



NATHALIA SECONDARY COLLEGE

ANAPHYLAXIS MANAGEMENT POLICY

Purpose

Nathalia Secondary College will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

Guidelines

To provide a safe and healthy school environment that takes into account the considerations and needs of all students, including those who may suffer from anaphylaxis.

Implementation

- The Principal 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.
- The plan will be available on the students profile on SIMON, written plan given to all class teachers, teacher are to make sure plan is available when they are being replaced. A photo will be placed in the staffroom, office, first aid area as well as the canteen. Staff will be aware of the plan in a training session provided by the school nurse.
- 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.

A Communication Plan will be developed to implement the individual management plan (Appendix 1)

- Once the plan has been received by the school a meeting will be held prior to the student attending with the principal, school nurse, home group teacher and other relevant staff to ensure that the plan is enacted ie notices sent, photos put up, put plan on SIMON, schedule a meeting for all staff and volunteers to highlight plan and advise where the first responses required for an anaphylactic reaction by a student in various environments
- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls. The plan will be available to staff thru SIMON on mobile devices such as phones, laptops and or ipads. The plan will be printed and in the staff room and OFFICE.

When off site a prior meeting must take place with staff attending, school nurse and if possible parent. See appendix 1.



NATHALIA SECONDARY COLLEGE

- CRT will be notified thru SIMON. Response plan is available through SIMON. See appendix 1
- Volunteers will be notified through the Office when they sign in of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

It is the responsibility of the Parents to:

- provide the ASCIA Action Plan;
- inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- 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
- provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

It is the **responsibility of the Principal** of the School to ensure that

- a) The following School Staff will be appropriately trained:

School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and

- Any further School Staff that are determined by the Principal.

The identified School Staff will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior (no training is more than three years old); and
- participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
 - the School's Anaphylaxis Management Policy;
 - the causes, symptoms and treatment of anaphylaxis;
 - the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
 - how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
 - the School's general first aid and emergency response procedures; and
 - the location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.

The briefing must be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.



NATHALIA SECONDARY COLLEGE

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.

The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

- b) ensure that relevant School Staff are:
 - trained; and briefed at least twice per calendar year.
- c) The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

The Individual Anaphylaxis Management Plan will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
- 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 in the school yard, at camps and excursions, or at special 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; and
- an ASCIA Action Plan. (Australian Society of Clinical Immunology and Allergy) school Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.
- The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's Parents in all of the following circumstances:
 - annually;
 - if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
 - as soon as practicable after the student has an anaphylactic reaction at School; and



NATHALIA SECONDARY COLLEGE

- 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 (eg. class parties, elective subjects, cultural days, fetes, incursions).



NATHALIA SECONDARY COLLEGE

APPENDIX 1

Prevention Strategies

RISK	Considerations when you have a child at risk of anaphylaxis in your care
Food brought to school	<ul style="list-style-type: none"> • an information sheet sent to the parent community on severe allergy and the risk of anaphylaxis. • Alert parents to strategies that the school has in place and the need for their child to not share food and to wash hands after eating.
School fundraising/ special events/cultural days	<ul style="list-style-type: none"> • Notices to be sent to parent community discouraging specific food products. E.g. nuts • Any groups within the school doing fundraising requiring food need to consult the Administration staff if school has anaphylaxis students and that they cannot use certain food groups.
Food rewards	<ul style="list-style-type: none"> • Food rewards should be discouraged and non-food rewards encouraged. • Children at risk of food anaphylaxis should eat food that is supplied by their parents or food that is agreed to by parents prior to a given event. If required a clearly labelled 'treat box' could be supplied by parents and located in the Office where all staff could access.
Class parties / Birthday celebrations	<ul style="list-style-type: none"> • Discuss these activities with parents of allergic child well in advance • Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products • Child at risk of anaphylaxis should not share food brought in by other students. Ideally they should bring own food. • Child can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cup cakes stored in freezer in a labelled sealed container
Cooking/Food Technology	<ul style="list-style-type: none"> • Engage parents in discussion prior to cooking sessions and activities using food. • Remind all children to not share food they have cooked with others at school.
Science experiments	<ul style="list-style-type: none"> • Engage parents in discussion prior to experiments containing foods.
Students picking up papers	<ul style="list-style-type: none"> • Students at risk of food or insect sting anaphylaxis should be excused from this duty. • Non rubbish collecting duties are encouraged.
Music	<ul style="list-style-type: none"> • Music teacher to be aware, there should be no sharing of wind instruments e.g. recorders. Speak with the parent about providing the child's own instrument.
Art and craft	<ul style="list-style-type: none"> • Ensure containers used by students at risk of anaphylaxis



