

Policy & Procedure

Anaphylaxis

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. It involves the major body system, particularly breathing or circulation systems. 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. This policy is in accordance to the guidelines of the Ministerial Order 706 effective 22nd April 2014.

A Risk Management checklist is completed annually by the Principle or another staff member nominated by the Principal and kept on the School server in PDF format.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an EpiPen® auto-injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

School Commitment

ICMG Saturday Turkish School is committed to providing a safe and inclusive environment for students who have or may develop severe, life threatening allergies. ICMG Saturday Turkish School will demonstrate its commitment by planning for safety and participation of members of its community and complying with the Victorian Government Ministerial Order 706 Anaphylaxis Management in Schools 2014

Ministerial Order 706 – Anaphylaxis Management in Schools obligations are as follow:

- Development of School Anaphylaxis Management Policy
- Development of Communication Plan
- Implementation of Staff Training
- Development of emergency responses
- Undertake an Annual Risk Management Checklist

1.Purpose

1.1 This policy details the approaches taken by the ICMG Saturday Turkish School to manage the Risk of an Anaphylactic reaction and to raise awareness of Anaphylaxis across the school community. The aims of this policy are:

1.1.1 To provide, as far as practicable, safe and supportive environment in which students at Risk of Anaphylaxis can participate equally in aspects of the students' schooling;

1.1.2 To raise awareness about allergies and anaphylaxis and the School's Anaphylaxis Management Policy in the school community;

1.1.3 To actively engage with parents/carers of each student at Risk of Anaphylaxis in assessing risk, developing risk minimisation strategies and management strategies for the student;

1.1.4 To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the School's Policy and Procedures in responding to an anaphylactic reaction.

2.Prevention Strategies'

2.1 The key to prevention of Anaphylaxis at School is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnership between the school and parents are important in

ensuring that certain foods or items are kept away from the student while at school.

2.2 ICMG Saturday Turkish School recognises the importance of all staff responsible for the student/s at Risk of Anaphylaxis undertaking training that includes preventative measures to minimise the Risk of An Anaphylactic reaction, recognition of the signs and symptoms of Anaphylaxis and Emergency treatment, including administration of an Adrenaline Auto-injector.
Anaphylaxis Management Policy –ICMG Saturday Turkish School

2.3 A list of risk minimisation/prevention strategies will be undertaken by the School and monitored to ensure they are in place. These strategies cover the following during classroom activities and special events, such as sporting events, incursions within and beyond school hours, the school canteen whilst students are at recess and lunch.

2.3.1 A letter is sent out to parents informing that certain items/products are known allergens to a student who is attending the school and advising them to be mindful of the situation hence, avoid sending to school.

2.3.2 Students are repeatedly reminded to wash hands before and after handling food and prior exiting the toilets.

3 Staff Training

3.1 In accordance with Clause 12 of Ministerial Order 706 the Principal will ensure that the school nurse/delegated staff will undertake an approved Anaphylaxis Management Training Course (one of 22099VIC,22300VIC or 10313NAT) every three year and (ASCIA e-training for Victorian (22303VIC) schools every two year in order to become verifiers.

3.2 Verifying staff will ensure ASCIA e-training for Victorian schools (22303VIC) is completed by all staff and verified within the 30 days of certificate attainment and will organise staff briefings on Anaphylaxis twice per calendar year. These briefings cover:

3.2.1 The schools Anaphylaxis Management Policy

3.2.2 The causes and symptoms and treatment of Anaphylaxis

3.2.3 Identifies the students who have been diagnosed with Anaphylaxis, their details of their medical conditions and where their medications are stored.

3.2.4 How to use an Adrenaline auto injector including practicing with a “trainer” Adrenaline Auto Injector.

3.2.5 The school's general first aid and emergency response procedures.

3.2.6 The location of, and access to, Adrenaline Auto Injectors that have been provided by parents or purchased by the school for "General Use".

4. Anaphylaxis Communication Plan

4.1 The Principal must ensure that the delegated staff member distribute and up to date Anaphylaxis Communication Plan for the purpose of school staff, students and parents to gain an understanding of the process to ensure effective management for students with Risk of Anaphylaxis.

4.2 Anaphylaxis Communication Plan will be provided to parents who have indicated at enrolment risk of an anaphylaxis reaction or their child has been diagnosed with anaphylaxis as a student of the ICMG Saturday Turkish School.

4.3 All school staff are made aware of the Communication Plan in conjunction with the Anaphylaxis Management Policy.

5. Individual Anaphylaxis Management

5.1 The Principal /First Aid Officer 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.

5.2 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. However, student's parents who have indicated that their child has anaphylaxis cannot attend school with the current Action Plan.

5.3 The Individual Anaphylaxis Management Plan will set out the following:

5.3.1 Information about the student's medical condition that relates to allergy and the potential of anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner)

5.3.2 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 the school yard, at campus and excursions, or at special events conducted, organised or attended by the school

5.3.3 The name of the person(s) responsible for implementing the strategies

5.3.4 Information on where the student's medications will be stored

5.3.5 The student's emergency contact details and,

5.5.6 An ASCIA Action Plan

6.School Management of Anaphylaxis

6.1 Copies of the student's updated ASCIA Action Plan are to be available in the admin room and Canteen.

6.2 All 'General Use' Adrenaline Auto-Injectors are purchased by the School and are checked regularly by General Office First Aid Officer staff and replaced prior to their expiration date.

6.3 The original documents are retained in the Admin Office filed in Student Files. A copy of students ASCIA Action Plan, Management Plan is kept with their EpiPen in an insulated carrier pack in the General Office. Multiple copies of ASCIA Action plan are distributed to Classroom Teacher to ensure relevant teachers are informed. Note: in the absence of the principle or first aid officer any staff who hold a current Level 2 First Aid Certificate are responsible for the administration of first aid to students.

