

ANAPHYLAXIS MANAGEMENT PLAN (AMP)

1 ANAPHYLAXIS MANAGEMENT POLICY AIM

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, latex, certain insect stings and medication.

The key to preventing anaphylactic reactions at schools is awareness of those students who have been diagnosed as at risk; awareness of triggers (allergens), and preventing exposure to these triggers. Partnership between the school and parents is important in ensuring that certain foods or items are kept away from the school.

Adrenaline given through an Adrenaline Auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

RATIONALE

The safety and well-being of children who are at risk of anaphylaxis is a whole community responsibility. Therefore, at Darul Ulum College of Victoria, we will as far as practicable, provide a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the school’s program.

Darul Ulum College of Victoria will fully comply with *Ministerial Order 706* and all associated guidelines on anaphylaxis management as published and amended by the Department.

This Policy will apply to children enrolled at the school, their parents/guardians and staff.

1. 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 their schooling.
2. To raise awareness about anaphylaxis and the school’s anaphylaxis management policy in the school community.
3. To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
4. To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school’s policy and procedures in responding to an anaphylactic reaction.

GUIDELINES

2 INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

- 2.1. The respective Heads of School with the support of the Student Health Coordinator / Nurse will ensure that an individual management plan is developed in consultation with the parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- 2.2. The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls, and where possible, before their first day of school.
- 2.3. The individual anaphylaxis management plan will set out the following:

- information about the diagnosis, including the type of allergy or allergies the student has (based on diagnosis from a medical practitioner);
- strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff – for in school and out of school settings including camp and excursions.

2.4. The student's individual 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 a student has an anaphylactic reaction at school.

2.5. It is the responsibility of the parent to:

- provide the emergency procedures plan (ASCIA Action Plan);
- inform the school if their child's medical condition changes, and if relevant, provide an updated emergency procedures plan (ASCIA Action Plan);
- provide an up-to-date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

At all times a current Anaphylaxis Action Plan must be located in the container along with the Adrenaline Auto injector and other medication.

In the event of an anaphylactic reaction, Darul Ulum College's first aid and emergency response procedures and the student's individual management plan must be implemented.

3 COMMUNICATION PLAN

3.1. The Heads of School with the support of the Student Health Coordinator/Nurse will be responsible for ensuring that a communication plan is developed and will provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management plan. The individual management plans must be displayed in the following venues:

- Sick bay
- Child's classroom
- Staff room
- Canteen
- Heads of School offices
- Daily Organisers' offices
- On camps

3.2. The communication plan will include information regarding the steps to be taken in response to an anaphylactic reaction by a student – in the classroom, in the school yard, on school excursions, on school camps and special event days.

3.3. Daily Organisers will inform volunteers and casual relief staff of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care.

3.4. All staff involved in the care of students at risk of anaphylaxis, including class teachers, office staff, casual relief teachers, canteen staff, administrative and other office staff will be briefed once each semester by the Student Health Coordinator / Nurse who has up-to-date anaphylaxis management training on:

- the school's anaphylaxis management policy;
- the causes, symptoms and treatment of anaphylaxis;
- the preventative strategies in place;

- the identities of students diagnosed as at risk of anaphylaxis and where their medication is located;
- how to use an Adrenaline Auto injecting Device;
- the school's first aid and emergency response procedures.

4 STAFF TRAINING

Training and Briefing Requirements

The following school staff will be appropriately trained:

- school staff who work with students with a medical condition relating to allergies and those students who have the potential for an anaphylactic reaction; and
- any other school staff that are determined by the Principal.

The identified school staff are required to:

- have successfully completed an Anaphylaxis Management Training Course in the previous three years; and
- participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
 - the School's Anaphylaxis Management Policy;
 - the causes, symptoms and treatment of anaphylaxis;
 - the identities of the students with a medical condition that relates to an allergy and the potential for an anaphylactic reaction, and where their medication is located;
 - how to use an Adrenaline Auto injector, including hands on practise with a trainer Adrenaline Auto Injector Device;
 - the School's general first aid and emergency response procedures; and

- the location of, and access to the Adrenaline Auto injector that have been provided by parents or purchased by the School for general use.

