

BHCS Anaphylaxis Management Policy

1. BACKGROUND/RATIONALE

BHCS will comply with Ministerial Order 706 – Anaphylaxis Management in Victorian Schools and the associated guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time.

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 (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication. The key to prevention of anaphylactic reactions in school is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), prevention of exposure to these triggers, and education. Partnerships between the School and parents are important in ensuring that certain allergens are kept away from the student whilst at school. Adrenaline, given through an EpiPen® autoinjector to the muscle of the outer mid-thigh, is the most effective first aid treatment for anaphylaxis.

2. PURPOSE

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling
- To raise awareness about anaphylaxis and the School's Anaphylaxis Management policy within 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 to assist in further reducing risk and for responding to instances where an anaphylactic reaction occurs

3. THE SCHOOL'S RESPONSIBILITIES

3.1. Adrenaline Autoinjector Pen Purchases

The School will purchase and have on hand backup adrenaline autoinjector pens for general use and for the management of anaphylaxis cases where the person suffering an anaphylaxis reaction does not have an adrenaline autoinjector pen immediately handy, was not aware they had anaphylaxis or in cases where a second dose is required as instructed by Medical Professionals.

The amount of adrenaline autoinjector pens to be purchased will be based on the following criteria:-

- The number of students currently in the school with medical conditions that may result in an anaphylactic reaction
- The accessibility of the adrenaline autoinjector pens supplied by families for students with anaphylaxis conditions
- The quick and efficient access to sufficient adrenaline autoinjector pen in case of emergency be that in the school yard, at excursions, camps or other special events conducted or organised by the school
- The need for replacement of adrenaline autoinjector pens based on their expiration date or use, whichever is first

3.2. Locations the Adrenaline Autoinjector Pens

Adrenaline autoinjector pens can be accessed as follows:-

- Epipens® (along with ASCIA Action Plans) for Junior students are kept in their classrooms, in a labelled box with their teachers. School spares for Junior School are kept in the staff room stored in the Junior Staff room and taken on yard duty.
- Epipens® (along with ASCIA Action Plans) for Middle students are kept in sickbay, in a labelled box. School spares for Middle School are kept in the First Aid cabinet in the Middle School Staff Room.
- Epipens® (along with ASCIA Action Plans) for Senior students are kept in sickbay, in a labelled box. School spares are kept in the first aid kit in the SLC Office, the Year 9 Staff Room, Food Technology and Sickbay.

Adrenaline autoinjector storage information is available from the Anaphylaxis Management Plans.

3.3. Anaphylaxis Training

At the beginning of the year, the Principal or their delegated representative determines which teachers and other school staff involved in classes or events with students at risk of anaphylaxis have up-to-date training in accredited and/or non-accredited anaphylaxis management courses (*22300VIC Course in First Aid Management of Anaphylaxis*). At this time it is also determined which staff require renewal of training.

The School opts to use face-to-face training over online training and employs Accredited Trainers for this purpose. Staff must attend annual face-to-face training as part of *22300VIC Course in First Aid Management of Anaphylaxis* in order to maintain qualifications in anaphylaxis management. A biannual briefing is held each calendar year regarding students at the School with anaphylaxis, one of these briefings takes place at the beginning of the year.

At other times while a student with anaphylaxis is under the care or supervision of the School, including excursions, yard duty, camps and special event days, the School will ensure that there are sufficient numbers of staff present who have up-to-date training in accredited and/or non-accredited anaphylaxis management courses (*22300VIC Course in First Aid Management of Anaphylaxis*).

The Principal or their delegated representative will identify the School staff to be trained based on a risk assessment process. If there are staff without training, this will be provided to these staff as soon as practicable after the student enrolls. Where this is not possible, an interim plan will be developed in consultation with the student's parents.

All staff will be briefed, once each semester, by a staff member who has up-to-date anaphylaxis management training, on:

- The School's Anaphylaxis Management Policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of the students identified as at risk of anaphylaxis
- Student Anaphylaxis Action Plans and Anaphylaxis Management Plans
- Where student medication is located
- Where School spare EpiPens® are located
- How to use an auto-adrenaline injecting device
- The School's first aid and emergency response procedures

In the event of an anaphylactic reaction, the School's first aid procedures and student ASCIA Action Plan will be followed in responding to an anaphylactic reaction.

3.4. Interim Plans - Special Note

The Principal will be required to develop an interim plan in cases where:

- Training or briefing has not occurred as required. This process should include consultation with parents/carers.

The Principal will then ensure that training and briefing occurs as soon as possible upon implementation of the interim plan.

3.5. Individual Anaphylaxis Management Plans

The Principal or their delegated representative will ensure that:

- Individual management plans are developed, in consultation with the students' parents/carers, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- Individual Anaphylaxis Management Plans are in place as soon as practicable after the student enrolls and where reasonably possible before their first day of school.

