Policy Name	**Anaphylaxis Management Policy & Procedure**
Related Policies and Legislation	School Education Act 1999 s.*159, 16,17,244* School Education Regulations 2000 *s.148A* Civil Liability Act 2002 - Health, Safety & Civil Liability (Children in Schools & Child Care Services) Act 2011 *Parts 1CA, 5AAA, 5AAB, 5AAC, 5AAD* Poisons Regulations 1965 *Reg. R41D, 33, 35A, 16, 19, 19AA & 19A.* *s.23(1), 31, 32(c)& (d), 34, 46, 47, 50*
Policy Category	Student Wellbeing and Safety
Relevant Audience	All Treetops Community
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Person/s Responsible for Review	Treetops Administration

Anaphylaxis Management Policy & Procedure

Purpose

Treetops Montessori School believes that the safety and wellbeing of students who are at risk of anaphylaxis is a whole-of-community responsibility. The aim of this policy is 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.
- Raise awareness about anaphylaxis and the school's anaphylaxis management policy and procedures in the school community.
- Engage with parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies for the student.
- Ensure that staff have knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that may occur unpredictably and 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 and certain insect stings (particularly bee stings). It should always be regarded as a medical emergency requiring immediate treatment with adrenaline.

While most allergic reactions usually occur within minutes after exposure to a food, insect or medicine to which a person may already be allergic, some reactions may take up to two (2) hours between the time of contact/ingestion and signs/symptoms presenting.

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline auto-injector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis. Adrenaline auto-injectors are designed to be given by non-medical people, such as parents, school staff, friends, passers-by or the allergic person themselves (if they are well and old enough). An adrenaline auto-injector device contains a single, fixed dose of adrenaline that works rapidly to treat anaphylaxis.

Individual Anaphylaxis Health Care Plans

The principal will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of school.

The student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:

- annually, and as applicable,
- if the student's condition changes,
- immediately after the student has an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

- provide an Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan completed by the child's medical practitioner with a current photo,
- inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan.

Communication

The principal will be responsible for providing information to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies.

Volunteers and casual relief staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

Risk Minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies.

Setting	Considerations
Classroom	• Display a copy of the students ASCIA Action Plan in the classroom. • Liaise with parents/guardians about food related activities ahead of time. • Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school's allergen minimisation strategies. • Never give food from outside sources to a student who is at risk of anaphylaxis. • Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons). • Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. • Casual/relief teachers should be provided with a copy of the student's ASCIA Action Plan.
Playground	• Students with anaphylactic responses to insects should wear shoes at all times. • Keep outdoor bins covered. • The student should keep open drinks covered while outdoors. • Staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recess and lunch). • The adrenaline auto-injector should be easily accessible from the playground.
On-site events (e.g. in school activities, sporting events, class parties)	• For special occasions, class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student. • Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies (see Step 4 of 'allergy awareness' in schools). • Party balloons should not be used if a student is allergic to latex. • Latex swimming caps should not be used by a student who is allergic to latex. • Staff must know where the adrenaline auto-injector is located and how to access if it required. • Staff should avoid using food in activities or games, including rewards. • For sporting events, it may be appropriate to take the student's adrenaline auto-injector to the oval. If the weather is warm, the auto-injector should be stored in an esky to protect it from the heat.
Off-site school settings (e.g. field trips, excursions)	• The student's adrenaline auto-injector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions. • One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis. • Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required).

	• Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student. • Consider the potential exposure to allergens when consuming food on buses.
Off-site school settings (camps and remote settings)	• When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp organisers. • Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies. • Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals. • Camp providers should avoid stocking peanut/tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts may be served, but not to the student known to be allergic to peanuts/tree nuts. • Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided. • The student's adrenaline auto-injector and ASCIA Action Plan and a mobile phone must be taken on camp. • A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis. • Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • Be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp. • The adrenaline auto-injector should remain close to the student at risk of anaphylaxis & staff must be aware of its location at all times. It may be carried in the school first aid kit, although the school can consider allowing students, particularly adolescents, to carry it on their person. Staff still have a duty of care towards the student even if they carry their own adrenaline auto-injector. • The student with allergies to insect venoms should always wear closed shoes when outdoors. • Cooking & art and craft games should not involve the use of known allergens. • Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.

Staff Training and Emergency Response

Teachers and other school staff who have contact with students at risk of anaphylaxis, are encouraged to undertake training in anaphylaxis management including how to respond in an emergency.

At other times while students are under the care or supervision of the school, including excursions, playground duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis.

The school's first aid procedures and student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

The School and Legislation

Schools and their staff are required to provide a safe, supportive and positive learning environment for students. The Registration Standards and Application Form, as determined under Sections 159 and 160 of the School Education Act, outline a number of measures in this regard, including the minimisation of risk of anaphylaxis within the school community.

