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## **ANAPHYLAXIS MANAGEMENT POLICY**

Ratified: Term 3, 2016

To be reviewed: Term 3, 2019

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

#### **School Statement**

Healesville Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

#### **Individual Anaphylaxis Management Plans**

See attached template, which can also be found on:

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

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 enrolls, and where possible before their first day of school.

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, year level, teacher, up to date photo, emergency contact details; and
- an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan.

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.



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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 the Parents to:

- provide the ASCIA Action Plan;
- 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.

## **Prevention Strategies**

Staff will be made aware of students with anaphylaxis plans, and the prevention strategies in place, for example:

- food will be consumed in the classroom, under the supervision of staff and not be shared between students
- the canteen will be aware of allergies
- staff involved with the student will be notified of allergies on camps/ excursions

## **School Management and Emergency Response**

- Follow the ASCIA plans of individual students.
- School staff will be briefed twice a year by the school's anaphylaxis supervisor, to update them on anaphylaxis, and planned responses.
- School staff will complete the ASCIA Anaphylaxis e-training for Victorian Schools every 2 years, which includes formal verification of being able to use adrenaline auto-injector devices correctly.



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## **Adrenaline Autoinjectors for General Use**

The Principal will purchase Adrenaline Autoinjector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents.

The Principal will determine the number of additional Adrenaline Autoinjector(s) 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;
- 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, and at excursions, camps and special events conducted or organised by the School;
- 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

## **Communication Plan**

- All staff will attend a twice yearly briefing identifying students with anaphylaxis and the plans.
- Plans including student photos will be displayed in relevant locations within the school including the first aid room, canteen, yard duty bags, classrooms.
- The principal will include information in the newsletter and on the school website (including a copy of the policy) about appropriate practices within the school, or in letters directly to parents of students.
- Teachers will communicate with students and educate students of appropriate practices within classroom.
- Camps and excursions policies include communication of plans with the relevant staff.

## **Staff Training**

The following School Staff will be appropriately trained:

- School Staff who conduct classes that have students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any further School Staff that are determined by the Principal.

The identified School Staff will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior; 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;



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causes,  
symptoms  
treatment of

anaphylaxis;

- the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
- how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
- the School's general first aid and emergency response procedures; and
- the location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.

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

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.

The Principal will ensure that while the student 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 present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

Note: A video has been developed and can be viewed from

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

### **Annual Risk Management Checklist**

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations

This policy is to be reviewed in .....

2017