These individual Anaphylaxis Management Plan will set out the following:-

- 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 or other 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
- An ASCIA Action Plan (copied in colour), 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 Action Plan; and
 - Includes an up to date photograph of the student

Note: A template of an individual anaphylaxis management plan can be found on the School's website in the Parent Resources, Other Resources section under Health and Wellbeing or from the ASCIA website.

3.6. Review of Student Anaphylaxis Management Plans

The student's individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents/carers:

- Annually, and as applicable,
- If the student's condition in relation to anaphylaxis changes, or
- Immediately after a student has an anaphylactic reaction at school
- In cases where a student with an anaphylaxis condition is required to participate in an off-site activity, such as a camp, excursion or other school event

3.7. Storage of student Anaphylaxis Action and Management Plans

The School will store copies of the student's ASCIA Action Plan and Anaphylaxis Management Plans:

- On an internal staff network
- Within the student management system attached to the student's record
- In Sick Bay
- With the student's anaphylaxis medication (student ASCIA Action Plan only)
- For off-site events the ASCI Action Plans are kept with the Medical Forms that accompany staff on excursions/camps or other school run events

Copies of the ASCIA General Action Plan will also be displayed in staff areas including the Sick Bay, main teaching offices and the Staff Rooms.

3.8. Student Staff Ratios for Camps, Excursions or other school run events

While a student is under the care of the school outside of normal class activities including in the school yard, at camps and excursions or other special events conducted, organised or attended by the school, the Principal or their delegate will ensure that there are a sufficient number of staff present who have the necessary training required for any anaphylactic condition.

3.9. In the event of an emergency involving an Anaphylactic Reaction

School staff with the required training will be responsible for administering emergency care in line with the Anaphylaxis Communication Plan.

3.10. Annual Risk Management and Preventative Strategies

The Principal or their appointed delegate will:

- Complete an annual Risk Management Checklist that continues to monitor the School's obligations in relation to Anaphylaxis Management as required keeping up with any amendments that may occur from time to time.
- Ensure compliance with this policy and any matters related to the implementation of the strategies within this policy, which have been created to reduce the risk of an anaphylactic reaction taking place.
- Ensure this policy is updated on an annual basis.

Note: A copy of the Anaphylaxis Risk Management Checklist can be found on the VRQA's website under Anaphylaxis Management.

4. THE PARENT/CARER'S RESPONSIBILITIES

It is the responsibility of the parent/carer to:

- Provide an up-to-date colour copy of the ASCIA Action Plan for their child. Plan is to be reviewed by a medical practitioner every two (2) years.
- Inform the School if their child's medical condition changes, and if relevant - provide an updated ASCIA Action Plan.
- Provide an up-to-date photo for the ASCIA Action Plan when the plan is provided to the School and when it is reviewed.
- Provide the School with the correct and in-date medication and adrenaline autoinjector to be stored by the School in line with the student's individual Anaphylaxis Management Plan.

5. EMERGENCY RESPONSE FOR CASES OF AN ANAPHYLACTIC REACTION

In the event of an anaphylactic reaction:

- Emergency response procedures in this policy must be followed.
- First aid must be rendered and;
- The emergency response procedures related to the student's ASCIA Action plan must be followed.

The location of where the anaphylactic reaction taking place may determine which response needs to be taken.

5.1. Emergency Response for attending to an anaphylactic reaction at school

- Lay the child down. Do not allow them to stand or walk. If breathing is difficult, allow them to sit.
- For an insect allergy, flick out the sting, if it is visible.
- Administer the child's personal adrenaline auto-injector, if the child is carrying it. If the child is not carrying their adrenaline auto-injector a student or available adult is to be sent with a verbal message to Reception to obtain assistance. Sick Bay or Office Staff will locate the student's assigned adrenaline auto-injector. If this is not possible then the closest available two (2) spare auto-injectors (provided by the School) and a first aid kit will be obtained and taken to the student. (Epipen location map attached).
- The teacher on duty must stay with the student and either use his/her mobile phone to dial "000" (or 112 for mobiles).
- The adrenaline auto-injector should be delivered without delay and the ASCIA Action Plan followed (noting the time of adrenaline delivery)
- The secondary adrenaline auto-injector should be ready for use in case the first injection is insufficient and there is no response or improvement after five (5) mins.
- The child's parents/carers should be contacted

Medications and ASCIA Action plans are taken to any assembly point during times of Emergency Evacuation as per the School's Emergency Management Plan.

5.2. Responding to an anaphylactic reaction on school trips or excursions or other off campus events

All Staff responsible for a group/class/team of students should be aware of any serious medical conditions of students in their groups. The teachers-in-charge of sports, excursions and other activities are responsible for ensuring that the Staff internal network and/or the student database is checked for any information regarding medical conditions of students in their area of activity. This may be delegated to Office or Sick Bay Staff to provide to the attending Staff member. Medical information is provided to the School by families via an online platform.