Legislation relevant to this requirement includes:

School Education Act 1999	
Reference	**Relevance**
S 159, 160	School registration requirements
S 16(g)	Parental/carer provision of information to the school, at enrolment, about their child's allergies or other conditions which call for special steps to be taken for the benefit or protection of the enrolee or other persons in the school. (Principal may require documentary evidence to be provided in support of any information).
S 17(1)(b)	Parental/carer provision of notice to the Principal of any change to the particulars supplied under S 16(g) above. (Notification may be provided in any form, as determined by the Principal).
School Education Regulations 2000	
Reference	**Relevance**
R 148A(1)	Provides definitions of: adrenaline; enrolled child, staff member.
R148A(2)	*'A staff member may, in the course of the staff member's employment as a staff member, administer adrenaline to an enrolled child by means of an auto-injector if the staff member reasonably suspects that the child is suffering an anaphylactic reaction, even if there is no consent to the administration of the adrenaline.'*
Civil Liability Act 2002 – Health Safety and Civil Liability (Children in Schools and Child Care Services) Act 2011	
Reference	**Relevance**
Part 1CA, 5AAAC.	This Act amended the Civil Liability Act 2002 by the insertion of Part 1CA which provides child care staff and teachers with protection from civil liability where they administer medication to a child experiencing an anaphylactic reaction when that child care staff or teacher has acted in good faith and without recklessness.
5AAAD.	*'The protection from personal civil liability conferred by this Part does not apply if the ability of the staff member to exercise reasonable care and skill, at the relevant time, was significantly impaired by reason of the staff member being intoxicated by alcohol or a drug or other substance capable of intoxicating a person and the intoxication was self-induced.'*
Poisons Regulations 1965	
Reference	**Relevance**
R 41D	Provides definitions of: auto-injector, child care service, inhaler, school. This regulation has been added to allow a school or day care centre to keep and supply adrenaline as emergency treatment of Anaphylaxis by administering an auto-injector.

Sources of Helpful Information

Organisations such as the Australasian Society of Clinical Immunology and Allergy (ASCIA) and Allergy & Anaphylaxis Australia provide a wealth of up to date information about allergies and anaphylaxis, from a preventative, identification, management and clinical perspective (the former) and an assistive, supportive perspective (the latter).

The table below lists organisations and the information and resources they provide which schools can access to assist in allergy management, training and the development of an Anaphylaxis Policy and Procedure.

Organisation	Resources

ASCIA
http://www.allergy.org.au/
	• Guidelines for the prevention of anaphylaxis in schools
	• Information on allergy triggers
	• Risk minimisation strategies for schools, preschools & childcare services
	• Online training for teachers, childcare workers and the general community.
	• ACECQA approved online training course (Childcare)
	• Video on the use of an adrenaline auto-injectors
	• ASCIA Action Plans (emergency response plans) for:
	  ○ Anaphylaxis – Personal
	  ○ Allergic Reactions – Personal
	  ○ Anaphylaxis – General
	• ASCIA Travel Plan and Checklist for people at risk of anaphylaxis
	• First Aid treatment for anaphylaxis
	• Allergy and Asthma Resources

Allergy & Anaphylaxis Australia https://www.allergyfacts.org.au/	• School allergy awareness resource (Be a MATE) and Curriculum resources • Camps/Overnight School Trips • Living with the risk/life stages – 13-18 years/teens • Allergy/anaphylaxis trigger information • Training and medication accessories • Posters
WA Department of Health Anaphylaxis (healthywa.wa.gov.au)	• Anaphylaxis management guidelines for WA schools • Anaphylaxis Checklist for schools • A whole school approach to anaphylaxis • Sample school based anaphylaxis policy • Sample individual Anaphylaxis Health Care Plan • Fact sheets for schools/boarding schools/canteens, parents or guardians and bus services, • Frequently asked questions • Information for food handlers, cooking lesson checklist, Information snippets for the school newsletter

Anaphylaxis Management Procedures

Emergency Response Procedure (on-site and off-site)

- Prompt response as trained.
- Call an ambulance immediately after administering the adrenaline auto-injector. Monitoring at a medical facility for 4-6 hours is usual as more adrenaline may be required.
- Contact parents/carers (after phoning for an ambulance).
- An ambulance should not be cancelled until the student is handed into the parent's/carer's care.

Post Incident Procedure

- Conduct a review, in consultation with the parents and the student's Individual Health Care Plan – how did the exposure occur and could it be prevented?
- If the student has not experienced anaphylaxis previously, a new ASCIA Action Plan must be completed and signed by the student's medical doctor and an Individual Health Care Plan developed in conjunction with the parents/guardians.
- Critical incident report to the Department of Education Services (DES) and the Chair of the school's governing body.
- Staff debriefing.
- Consideration of psychological services (where required).
- Replacing the used adrenaline auto-injector(s) promptly.
- Review the school's procedures for preventing and responding to anaphylaxis emergencies and follow through on any required adjustments.

Managing Adrenaline Auto-Injectors (e.g. Epipens)

- Maintenance of age/weight appropriate prescribed and non-prescribed (general use device in first aid kits).
- Stored, in an UNLOCKED location, between 15 and 25 degrees, not refrigerated, kept away from heat/sunlight, shelves, sports bags, etc.
- Replacement of out of date, visibly unsuitable (e.g. discoloured and/or containing sediment) adrenaline auto-injectors.
- Provision and procedure for off campus activities.
- Self-management for students.
- Privacy concerns.
- Availability of Individual Health Care Plans.
- Availability with personal and general ASCIA Action Plans.
- Trainer device stored well away from the 'real' adrenaline auto-injector(s).

Appendix 1 - ASCIA Action Plans

There are three different types of ASCIA Action Plans:

- ASCIA Action Plan for Anaphylaxis (personal) for use with EpiPen.
- ASCIA Action Plan for Allergic Reactions (personal) for use when **no adrenaline auto-injector** has been prescribed; and
- Action Plan for Anaphylaxis (general) for use with EpiPen.

The image below is of an Action Plan for Anaphylaxis for general use in the case of a previously undiagnosed person. This image is current at the time of printing, however **to view the most recent versions of all three ASCIA Action Plans and to learn more about Action Plans please go to** http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis