of Education from time to time.

### 2. Principles

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

### 3. Procedure

At St Michael's:

- 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; and
- 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; (Note: Appendix 2: p 21 – 23) of the Anaphylaxis Guidelines for Victorian Government Schools contains advice about a range of prevention strategies that can be put in place):
    - 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; and
    - an ASCIA Action Plan.

**Note:** The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by Medical Practitioners to Parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found in Appendix 3 of the Anaphylaxis Guidelines or downloaded from:

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

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; 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 (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; and
- provide the School with an EpiPen® Auto-injector that is current and not expired for their child.

#### **4. Risk Minimisation and Prevention Strategies**

Statistics show that peanuts and nuts are the most common trigger for an anaphylactic reaction and fatality due to food anaphylaxis. To minimise the risk of a first time reaction to peanuts and nuts, St Michael's does not encourage the use of peanuts, nuts, peanut butter or other peanut or nut products during in-school and out-of-school activities. It is recommended that school activities don't place pressure on student to try foods, whether they contain a known allergen or not.

St Michael's staff are reminded that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The development and implementation of appropriate prevention strategies to minimise the risk of incidents of anaphylaxis is an important step to be undertaken by staff when trying to satisfy this duty of care.

<b>4.1 Classrooms</b>
1) Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom in a red folder housed in a red magazine box on the teacher's desk. Be sure the ASCIA Action Plan is easily accessible even if the EpiPen® Auto-injector is kept in another location.
2) Liaise with Parents about food-related activities ahead of time.
3) Use non-food treats where possible, but if food treats are used in class 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 student.
4) Never give food from outside sources to a student who is at risk of anaphylaxis.
5) Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6) 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.
7) 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).
8) Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
9) Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10) The Deputy Principal should inform casual relief teachers, specialist 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 Auto-injector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident, i.e. seeking a trained staff member.

With permission of the parent/carer ask the classroom teacher to send home a letter informing all parents that a student at risk of anaphylaxis is a class member.

<b>4.2 Yard</b>	
1)	If a School has a student who is at risk of anaphylaxis, sufficient School staff on yard duty must be trained in the administration of the Adrenaline Auto-injector (i.e. EpiPen®/Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
2)	The Adrenaline Auto-injector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. <b>(Remember that an anaphylactic reaction can occur in as little as a few minutes).</b>
3)	St Michael's 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 carrying emergency cards (EPIPEN) in yard-duty bags, walkie talkies or yard-duty mobile phones. 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. Staff will not leave a student who is experiencing an anaphylactic reaction unattended – the staff member will direct another person to bring the EpiPen®.
4)	Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5)	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 wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6)	Keep lawns and clover mowed and outdoor bins covered.
7)	Students should keep drinks and food covered while outdoors.

<b>4.3 Special events (e.g. sporting events, incursions, class parties, etc.)</b>	
1)	If St Michael's has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Auto-injector to be able to respond quickly to an anaphylactic reaction if required. Staff will know where the EpiPen® is located and how to access it if required.
2)	School Staff should avoid using food in activities or games, including as rewards.
3)	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.
4)	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 St Michael's or at a special School event.
5)	Party balloons, swimming caps, band-aids and rubber gloves should not be used if any student is allergic to latex.

<b>4.4 Field trips/excursions/sporting events</b>	
1)	If St Michael's has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Auto-injector and be able to respond quickly to an anaphylactic reaction if required.
2)	A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Auto-injector must accompany any student at risk of anaphylaxis on field trips or excursions.
3)	School staff should avoid using food in activities or games, including as rewards.
4)	The Adrenaline Auto-injector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis and a mobile phone should be easily accessible and school staff must be aware of their exact location.
5)	For each field trip, excursion etc., a risk assessment should be undertaken 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.
6)	St Michael's will consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required).

