



# DEBNEY MEADOWS PRIMARY SCHOOL

## Anaphylaxis Management in Schools Anaphylaxis POLICY Ministerial Order 706 –

### Rationale:

Anaphylaxis is a severe, sudden allergic reaction when a person is exposed to an allergen. The most common allergens in school-aged children are eggs, peanuts, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, certain insect stings and medications. The condition develops in approximately 1-2% of the population.

### Aims:

To provide a safe and healthy school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis. To comply with the mandated school actions outlined in Ministerial Order 706 and associated DET best practice guideline. To ensure individual anaphylaxis management plans are in place prior to student enrolment, or "as soon as practicable after" the student attends the school.

### Implementation:

Anaphylaxis is a severe and potentially life-threatening condition. Signs and symptoms of a mild to moderate allergic reaction can include: Swelling of the lips, face and eyes, hives/welts, abdominal pain and or vomiting. Signs and symptoms of anaphylaxis (a severe allergic reaction) can include difficulty breathing/swallowing or noisy breathing, swelling of the tongue, swelling/tightness in the throat, difficulty talking and/or hoarse voice, persistent cough or wheeze, loss of consciousness or collapse, or cessation of breathing. Young children may appear pale and floppy.

### Individual Anaphylaxis Management Plans

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis. The Individual Anaphylaxis Management Plan will be in place as soon as practicable after student enrolment, and where possible before their first day of school. Template:

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

### The Individual Anaphylaxis Management Plan will set out the following:

- 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 (based on a written diagnosis from a Medical Practitioner);
- strategies to minimise the risk of exposure to known and notified 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 strategies;
- information on where the student's medication will be stored;
- the student's emergency contact details; and
- an ASCIA Action Plan. Ref: Anaphylaxis Guidelines for Victorian Govt Schools –

[http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/Anaphylaxis\\_guidelines-v1.01b.pdf](http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/Anaphylaxis_guidelines-v1.01b.pdf) Circular 385/2005 –

Anaphylaxis Training for School Staff Debney Meadows Primary School has a zero tolerance for any form of child abuse. The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents in all of the following circumstances:

- annually;
- 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; and
- 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 (eg. class parties, elective subjects, cultural days, fetes, incursions).

#### It is the responsibility of Parents / Guardian to:

- provide the ASCIA Action Plan including the students known allergens and emergency contact details;
- inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
- provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

#### Anaphylaxis is best prevented by knowing and avoiding the allergens. Our school will manage anaphylaxis by:

- Ensuring at least 2 staff have completed Anaphylaxis management training and are qualified to run professional development briefing to all staff.
- Identifying susceptible students and knowing their allergens with lists displayed in First Aid room and staff room – to be maintained/updated by the School Nurse.
- informing the community about anaphylaxis via the school newsletter and website
- **The completion of the Annual Anaphylaxis Risk Management Checklist**
- not allowing food sharing, and restricting food to that approved by parents, both at in-school and out-of school settings
- Keeping the lawns well mown, ensuring children always wear shoes, and not allowing drink cans at school during school hours.
- Ensuring staff are provided with professional development and updates on anaphylaxis management, identification and response to anaphylaxis. An anaphylaxis management briefing will be conducted each semester for staff, which will include proper use of adrenaline auto-injection devices.
- Seeking to identify potential allergens that could be onsite at planned excursions and camps, and taking reasonable preventative action/s for any students attending who may suffer from anaphylaxis

- The school endeavours to restrict nuts coming onto the school site. The school canteen does not store or supply any nut products. Parents are requested to not send any nut products or nuts to school to support the health and wellbeing of those children in our school community who are at risk of anaphylaxis.
- The school will reinforce the rule about students not sharing food and only eating foods provided from home.
- Copies of individual anaphylaxis plans are located in the students' class room to ensure volunteers and casual relief staff have access to details of their medical condition. In the case of a student suffering an anaphylactic reaction:
- The staff member on supervision duty (either in the classroom or play area) is to notify the school office first aid/Nurse. Staff can notify the school office first aid/Nurse via: phone, in person (with the student) or via the use of an anaphylactic emergency card with a 'runner'.

**The School Nurse or first aid officer on duty will consult the student's anaphylaxis management plan**

- The action outlined in the student's anaphylaxis action plan will be carried out e.g. Zyrtec dosage, adrenaline auto-injection device Ref: Anaphylaxis Guidelines for Victorian Govt Schools [http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/Anaphylaxis\\_guidelines-v1.01b.pdf](http://www.eduweb.vic.gov.au/edulibrary/public/stuman/wellbeing/Anaphylaxis_guidelines-v1.01b.pdf) Circular 385/2005 –
- Anaphylaxis Training for School Staff Primary School has a zero tolerance for any form of child abuse
- The principal will be informed and the student's emergency contact person will be phoned and informed of the student's status
- If deemed necessary an ambulance will be called
- If an EpiPen (Adrenaline Auto-injector device) is administered an ambulance must be called
- The child must not walk to the ambulance

All medication prescribed for students with anaphylaxis will be stored in the first aid room. If parents request for medication to be stored in the students' classroom, an additional supply of medication will need to be supplied by the parent. The school will have onsite spare or 'backup' adrenaline auto-injection devices(s) as part of the school first aid kit(s), for general use at in-school and out-of-school settings.

1. School's 'back-up' devices will be replaced by the school at its expense, either at the time of use or expiry, whichever comes first.
2. Parents are expected to replace medications with an expired use-by date. Evaluation: This policy will be reviewed as part of the school's three year review cycle.

*This policy was last ratified by School Council on May 2019. This policy will be reviewed annually or more frequently, as circumstance require. History of Updates to Policy 2019.*