Families of students at risk of anaphylaxis must provide:

- An in-date adrenaline auto-injector, along with;
- The student's individual ASCIA Action Plan and;
- Any other emergency medication.

This must be supplied to the supervising Staff member when attending an excursion, camp or special event and to the First Aid Officer or homeroom teacher when at School.

If it is indicated on a person's medical form that a potentially lifesaving medication may be required during a trip or excursion, and the person does not bring the medication on the day of departure, he will not be permitted to attend the trip or excursion.

Staff in charge of students at risk of anaphylaxis should carry a fully charged mobile phone.

5.2.1. Adrenaline Auto Injector Proximity

Adrenaline auto-injector(s) must remain close to the student; ie. in the centrally located first aid kit, or in a first aid bag carried by the student/teacher in charge of the student who is participating in a small group activity. Staff must be aware that they still have a duty of care to the student, even if the student is carrying their own adrenaline autoinjector.

5.2.2. Administering Adrenaline

The Staff in charge of the person at risk of anaphylaxis is responsible for knowing the location of the adrenaline auto-injector, and ensuring that in the event of an anaphylactic reaction, the ASCIA Action Plan is followed and the adrenaline auto-injector is administered promptly.

It is important to be aware that during an anaphylactic emergency, students' thought processes may be adversely affected, and they may be uncooperative or unable to administer their own devices.

In the event of an anaphylactic reaction, staff members must follow the ASCIA Action Plan for anaphylaxis.

- Lay the child down. Do not allow them to stand or walk. If breathing is difficult, allow them to sit.
- For an insect allergy, flick out the sting, if it is visible.
- Administer the child's personal adrenaline auto-injector, if the child is carrying it. If the child is not carrying their adrenaline auto-injector retrieve the adrenaline auto-injector from the first-aid kit.
- The teacher on duty must stay with the student and either use his/her mobile phone to dial "000" (or 112 for mobiles).
- The adrenaline auto-injector should be delivered without delay and the ASCIA Action Plan followed (noting the time of adrenaline delivery)
- The secondary adrenaline auto-injector should be ready for use in case the first injection is insufficient and there is no response or improvement after five (5) mins.
- The School and the child's parents/carers should be contacted

Anaphylaxis Communication Plan

6. COMMUNICATION PLAN RESPONSIBILITY

The Principal of BHCS is responsible for ensuring:

- This communication plan has been developed in such a way as to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis policy.
- That the school staff identified as requiring training are supplied with that training, as well as being briefed twice per year.

7. RESPONDING TO ANAPHYLACTIC REACTIONS

- The Anaphylaxis Communication Plan will include information about what steps will be taken to respond to an anaphylactic reaction being suffered by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

8. RAISING THE AWARENESS OF VOLUNTEERS AND CASUAL RELIEF STAFF

- Volunteers and casual relief staff will be informed of the students at risk of anaphylaxis and their role in responding to an anaphylactic reaction of a student in their care. It is the responsibility of the Daily Organiser and the First Aid Officer to communicate this information.
- The First Aid Officer who has up-to-date anaphylaxis management training is responsible for ensuring that volunteers and casual relief staff are familiar with their role in how to respond to an anaphylactic reaction of a student in their care.

9. RAISING THE AWARENESS OF SCHOOL STAFF

All staff will be briefed once each semester by the School's delegated representative, who has up-to-date anaphylaxis management training. The first briefing will take place at the beginning of the year. Briefings will cover information on:-

- The School's Anaphylaxis Management Policy
- The School's Anaphylaxis Communication Plan
- The causes, symptoms and treatment of anaphylaxis
- The students identified as being at risk of anaphylaxis
- Student Anaphylaxis Action Plans and Anaphylaxis Management Plans
- Where individual student adrenaline autoinjectors are located
- Where the school's general use adrenaline autoinjectors are located
- How to use an auto-adrenaline injecting device
- The School's first aid and emergency response procedures

10. RAISING STUDENT AWARENESS

Classroom education by teaching staff and information sessions during year level assemblies will highlight the importance of preventative strategies including the importance of:

- Hand washing / hand hygiene
- Cleaning surfaces used for food preparation and eating
- Not sharing food
- Raising peer group awareness of serious allergic reactions
- Ensuring camps, excursion groups, and sporting teams are aware of peer needs in relation to people with severe medical alerts and those at risk of anaphylaxis
- Where suitable having the student with anaphylaxis talk to class about what it means for them

11. RAISING PARENT/CARER AWARENESS

- Where relevant, emails or Flexibuzz messages will be sent home to families advising them of students with life threatening conditions in classes and/or year levels in which their children participate. This is particularly important where an anaphylactic reaction may occur as a result of contact with or the ingestion of a particular food.
- Newsletter articles will make parents aware of anaphylaxis, its causes and symptoms and how these should be treated.
- Meetings with parents/carers of students with anaphylaxis will be held to develop strategies on reducing the risk, so the student can participate equally in all aspects of their schooling.