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| 7) Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis.  |
| 8) Prior to the excursion taking place school staff should consult with the student's Parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity. |

#### **4.5 Camps and remote settings**

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| 1) Prior to engaging a camp owner/operator's services St Michael's will 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) St Michael's 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. St Michael's has 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) St Michael's 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) 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.            |
| 6) If St Michael's 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 Auto-injector, 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 school staff 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) 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) Schools should consider taking an Adrenaline Auto-injector for general use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.  |
| 14) St Michael's has purchased an Adrenaline Auto-injector for general use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.  |
| 15) The Adrenaline Auto-injector should remain close to the student and school staff must be aware of its location at all times.   |
| 16) The Adrenaline Auto-injector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Auto-injector 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 Auto-injector.   |
| 17) 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.  |
| 18) Cooking and art and craft games should not involve the use of known allergens.   |
| 19) Consider the potential exposure to allergens when consuming food on buses.   |

## **5. School Management and Emergency Response**

St Michael's Emergency Response Procedures relating to anaphylactic reactions are clearly kept in the Red Folder in sick bay and include:

- 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;
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans. These can be located:
  - in each classroom in the red folder in the red magazine box in a prominent place in view of the work program;
  - in sick bay in the red folders in the anaphylaxis unlocked cupboard;
  - in the school yard on request to admin;
  - in all school buildings and sites including gymnasiums and halls in a red folder in the art room, resource centre and in the PE equipment room in the hall;
  - on school excursions;
  - on school camps; and
  - at special events conducted, organised or attended by the school.
- an outline of the storage and accessibility of Adrenaline Auto-injectors, including those for general use; and
- how communication with School Staff, students and Parents is to occur in accordance with a Communication Plan.

When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of St Michael's 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 will ensure that there are a sufficient number of School Staff present who have been trained.

In the event of an anaphylactic reaction, the Emergency Response Procedures in St Michael's Anaphylactic Management Policy must be followed, together with St Michael's general first aid and emergency response procedures and the student's ASCIA Action Plan.

## **6. Adrenaline Auto-injectors for General Use**

The Principal will purchase Adrenaline Auto-injector(s) for general use (purchased by the school) and as a backup to those supplied by parents.

The Principal will determine the number of additional Adrenaline Auto-injector(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 Auto-injectors for general use in specified locations at the school, including in the school yard, and at excursions, camps and special events conducted or organised by the school; and
- the Adrenaline Auto-injectors for general use have a limited life, usually expiring within 12 to 18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

## **7. Communication Plan**

St Michael's will provide information to all School Staff, students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy.

The Communication Plan will include strategies for 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; and
- during off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the school.

The Deputy Principal will advise volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

The Principal of St Michael's will ensure that relevant school staff are:

- trained; and
- briefed at least twice per calendar year.

At St Michael's, we will achieve this by allocating time at a compulsory staff meeting at the beginning of the year, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis.

The Principal, Deputy or Deputy's nominee has responsibility for briefing new staff (volunteers or casual relief staff) about students at risk of anaphylaxis, the school's policies and prevention strategies.

### **7.1 Raising student awareness**

At St Michael's Peer Support is an important element of support for students at risk of anaphylaxis.

Class teachers will discuss the topic with students in class, with a few simple key messages:

- always take food allergies seriously – severe allergies are no joke;
- don't share your food with friends who have food allergies;
- wash your hands after eating;
- know what your friends are allergic to;
- if schoolmate becomes sick, get help immediately;
- be respectful of a schoolmate's EpiPen®; and
- do not pressure your friends to eat food that they are allergic to.

### **7.2 Engage the broader school community**

At St Michael's:

- awareness of the issues of anaphylaxis will be communicated through the school newsletter and through provision of the website on the school intranet;
- with permission of the parent/carer, the classroom teacher will send home letter informing all parents that student at risk of anaphylaxis is a class member; and
- information for parents, i.e. *Anaphylaxis Management in Schools – Ministerial Order 706*, will be sent home annually.

### **7.3 Privacy consideration**

At St Michael's written consent will be obtained to display the student's name, photograph and relevant treatment details in the First Aid Room.

## **8. 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; and
- Any further School Staff that are determined by the Principal.

The identified school staff will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior; and
- 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 Auto-injector, including hands on practise with a trainer Adrenaline Auto-injector device;
  - the School's general first aid and emergency response procedures; and
  - the location of, and access to, Adrenaline Auto-injector that have been provided by Parents 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 St Michael's, 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 in the three years prior.

**Note:** A video has been developed and can be viewed from:

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

## **9. Annual Risk Management Checklist**

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

## **10. Evaluation**

This policy will be reviewed as part of the St Michael's School Improvement Plan review cycle.

## **11. Ratification**

This policy was ratified by John Whitehouse (SAC Chairperson).