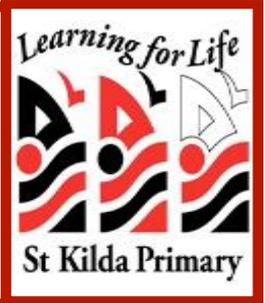


# Anaphylaxis Management Guidelines



Anaphylaxis is a severe, life threatening allergic reaction. The most common causes in school age children are eggs, nuts, cow's milk, bee or other insect stings, as well as some drugs. Although the reaction can develop within minutes after exposure to the allergen, there is usually adequate time to treat life-threatening reactions with an adrenaline auto-injector. A swift response is necessary. As nuts are currently the most prevalent medically identified allergen amongst our student population, we discourage the consumption of nuts at school as a risk reduction strategy. (This is to replace the statement that SKPS aims to be a nut free school)

In line with the amendments to the Ministerial Order 706 (Dec 2015), St Kilda Primary School Health Policy and the Department of Education and Training (DE&T) guidelines, the following procedures are carried out:

- Parents at enrolment should inform the school regarding the relevant health details of children who have been identified as being at risk of an anaphylactic reaction. Individual ASCIA Anaphylaxis *Action Plans* completed by a medical practitioner and at least one in-date adrenaline auto injector must be provided by the family prior to the commencement at SKPS.
- It is the responsibility of the School Nurse to develop and review the individual SKPS Anaphylaxis Management Plans annually. The Nurse formulates this risk minimization plan in consultation with the Principal, parents and the class teacher.
- The School Nurse will complete and update the SKPS Anaphylaxis Management Plan at the beginning of each year or as clinically indicated.
- The School Nurse will review the SKPS Anaphylaxis Risk Checklist and seek approval from the Principal annually.
- The school will ensure that there are undesignated in-date (non-prescribed) adrenaline auto-injectors available at school and during school excursions for use in an emergency.
- All staff shall be made aware of relevant information for all students at risk of anaphylaxis at the first full staff meeting for the year, as part of new staff induction throughout the year and staff meetings as required (briefing twice per year).
- Casual Replacement Teachers (CRTs), employed to teach classes where children have been identified as being at risk of anaphylaxis, will be required to familiarise themselves with the relevant child and the relevant management plan (placed in the roll of all classrooms).
- The Individual ASCIA Anaphylaxis Action Plans will be displayed in the staff room, the front of each class roll, attached to each enrolment record, in camp first aid packs and accompany the Adrenaline auto-injectors in sick bay. Children with anaphylaxis will also be identified in the CRT booklet for their class.
- It is the responsibility of the parents/carers to ensure that the ASCIA Anaphylaxis Action Plan is current. (School Nurse will remind parents to complete this process if required). It is important that these details are complete and correct at all times to enable staff to provide best practice emergency first aid.
- Classes that include children with specific anaphylaxis (eg egg) will be designated as 'no egg classes' Students in these classes are not permitted to bring in or order food with egg products from any external food provider.

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- Children across the school are not to share or swap food.
  - Whenever school activities (such as cultural celebrations, special events etc.) involve other children bringing food products or home baked food to school to share with others, the child's parents/carers of children with food related anaphylaxis will supply a safe alternative.
  - Whole school activities, which involve food, should always be handled in a controlled manner and must consider the guidelines and implementation principles of this policy.
  - Food activities in the classroom should be undertaken to include all students safely in a controlled cooking environment.
  - The Principal will provide the opportunity for education and anaphylaxis awareness information for the whole school community on a regular basis.
  - Two School Anaphylaxis Supervisors will be nominated and complete 22303VIC approved anaphylaxis training course every three years in addition to ASCIA e-training for Victorian schools. The School Anaphylaxis supervisors undertake formal staff verification in the use of an adrenaline auto-injectors and deliver the mandatory twice yearly briefings.
  - Every two years all staff will complete the above mentioned online e-training provided by the ASCIA and will be formally verified by the School Anaphylaxis Supervisors.
  - The School Anaphylaxis Supervisors will ensure that they deliver the mandatory twice yearly briefings to staff. They will also ensure that any new staff complete the required training.
  - The student's adrenaline auto-injectors and Action plans will be clearly labelled and accessible in the school sick bay. Another adrenaline auto-injector may be provided at the parents' discretion and located in the classroom.
  - Parents must further inform teachers about the allergy before excursions and camps via the usual school permission and medical forms in addition to a planning meeting with the camp supervisor and School Nurse.
  - Adrenaline auto-injectors are to be carried by school staff on excursions and camps and are passed from adult to adult as required.
  - Parents/carers are wholly responsible for recording the expiry date of medications placed at school and are responsible for the timely replacement of adrenaline auto-injector. The School Nurse will support the parents/carers in this process.
  - In the event of a student having an anaphylactic reaction at school, emergency procedures will be followed: adrenaline auto-injector administered, Ambulance called via 000-Mica Unit stipulated, Parents/Carers contacted.
  - The line of communication in an emergency moves from the supervising staff member and includes the classroom teacher, School Nurse/Level 2 first aid office personnel, senior staff member.
  - After an emergency, a report is completed by the supervising staff member, detailing procedures and outcome and placed in the school accident register and reported via the Incident Reporting and Information System (IRIS).
  - Staff and student post critical incident debriefing will be facilitated.

Appendix 1: ASCIA Anaphylaxis and Allergy Action Plans

Appendix 2: SKPS Anaphylaxis Management Plan

Appendix 3: SKPS Anaphylaxis Risk Checklist