# St. Dominic’s School Severe Allergy (Anaphylaxis) Policy.



This policy has been developed in accordance with Ministerial Order 870 as part of the St. Dominic’s School Child Safety Policy and will be updated accordingly. St. Dominic’s School will fully comply with Ministerial Order 706 and the associated guidelines published and amended by the Department from time to time.

**Rationale:**

At St. Dominic’s Primary School, the wellbeing of all students is paramount. As a school, we are aware that a number of children may be affected by severe and life threatening allergies; either due to a pre-existing condition or for the first time and, therefore, staff need to know the appropriate action to be taken in an anaphylaxis attack.

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 (cashews), cow’s milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

**Please note that we are not a nut-free school as per Government guidelines. We believe that the key to prevention of anaphylaxis is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers.** Strong partnerships between school and parents are important in ensuring that certain foods or items are kept away from the student while at school. Adrenaline given through an EpiPen auto-injector to the muscle of the outer thigh is the most effective first aid treatment for anaphylaxis.

**Aims**

* To provide, as far as is practicable a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of a student’s schooling.
* To raise awareness about anaphylaxis and the schools anaphylaxis management policy in the in the school community.
* To engage with parents/ carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
* 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.

**Implementation**

**Individual 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 the student enrols and where possible before their first day of school.

The individual anaphylaxis management plan will set out the following (see attached):

* Information about the diagnosis, including the type of allergy or allergies the student has (based on a 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 camps and excursions.
* The name of the person responsible for implementing the strategies.
* Information on where the student’s medication will be stored.
* The student’s emergency contact details.
* An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
  + Sets out the emergency procedures to be taken in the event of an allergic reaction.
  + Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and includes an up to date photograph of the student.
* The student’s individual management plan will be reviewed, in consultation
* with the student’s / carer’s
* annually and as applicable
* if the student’s condition changes, or
* immediately after a student has had an anaphylactic reaction at school.

It is the responsibility of the parent to provide the emergency procedures plan (ASCIA Action Plan) and inform the school if the child’s medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

**Prevention Strategies**

The school will put the following risk minimisation and prevention strategies in place for all relevant in school and out of school settings:

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| **LOCATION** | **RISK MINIMISATION STRATEGY** |
| Classroom | * Eat in classroom under supervision of teacher * Liaise with parents about food related activities ahead of time. * Use non-food treats where possible.  It is recommended that parents of children with allergies provide a treat box if food treats are being used unless the teacher negotiates otherwise with parents. * Never give food from outside sources to a student who is at risk of anaphylaxis. * Be aware of the possibility of hidden allergens in food and other substances used in cooking, Science and Art classes.  Ensure all cooking equipment is well washed. * Have regular discussions with students about the importance of washing their hands, eating their own food and not sharing. * The Classroom teacher should have details of student’s health needs as an accessible part of their work program for casual relief teachers in order to maximise awareness. |
| School Yard | * If a School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if needed. * The Adrenaline Autoinjector and each student’s Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes). * All staff on yard duty must be aware of the School’s Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard. * Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. |
| Excursions | Anaphylaxis Management details and epi pen carried by classroom teacher and risk assessment of excursion venue undertaken prior to the day. |
| Camps | School staff to liaise with parents and camp staff to ensure that ‘safe’ foods are provided for the student. |
| Special event days e.g class parties and sausage sizzles. | Prevent using foods that contain nuts however we are vigilant in ensuring the child with the allergy is kept safe |

**School Management and Emergency Response**

List of Students with potential for anaphylactic reaction displayed in sick bay and classroom. This information is also taken on camps, school excursions and special event days.  The Principal is responsible for the purchase of a general Adrenaline Autoinjector (EpiPen) for general use.

All School Staff should be trained to administer the student’s Adrenaline Autoinjector (EpiPen.) It is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction. It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by).

1. Emergency response in the classroom:

Schools may use classroom phones/personal mobile phones to raise the alarm that a reaction has occurred. Teacher to notify the School Office that an anaphylactic reaction has occurred and that the EpiPen is required in the classroom and that an ambulance needs to be called.

1. Emergency response in the playground:

Schools may use their mobile phones whilst on yard duty. The yard duty teacher is to not move the student and call into the School Office either by phone or send another child in to the office to retrieve the EpiPen and then have:

* + Another staff member to help supervise the students
  + a nominated staff member to call ambulance; and
  + a nominated staff member to wait for ambulance at a designated school entrance.

1. Emergency Response on excursions, camps and special event days:

Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore emergency procedures will vary accordingly. A team of School Staff trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:

* the location of Adrenaline Autoinjectors i.e. who will be carrying them? Is there a second medical kit? Who has it?
* ‘how’ to get the Adrenaline Autoinjector to a student; and
* ‘who’ will call for ambulance response, including giving detailed location address. E.g. Melway reference if city excursion, and best access point or camp address/GPS location.

**Students at risk of anaphylaxis**

A member of the School Staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan:

**‘Lay the person flat. Do not allow them to stand or walk.  If breathing is difficult allow them to sit.’** A member of the School Staff should immediately locate the student's Adrenaline Autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the student’s ASCIA Action Plan.The Adrenaline Autoinjector should then be administered following the instructions in the student's ASCIA Action Plan.

