



## Sacred Heart Corryong ANAPHYLAXIS MANAGEMENT POLICY

*This Statement has been approved by the CES Limited Board for application in each Sandhurst Catholic School and must be customised for use in each school in accordance with the instructions outlined in this Framework. Schools can remove this statement if required.*

### 1. Vision

The vision for Catholic Education Sandhurst Limited (CES Limited) is to provide, in partnership with our families, stimulating, enriching, liberating and nurturing learning environments in each of the Catholic school communities within the Diocese. At the heart of this vision is our commitment to the ongoing duty of care that we have for the safety, wellbeing, and inclusion of all children and young people.

We believe:

- that the values of the Gospel are central to who we are, what we do, and how we act
- in leadership encompassing vision, innovation and empowerment.

### 2. Definitions

**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, lupin and certain insect stings (particularly bee stings).

**Autoinjector** is a medical device designed to deliver a dose of a particular drug.

**Ministerial Order 706** - Anaphylaxis Management in Victorian Schools outlines what is required in schools to manage anaphylaxis and the expectations for information contained in the school's Anaphylaxis Management Policy.

### 3. Purpose

This school is a Sandhurst Catholic School which operates with the consent of the Bishop of Sandhurst and is owned and operated by Catholic Education Sandhurst Limited (CES Limited). This Policy forms part of the Duty of Care Framework which is available at

[www.shcorryong.catholic.edu.au](http://www.shcorryong.catholic.edu.au) .

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, lupin 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/guardians are important in helping the student avoid exposure. This policy outlines to the school community the processes and procedures in place to support students diagnosed as being at risk of anaphylaxis.

The school will comply with Ministerial Order 706 and the Guidelines in Anaphylaxis Management in Schools, and with amendments made to these from time to time. The policy will be reviewed annually.

## 4. Principles

The following principles underpin the school's management and treatment of anaphylaxis:

- students at risk of anaphylaxis should have a safe and supportive environment in which they can participate equally in all aspects of their schooling
- the school community should have an awareness of anaphylaxis and this policy
- parents, guardians and/or carers of students at risk of anaphylaxis should be actively engaged in assessing risks, developing risk minimisation strategies and management strategies for the school's students
- all staff should have awareness and knowledge about allergies, anaphylaxis and the policy and procedures in responding to an anaphylactic reaction.

## 5. Scope

This policy applies to:

- all school staff, including casual relief staff and volunteers
- all students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for an anaphylactic reaction
- the students' parents, guardians and/or carers

## 6. Policy Statement

## 6.1 Individual Anaphylaxis Management Plans

The Principal is responsible for ensuring all students who have been diagnosed by a medical practitioner as being at risk of anaphylaxis have an Individual Anaphylaxis Management Plan (Plan) developed in consultation with the student's parents/guardians. These plans will be updated:

- annually
- when the student's medical condition changes
- as soon as possible after a student has an anaphylactic reaction at school
- when a student is to participate in an off-site excursion or special event organised or attended by the school.

The Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of school. An Interim Management Plan will be put into place for a student who is diagnosed with anaphylaxis after enrolment at the school until the Plan is developed. The Principal will develop the Interim Plan in consultation with parents. Training and a briefing will occur as soon as possible after the Interim Plan is developed.

The Plan will record:

- student allergies
- locally relevant risk minimisation and prevention strategies
- names of people responsible for implementing risk minimisation and prevention strategies
- storage of medication
- student emergency contact details
- student Australian Society of Clinical Immunology and Allergy (ASCIA) action plans.

The school will update a student's Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

See Appendix 2: Example of an Individual Anaphylaxis Management Plan

## 6.2 Risk Minimisation and Prevention Strategies

The Anaphylaxis Management Policy must include prevention strategies to be used by the school to minimise the risk of a student suffering an anaphylactic reaction.

The Principal will determine who is responsible for the implementation of risk minimization and prevention strategies. The selected risk minimisation strategies must be specified in the school Anaphylaxis Management Policy.

