

# WOODLEIGH SCHOOL

## ANAPHYLAXIS - COMMUNICATION PLAN

### BACKGROUND

UNDER THE EDUCATION AND TRAINING REFORM ACT 2006 (VIC) (S 4.3.1 (6)(C)) (THE ACT), ALL SCHOOLS MUST DEVELOP AN ANAPHYLAXIS MANAGEMENT POLICY, WHERE THE SCHOOL KNOWS OR OUGHT TO REASONABLY KNOW, THAT A STUDENT ENROLLED AT THE SCHOOL HAS BEEN DIAGNOSED AS BEING AT RISK OF ANAPHYLAXIS.

'Ministerial Order No. 706: Anaphylaxis Management in Victorian schools' (Ministerial Order No. 706) prescribes specific matters that schools applying for registration and registered schools in Victoria must contain in their anaphylaxis management policy for the purposes of section 4.3.1(6) (c) of the Act.

### INTRODUCTION

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 and certain insect stings (particularly bee stings).

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/carers are important in helping the student avoid exposure.

Adrenaline given through an adrenaline auto-injector (such as an EpiPen or EpiPen® Jr) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

It is important to remember that minimising the risks of anaphylaxis is everyone's responsibility, including the Principal and all school staff, parents/carers, students and the broader school community.

### OUR POLICY

Woodleigh School is committed to providing a safe learning environment for all our students and complying with the current Ministerial Order No.706 and the Department of Education and Training's Anaphylaxis Guidelines as amended by the Department from time to time (Guidelines).

The School recognises that it cannot achieve a completely allergen free environment. It is our policy:

- 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 adopt the recommendations of the Guidelines where relevant to the School;
- To raise awareness about anaphylaxis and the School's anaphylaxis management policy in the school community;
- To engage with parents/carers of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student; and
- To ensure that all teaching and other relevant staff have knowledge about allergies, anaphylaxis and the School's policies and procedures in responding to an anaphylactic reaction.

### INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Principal or delegate will be responsible for developing an Individual Anaphylaxis Management Plan in consultation with the student's parents/carers, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan should be in place as soon as practicable after the student is enrolled, and where possible before their first day at the school.

Individual Anaphylaxis Management Plans must include the following:

- Information on the type of allergy the student has, information about the medical condition and the potential for anaphylactic reaction;

- Strategies to minimize the risk of exposure to known and notified allergens while the student is under the care or supervision of the School;
- Name of the person responsible for implementing the plan;
- Where the student's medication will be stored;
- Emergency contact details of the student; and
- The ASCIA Action Plan for Anaphylaxis.

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 changes;
- Immediately after the student has an anaphylactic reaction; and
- ASCIA plans should be amended as necessary by a medical practitioner at each review, usually every 2 years.

The Anaphylaxis Supervisor will work with the Principal or delegate, parents/carers and students to develop, implement and review each Individual Anaphylaxis Management Plan to:

- ensure that the student's emergency contact details are up-to-date;
- ensure that the student's ASCIA Action Plan for Anaphylaxis matches the student's supplied Adrenaline Autoinjector;
- regularly check that the student's Adrenaline Autoinjector is not out of date, such as at the beginning or end of each term, and record this information in the register of adrenaline autoinjectors;
- inform parents/carers that the Adrenaline Autoinjector needs to be replaced one month prior to the expiry date, and follow up with parents/carers if the autoinjector is not replaced;
- ensure that the student's Adrenaline Autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place; and
- ensure that a copy of each student's ASCIA Action Plan for Anaphylaxis is stored with that student's Adrenaline Autoinjector.

**Individual Anaphylaxis Management Plans are kept at the First Aid Centre/Area.**

Copies of the Anaphylaxis Management Plans are also kept at the following locations:

- Within Personal Anaphylaxis Kits
- On Care Monkey

### **STORAGE OF ADRENALINE AUTO-INJECTORS**

The following procedures will be followed for storage of Adrenaline Autoinjectors:

- Adrenaline Autoinjectors for individual students, or for general use, are stored correctly and able to be accessed quickly;
- Adrenaline Autoinjectors are stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer;
- each Adrenaline Autoinjector is clearly labelled with the student's name and stored with a copy of the student's ASCIA Action Plan for Anaphylaxis;
- an Adrenaline Autoinjector for general use will be clearly labelled and distinguishable from those for students at risk of anaphylaxis and stored with a general ASCIA Action Plan for Anaphylaxis (orange); and
- Adrenaline Autoinjector trainer devices (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion.