NATHALIA SECONDARY COLLEGE

classes	<p>do not contain allergens e.g. egg white or yolk on an egg carton.</p> <ul style="list-style-type: none">• Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg.• Care to be taken with play dough etc. Check that nut oils have not been used in manufacture. Discuss options with parent of wheat allergic child.
Canteen	<ul style="list-style-type: none">• Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods said to be 'safe'• Child having distinguishable lunch order bag• Photos of the children at risk of anaphylaxis being placed in the canteen.• Encourage parents of child to visit canteen/ kitchen to view products available.• See Anaphylaxis Australia's School Canteen poster, Preschool/Playgroup posters and School Canteen Discussion Guide. www.allergyfacts.org.au
Sunscreen	<ul style="list-style-type: none">• Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own.



NATHALIA SECONDARY COLLEGE

RISK	Considerations when you have a child at risk of anaphylaxis in your care
<p>Part-time educators, Casual relief teachers</p> <p>Suggestions:</p>	<p>These educators need to know the identities of children at risk of anaphylaxis and should be aware of the school's management plans, which includes minimisation strategies initiated by the school community. Some casual staff have not received training in anaphylaxis management and emergency treatment. This needs to be considered when a teacher is chosen for a class with a child at risk of anaphylaxis and if this teacher is on playground/yard duty.</p> <ul style="list-style-type: none"> Casual staff, who work at school regularly, should be included in anaphylaxis training sessions to increase the likelihood that they recognise an allergic reaction and know how to administer the adrenaline autoinjector. A free online training course for teachers and Children's Service staff is available whilst waiting for face to face training by a DEECD nominated anaphylaxis education provider. Visit ASCIA www.allergy.org.au. This course can also be done as a refresher.
<p>Use of food as counters</p>	<ul style="list-style-type: none"> Be aware of children with food allergies when deciding on 'counters' to be used in mathematics or other class lessons. Non-food 'counters' such as buttons /discs may be a safer option than chocolate beans.
<p>Class rotations</p>	<ul style="list-style-type: none"> All teachers will need to consider children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class.
<p>Class pets/ pet visitors /school farmyard</p>	<ul style="list-style-type: none"> Be aware that some animal feed contains food allergens. e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food. Encourage the parent/carer of the child with the allergy to be present during this activity so they can closely supervise their child and make sure the child does not put his/her fingers in their mouth. If there is concern about the child having a skin reaction, consider the child wearing gloves. <p>Whilst care needs to be taken, this is animal handling most children can enjoy with some safe guards in place.</p>
<p>Incursions</p>	<ul style="list-style-type: none"> Prior discussion with parents if incursions include any food activities.
<p>Excursions, Sports carnivals, Swimming program</p>	<ul style="list-style-type: none"> Teachers organising/attending excursion or sporting event should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylactic reaction occurs. This includes distribution of laminated



NATHALIA SECONDARY COLLEGE

	<p>cards to all attending teachers, detailing the following:</p> <ul style="list-style-type: none">• Location of event, including Melway reference or nearest cross street. <p><i>Procedure for calling ambulance, advising life threatening allergic reaction has occurred and adrenaline is required.</i></p>
Staff should also:	<ul style="list-style-type: none">• Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other form of emergency communication i.e. walkie talkie.• Consider increased supervision depending on size of excursion/sporting event i.e. if students are split into groups at large venue e.g. zoo, or at large sports venue for sports carnival.• Consider adding a reminder to all parents regarding children with allergies on the excursion/sports authorisation form and encourage parents not to send in specific foods in lunches (e.g. food containing nuts).• Discourage eating on buses.• Check if excursion includes a food related activity, if so discuss with parent.• Ensure that all teachers are aware of the location of the emergency medical kit containing adrenaline autoinjector.



