

**Dimboola Primary School**  
**ANAPHYLAXIS**  
**POLICY**

**Rationale:**

- Anaphylaxis is a severe, allergic reaction that is life threatening. The most common allergens for school-aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shell fish, wheat, soy, sesame, latex, certain insect stings and medications.
- Signs and symptoms of anaphylaxis include compromised breathing or swallowing, loss of consciousness or collapse, or cessation of breathing.
- Anaphylaxis is best prevented by knowing and avoiding the allergens.

**Aims:**

- To provide staff with guidelines to ensure the safety of students in their care when dealing with anaphylaxis in individual students.
- To provide an inclusive and safe setting for all anaphylactic students enabling them to participate in all curricular and extracurricular activities (excursions, camps and incursions)

**Implementation:**

- Dimboola Primary School will comply with the Order and Guidelines on anaphylaxis management as published by the Department of Education

**Our school will manage anaphylaxis by:**

- Identifying susceptible students and knowing their allergens
- Reviewing the Individual Anaphylaxis Management Plan annually in consultation with the student's parent
- Providing ASCIA approved online training at least every year for all staff on anaphylaxis management.
- Training a minimum of two staff to verify the correct use of the Adrenaline Autoinjector Devices (verifying staff must attend a School Anaphylaxis Supervisor course – this is valid for three years)
- Ensuring all staff have completed the online training modules and are deemed competent in the use of the adrenaline autoinjector device within 30 days of completing the training
- Providing twice-yearly briefings to staff on anaphylaxis management as required under Ministerial Order 706. Online briefing notes can be found at <http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx>
- Making sure all staff are aware of the children with anaphylaxis and where the adrenalin auto injectors are stored
- Ensuring that the child knows where his/her adrenaline auto injectors are located.
- Educating all children about the anaphylactic children in the school and classes.
- Ensuring that all children realise what to do when given a red card from the yard duty teacher
- Informing the community about anaphylaxis via the newsletter
- Providing a communication plan to alert CRTS, volunteers and students and DMSC staff who work with DPS students.
- Informing students about allergies, including anaphylaxis causes and first aid, as part of the Prep-6 curriculum.

- Not allowing food sharing, and restricting food to that approved by parents
- Minimising the use of food treats in class or as a reward as these may contain allergens
- Encouraging students not to eat products with known allergens near anaphylactic children
- Cooking tasks should not use foods that cause anaphylaxis in the children in their class
- Informing the canteen staff to be aware of what products contain known allergens that may trigger reactions from students with anaphylaxis
- Making sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food
- Reminding children that have a trigger of a sting do not play in areas where bees are e.g. flower gardens or lawn area.
- Requiring parents to provide an ASCIA emergency management plan developed by a health professional and an auto-injector if necessary, both of which will be maintained in the first aid room for reference as required. First aid staff will contact parents if the Use-By date of the injector is close to expiration.
- Displaying all ASCIA Anaphylaxis Action Response Posters in all rooms visited by the students with anaphylaxis
- Maintaining open communication with parents
- Having the child/teacher/support staff carry their adrenaline auto injectors whilst attending camps and excursions so it is in easy access for the child. Age will determine who will carry the adrenaline auto injector. Children from Grade 3 may carry adrenaline auto injectors in a bum bag so the adrenaline auto injector is with them at all times when out of the school. **The adrenaline auto injector must always be with the child or as near to the child as possible when not in school.**
- The school won't ban certain types of foods (eg: nuts) as it is not practicable to do so, and is not a strategy recommended by the Department of Education or the Royal Children's Hospital. However, the school will request that parents do not send those items to school if at all possible; that the canteen eliminate or reduce the likelihood of such allergens, and the school will reinforce the rules about not sharing food, and not eating foods that parents have not provided or consented to.

**Parents of children with anaphylaxis will:**

- 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
- Provide the school with an adrenaline autoinjector that is current (ie the device has not expired) for their child
- Participate in annual reviews of their child's Plan

## **School Management and Emergency Response:** **Class Room Anaphylaxis Procedure**

Step 1: Assess the situation

Step 2: Send a red card with the child's name to the Principal or leading teacher for extra help and to bring the adrenalin auto injectors. Send your class to your teacher buddy

Step 3: Follow the student's plan and do what is necessary e.g. give antihistamine or adrenalin auto injectors and call 000 and parents.

Step 4: Put a glove on and follow the protocols listed on the auto injector (expiry date, name and colour)

Step 5: Monitor and watch. Record time of medication, injection and reaction onto the glove or child's hand.

Step 6: Be prepared to give a second adrenalin auto injector – the school one – if necessary.

Step 7: Follow ambulance officer's directions.

Step 8: Fill in accident form.

Step 9: Debrief

## **Anaphylaxis Procedure in the Playground 8:45am till 3:30pm**

Step 1: Assess the situation

Step 2: Send a red card to the staffroom or office for extra help and to bring the adrenalin auto injectors.

Step 3: Follow the student's plan and do what is necessary e.g. give antihistamine or adrenalin auto injectors and call 000 and parents.

Step 4: Put glove on and follow the protocols listed on the auto injector (expiry date, name and colour)

Step 5: Monitor and watch. Record time of medication, injection and reaction on glove or student's hand.

Step 6: Be prepared to give a second adrenalin auto injector – the school one – if necessary.

Step 7: Follow ambulance officer's directions.

Step 8: Fill in accident form.

Step 9: Debrief

## **Anaphylactic Reaction on Camps/ Excursions**

**Refer to Risk Register compiled prior to camp/excursion.**

- A child who may suffer from an anaphylactic reaction is to be with their own classroom teacher when away from school. In the camp situation, the child is to be in their classroom teacher's group at all times.
- When away from school due to interschool sports or sports days, the child's Auto injector is carried by a teacher, possibly their classroom teacher, who is travelling with the child to the sport location or the student themselves.

- Auto injectors must accompany the student whenever they leave the school for an excursion or camp. Students will be required to bring a secondary auto injector from home. The Auto injector will be carried by the student's classroom teacher.
- All Auto injectors that are removed from the First Aid room due to an excursion or camp must be returned upon arrival at school.

Step 1: Staff member to stay with the child in crisis at all times and call for help.

Step 2: A different staff member or parent helper will remove remaining students from the location to another area to be supervised. Call 000 or 112 if no reception.

Step 3: Teacher to stay with the child and receive support from an additional staff member or parent helper.

Step 4: Notify excursion or camp supervisor about the anaphylactic reaction and the need for an ambulance.

Step 5: Follow the student's plan and do what is necessary e.g. give antihistamine or adrenalin auto injectors and call 000 and parents.

Step 6: Follow the protocols listed on the auto injector (expiry date, name and colour)

Step 7: Monitor and watch. Record time of medication, injection and reaction on glove or child's hand

Step 8: Be prepared to give the secondary adrenalin auto injector if necessary.

Step 9: Follow ambulance officer's directions.

Step 10: Fill in accident form.

Step 11: Debrief

### **Storage of adrenaline auto injectors**

- These are kept in the Sick Bay Room on the top shelf of the glass cupboard in clear plastic pencil cases. Each pencil case has the anaphylaxis plan, any other medications that are needed for the plan.
- Each case has the child's name on the outside and on the inside
- The adrenaline auto injectors are kept at room temperature
- The general use adrenaline auto injector is stored on the same shelf and is labelled school pen

### **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....

June 2017