**NORRIS BANK PRIMARY SCHOOL**

 **ANAPHYLAXIS POLICY**

**Purpose**

To explain to Norris Bank Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Norris Bank Primary is compliant with Ministerial Order 706 and the Department’s guidelines for anaphylaxis management.

**Scope**

This policy applies to:

* all staff, including causal relief staff and volunteers
* all students who have been diagnosed with anaphylaxis or who may require emergency treatment for an anaphylactic reaction and their parents and carers.

**Policy**

**School Statement**

Norris Bank Primary will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

**Anaphylaxis**

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school aged children are nuts, eggs, cow’s milk, fish, shellfish, what, soy, sesame, latex, certain insect stings and medications.

*Symptoms*

Sights and symptoms of a mild to moderate allergic reactions can include:

* swelling of the lips, face and eyes
* hives or welts
* tingling in the mouth

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

* difficult/noisy breathing
* swelling of tongue
* difficulty talking and/or hoarse voice
* wheeze or persistent cough
* persistent dizziness or collapse
* student appears pale or floppy
* abdominal pain and/or vomiting

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

*Treatment*

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

### **Individual Anaphylaxis Management Plans**

All students at Norris Bank Primary who are diagnosed as being at risk of suffering from an anaphylactic reaction by a medical practitioner must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Norris Bank Primary is responsible for developing a plan in consultation with the student’s parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrols at Norris Bank Primary and where possible, before the student’s first day.

Parents and carers must:

* obtain an ASCIA Action Plan for Anaphylaxis from the student’s medical practitioner and provide a copy to the school as soon as practicable
* immediately inform the school in writing if there is a relevant change in the student’s medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
* provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
* provide the school with a current adrenaline autoinjector for the student that is not expired
* participate in annual reviews of the student’s Plan.

Each student’s Individual Anaphylaxis Management Plan must include:

* information about the student’s medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergies the student has
* information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
* strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
* the name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Plan
* information about where the student's medication will be stored
* the student's emergency contact details
* an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student’s medical practitioner.

*Review and updates to Individual Anaphylaxis Plans*

A student’s Individual Anaphylaxis Plan will be reviewed and updated on an annual basis in consultation with the student’s parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

* as soon as practicable after the student has an anaphylactic reaction at school
* if the student’s medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
* when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student’s Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student’s potential risk of exposure to allergens at school.

### **Location of plans and adrenaline autoinjectors**

*A copy of each student’s Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the First Aid Room. Whilst some students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name in their classroom and /at the First Aid Room, together with adrenaline autoinjectors for general use.*

### **Risk Minimisation Strategies**

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| * All ‘Classroom Rolls’’ have a completed copy of each Child’s Anaphylaxis Management Plan which outlines all necessary information about the child’s anaphylaxis as well as the actions required.
* Staff must also be able to identify, by face, those students at risk of anaphylaxis.
* Staff are aware of the location of these plans Anaphylaxis Management Plans both in Yard Duty Folders and across the school (First Aid Room, Staffroom, Classroom Rolls etc.)
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| * Sufficient School Staff trained in the administration of adrenaline auto injector (i.e. EpiPen®) and be able to respond quickly to an allergic reaction if needed.
* All staff are aware of procedures when outdoors to ensure students safety and minimise their risk of exposure to a known allergen.
* All staff are aware of the location of each child’s individual adrenaline auto injector (i.e. EpiPen®). (Located in First Aid Room)
* Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom.
* Be sure the ASCIA Action Plan for Anaphylaxis is easily accessible even if the adrenaline auto injector is kept in another location.
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| * Through an induction process casual relief teachers, specialist teachers and volunteers are aware 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
* Classroom Teachers prepare CRT folders that outline students with medical conditions.
* Students should keep drinks and food covered while outdoors
* Ensure rubbish bins are always covered
* Ensure the outdoor environment is free of loose rubbish which may have traces of allergens
* Ensure students with known allergens are aware of products, which may have these allergens
* Yard Duty staff to ensure students are not sharing foods between them. Staff to ensure they are undertaking ‘Active Yard Duty’ practices whilst on yard duty and walking through the school grounds.
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| * Sufficient School Staff that are trained in the administration of adrenaline auto injector attended excursions and camps (i.e. EpiPen®) and be able to respond quickly to an allergic reaction if needed
* Teachers on camps are able to identify, by face, those students at risk of anaphylaxis
* Staff ensure ALL Anaphylaxis Risk Management Plans, Anaphylaxis Plans and Auto injectors accompany the student whenever they leave the school grounds
* Ensure that all staff are aware of the location of the emergency medical kit containing the adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis and ensure the child at risk of anaphylaxis is in the care of the person carrying the adrenaline autoinjector.
* Staff are aware of potential hazards prior to the excursions/camps and during excursions/camps that may trigger students Anaphylaxis
* If an identified risk is found staff are aware of the importance to remove the child at risk from the environment and place them (with others) into an area where the risk is decreased
* Ensure staff are aware of procedures, which the campsite or excursion venue may have in relation to Anaphylaxis
* Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged.
* Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other forms of emergency communication (e.g. walkie talkie)
* Discourage eating on buses and other forms of transportation
* Sufficient School Staff that are trained in the administration of adrenaline auto injector attended excursions and camps (i.e. EpiPen®) and be able to respond quickly to an allergic reaction if needed.
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| * Classroom teacher to observe students lunches and ensure students are
* Ensure all students are seated at their tables whilst eating in the classroom to minimise the spread of known allergens
* Ensure students with known allergens are aware of products, which may have these allergens
* Classroom Teachers to ensure students are not sharing foods between them. Staff to ensure they are roaming around the classroom.
* Ensure good ventilation within the classroom during eating times to minimise risk of exposure.
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| * Ensure all students are seated at their tables whilst eating in the classroom to minimise the spread of known allergens
* Ensure students wash hands prior to the commencement of ‘Wet day timetables’ to minimise the spread of allergens
* Classroom Teachers to ensure students are not sharing foods between them. Staff to ensure they are roaming around the classroom.
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| * Engage parents or guardians and older children in discussions prior to cooking sessions and activities using food.
* Remind all children to not share food they have cooked with others at school including during recess and lunch breaks.
* Engage parents in discussion prior to experiments containing foods.
* Class parties are monitored and a list of suitable foods sent home to all parents.
* Ensure containers used by students at risk of anaphylaxis do not contain allergens (e.g. egg white or yolk on an egg carton).
* Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens.
* Care should to be taken with play dough etc. Check that nut oils have not been used in their manufacture.
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| * All Canteen staff have been briefed in relation to who is at risk of anaphylaxis and a copy of student’s Anaphylaxis Plan is displayed in the canteen.
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*To reduce the risk of a student suffering from an anaphylactic reaction at Norris Bank Primary School, we have put in place the following strategies:*