The school will ensure that risk minimisation prevention strategies will be in place for all

on-site and off-site school settings and activities including:

- during classroom activities
- between classes and other breaks
- during recess and lunchtimes
- before and after school
- at special events including incursions, excursions, camps and school organised activities.

A Risk Assessment Checklist is available on CEVN and in Appendix 3.

The Principal or their delegate **Senior Leading Teacher, Learning Diversity and Pastoral Wellbeing Leader** will complete an annual risk management checklist. See Appendix 4.

Parents, guardians and/or carers must assist the school in managing the risk of anaphylaxis by:

- communicating with the school about their child's allergies and risk of anaphylaxis at the earliest opportunity in writing and preferably at time of enrolment
- continue to communicate with staff about their child's medical condition and risk factors
- obtain and provide the school with an ASCIA Action Plan, with current photo, for Anaphylaxis completed by a Medical practitioner
- immediately inform the school in writing if there is a change in their child's medical condition related to allergy, providing up-to-date information including a new action plan
- ensure their child has a current, in-date adrenaline autoinjector at school at all times
- participate in annual reviews of their child's individual Anaphylaxis Management Plan.

### 6.3 Register of Students with Anaphylaxis

An up to date register of students with Anaphylaxis will be maintained by **the Administration Officer**. This information will be shared with all staff and accessible to all in an emergency.

#### **Location of Plans, Storage and Accessibility of Adrenaline Auto Injectors (EpiPen)**

The location of individual Anaphylaxis Management Plans and ASCIA plans during on-site normal school activities and during off-site activities will be known to staff so they are accessible in an emergency.

It is the responsibility of the Principal to purchase adrenaline autoinjectors for the school for general use:

- as a back up to autoinjectors that are provided for individual students by parents
- in case there is a need for an adrenaline autoinjector for another patient who has not previously been diagnosed at risk of anaphylaxis.

The school will hold a minimum of two current adrenaline autoinjectors at all times. The Principal determines the number of additional adrenaline autoinjectors required. In doing so, the Principal will take into account the following relevant considerations:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis; including those with an ASCIA Action Plan for allergic reactions (they are potentially at risk of anaphylaxis)
- the accessibility of adrenaline autoinjectors (and the type) that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis
- the availability and sufficient supply of adrenaline autoinjectors for general use in specified locations at the school including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school
- that adrenaline autoinjectors for general use have a limited life, and will usually expire within 12-18 months, and will need to be replaced at the school's expense either at the time of use or expiry, whichever is first. Indicate the position of person undertaking these tasks, in the school level procedures.

The Principal determines the type of adrenaline autoinjector to purchase for general use. In doing so, it is important to note the following:

- adrenaline autoinjectors available in Australia are EpiPen® and EpiPen Jnr®
- adrenaline autoinjectors are designed so that anyone can use them in an emergency.

#### 6.4 When to Use an Adrenaline Autoinjector for General Use

Adrenaline autoinjectors for general use will be used:

- when a student's prescribed adrenaline autoinjector does not work, is misplaced, out of date or has already been used; or
- when instructed by a medical officer after calling 000
- for a first time reaction, treat with adrenaline before calling 000.

*Royal Children's Hospital's help desk advise that you do not require permission or advice to treat with adrenaline, this only delays the administration of adrenaline – if in doubt, give adrenaline autoinjector as per ASCIA Action Plans.*

## 6.5 Emergency Response to Anaphylactic Reaction

- in an emergency anaphylaxis situation, the student's ASCIA Action Plan, the emergency response procedures in this policy and general first aid procedures of the school must be followed
- the Principal will ensure that when a student at risk of an anaphylactic reaction is under the care or supervision of the school outside normal class activities, such as in the school yard, on camps or excursions or at special events conducted, organised or attended by the school, there are sufficient staff present who have been trained in accordance with MO 706
- a complete and up-to-date list of students at risk of anaphylaxis is available to all staff
- details of the Individual Anaphylaxis Management Plans and ASCIA Plans and their location within the school, during excursions, camps and special events conducted, organised or attended by the school are known to staff
- copies of the emergency procedures are prominently displayed in the front office, Staff room, parent room and all classrooms.

