Chairo Christian School

Anaphylaxis Management Policy

Policy Number: ANA-001.L2.06

Adopted: 22/03/2012 Last Amended: March 2018 Next Review: March 2021

1. Preamble

1.1. Chairo Christian 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 with the Department of Education and Training (DET) Anaphylaxis guidelines as amended by the Department from time-to-time.

1.2. Source of obligation

1.2.1. Under the Education and Training Reform Act 2006 (Vic), 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 at risk of anaphylaxis.

1.2.2. Ministerial Order No.706: Anaphylaxis Management in Victorian Schools prescribes specific matters that schools applying for registration and registered schools in Victoria must contain in their anaphylaxis management policy for the purposes of section 4.3.1 (6) (c) of the Act.

1.3. The hazard: anaphylactic shock

1.3.1. Anaphylaxis is a severe, rapidly progressive and potentially life-threatening allergic reaction. The most common allergens in school-aged children are peanuts, eggs, tree nuts, cow's milk, fish and shellfish, wheat and soy. Others include sesame, latex, certain insect stings, anaesthesia and some medications.

1.3.2. The key to prevention of anaphylaxis at Chairo is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between Chairo and the parents/carers, is important in helping the student avoid exposure.

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

2. Policy

2.1. The school recognises that 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;
- raise awareness about anaphylaxis and the school's anaphylaxis management policy within the school community;
- engage with parents/carers of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student;
- train staff members about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction; and
- review the school's Anaphylaxis Management Policy annually by the campus first aid coordinator.

2.2. Safe work practices and procedures for managing anaphylaxis

2.2.1. Identification of students at risk

2.2.1.1. Parents/carers are requested to notify the school of all medical conditions including allergens, upon enrolment, or upon diagnosis.

2.2.1.2. 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 Anaphylaxis Management Plan should be developed and regularly reviewed and updated.

2.2.1.3. The campus first aid coordinator maintains a list of students identifying as having a medical condition that relates to allergy and potential anaphylaxis. This list is kept at the Pakenham Campus in the Anaphylaxis Folder, with a campus-specific list also kept at the student reception of each campus. This list is also accessible via the TASS system.

2.2.2. Individual Anaphylaxis Management Plans

2.2.2.1. Campus Principals ensure that the campus first aid coordinator develops an Individual Anaphylaxis Management Plan (IAMP), in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

2.2.2.2. The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrols and where possible before their first day of school, with an interim plan to be developed in the meantime.

2.2.2.3. The Individual Anaphylaxis Management Plan sets out:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has and 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, for in-school and out-of-school settings 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 that have been identified in the plan;
- information regarding where the student's medication is stored;
- the student's emergency contact details; and
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

2.2.2.4. School staff members implement and monitor the student's Individual Anaphylaxis Management Plan as required.

2.2.2.5. In consultation with the student's parents, Individual Anaphylaxis Management Plans are reviewed:

- annually, and as applicable;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at school; or
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

2.2.2.6. It is the responsibility of the parent/carer to:

- obtain the 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 change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant 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 two adrenaline auto-injectors that are current (i.e. the device has not expired) for their child; and
- participate in annual reviews of their child's plan.

2.2.3. Adrenaline auto-injectors for general use

2.2.3.1. The Campus Principals shall purchase additional adrenaline auto-injector(s) for general use and as a back-up to those supplied by parents.

2.2.3.2. 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.

2.2.3.3. The Campus Principals determine the number of additional adrenaline auto-injector(s) required to be purchased by the school. In doing so, the Campus Principals should take into account:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of adrenaline auto-injectors 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 auto-injectors 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;
- the adrenaline auto-injectors for general use have a limited life, usually expiring within 12-18 months, and need to be replaced at the school's expense either at the time of use or expiry, whichever is first;
- the expiry date of adrenaline auto-injectors should be checked regularly to ensure they are ready for use; and
- the campus first aid coordinator ensures that regular reviews of auto-injectors are conducted and they are replaced as necessary.

2.2.3.4. An ASCIA General Use Action Plan should accompany all general use auto-injectors.

2.2.4. Storage and location of adrenaline auto-injectors

2.2.4.1. All adrenaline auto-injectors should be:

- stored in an insulated pouch to maintain a temperature of 15-25 degrees; and
- stored in an unlocked, easily accessible place away from direct heat (not in a fridge/freezer).

2.2.4.2. Student auto-injectors should be:

- clearly labelled with the student's name and stored in a red Medbag together with a copy of the student's ASCIA Action Plan and IAMP, and checked regularly to ensure they have not expired, become discoloured or sediment is visible; and
- taken to any off-site school activities such as excursions or camps.

2.2.4.3. General use auto-injectors should be:

- made available in all yard duty bum-bags; and
- located in various campus-specific sites for easy accessibility by staff members (e.g student reception, gym, ELC, food technology room).

2.2.5. Staff training

2.2.5.1. The Campus Principals shall ensure that while a student who is at risk of anaphylaxis is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of school staff members present who have successfully completed an anaphylaxis management training course.