* *staff and students are regularly reminded to wash their hands after eating*
* *students are discouraged from sharing food*
* *garbage bins at school are to remain covered with lids to reduce the risk of attracting insects*
* *gloves must be worn or utensils used when picking up papers or rubbish in the playground*
* *school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination*
* *year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays*
* *a general use EpiPen will be stored at the Sick Bay.*

### **Adrenaline autoinjectors for general use**

Norris Bank Primary will maintain a supply of adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline autoinjectors for general use will be stored at the Sick Bay and labelled “general use”.

The Principal is responsible for arranging the purchase of adrenaline auto-injectors for general use, and will consider:

* the number of students enrolled at Norris Bank at risk of anaphylaxis
* the accessibility of adrenaline auto-injectors supplied by parents
* the availability of a sufficient supply of auto-adrenaline injectors for general use in different locations at the school, as well as at camps, excursions and events
* the limited life span of adrenaline auto-injectors, and the need for general use adrenaline auto-injectors to be replaced when used or prior to expiry.

### **Emergency Response**

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school’s general first aid procedures, emergency response procedures and the student’s Individual Anaphylaxis Management Plan.

A complete and up to date list of students identified as being at risk of anaphylaxis is maintained by the First Aid Manager and stored at the First Aid Room. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

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| **Step** | **Action** |
|  | * Lay the person flat
* Do not allow them to stand or walk
* If breathing is difficult, allow them to sit
* Be calm and reassuring
* Do not leave them alone
* Seek assistance from another staff member or reliable student to locate the student’s adrenaline autoinjector or the school’s general use autoinjector, and the student’s Individual Anaphylaxis Management Plan, stored at the First Aid Room
* If the student’s plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
 |
|  | Administer an EpiPen or EpiPen Jr (if the student is under 20kg)* Remove from plastic container
* Form a fist around the EpiPen and pull of the blue safety release (cap)
* Place orange end against the student’s outer mid-thigh (with or without clothing)
* Push down hard until a click is heard or felt and hold in place for 3 seconds
* Remove EpiPen
* Note the time the EpiPen is administered
* Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
 |
|  | Call an ambulance (000) |
|  | If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available. |
|  | Contact the student’s emergency contacts. |

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

[Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over treatment of a mild to moderate allergic reaction. Refer to page 41 of the [Anaphylaxis Guidelines](http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxisschl.aspx)

### **Communication Plan**

This policy will be available on Norris Bank Primary School website so that parents and other members of the school community can easily access information about Norris Bank Primary School’s anaphylaxis management procedures. The parents and carers of students who are enrolled at Norris Bank Primary and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal and School Anaphylaxis Supervisor is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Norris Bank Primary School’s procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy.

### **Staff training**

Staff at Norris Bank Primary School will receive appropriate training in anaphylaxis management, consistent with the Department’s *Anaphylaxis Guidelines*.

Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the Principal identifies, must have completed:

* an approved face-to-face anaphylaxis management training course in the last three years, or
* an approved online anaphylaxis management training course in the last two years.

Norris Bank Primary School uses the following training courses: ASCIA eTraining course VIC 5, 22300VIC Course in First Aid Management of Anaphylaxis, 22303 VIC Course in Verifying Correct Use of Adrenaline Autoinjector Devices.

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 12 months, including School Anaphylaxis Supervisor. Each briefing will address:

* this policy
* the causes, symptoms and treatment of anaphylaxis
* the identifies of students with a medical condition that relates to allegory and the potential for anaphylactic reaction, and where their medication is located
* how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
* the school’s general first aid and emergency response procedures
* the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrols at Norris Bank Primary School who is at risk of anaphylaxis, the Principal will develop an interim plan in consultation with the student’s parents and ensure that appropriate staff are trained and briefed as soon as possible.

**Further information and resources**

* School Policy and Advisory Guide:
	+ [Anaphylaxis](http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx)
	+ [Anaphylaxis management in schools](http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxisschl.aspx)
* Allergy & Anaphylaxis Australia: [Risk minimisation strategies](https://edugate.eduweb.vic.gov.au/edulibrary/Schools/teachers/health/riskminimisation.pdf)
* ASCIA Guidelines: [Schooling and childcare](https://allergyfacts.org.au/allergy-management/schooling-childcare)
* Royal Children’s Hospital: [Allergy and immunology](https://www.rch.org.au/allergy/about_us/Allergy_and_Immunology/)

**review CYLCE and evaluation**

This policy was last updated on 21/02/2018 and is scheduled for review in February, 2019

The Principal will complete the Department’s Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.