

# Anaphylaxis Management Policy

## Purpose

Anaphylaxis is the most severe form of allergic reaction. Individuals can have a mild, moderate or severe allergic reaction. Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. The most common allergies in school-aged children are peanuts, cow's milk, egg, tree nuts (e.g. cashews and walnuts), soy, sesame and certain insect bites and stings (particularly bees, wasps, ants and ticks). Auto-injector (EpiPen) to the muscle of the outer mid-thigh is the most effective First Aid treatment for anaphylaxis.

The key to minimisation of anaphylaxis risk at Clyde Grammar is knowledge of those students who have been diagnosed at risk, awareness of triggers/allergens, and prevention, where possible, of exposure to those triggers.

This policy details the approaches taken by the school to management the risk of an anaphylactic reaction and aims 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 schools.
- Engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- Ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the School's Policy and Procedures in responding to an anaphylactic reaction.

## Ministerial Order 706: Anaphylaxis in Victorian Schools

Clyde Grammar is committed to complying with Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools, and the Department of Education Anaphylaxis Guidelines as amended by the Department from time to time.

## Individual Anaphylaxis Management Plans

The Principal, through the School First Aid Officer, will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents and the student's Medical Practitioner, for each student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan must be in place as soon as practicable after the student has enrolled and, where possible, before the first day of school. Where this is unable to be achieved an interim Individual Anaphylaxis Management Plan must be developed.

An Individual Anaphylaxis Management Plan must contain the following:

- Information about student allergies.
- Locally relevant risk minimisation/prevention strategies.
- Names of person/s responsible for implementing risk minimisation/prevention strategies.
- Information on where the student's medication will be stored.
- The student's emergency contact details.

- A copy of the students Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan which sets out the emergency procedures to be taken in the event of an allergic reaction. The ASCIA Action Plan must be signed by a Medical Practitioner treating the student as at the date the plan was signed.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents/carers in all of the following circumstances:

- Annually.
- If the student's medical condition, insofar as it relates to the allergy and potential for anaphylactic reaction, changes.
- Immediately following the student having an anaphylactic reaction at school; and/or
- When a student is to participate in an off-site excursion, or special event organised or attended by the school.

It is the responsibility of the parent to:

- Provide then ASCIA action plan.
- Inform the school is a student's medical condition changes, and to provide an updated ASCIA action plan.
- Provide an up-to-date photo of a student for the ASCIA action plan; and
- Provide the school with an adrenaline auto-injector for their child that is not expired.

### **Identification of Students**

A list of at-risk students and their Individual Anaphylaxis Management Plan and ASCIA action plan is kept in the sick bay. Names, photographs and specific allergies of students are included on the staff noticeboard in the staff room.

Where permission is provided, and it is deemed appropriate, the student's name, photo and allergies may be displayed in other locations around the School, for example, the student's classroom.

### **Student Adrenaline Auto-Injectors**

At School, all student Adrenaline Auto-Injectors are located in the student's classroom.

Where a student attends a camp or excursion, their Adrenaline Auto-Injector is taken with the student.

### **General Use Adrenaline Auto-Injectors**

The Principal is responsible for arranging the purchase of additional adrenaline auto-injectors for general use as a backup to those supplied by parents. The purchase of additional adrenaline auto-injectors is informed by:

- The number of students enrolled at risk of anaphylaxis.
- The accessibility of adrenaline auto-injectors supplied by parents.
- The availability of a sufficient supply of adrenaline auto-injectors for general use in specified locations at the school, including the school yard, at excursions, camps and special events organised or attended by the school; and
- Adrenaline auto-injectors have a limited life, usually expiring within 12-18 months, and will need to be replaced at either at the time of use or expiry, whichever comes first.

General Use Auto-Injectors can be found in each main student building, together with sick bay.

First aid kits that accompany students to off-site activities, such as camps and excursions, also contain

an Adrenaline Auto-Injector.

A register of all school owned general use Adrenaline Auto-Injectors, their location and expiry date is maintained by the School First Aid Officer. Periodic review of the register and individual Adrenaline Auto-Injectors by the School First Aid Officer is carried out to ensure that they are in date, are not discolored, and do not have any substances floating in them.

### **Emergency Response**

Symptoms of an anaphylactic reaction include, but are not limited to:

- Skin reactions, including hives and itching or flushed or pale skin.
- Constriction of the airways and a swollen tongue or throat, which can cause wheezing and trouble breathing.
- A weak and rapid pulse.
- Nausea, vomiting or diarrhea.
- Dizziness or fainting.
- Low blood pressure.

In situations where a student with diagnosed anaphylaxis appears to be having an anaphylactic reaction, staff will refer to the student's ASCIA Action Plan.

In situations where a student has not previously been diagnosed with an allergy but appears to be having an anaphylactic reaction staff will:

- Administer a general use adrenaline auto-injector.
- Immediately call an ambulance (000 or mobile 112).
- Commence First Aid measures.
- Contact the School First Aid Officer/Sick bay.
- Contact the student's emergency contact.

### **Post Emergency Review**

Following an anaphylactic reaction at school the School First Aid Officer will undertake a review/debrief with parents/guardians to ensure the student's Individual Anaphylaxis Management Plan is up to date and any additional preventative strategies are implemented.

### **Communication Plan**

Advice for School staff, students and parents about how to respond to an anaphylactic reaction are included within this policy. This policy is made publicly available and communicated to the Clyde Grammar community periodically.

The policy is provided to volunteers and Casual Relief Teachers where they are tasked to work with a student at risk of anaphylaxis.

### **Staff Training**

All teaching staff must undertake an anaphylaxis training management course (22099VIC, 22300VIC, 10313NAT (in the three years prior; or an online anaphylaxis management training course (ASCIA e-training for Victorian Schools, and verified by staff who have completed in Verifying the Correct use of Adrenaline Auto-Injector Devices 22303VIC) in the two years prior. In addition, all Teaching Staff must participate in an anaphylaxis briefing twice per calendar year, with the first occurring at the beginning of the year. This briefing is provided by the School First Aid Officer, or an appropriately trained delegate (trained within the previous three years), and will cover:

- The School's Anaphylaxis Management Policy.
- The causes, symptoms and treatments of anaphylaxis.
- The identities of students at risk of anaphylaxis, the details of their medical condition, and where their medication is located.
- How to use an adrenaline auto-injector, including practicing with a trainer adrenaline auto-injector.
- The school's general first aid and emergency response procedures; and
- The location of, and access to, adrenaline auto-injectors that have been provided by parents and/or purchased by the school for general use.

Where training or briefing requirements have not yet occurred in accordance with this Policy an interim briefing will occur until such a time as formal training and briefing can occur.

### **Prevention Strategies**

For each student at risk of anaphylaxis, a list of prevention strategies to be undertaken by the School will be put in place. These strategies cover the following:

- Class activities.
- Food events (e.g. lunch orders, morning teas).
- Recess/Lunch time.
- Before and After School.
- Special events, such as sporting events, incursions & excursions.

These prevention strategies will be tailored, where possible, to individual needs.

### **Annual Risk Management Checklist**

The School will complete a Risk Management Checklist annually to monitor its obligations, as published and amended by the Department of Education from time to time.

### **Review**

This policy is to be reviewed and approved annually, as a minimum.

Last approved June 2024.

Next review June 2025.

*This policy is subject to change without notice at the sole discretion of Clyde Grammar. Printed hardcopies or downloaded copies of this policy are considered uncontrolled.*