2.2.5.2. Staff to be appropriately trained in anaphylaxis management include:

- staff members who conduct classes attended by students who are at risk of anaphylaxis; and
- any other staff members as determined by the Campus Principals, based on a risk assessment (e.g. learning support staff).

2.2.5.3. Staff members identified for anaphylaxis management training shall be required to complete:

- face-to-face anaphylaxis management training course within the past three years (one of 22099VIC, 22300VIC or 10313NAT); or
- an online anaphylaxis management training course in the past two years (ASCIA e-training for Victorian schools, and verified by staff that have completed 22303VIC).

2.2.5.4. In the event that the relevant anaphylaxis management training has not occurred for a member of staff who has a student in their class at risk of anaphylaxis, the Campus Principal shall develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. Relevant school staff members are to be trained as soon as practicable after the student enrols, and preferably before the student's first day at school.

2.2.5.5. In addition to appropriate anaphylaxis management training as outlined above, all staff members shall participate in an anaphylaxis briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year). Such briefing must be conducted by a member of the school staff, preferably the person nominated as the School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the past two years, and shall cover:

- legal requirements as outlined in Ministerial Order No.706;
- the school's Anaphylaxis Management Policy and emergency response procedures;
- the causes, symptoms and treatment of anaphylaxis;
- the photos and identities of students at risk of anaphylaxis, their allergy details, year levels and location of emergency medication;
- how to use an adrenaline auto-injector, including hands on practice with a trainer auto-injector;
- ASCIA Action Plan for Anaphylaxis; and
- the location of both student and general use auto-injectors at the school.

2.2.6. Emergency Response Procedure

2.2.6.1. In the event of an anaphylactic reaction, the student's ASCIA Action Plan for Anaphylaxis, the emergency response for anaphylaxis and general first aid procedures must be followed.

2.2.6.2. It is advisable that a school staff member remains with a student who is displaying symptoms of anaphylaxis. As per instructions on the ASCIA Action Plan for Anaphylaxis, lay the person flat, do not allow them to stand or walk, allow them to sit if breathing is difficult, and do not allow them to eat or drink.

2.2.6.3. Another member of the school staff should locate the student's adrenaline auto-injector and Individual Anaphylaxis Management Plan, and take these to the student. The nearest 'general use' adrenaline auto-injector should also be provided in case a second dose is needed.

2.2.6.4. The adrenaline auto-injector should then be administered as per the instructions in the student's Individual Anaphylaxis Management Plan. Note; if unsure whether or not to administer an adrenaline auto-injector, the recommended course of action is to administer the device.

2.2.6.5. Once an adrenaline auto-injector has been administered:

- immediately call an ambulance on 000 and note time of administration;
- reassure the student, as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline;
- watch the student closely in case of a worsening condition;
- ask another staff member to move other students away and reassure them elsewhere;
- in the situation where there is no marked improvement and severe symptoms are present, a second injection of the same dosage may be administered after five minutes (if a second device is available);
- hand the used adrenaline auto-injector to the ambulance paramedics when they attend, and provide relevant information including the time of administration; and

- contact the student's parents/guardians or other emergency contacts.

2.2.7. First-time reactions

2.2.7.1. 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 members should follow the school's first aid procedures. This should include immediately:

- calling 000; and
- locating a general use auto-injector and following instructions on the ASCIA Action Plan for Anaphylaxis general use (which should be stored with the general use adrenaline auto-injector).

2.2.8. Post-incident support

2.2.8.1. An anaphylactic reaction can be a very traumatic experience for the student, staff members, parents/carers, students and others witnessing the reaction. In the event of an anaphylactic reaction, students and school staff members may benefit from post-incident counselling, provided by the campus first aid coordinator, chaplain or Head of School as appropriate.

2.2.9. Post-incident review

2.2.9.1. After an anaphylactic reaction has taken place involving a student in the school's care and supervision, the following review processes shall take place:

- The adrenaline auto-injector must be replaced by the parent as soon as possible. In the meantime, the Campus Principal should ensure that there is an interim Individual Anaphylaxis Management Plan in place should another anaphylactic reaction occur prior to the replacement adrenaline auto-injector being provided by the parents.
- If the adrenaline auto-injector for general use has been used, this should be replaced as soon as possible. In the meantime, the Campus Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement adrenaline auto-injector for general use being provided.
- The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents.
- The school's Anaphylaxis Management Policy should be reviewed to ascertain whether there are any issues requiring clarification or modification in the policy. This will help the school to continue to meet its ongoing duty of care to students.

2.2.10. Risk minimisation strategies

2.2.10.1. The Risk minimisation strategies to be considered for relevant in-school and out-of-school settings are detailed in the separate document titled Anaphylaxis Risk Management Strategies. This document should to be referred to in the management of anaphylaxis.

2.2.11. Risk Management Checklist

2.2.11.1. The Campus Principal shall complete, and review with the campus first aid coordinator and Head of School, an annual Risk Management Checklist as published by the Department of Education and Training, in order to monitor compliance with their obligations.