## Emergency Response to Anaphylactic Reaction

### In all situations

- 1.** If safe to do so, lay the person flat, do not allow patient to stand or walk.
- 2.** If breathing is difficult allow patient to sit
  - Be calm, reassuring
  - Do not leave them alone
  - Seek assistance from another staff member or reliable student to locate the autoinjector or a general use autoinjector, and the
  - student's Individual Anaphylaxis Management Plan
  - If the student appears to be experiencing a first time reaction, continue with steps 2 – 6.
- 3.** Administer prescribed adrenaline autoinjector or EpiPen—note the time given and retain used EpiPen to give ambulance paramedics
- 4.** Phone ambulance 000
- 5.** If there is no improvement or severe symptoms progress, further adrenaline doses may be given every five minutes (if another autoinjector is available)
- 6.** Phone family/emergency contact

**If in doubt, give adrenaline autoinjector.**

**If the student has not been previously diagnosed with an allergy or at risk of anaphylaxis but appears to be having a severe allergic reaction, follow Steps 2-6 above.**

## 6.6 Staff Training

In compliance with Ministerial Order 706, the following staff must have anaphylaxis management training:

- those who conduct classes attended by students at risk of anaphylaxis
- other staff that the Principal identifies based on a risk assessment of an anaphylactic reaction occurring while a student is under that staff member's care, authority or supervision.

The school as a minimum requirement, will ensure that relevant staff identified above undertake face to face anaphylaxis management training or the Australasian Society of Clinical Immunology and Allergy (ASCI) e-training course and have their competency in using an autoinjector tested in person within 30 days of completing the course. Staff at the school are required to complete this training every two years.

All school staff must also participate in the school's twice per calendar year anaphylaxis briefing. The briefing must be conducted by the school's anaphylaxis supervisor or another person nominated by the Principal, who has completed an approved anaphylaxis management training program in the past two years. The first of these briefings must be conducted at the beginning of the school year.

## 6.7 Staff Briefing

**All school staff must participate in the school's anaphylaxis briefing.**

The twice-yearly anaphylaxis management briefing, with one briefing held at the start of the year, will be conducted by staff who have completed an Anaphylaxis Management Course in the last two years. This briefing will include:

- the school's Anaphylaxis Management Policy
- causes, symptoms and treatment of anaphylaxis
- identities of students at risk of anaphylaxis, details of their medical condition and location of their medication
- how to use an adrenaline auto injector, including practising with a trainer auto injector
- the school's general first aid and emergency responses
- location of and access to adrenaline auto injectors that have been provided by parents or purchased by the school for general use.

It is recommended that all school staff are briefed on a regular basis about anaphylaxis and the school's Anaphylaxis Management Policy.

The school's Administration Officer will maintain a register of staff members compliance with the above training requirements to ensure all staff have completed the required training.



## 6.8 Anaphylaxis Communication Plan

The Principal is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

This communication plan must include strategies for advising school staff, students and parents about how to respond to an anaphylaxis reaction of a student in various environments:

- during normal school activities, including in a classroom, in the school yard, in all school buildings and sites
- during off-site or out of school activities such as excursions, camps and special events conducted, organised or attended by the school.

The communication plan must include procedures to inform volunteers and casual relief staff of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction of a student in their care.

## 7. Additional Resources

**VRQA School Anaphylaxis Checklist**

## 8. Appendices

Appendix 1: School Procedures for Anaphylaxis Management

Appendix 2: Individual Anaphylaxis Management Plan – sample

Appendix 3: Checklist for Off-site Activities

Appendix 4: Annual School Risk Management Checklist