



St Francis Xavier Primary School Ballarat East Ltd

ABN 47 838598 852

Reviewed: July 2020
Ratified: July 2020
Next Review: July 2021

Rationale

At St Francis Xavier Primary School the safety and wellbeing of all children is paramount in all aspects of school life. Students who are at risk of anaphylaxis are a group that requires a 'whole of community' responsibility. The key to prevention of anaphylaxis is knowledge, awareness and planning.

Policy Statement

St Francis Xavier Primary School will comply with Ministerial Order 706 and the associated guidelines related to anaphylaxis management in schools as published and amended by the Department of Education and Training (DET, Victoria) from time to time.

Definition

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.

Individual Anaphylaxis Management Plans

The principal is responsible for ensuring 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 having a medical condition that relates to allergy and the potential for anaphylactic reaction, here the school has been notified of the diagnosis.

The individual anaphylaxis management plan will be in place as soon as practicable after the student is enrolled at the school, and where possible before their first day of school. The plan will be communicated to all staff, and displayed in the staffroom and sick bay for ease of access for all staff.

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)

- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions
- An emergency procedures plan i.e. ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan, provided by the parent, which sets out the emergency procedures to be taken in the event of an allergic reaction. This is to be signed by a medical practitioner and include an up to date photograph of the student
- Emergency contact details for the student
- Where the EpiPens are stored

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

- Annually, and as applicable
- When off site activities are planned or a special event will be held on site that poses a risk to the child
- If the student's condition changes, or
- Immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:

- provide the emergency procedures plan (ASCIA Action Plan)
- Inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan)
- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed

Anaphylaxis medication will be housed in the staffroom in a labelled cupboard to ensure access for all staff at all times, together with the copy of the management plan and the student's emergency contact details. Medication will be clearly labelled with the child's name.

Note: Templates of the relevant ASCIA action plans can be found at <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/action-plans-for-allergic-reactions-faq>

Prevention Strategies

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.

Learning Areas

Teachers will:

- keep a copy of the student's ASCIA Action Plan in the Learning Area
- liaise with parents/carers about food related activities ahead of time
- use non-food treats where possible, but if food treats are used in class, 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

- ensure treats for the other students in the class do not contain the substance to which the student is allergic
- ensure food from outside sources is not given to a student who is at risk of anaphylaxis.
- check of the possibility of hidden allergens in cooking, food technology, 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.

Emergency Teachers

A designated staff member should inform casual relief teachers of students at risk of anaphylaxis, preventive strategies in place and the school's emergency procedures.

Food handling and food bans

- Food sharing between children is to be discouraged.
- School canteen will not carry items that are commonly associated with anaphylaxis, eg. Peanuts.
- Age appropriate strategies are used to raise the awareness of all community members about risks of anaphylaxis.

Storage and Accessibility of EpiPens

Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto-injector commonly known as the EpiPen. Adrenaline given through an EpiPen auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis. Administering adrenaline can reverse potentially life threatening symptoms such as shortness of breath or swelling of the face and throat within minutes.

Children under 20kg are prescribed an EpiPen Junior, which has a smaller dosage of adrenaline. The EpiPen and EpiPen Junior are designed so that anyone can use them in an emergency. The following procedures will apply:

- If a student has been prescribed an EpiPen, the EpiPen must be provided by the student's parent/carers to the school.
- EpiPens should be stored correctly and accessed quickly. Remember that in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes.
- EpiPens should be stored in an unlocked, easily accessible place away from direct heat. In our school, they are stored in the First Aid Room.
- EpiPens are clearly labelled with the student's name and photo.
- A copy of the student's ASCIA Action Plan is kept with the EpiPen.
- Each student's EpiPen should be distinguishable from other students' EpiPens and medications.
- All staff should know where the EpiPen is located.
- EpiPens should be signed in and out when taken from its usual place, for example for camps or excursions.
- Depending on the speed of past reactions, it may be appropriate to have the EpiPen in class or in a bumbag in the yard.

It is important that the EpiPen is not cloudy or out of date. EpiPens should last for at least 12 months and will have an expiry date printed on them. It is the parents' responsibility to supply their child's EpiPen to the school and to replace it before it expires.

A designated staff member, the Administration Officer, checks the EpiPens at the end of each month. At least a month before its expiry date, the designated school staff member should send a written reminder to the student's parents to replace the EpiPen.

The school will purchase additional supplies of an EpiPen based on the number of children who may require them, and to ensure that there are adequate supplies of them for both on-site and off-site activities. As the shelf life of auto-injectors is limited, any EpiPen purchased by the school will be checked monthly to ensure it remains current. Should the EpiPen be used it will be replaced as soon as practicable.

Self-administration of the EpiPen

The decision whether a student can carry their own EpiPen should be made when developing the student's Anaphylaxis Management Plan, in consultation with the student, the student's parents/carers and the student's medical practitioner. It is important to note that students have the right to self-administer if they are able to at the time, but even an 18 year old may not physically be able to self-administer due to the effects of a reaction. Staff still have a duty of care to administer an EpiPen for students who carry their own EpiPens.

If a student self-administers an EpiPen, they must immediately report to a staff member and 000 must be called. Note: If a student carries their own EpiPen, a second EpiPen (provided by the parent) should be kept on site in an easily accessible, unlocked location that is known to all staff.

Staff Training

- Teachers and other school staff who conduct classes where students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis, need to have up to date training in an anaphylaxis management training course.
- Staff training will be provided twice per year. One session will be held at the beginning of each year covering:
 - 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 autoadrenaline injecting device (EpiPen®)
 - the school's first aid and emergency response procedures.
- The school will also utilise the ASCIA e-training for all Victorian Schools. Three members of staff will be trained to be able to assess other staff's competency in using an autoinjector in person.
- 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 have up to date training in an anaphylaxis management training course.