The briefing must be conducted by a member of the School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

The Heads of School will ensure that while the student is under the care or supervision of the school – including yard duty, excursions, camps and special event days, that there is a sufficient number of school staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

5 SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

- 5.1. The school will maintain a complete and up-to-date list of students identified as having a medical condition that relates to allergy and the potential for an anaphylactic reaction.
- 5.2. Teachers and other school staff, who are responsible for the care of students at risk of anaphylaxis, will be trained on how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector. This may include administrators, canteen staff, casual staff and volunteers.
- 5.3. At other times while the student is under the care or supervision of the school – including yard duty, excursions, camps and special event days, the Heads of School must ensure that there are sufficient numbers of staff present who have up-to-date training in an anaphylaxis management training course.
- 5.4. The school's first aid procedures and student's emergency procedures plan (ASCA Action Plan) will be followed in responding to an anaphylactic reaction.

6 PREVENTION STRATEGIES

The classroom teacher and/or other supervising teachers are responsible for the following:

- 6.1. Keep a copy of the student's ASCIA Action Plan in the classroom, storage cupboard and child's Action Kit.
- 6.2. Liaise with parents/carers about food related activities ahead of time.
- 6.3. Use non-food treats at all times. Food treats are not allowed in class.
- 6.4. Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).
- 6.5. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- 6.6. The Daily Organisers should inform casual relief teachers of the students at risk of anaphylaxis and the preventive strategies in place along with the school's emergency procedures. Casual relief teachers are to be directed to the procedure sheet and a copy of the student's ASCIA Action Plan.

7 STORAGE AND ACCESSIBILITY OF ADRENALINE AUTOINJECTORS

Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an autoinjector commonly known as the EpiPen® or AnaPen®. Children under 20kg are prescribed an EpiPen® junior, which has a smaller dosage of adrenaline. The EpiPen® and EpiPen® Junior are designed so that anyone can use them in an emergency.

- If a student has been prescribed an Adrenaline Autoinjector, it must be provided by the student's parents/carers to the school.

- Adrenaline Autoinjectors are to be stored correctly and accessed quickly. Remember that in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes.
- Adrenaline Autoinjectors are stored in an unlocked, easily accessible place away from direct heat. In our school, they are stored in the first aid cupboard located in the Sick Bay / Female office.
- Adrenaline Autoinjectors are clearly labelled with the student's name. A copy of the student's ASCIA Action Plan is kept with the Adrenaline Autoinjector.
- Each student's Adrenaline Autoinjector should be distinguishable from other students' Adrenaline Autoinjector and medications.
- All staff should know where the Adrenaline Autoinjector is located.
- Adrenaline Autoinjector should be signed in and out when taken from its usual place, for example, for camps or excursions. Sign In and Out Folder is located in the Sick Bay.
- Current photos with names and details of children who have anaphylactic reactions to be placed in a waist pouch.
- Make sure the Adrenaline Autoinjector is not cloudy or out-of-date. Adrenaline Autoinjectors should last for at least 12 months and will have an expiry date printed on them. It is the parents' responsibility to supply their child's Adrenaline Autoinjector to the school and to replace it before it expires.
- The Student Health Coordinator will regularly check the Adrenaline Autoinjector at least a month before its expiry date; the Student Health Coordinator will send a written reminder to the student's parents to replace the Adrenaline Autoinjector.

8 ADRENALINE AUTOINJECTORS FOR GENERAL USE

The Heads of School or Student Health Coordinator will purchase Adrenaline Autoinjector(s) for General use and as a back up to those supplied by parents.



The Heads of School will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Heads of School 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;
- the accessibility of Adrenaline Autoinjectors 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, at excursions, camps and special events conducted or organised by the school; and
- the Adrenaline Autoinjectors for General Use have a limited life, usually expiring 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.

Abdurrahman Gokler

Principal

Reviewed: Term 3, 2016

Next Review: Term 4, 2017

9 ANNUAL RISK MANAGEMENT CHECKLIST

The Student Health Coordinator will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development and to be submitted to the Heads of School in order to monitor compliance with their obligations.

10 APPENDICES

The following is a list of appendices relevant to this Policy.

Appendix 1: Anaphylaxis Action Plan

Appendix 2: Annual Risk Management Checklist