



NHILL LUTHERAN SCHOOL

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Policy Document

ANAPHYLAXIS POLICY

Source of Obligation

Under the *Education and Training Reform Act 2006 (VIC) (s 4.3.1(6)(c))*, all schools must develop an anaphylaxis management policy, where the school knows or ought to reasonably know, that a student enrolled at the school has been diagnosed as being a risk of anaphylaxis.

The Hazard – Anaphylactic Shock

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 stings (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/carers are important in helping the student avoid exposure.

Adrenaline given through an auto-injector (such as an EpiPen) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Nhill Lutheran School's Policy

Nhill Lutheran School is committed to providing a safe learning environment for all our students and complying with the current Ministerial Order No.706 for Anaphylaxis Management in Schools, and the Department of Education and Early Childhood Development's Anaphylaxis Guidelines as amended from the Department from time to time.

The school recognises it cannot achieve a completely allergen free environment. It is our policy:

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

Safe Work Practices

Nhill Lutheran School has developed the following work practices and procedures for managing anaphylactic shock:

Identification of Students at Risk

Parents/carers are requested to notify the school of all medical conditions including allergies. Refer to our **Medical Records (Student) Policy**.

Students who are identified as suffering from severe allergies that may cause anaphylactic shock are considered high risk. For each of these students an Individual Management Plan should be developed and regularly reviewed and updated.

Nhill Lutheran School maintains a complete and up to date list of students identifying as having a medical condition that relates to allergy and the potential for anaphylactic reaction. It is the responsibility of the Principal to keep this list up to date. The list is kept in the staffroom first aid cabinet and school office.

Individual Anaphylaxis Management Plan

When Nhill Lutheran School has been notified, an Individual Management Plan must be developed in consultation with the student's parents/carers, for any student who has been diagnosed by a medical practitioner as being at risk anaphylaxis.

Individual Anaphylaxis Management Plans must include the following:

- Information on the type of allergy the student has, information about the medical condition and the potential for anaphylactic reaction;
- Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of the school;
- Name of person responsible for implementing the plan;
- Where the student's medication will be stored;
- Emergency contact details of the student; and
- Australian Society for Clinical Immunology and Allergy (ASCIA) Action Plan.

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

- Annually, and as applicable;
- If the student's condition changes;
- Immediately after the student has an anaphylactic reaction; and
- When student participation in an off-site activity or special event is required.

It is the responsibility of the parent/carer to:

- Provide an ASCIA Action Plan completed by the child's medical practitioner with a current photo;
- With a current photo;
- With as much current information as possible. For example, if a student is allergic to nuts, the types of nuts should be listed and/or if a student is allergic to eggs: raw/cooked/the yolk?
- Inform the school if child's medical condition changes, and if relevant provide an updated ASCIA Action Plan and photo; and
- Provide an adrenaline auto-injector that is current and not expired for their child.

Examples of ASCIA Action Plans are available from the **ASCIA website**.

Adrenaline Auto-Injectors for General Use

The Principal also purchases additional adrenaline auto-injectors for general use, which are additional to the prescribed adrenaline auto-injectors for individuals provided by parents. These adrenaline auto-injectors are not a substitute for individuals at high risk of anaphylaxis having their own prescribed auto-injectors.

General use adrenaline auto-injectors are used when;

- A student's prescribed auto-injector does not work, is misplaced, out of date or has already been used; or
- When instructed by a medical officer after calling 000.

The number and type of adrenaline auto-injectors are purchased considering:

- The number of students enrolled who have been diagnosed as being at risk of anaphylaxis;
- The accessibility of adrenaline auto-injectors that have been provided by parents;
- The availability of a sufficient supply of adrenaline auto-injectors for general use in specified locations at the school (e.g. school yard, at excursions, camps and special events); and
- That adrenaline auto-injectors have a limited life, usually expire within 12-18 months, and will need to be replaced either at the time of use or expiry, whichever is first.

Storage and Location of Adrenaline Auto-Injectors

All adrenaline auto-injectors and medication must be stored according to a student's ASCIA Action Plan and checked regularly to ensure that they have not expired, become discoloured or sediment is visible.

Adrenaline auto-injectors and other medication must be stored in various locations which are easily accessible to students. A copy of the student's ASCIA Action Plans must also be stored with their medical kit.

Nhill Lutheran School maintains adrenaline auto-injectors and other relevant medication in the following location/s:

First Aid Cupboard

Whenever a student at risk of anaphylaxis participates in outside school activities such as excursions and camps, Individual Anaphylaxis Health Care Plans, ASCIA Action Plans and adrenaline auto-injectors must be taken.