2.2.11.2. Where the answers to any questions in the Risk Management Checklist indicate that there is room for improvement in procedures or practices, or that there is some degree of non-compliance with policy or procedural requirements, the campus first aid coordinator should take appropriate action. Such action may involve implementing the necessary improvements or providing a report and recommendations to the Campus Principal and/or other staff members with delegated responsibilities.

2.3. Communication Plan

2.3.1. The Executive Principal is responsible for developing the following Communication Plan to provide information to all school staff members, students and parents about anaphylaxis.

2.3.2. The Communication Plan in relation to anaphylaxis management at Chairo should be read in conjunction with the Anaphylaxis Management Policy and the Anaphylaxis Management Procedures.

2.3.3. The Communication Plan (as part of the Anaphylaxis Management Policy) is to be made available by the Executive Principal to all staff members via TASS Links on Teacher Kiosk.

2.3.4. Raising school community awareness

2.3.4.1. The Anaphylaxis Management Policy should be available to members of the school community on the website and within the Policy Handbook. In addition, parents/guardians of students diagnosed as being at risk of anaphylaxis should be provided with a copy of both policy and procedures by the campus first aid coordinator and/or enrolment coordinator, and information regarding allergic reactions and anaphylaxis may be provided from time-to-time by the campus first aid coordinator in the school newsletter or other publications.

2.3.5. Raising staff awareness

2.3.5.1. It is important that staff members have a clear understanding of the steps to be taken to respond to an anaphylactic reaction by a student, whether in-school (e.g. classroom, school yard, special event day) or out-of-school (e.g. camp, excursion). All staff members should have access to the Anaphylaxis Management Policy and Anaphylaxis Management Procedures via TASS Links on Teacher Kiosk, and need to familiarise themselves with their role in anaphylactic management.

2.3.5.2. Campus Principals and Heads of Schools are expected to ensure that staff members are trained in accordance with Ministerial Order No.706, and briefed at least twice per calendar year (at staff meetings, training days, etc.), by a staff member with current anaphylaxis management qualifications (e.g. first aid coordinator), regarding:

- the school's Anaphylaxis Management Policy;
- the school's Anaphylaxis Management Procedures, including emergency response procedures and other relevant first aid procedures;
- the causes, symptoms and treatment of anaphylaxis;
- how to use an adrenaline auto-injector (incl. hands on practice with a trainer auto-injector); and
- the identities of students diagnosed as being at risk of anaphylaxis and where their adrenaline auto-injectors and/or other medications are located.

2.3.5.3. Heads of Schools are expected to ensure that new staff members, casual relief staff members and volunteers working within their respective sub-schools are informed of students diagnosed as being at risk of anaphylaxis (and of their role in responding to an anaphylactic reaction by a student), and should ensure that campus or sub-school specific procedures are in place to facilitate the consistent provision of such information. Details of students at risk of anaphylaxis and the location of auto-injectors are provided in a campus-specific handbook given to new or casual relief teachers.

2.3.5.4. Similarly, the campus first aid coordinator and other first aid coordinators are expected to ensure that relevant new non-educational staff members (e.g. administration/office staff, canteen staff) are informed of students diagnosed as being at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student.

2.3.6. Raising Student Awareness

2.3.6.1. Peer support is an important element of support for students diagnosed as being at risk of anaphylaxis. Staff members can raise student awareness through fact sheets or posters displayed in various locations. Teachers can discuss the topic with students and convey simple key messages, including:

- always take food allergies seriously;
- don't share food with students who have food allergies;

- wash your hands after eating;
- know what your fellow students are allergic to;
- get help immediately if a fellow student becomes sick, even if the student doesn't want you to;
- be respectful of a fellow student's adrenaline auto-injector; and
- don't pressure fellow students to eat foods that they are allergic to.

2.3.6.2. It is important to be aware that a student diagnosed as being at risk of anaphylaxis may not want to be singled out or seen to be treated differently. Students also need to be aware that irresponsible behaviour towards students diagnosed as being at risk of anaphylaxis (e.g. teasing, daring or tricking into eating a particular food, threatening with a known allergen) is unacceptable and will be treated as a serious and dangerous incident, and dealt with in line with the Bullying (Students) Policy and Student Discipline and Behaviour Policy.

2.3.7. Working with parents/guardians

2.3.7.1. It is important to be aware that the parents/guardians of a child diagnosed as being at risk of anaphylaxis may experience anxiety about sending their child to school. Chairo aims to develop an open and cooperative relationship with parents/carers, providing regular communication and increased education, awareness and support, so that they feel confident that appropriate anaphylaxis management strategies are in place.

2.3.7.2. While some parents/guardians are anxious about the health and safety of their child at school, and therefore quick to communicate with the school, some parents/guardians may need to be reminded of the need to keep the school fully informed regarding their child's medical condition and any changes that may have occurred (e.g. diagnosis, triggers, medication).