6.4 All General Office Staff are required to have a current Level 2 First Aid qualifications and subsequent refresher training as required by Ministerial Order 706.

7.Incursions/School Events On Site

7.1 Principal must ensure prior to any incursion in the school setting that may also go beyond general office hours of 3pm that the teacher responsible will consult with the Principle / First Aid Officer to identify any students with Anaphylaxis and ensure that the Action Plan pack will be with the teacher(s), responsible during the incursion. The General teacher responsible during the incursion.

Prior to even the principle will provide a Year Level Medical Alert printout to identify students who are at risk of anaphylaxis.

8. Excursion/Campus/Events Off site

8.1 Principal must ensure organising teacher must retrieve action pack prior to excursion/camp and all staff attending are anaphylaxis trained and a ratio of first aid trained staff will be determined based on camp/excursion risk analysis. An updated year level medical alert printout to identify students who are risk of anaphylaxis must be obtained prior to every excursion/camp or offsite event.

9. Casual Relief/Volunteers/Canteen Staff

9.1 Casual Relief staff are provided with a copy of the Individual Student Anaphylaxis Management Plans by the relevant campus daily organiser. Casual Relief Staff are required to complete an Anaphylaxis Awareness Electronic Training. The principle is the designated supervisor to verify knowledge and usage of the Epipen.

9.2 Volunteers/parents are supervised by a staff member who has undertaken an approved Anaphylaxis Management E Training.

9.3 All food prepared in the canteen is made in accordance with safe food handling guidelines. Canteen staff are required to complete an approved Anaphylaxis Management Electronic Training and to be verified by the principle every 2 years and subsequent refresher training as required by Ministerial Order 706.

9.4 The principle staff will identify students at Risk of Anaphylaxis and communicate the names of these students and their medical information to the Canteen Manager.

9.5 First Aide trained staff are present at all sporting events. Identified students with the risk of Anaphylaxis Action Plan packs are taken to events.

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

10.1 The students Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents in all the following circumstances.

10.1.1 Annually

10.1.2 If the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction changes.

10.1.3 As soon as practicable after the student has a anaphylactic reaction at school, and

10.1.4 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. (e.g. class parties, elective subjects, cultural days, cake stalls, incursions).

11.Steps to be taken by Staff in response to an Anaphylactic reaction by student

11.1 If an Adrenaline Auto-injector is administered, the school must:

11.1.1 Immediately call an ambulance (000).

11.1.2 Lay the student flat and elevate their legs. Do not stand or walk. If breathing is difficult for them, allow them to sit but not to stand.

11.1.3 Call for assistance and EpiPen to be retrieved from Admin Room.

11.1.4 Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another staff member to move other students away and reassure them elsewhere.

11.1.5 In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan for Anaphylaxis) are present, a second injection (of the same dosage) maybe administered after five minutes, if a second auto injector is available 'General Use' EpiPen located in First Aid Kit in the Admin Room.

11.1.6 Then contact the student's emergency contacts.

12.First time reactions

12.1 If a student has a severe allergic reaction but has not been previously diagnosed with the allergy or as being at risk of anaphylaxis, 000 should be called immediately. Staff members should follow any instructions given by emergency services, as well as the school's normal first aid emergency procedures and the same steps to be taken by staff in response to an anaphylactic reaction where the 'General Use' EpiPen is available and will be collected

from the General Office as used as per instructions. Additional 'General Use' Epipen's are also available at below campus location areas:

Dallas Girls Secondary Campus & Dallas Primary Campus

13. Parents Responsibilities

13.1 It is the parents' responsibilities to ensure the following: 14.1.1 Provide the ASCIA Action Plan

13.1.2 Inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for an anaphylactic reaction, changes and if relevant, provide an updated ASICA Action Plan.

13.1.3 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

13.1.4 Provide the school with an Adrenaline Auto-injector that is current and not expired for the child.

14. Adrenaline Auto Injectors

14.1 Each campus Principal will ensure arranging the purchase of additional Adrenaline Auto injectors for general use and as back to those supplied by parents. School Nurse will purchase Adrenaline Auto-injector(s) for General Use.

14.2 The relevant campus Principal/School Nurse has determined the number of additional Adrenaline Auto-Injector(s) for 2017 as follows: Dallas Girls Secondary & Dallas Primary (same site): 4 'General Use' Auto Injectors

- 1 primary general office
- 1 secondary general office
- 1 J6 Male staffroom
- 1 school canteen

14.3 The following relevant considerations have been taken into account to determine the above number of 'General Use' Adrenaline Auto Injectors:

14.3.1 The number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis.

14.3.2 The accessibility of Adrenaline Auto-Injectors that have been provided by parents of student who have been diagnosed as being at risk of anaphylaxis.

14.3.3 The availability and sufficient supply of Adrenaline Auto-Injectors for 'General Use' in specified locations at the school including:

14.3.3.1 In the school yard, and at excursions, campus and special events conducted or organised by the school and,

14.3.3.2 The Adrenaline Auto Injectors for 'General Use' have a limited life, usually expiring with 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry which is first.

15. How to administer the EpiPen

15.1 Remove from plastic container

15.2 Check the window to make sure it is clear; and check the expiry date

15.3 Form a fist around EpiPen and pull off the blue safety cap

15.4 Place orange end against the student's outer mid-thigh (with or without clothing)

15.5 Push down hard until a click is heard or felt and hold in place for 10 seconds

15.6 Remove EpiPen

15.7 Massage injection site for 10 seconds

15.8 Note the time you administered the EpiPen

15.9 The used Auto-injector must be handed to the ambulance paramedics along with time of administration.