**How to administer an EpiPen®**

1. Remove from plastic container.

2. Form a fist around EpiPen® and pull off the blue safety cap.

3. Place orange end against the student's outer mid-thigh (with or without clothing).

4. Push down hard until a click is heard or felt and hold in place for 10 seconds.

5. Remove EpiPen®.

7. Massage injection site for 10 seconds.

8. Note the time you administered the EpiPen®.

9. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

**How to administer an AnaPen®**

1. Remove from box container and check the expiry date.

2. Remove black needle shield.

3. Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap.

4. Place needle end against the student's outer mid-thigh.

5. Press the red button with your thumb so it clicks and hold it for 10 seconds.

6. Replace needle shield and note the time you administered the Anapen®.

7. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

If an Adrenaline Autoinjector is administered, the School must

1. Immediately call an ambulance (000/112).

2. Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.

1. Reassure the student experiencing the reaction 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 member of the School Staff to move other students away and reassure them elsewhere.

1. In the situation where there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).

5. Then contact the student's emergency contacts.

6. Complete a School Injury/Incident Report form on CEVN which also generates a report for WorkSafe.

**Always call an ambulance as soon as possible (000)**

**When using a standard phone call 000 (triple zero) for an ambulance.**

**Role and responsibilities of Principals**

The principal has overall responsibility for implementing strategies and processes that ensure a safe and supportive environment for students at risk of anaphylaxis. To assist Principals in meeting their responsibility, a summary of some of the key obligations under the Order, and suggested prevention strategies, is set out below as a guide.

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| 1. | Ensure that the School develops, implements and reviews its School Anaphylaxis Management Policy in accordance with the Order and these Guidelines. |
| 2. | Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at enrolment or at the time of diagnosis (whichever is earlier). |
| 3. | Ensure that Parents provide an ASCIA Action Plan which has been signed by the student's Medical Practitioner and that contains an up-to-date photograph of the student. |
| 4. | Ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student’s Parents for any student that has been diagnosed by a Medical Practitioner with a medical condition relating to allergy and the potential for anaphylactic reaction, where the School has been notified of that diagnosis.  This includes ensuring the documentation of practical strategies for activities in both in-School and out-of-School settings to minimise the risk of exposure to allergens, and nomination of staff who are responsible for implementation of those strategies. The risk minimisation plan should be customised to the particular student for participation in normal School activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate/overseas trips). Ensure students’ Individual Anaphylaxis Management Plans are communicated to staff. |
| 5. | Be satisfied that that the canteen provider can demonstrate satisfactory training in the area of anaphylaxis and its implications for food-handling practices. This includes careful label reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies. |
| 6. | Ensure that Parents provide the School with an Adrenaline Autoinjector for their child that is not out-of-date and a replacement Adrenaline Autoinjector when requested to do so. |
| 7. | Ensure 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. |
| 8. | Ensure there are procedures in place for providing volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care. |
| 9. | Ensure that relevant School Staff have successfully completed an anaphylaxis management training course in the three years prior. |
| 10. | Ensure that relevant School Staff are briefed at least twice a year by a staff member who has completed current anaphylaxis management training on:   * the School's Anaphylaxis Management Policy; * the causes, symptoms and treatment of anaphylaxis; * the identities of students diagnosed at risk of anaphylaxis and the location of their medication; * how to use an Adrenaline Autoinjector, including hands-on practise with a trainer Adrenaline Autoinjector (which does not contain adrenaline); * the School's general first aid and emergency procedures; and * the location of Adrenaline Autoinjecting devices that have been purchased by the School for General Use. |
| 11. | Allocate time, such as during staff meetings, to discuss, practise and review the School's Anaphylaxis Management Policy. Practise using the trainer Adrenaline Autoinjectors as a group and undertake drills to test effectiveness of the School’s general first aid procedures. |
| 12. | Encourage ongoing communication between Parents and School Staff about the current status of the student's allergies, the school's policies and their implementation. |
| 13. | Ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with Parents annually, when the student's medical condition changes, as soon as practicably after a student has an anaphylactic reaction at School, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the School. |
| 14. | Ensure the Risk Management Checklist for anaphylaxis is completed annually. |
| 15. | Arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for General Use to be part of the School's first aid kit. |

### Role and responsibilities of School Staff

All School Staff at St. Dominic’s have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers.

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| 1. | Know and understand the School Anaphylaxis Management Policy. |
| 2. | Know the identity of students who are at risk of anaphylaxis. Know the students by face. |
| 3. | Understand the causes, symptoms, and treatment of anaphylaxis. |
| 4. | Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector. |
| 5. | Know where to find a copy of each student’s Individual Anaphylaxis Management Plan quickly, and follow it in the event of an allergic reaction. |
| 6. | Know the School's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction. |
| 7. | Know where students' Adrenaline Autoinjectors and the Adrenaline Autoinjectors for General Use are kept. (Remember that the Adrenaline Autoinjector is designed so that anyone can administer it in an emergency). |
| 8. | Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan. |
| 9. | Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at School, or away from School. Work with Parents to provide appropriate food for their child if the food the School/class is providing may present a risk for him or her. |
| 10. | Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Work with Parents to provide appropriate treats for students at risk of anaphylaxis. |
| 11. | Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes. |
| 12. | Be aware of the risk of cross-contamination when preparing, handling and displaying food. |
| 13. | Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food. |
| 14. | Raise student awareness about severe allergies and the importance of their role in fostering a School environment that is safe and supportive for their peers. |