

ANAPHYLAXIS MANAGEMENT POLICY

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 to allergens. 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. Below is an excerpt from the Department of Education Guidelines on anaphylaxis management relating the differences between allergy aware versus nut free schools.

'Allergy aware' versus 'nut-free'

Given the number of foods to which the student may be allergic, it is not possible to remove all allergens. It is better for school communities to become aware of the risks associated with anaphylaxis and to implement practical, age appropriate strategies to minimise exposure to known allergens. In communicating the school's strategies to the school community, it is important that schools do not promote that they either 'ban nuts' or are 'nut-free' – being 'allergy aware' is a more appropriate term. Minimising the allergen is one of several strategies that can be implemented to reduce the risk. Promoting a school as 'nut-free' is not recommended for the following reasons: it is impractical to implement and enforce; there is no evidence of effectiveness; it does not encourage the development of strategies for avoidance in the wider school community; it may encourage complacency about risk minimisation strategies (for teachers, students and parents/guardians) if a food is banned. Whilst schools are advised not to claim to be 'nut-free', minimising exposure to particular foods such as peanuts and tree nuts can reduce the level of risk. This can include removing nut spreads and products containing nuts from the school canteen, but does not include removing products that 'may contain traces' of peanuts or tree nuts. Schools may also choose to request that parents/guardians of classmates of a young student (K-7) do not include nut spreads in sandwiches or products containing nuts in the lunchbox

Purpose

Hillarys PS will 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. Hillarys PS will raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community through newsletter articles and the website. We will engage with parents/guardians of each student at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for the student. We will ensure that all staff (including relief and casual staff) have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Health Care Plans

Hillarys PS 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. Individual Action Plans 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

Administration staff 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.

Staff training and emergency response

Teachers and other school staff who have contact with the student at risk of anaphylaxis, are to undertake training in anaphylaxis management including how to respond in an emergency each year. At other times while the student is under the care or supervision of the school, including excursions, playground duty, camps and special event days, the principal ensures that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis. 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. Hillarys PS will employ a range of practical prevention strategies to minimise exposure to known allergens.

In the Classroom

- Each teacher has a copy of the student's ASCIA Action Plan in the classroom.
- Teachers will liaise with parents/guardians about food related activities to be undertaken in the classroom.
- Use non-food treats (or rewards) where possible.
- It is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis to be used in place of food supplied for special occasions such as birthdays. Treat boxes should be clearly labelled.
- Teachers to inform in advance (if known) of special occasions where food is supplied to the classroom by another parent so the parent of an anaphylactic student is able to supply an alternative food such as treats as above.
- Food from outside sources will not be given to a student who is at risk of anaphylaxis.
- Teachers will 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 with others.
- Class teachers will provided a copy of the student's ASCIA Action Plan for casual/relief teachers in handover and daily planning documents.

Canteen

- 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, the student's name, photo and the foods they are allergic to will be displayed in the canteen as a reminder to staff.
- Parents/guardians to liaise with the canteen staff about food for the student if they are to use the canteen.
- 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.

Playground

- All students (especially those 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.
- Trained staff who will provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recess and lunch).
- Staff on playground duty are aware of procedures to contact the administration or support staff to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended.
- Student medication is clearly marked and readily available for use in an emergency.

Incursions/Class parties

- Staff accompanying student at risk to an event will be aware of Action Plan, know where the medication is held and how to access it. For sporting events it may be appropriate for the medication to be taken with the student by a supervising adult.
- Parents/guardians should be consulted in advance if food is to be used in any activities or games so alternative foods can be sourced or else food brought from home for the student.
- Parents/guardians of other students are to be reminded in advance of foods that may cause allergic reactions in students at risk of anaphylaxis and of the school's allergen 'allergy aware' strategies.

Excursions/Camps

- Risk management plan for students is developed in consultation with parents/ guardians and event area staff. Staff will be aware of local emergency services and contact details for such services prior to going off site. Emergency contact details and a mobile phone will be taken by lead staff at all times.
- Staff accompanying students will have anaphylaxis training. Staff will have developed a plan detailing clear roles and responsibilities for all staff attending an event in the event of an incident occurring.
- Action Plans and medications for all students at risk will be taken by team leaders on all excursions and out of school activities.
- Campsite/accommodation providers will be advised in advance of any student with food allergens and appropriate menus will be provided in consultations with parent/guardians.