Communication Plan

The Principal will be responsible for developing a communication plan to provide information to all staff, students and parents/carers about anaphylaxis and the development of the school's anaphylaxis management strategies.

The communication plan includes the following information:

- Strategies for how to respond to an anaphylactic reaction during normal school activities;
- Strategies for how to respond to an anaphylactic reaction during off-site or out of school activities;
- Procedures to inform volunteers and casual staff 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;
- The responsibility of the Principal for ensuring the school staff who conduct classes attended by students at risk of anaphylaxis are trained and briefed at least twice per calendar year. See **Staff Training Below**.

The school communication plan is kept in the Principal's office.

Emergency Response

Generally, the school promotes allergy awareness. Refer to our **Allergy Awareness Policy**.

In the event that a student suffers an anaphylactic reaction the student will be managed in accordance with the school **Critical Incident (Emergency Situations) Response Policy** which sets out how to respond to an incident of Anaphylactic Shock. Student health incidents which do not require treatment for anaphylaxis are managed through our **First Aid Policy**.

Individual Anaphylaxis Management Plans are kept in the staffroom first aid cupboard, office and classrooms. They are also accessed via the HealthMinder app which can be accessed via staff mobile phones and iPads.

Individual ASCIA Action Plans are kept in the staffroom first aid cupboard, office and classrooms. They are also accessed via the HealthMinder app which can be accessed via staff mobile phones and iPads during school activities including on-site and off-site.

At all times while a student at risk of anaphylaxis is under the care or supervision of Nhill Lutheran School, including excursions, yard duty, camps and special event days, Nhill Lutheran School 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.

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

Wherever possible, training will take place before a student's first day at Nhill Lutheran School. Where this is not possible, an interim plan will be developed in consultation with the student's parents/carers.

The procedures set out in this policy and a student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

Other Risk Minimisation Strategies

Nhill Lutheran School may also employ some or all of the following risk minimisation strategies that are designed to identify allergens, prevent exposure to them and enhance our response in case of an anaphylactic reaction.

In the Classroom

In the classroom, teachers should:

- Ensure they are aware of the identity of any students who are considered high risk of an anaphylactic reaction;
- Be familiar with the student's ASCIA Action Plan and have it readily accessible;
- Be familiar with staff who are trained to deal with an anaphylactic reaction if they are not;
- Liaise with parents/carers about food related activities ahead of time;
- Use non-food treats where possible. If food treats are used in class, it is recommended that parents/carers provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school's **Allergy Awareness Policy**;
- Never give food from outside sources to a student who is at risk of anaphylaxis;
- Be aware of the possibility of hidden allergies 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; and
- Brief casual/relief teachers and provide them with a copy of the student's ASCIA Action Plan.

In the Canteen

In the canteen:

- In the event we 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/carers, 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/carers, the school may have the student's name, photo and the foods they are allergic to displayed in the canteen as reminder to staff;
- Food banning is not recommended (refer to our **Allergy Awareness Policy**), however we may choose not to stock certain products that are known allergies to students;
- Products labelled 'may contain traces of peanuts/tree nuts' should not be served to the student known to be allergic to peanuts/tree nuts;
- Staff should be aware of the potential for cross contamination when storing, preparing, handling or displaying food; and
- Staff should ensure tables and surfaces are wiped clean regularly.

In the school yard

In the school yard:

- A student with anaphylactic responses to insects should wear shoes at all times;
- Outdoor bins should be kept covered;
- A student with anaphylactic responses should keep open drinks (e.g. drinks in cans) covered while outdoors;
- The adrenaline auto-injector should be easily accessible; and
- Staff on duty need to be able to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended.

During On-site Events (e.g. sporting events, in school activities, class parties)

During on-site events:

- Class teachers should consult parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student;
- Parents/carers 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 our **Allergy Awareness Policy**;
- Party balloons should not be used if a student is allergic to latex;
- Latex swimming caps and goggles 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 as rewards; and
- For sporting events, it may be appropriate to take the student's adrenaline auto-injector to the event. Ensure the auto-injector is stored in accordance with prescribed temperatures and conditions.

During Off-site school settings – field trips, excursions

During field trips and day excursions:

- The student's adrenaline auto-injector (two are recommended), ASCIA Action Plan and means of contacting emergency assistance must be taken;
- One or more staff members who have been trained in the recognition of anaphylaxis and 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;

- Parents/carers should be consulted in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/carer to send a meal (if required);
- Parents/carers may wish to accompany their child on field trips/excursions. This should be discussed with parents/carers as another strategy for supporting the student; and
- Consider the potential exposure to allergens when consuming food on buses.