NATHALIA SECONDARY COLLEGE

RISK	Considerations when you have a child at risk of anaphylaxis in your care
Medical Kits	<p>(Student's own and school's autoinjector for general use)</p> <ul style="list-style-type: none"> • Medical kit containing ASCIA Action Plan for Anaphylaxis and adrenaline autoinjector should be easily accessible to child at risk and the adult/s responsible for their care at all times. On excursions ensure that the teacher accompanying the child's group carries the medical kit. For sporting events this may be more difficult, however, all staff and parent volunteers must always be aware of who has the kit and where it is. <p>Be aware - adrenaline autoinjectors should not be left sitting in the sun, in parked cars or buses.</p> <p>If child at risk is attending without a parent, the child should remain in the group of the teacher who has been trained in anaphylaxis management. This teacher should carry the medical kit.</p>
School camps	<p>Parents of child at risk should have face to face meeting with school staff/camp coordinator prior to camp to discuss safety including the following:</p> <ul style="list-style-type: none"> • School's emergency response procedures, should clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction. • All teachers attending the camp should carry laminated emergency cards, detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life threatening allergic reaction has occurred and adrenaline is required. • Staff to practise with adrenaline autoinjector training devices (EpiPen® and AnaPen® Trainers) and view DVDs prior to camp. School nurse to advise staff on correct use of autoinjector. • Consider contacting local emergency services and hospital prior to camp and advise that xx children in attendance at xx location on xx date including child/ren at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to camp site area i.e. consider locked gates etc in remote areas. • Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged. • Parents should be encouraged to provide two adrenaline autoinjectors along with the Action Plan for



NATHALIA SECONDARY COLLEGE

Anaphylaxis and any other required medications whilst the child is on the camp.

- Clear advice should be communicated to all parents prior to camp on what foods are not allowed.
- Parents of child at risk of anaphylaxis and school need to communicate about food for the duration of the camp. Parent should communicate directly with the provider of the food/chef/caterer and discuss food options/menu, cross contamination risks, safest food choices, bringing own food.
- Parents may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised as well.

Discussions by school staff and parents with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be:

1. Possibility of removal of peanut/tree nut from menu for the duration of the camp.
2. Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed i.e. egg, milk, wheat. A decision may be made to remove pavlova as an option for dessert if egg allergic child attending for example.
3. Awareness of cross contamination of allergens in general i.e. during storage, preparation and serving of food.
4. Discussion of menu for the duration of the camp.
5. Games and activities should not involve the use of known allergens.
6. Camp organisers need to consider domestic activities which they assign to children on camp. It is safer to have the child with food allergy set tables, for example, than clear plates and clean up.

Allergy & Anaphylaxis Australia has launched a new publication titled *Preparing for Camps and Overnight School Trips with Food Allergies*. This comprehensive booklet consists of concise and easy-to-read information and ideas on preparing for school camp when you have students at risk of anaphylaxis.

To purchase or for more information call 1300 728 000 or visit www.allergyfacts.org.au



NATHALIA SECONDARY COLLEGE

RISK	Considerations when you have a child at risk of anaphylaxis in your care
* Insect sting allergy	<p>Children who have a severe insect sting allergy and are at risk of anaphylaxis need to have their adrenaline autoinjector and Action Plan for Anaphylaxis easily accessible at all times. Strategies that reduce the risk of insect stings vary depending on the insect the person is allergic to. Strategies both at school and on excursions can include:</p> <ul style="list-style-type: none"> • Avoiding being outdoors at certain times of the day • Using insect repellents that contain DEET (Diethyltoluamide, N, N - diethyl - 3- methylbenzamide) • Wearing light coloured clothing that covers most exposed skin • Avoid wearing bright clothing with 'flower' type prints • Wearing shoes at all times • Avoiding perfumes or scented body creams/deodorants • Wearing gloves when gardening • Avoid picking up rubbish which may attract insect/s • Being extra careful where there are bodies of water i.e. lake/pond/swimming pool. • Chlorinated pools attract bees • Drive with windows up in the car/windows closed in a bus • Keep your drink (glass/bottle/can) indoors or covered. Always check your drinks before you sip i.e. don't drink blindly from container. • Keep garbage bins covered – lids on • Keep grass areas mowed (reduce weed such as clover which attracts insects) • Wearing boots and thick clothing such as denim jeans if ant sting allergic and in area where specific ants reside. Avoid ant mounds • Not provoking bees, wasps or ants. Have mounds/nests removed by professionals • Removal of nests when students/teachers are not present • When putting in new plants consider location and select plants less likely to attract stinging insects.
Principal and School Nurse	<p>The Principal will purchase Adrenaline Autoinjector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents.</p> <p>The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:</p> <ul style="list-style-type: none"> d) the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis; e) the accessibility of Adrenaline Autoinjectors that have



NATHALIA SECONDARY COLLEGE

	<p>been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;</p> <p>f) the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the School, including</p> <p>g) in the school yard, and at excursions, camps and special events conducted or organised by the School; and</p> <p>the Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first</p> <p>Provide training to staff on allergic reactions</p>
--	---