**Bateman Primary School**

**Anaphylaxis Management Policy**

**2014**

**Background**

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 and certain insect venom (particularly bee stings).The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

**Purpose**

* 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 their schooling.
* To raise awareness about anaphylaxis and the school’s anaphylaxis management policy in the school community.
* To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for the student.
* To ensure that staff have knowledge about allergies, anaphylaxis and the school’s guidelines and procedures in responding to an anaphylactic reaction.

**Individual Anaphylaxis Health Care Plans**

The principal will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the student’s parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis (see Appendix 1).

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of school. The student’s Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student’s parents/guardians:

* annually, and as applicable;
* if the student’s condition changes;
* immediately after the student has had an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

* provide an ASCIA Action Plan completed by the child’s medical practitioner with a current photo;
* inform the school if their child’s medical condition changes, and if relevant provide an updated ASCIA Action Plan.

**Communication**

The principal will be responsible for providing information to all staff, students and parents/guardians about anaphylaxis and development of the school’s anaphylaxis management strategies. Volunteers and casual relief staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

Regular information will be published in the school newsletter to promote the ‘nut allergy aware’ status of the school and ways to minimise the risk of students coming into contact with allergens.

A letter will also be sent out to all parents whose child is in a classroom with a child who has an anaphylactic allergy to inform them on ways of assisting in the reduction of that allergen coming to school.

**Staff Training and Emergency Response**

Teachers and other school staff who have contact with the student at risk of anaphylaxis, are encouraged to undertake training in anaphylaxis management including how to respond in an emergency.

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 and know how to recognise, prevent and treat anaphylaxis. Training will be provided to these staff as soon as practicable after the student enrols.

Wherever possible, training will take place before the student’s first day at school. Where this is not possible, an interim plan will be developed in consultation with the student’s parents/guardians. The school’s first aid procedures and student’s ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

**Risk minimisation**

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school employs a range of practical prevention strategies to minimise exposure to known allergens. The table over the page provides examples of how Bateman Primary School engages risk minimisation strategies.

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| SETTING | CONSIDERATIONS |
| Classroom | Display a copy of the student’s ASCIA Action Plan in the classroom.  Liaise with parents/guardians about food related activities ahead of time.  Use non-food treats/rewards.  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 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.  Casual/relief teachers are provided with a copy of the student’s ASCIA Action Plan. |
| Canteens | If schools use an external/contracted food service provider, the provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling.  With permission from parents/guardians, canteen staff (including volunteers), should be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans.  With permission from parents/guardians, some schools have the students name, photo and the foods they are allergic to, displayed in the canteen as a reminder to staff.  Liaise with parents/guardians about food for the student.  Food banning is not recommended , however some school communities may choose not to stock peanut and tree nut products (including nut spreads) as one of the school’s risk minimisation strategies.  Products labelled ‘may contain traces of peanuts/tree nuts’ should not be served to the student known to be allergic to peanuts/tree nuts.  Be aware of the potential for cross contamination when storing, preparing, handling or displaying food.  Ensure tables and surfaces are wiped clean regularly. |
| Yard | The student with anaphylactic responses to insect venom should wear shoes at all times.  Keep outdoor bins covered.  The student should keep open drinks (e.g. drinks in cans) covered while outdoors.  Staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recess and lunch).  The adrenaline auto injector should be easily accessible from the yard.  It is advised that schools develop a communication strategy (red card) for the yard in the event of an anaphylactic emergency. Staff on duty need to be able to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended. |
| On-site events  (e.g.sporting events,  in school activities,  class parties | For special occasions, class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student.  Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school’s allergen minimisation. Party balloons should not be used if a student is allergic to latex.  Latex swimming caps should not be used by a student who is allergic to latex.  Staff must know where the adrenaline auto injector is located and how to access it if required.  Staff should avoid using food in activities or games, including rewards.  For sporting events, it may be appropriate to take the student’s adrenaline auto injector to the oval. If the weather is warm, the auto injector should be stored in an esky to protect it from the heat. |