During Off-site school settings – camps and remote settings

During school camps and overnight excursions:

- When planning school camps and overnight excursions, risk management plans for students at risk of anaphylaxis should be developed in consultation with parents/carers and camp managers;
- Camp site/accommodation providers and airlines should be advised in advance of any student at risk of anaphylactic shock;
- Staff should liaise with parents/carers 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, sunscreens containing nut oils) should be avoided;
- The student's adrenaline auto-injector, ASCIA Action Pan 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;
- Staff should 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's first aid kit, although Nhill Lutheran School 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;
- Students 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 allergies; and
- Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.

Staff Training

The following staff members will be appropriately trained in accordance with Ministerial Order No. 706:

- Staff who conduct classes attended by students at risk of anaphylaxis; and
- Staff identified by the Principal, based on a risk assessment of an anaphylactic reaction occurring while a student is under the care or supervision of the school.

The staff members identified above must undertake the following training:

- A face-to-face anaphylaxis management training course at least once every three years; or
- An online anaphylaxis management training course at least every two years.

A face-to-face anaphylaxis training course can be a course in anaphylaxis management training that is:

- Accredited as a VET course;
- Accredited under Chapter 4 of the Education and Training Reform Act 2006 (Vic) by the VRQA;

- Endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital; or
- Any other course approved and advertised by the Department of Education and Training.

All face-to-face courses must be attended by the staff member in person and must include a competency check in the administration of an adrenaline auto-injector.

An **online anaphylaxis management training course** means the ASCIA Anaphylaxis eTraining for Victorian schools course developed by the Australasian Society of Clinical Immunology and Allergy (ASCIA) and approved by the Secretary.

- Staff members identified above must also participate in anaphylaxis briefings. Briefings must occur twice per year, with the first to be held at the beginning of the school year.

Anaphylaxis briefings are conducted by a staff member who has successfully completed an Anaphylaxis Management Training Course (either face-to-face or online as listed above) in the two years prior and covers;

- Our Anaphylactic Shock Management Policy;
- The causes, symptoms and treatment of anaphylaxis;
- The identities of students with an allergy at risk of an anaphylactic reaction, and where their medication is located;
- How to use an adrenaline auto-injector, including hands on practice with a trainer adrenaline auto-injector;
- Our general **first aid** and **emergency response procedures**; and
- The location of, and access to, adrenaline auto-injectors provided by parents or purchased by the school for general use.

Also refer to the following documents for the briefings:

- **Facilitator Guide for Anaphylaxis Management**
- **Anaphylaxis Management Briefing Presentation**

Staff must successfully complete anaphylaxis training within three years prior to supervising a student at risk.

An interim plan must be developed with parents of any affected student with an allergy risk of an anaphylactic reaction, if training and briefing has yet to occur. Training must occur as soon as possible after the student is enrolled at the School, and preferably before the student's first day at the School.

It is the School's policy that the Principal is to ensure that while the student is under the care of the School, including on excursions, camps, special event days such as sports carnivals, there is a sufficient number of school staff present who have successfully completed an Anaphylaxis Management Training Course.

Risk Management Checklist

The Principal completes an annual **Risk Management Checklist** included in the Anaphylaxis Guidelines for Victorian Schools, to monitor our obligations.

We regularly check the Department of Education and Training's **Anaphylaxis Management in Schools page** to ensure the latest version of the **Risk Management Checklist** is used.

Workers Responsibility

All workers must follow the anaphylactic shock management guidelines set out in this policy.

Signage

ASCIA Action Plans are posted in the staffroom with first aid procedures.

With permission from parents/carers, it may be appropriate to have a student's name, photo and the foods they are allergic to, displayed in other locations around the school.

Implementation

This policy is implemented through a combination of:

- Nhill Lutheran School premises inspections (to identify wasp and bee hives);
- Staff training and supervision;
- Maintenance of medical records;
- Effective incident notification procedures;
- Effective communication procedures with the student's parents/carers; and
- Initiation of corrective actions where necessary.

Discipline for Breach of Policy

Where a staff member breaches this policy Nhill Lutheran School may take disciplinary action.

Related Policies

- Allergy Awareness Policy
- Critical Incident Response Policy
- Medical Administration Policy
- Medical Records (Student) Policy
- Student Duty of Care

Related Documents

- Individual Anaphylaxis Management Plan Template
- Facilitator Guide for Anaphylaxis Management
- Anaphylaxis Management Briefing Presentation
- Risk Management Checklist

This policy has been developed having regard to the **Anaphylaxis Guidelines for Victorian Schools**.