- The principal will provide relevant information and any training to staff as soon as practicable after the student enrolls. The school's first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.
- An up-to-date list of students at risk of anaphylaxis will be displayed in the staffroom and sick bay.

Note: Research shows that students in the 10 to 18 year age group are at a higher risk of suffering a fatal anaphylactic reaction.

The school's first aid procedures and individual student's emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

Roles and Responsibilities

The Principal

The Principal has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis.

The Principal / or nominee should:

- actively seek information to identify students with severe life threatening allergies at enrolment
- conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school
- meet with parents/carers to develop an Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation. The principal has overall responsibility to ensure that a safe and supportive environment is provided for children at risk of anaphylaxis.
- request that parents provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the student's medical practitioner and has an up to date photograph of the student.
- ensure that parents provide the student's EpiPen and that it is not out of date
- ensure that the school purchases its own EpiPen for use if required, and give consideration to the number required based on the number of children enrolled who may have an anaphylactic reaction
- ensure that all staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen
- develop a communication plan each year to raise student, staff and parent awareness about severe allergies and the school's policies, and ensure that this is communicated to all staff, volunteers, etc.
- provide information to all staff (including specialist staff, new staff, sessional staff, canteen staff and office staff) so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures. This can include providing copies or displaying the student's ASCIA Action Plan in canteens, classrooms and staff rooms. At least twice annually a briefing will be given to all staff to ensure ongoing compliance
- ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response

- allocate time, such as during staff meetings, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis. Practise using the trainer EpiPen regularly
- encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation
- review the student's Anaphylaxis Management Plan annually or if the student's circumstances change, in consultation with parents.

School Staff

School staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff, and volunteers. Staff should:

- know the identity of students who are at risk of anaphylaxis
- understand the causes, symptoms, and treatment of anaphylaxis
- obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen
- know the school's first aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction. Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction
- know where the student's EpiPen is kept. Remember that the EpiPen is designed so that anyone can administer it in an emergency
- know and follow the prevention strategies in the student's Anaphylaxis Management Plan
- plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student.
- always take the EpiPen when leaving school property with the student
- avoid the use of food treats in class or as rewards, as these may contain hidden allergens
- work with parents/carers to provide appropriate treats for the student
- be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes
- be careful of the risk of cross-contamination when preparing, handling and displaying food
- make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food
- raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

Communication Plan

All staff, including volunteers, will be briefed on:

- their roles and responsibilities
- the prevention strategies
- storage and use of EpiPens
- the emergency management procedures

Briefings will be done at staff meetings, as part of the induction process for new staff, and be listed in the staff handbook. Casual Relief Teachers (CRT) will receive a copy of the CRT handbook alerting them to

presence of an Individual Management Plan, when it is appropriate. The emergency management procedures will be displayed in the staffroom, and the sick bay for quick reference. The briefing will also include information on the location of, and access to, auto-injectors supplied by parents and those purchased by the school.

In the event of a child being enrolled during the course of the school year who is at risk of anaphylaxis, the briefing will occur with all available staff immediately, and a follow up briefing will taken place as soon as possible with staff who were not available on, or before, the child commences attendance.

Parents will be informed and up dated about these policies and procedures through the school newsletter, website and on the school's parent app.

It is the responsibility of the principal to ensure that relevant staff are:

- trained
- briefed at least twice per calendar year

Emergency Management Procedures

In the event of an anaphylactic reaction, the following procedures will be implemented:

On site:

1. The reaction is observed by child or class teacher (internal) or teacher on yard supervision (external)
2. Closest teacher is made aware of situation (If observed by students)
3. Patient is checked
4. Contact made with school office via internal communication system or portable radio or mobile phone (external)
5. Auto injector is rushed to the reaction site
6. Ambulance contacted (administration office)
7. Parents contacted (administration office) or appropriate others in case of an adult
8. Auto injector is checked for: child's name and expiry date (by administrator of auto injector)
9. Ensure injector is administered correctly (needle to thigh)
10. Auto injector is administered in thigh
11. Affected area is rubbed to aid spread of adrenaline
12. Make patient comfortable
13. Await ambulance arrival
14. Staff member accompanies patient to hospital

Off Site: (Excursion or camp)

1. The reaction is observed by child, supervising teacher or supervising adult
2. Closest teacher is made aware of situation (If observed by others)
3. Patient is checked
4. Auto injector is retrieved from supervising teacher (P-Year 2) or from child's bag/person (Years 3-6)
5. Ambulance called (by another teacher or supervising parent)
6. Contact made with school office via mobile phone (by another teacher or supervising parent)
7. Parents or appropriate others in case of an adult, contacted (administration office)
8. Auto injector is checked for: Patient's name and expiry date (by administrator of auto injector)

9. Ensure injector is administered correctly (needle to thigh)
10. Auto injector is administered in thigh
11. Affected area is rubbed to aid spread of adrenaline
12. Make patient comfortable and continue to reassure them
13. Await ambulance arrival
14. Staff member accompanies patient to hospital
15. Excursion/Camp supervisor to update principal on situation

Annual Risk Management Checklist

This checklist (provided by Department of Education and Training) will be completed at the start of each school year. This is available at

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

Related Policies and Documents

- St Francis Xavier Primary Student Care and Health
- St Francis Xavier Primary Duty of Care: Supervision of Students
- Ministerial Order 706