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| SETTING | CONSIDERATIONS |
| Off-site school  settings – field trips,  excursions | The student’s adrenaline auto injector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions.  One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis.  Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.  The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required).  Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student.  Consider the potential exposure to allergens when consuming food on buses. |
| Off-site school  settings – camps and  remote settings | When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers.  Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies.  Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals.  Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that ‘may contain’ traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts.  Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided.  The student’s adrenaline auto injector and 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 adrenaline auto injector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis.  Staff should develop an emergency procedure that sets out clear roles and  responsibilities in the event of an anaphylactic reaction.  Be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp.  The adrenaline auto injector should remain close to the student at risk of  anaphylaxis and staff must be aware of its location at all times. It may be carried in the school first aid kit, although schools can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own adrenaline auto injector.  The student with allergies to insect venoms should always wear closed shoes when outdoors.  Cooking and art and craft games should not involve the use of known allergens.  Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins. |

Adapted from the Department of Education and Early Childhood Development, Victoria, Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian government schools (2006) and Sample Anaphylaxis Management Policy (2008).32 Anaphylaxis Management Guidelines

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| **FORM 4 - SEVERE ALLERGY/ANAPHYLAXIS MANAGEMENT & EMERGENCY RESPONSE PLAN** | | | | | | | | | | | |
| **Name: DOB: Year: Form: Teacher:** | | | | | | | | | | | |
| **Section A – Student Health Care Planning – To be completed by parent/carer**  **(Please list specific allergens and most recent reactions in the table below).** | | | | | | | | | | | |
| **My child is allergic to**: | | | | For each allergen provide specific information (e.g. peanuts – even small quantities) | | | Describe your child’s most recent symptoms and date of reaction to the allergen (e.g. anaphylaxis, hay fever, hives, eczema). | | | | |
| Peanuts | | |  |  | | |  | | | | |
| Tree Nuts | | |  |  | | |  | | | | |
| Milk | | |  |  | | |  | | | | |
| Eggs | | |  |  | | |  | | | | |
| Soy Products | | |  |  | | |  | | | | |
| Wheat Products | | |  |  | | |  | | | | |
| Shellfish | | |  |  | | |  | | | | |
| Fish | | |  |  | | |  | | | | |
| Insect Stings or Bites (Please specify insect(s) if known) | | |  |  | | |  | | | | |
| Medication (Please specify medicine(s) if known) | | |  |  | | |  | | | | |
| Other/Unknown(Please specify food(s) if known) | | |  |  | | |  | | | | |
| **Section B - Daily Management** | | | | | | | | | | | |
| List strategies that would minimise the risk of exposure to known allergens. | | | | | | | | | | | |
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| **Section C – Medication Instructions** (Note: All medication must be provided by parents/carers) | | | | | | | | | | | |
|  | medication 1 | | | | | medication 2 | | | medication 3 | | |
| Name of medication |  | | | | |  | | |  | | |
| Expiry date |  | | | | |  | | |  | | |
| Dose/frequency – may be as per the pharmacist’s label |  | | | | |  | | |  | | |
| Duration (dates) | From :  To: | | | | | From :  To: | | |  | | |
| Route of administration |  | | | | |  | | |  | | |
| Administration  Tick appropriate box | By self  Requires assistance | | | |  | By self  Requires assistance | |  | By self  Requires assistance | |  |
| Storage instructions  Tick appropriate box(es) | Stored at school  Kept and managed by self  Refrigerate  Keep out of sunlight  Other | | | |  | Stored at school  Kept and managed by self  Refrigerate  Keep out of sunlight  Other | |  | Stored at school  Kept and managed by self  Refrigerate  Keep out of sunlight  Other | |  |
| **Section D – Emergency Response – As per anaphylaxis (ASCIA) action plan attached (This must be completed by your child’s medical practitioner). If unavailable** go to <http://www.allergy.org.au/content/view/10/3/> for Anaphylaxis Emergency Plans and Management Forms. | | | | | | | | | | | |
| **Section E – Authority to Act** | | | | | | | | | | | |
| This severe allergy/anaphylaxis management and emergency response plan authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my/our child’s health care requirements. | | | | | | | | | | | |
| **Parent/Carer:**  **Date:** | | **Medical Practitioner Name and Medical Practice**  **Medical Practitioners Signature:**  **Provider Number: Date:** | | | | | | | | **Review Date:** | |
| **When completed, please attach the Student Health Care Summary to the front of this document. form 4 page 1 of 2** | | | | | | | | | | | |

**APPENDIX 1**

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| **Name: DOB: Year: Form: Teacher:** |
| **Office Use Only** |
| Date received: Date uploaded on SIS: |
| Is specific staff training required?  **Yes  No** : Type of training: |
| Training service provider: |
| Name of person/s to be trained: Date of training: |
| **form 4 page 2 of 2** |