Whenever Adrenaline Autoinjectors are taken and returned to/from their usual location, such as for camps and excursions, this must be clearly recorded.

Woodleigh School maintains Adrenaline Autoinjectors and other relevant medication in the following location/s at each campus:

- Gym
- Yard Duty Bags
- First Aid Centre/Area
- Aghort and Jago at the Senior Campus

- Plus; 8 Generic EpiPens for distribution for relevant camps and excursions at the Senior Campus
- Plus; 2 Generic EpiPens for distribution for relevant camps and excursions at the Junior Campuses

## EMERGENCY RESPONSE TO AN ANAPHYLACTIC REACTION

The School regularly undertakes drills to test the effectiveness of our emergency response procedures.

Staff refer to the Anaphylaxis Guidelines for Victorian Schools to plan for an anaphylactic reaction, including information on:

- Self-administration of an Adrenaline Autoinjector;
- Responding to an incident;
- Procedures to follow in the school and out of school environments;
- How to administer an EpiPen;
- Steps to follow if an Adrenaline Autoinjector is administered;
- Personal ASCIA Plans of students in their care;
- First time reactions; and
- Post-incident support.

After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision, the School's critical incident review will also include the following procedures:

- the Adrenaline Autoinjector must be replaced as soon as possible, by either the parent/carer or the School if the Adrenaline Autoinjector for general use has been used;
- the Principal or delegate should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided;
- the student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parent/carer; and
- this policy should be reviewed to ascertain whether there are any issues which require clarification or modification.

## COMMUNICATION

### STAFF

All staff who conduct classes or have a supervisory role of students will be briefed twice a year by the Anaphylaxis Supervisor or a service provider who has up-to-date Anaphylaxis Management Training.

They will brief the staff on the following:

- The School's Anaphylaxis Management Policy
- The causes, signs and symptoms and treatment of anaphylaxis
- The identities of students diagnosed at risk of anaphylaxis and their Management Plan
- How to use an Adrenaline Auto-injector
- The School's First Aid and emergency response procedures.

### VOLUNTEERS AND CASUAL RELIEF STAFF

Volunteers and casual relief staff who may be responsible for the supervision of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Anaphylaxis Supervisor.

### NEW STAFF

The Anaphylaxis Supervisor will brief all new staff including Administration and Office staff, Canteen staff, Maintenance staff and sessional teachers regarding:

- The School's Anaphylaxis Management Policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of students diagnosed at risk of anaphylaxis, their allergens and where their medication is located

- How to administer an Adrenaline Auto-injector
- The School's First Aid and emergency response procedures
- Staff Anaphylaxis training.

The Anaphylaxis Supervisor will display anaphylaxis awareness posters as appropriate and provide staff access to a photo list of all students who are known to suffer from anaphylaxis and their Individual Anaphylaxis Action Plan.

## STUDENTS

Class teachers are encouraged to discuss and raise awareness about anaphylaxis as appropriate.

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Also, be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis is to be treated as a serious and dangerous incident and treated accordingly.

## PARENTS / CARERS

The Anaphylaxis Supervisor will contact the parents/carers of each child with known anaphylaxis annually, with a view to updating the student's Individual Anaphylaxis Management Plan.

The student's individual management plan will also be reviewed by the School Nurse/First Aid Officer if the student's medical condition, allergy and the potential for anaphylactic reaction changes or as soon as practicable after the student has an anaphylactic reaction at school.

## SCHOOL COMMUNITY

Parents are informed via CareMonkey, Messenger, or through the School's website of information regarding anaphylaxis matters.

## STAFF TRAINING

The following staff members will be appropriately trained in accordance with Ministerial Order No. 706 and undertake a face-to-face anaphylaxis management training course at least once every three years:

- staff who conduct classes attended by students at risk of anaphylaxis;
- staff identified by the Principal or delegate, based on a risk assessment of an anaphylactic reaction occurring while a student is under the care or supervision of the School.

All school teaching staff must also participate in anaphylaxis briefings. Briefings must occur twice per year, with the first to be held at the beginning of the school year.

Anaphylaxis briefings are conducted by an external Anaphylaxis Management Training provider.

Teaching and other relevant staff must successfully complete anaphylaxis training in accordance with this policy within three years prior to supervising a student at risk.

An interim plan must be developed with parents of any affected student with an allergy at risk of an anaphylactic reaction, if training and briefing is yet to occur. Training must occur as soon as possible after the student is enrolled at the school, and preferably before the student's first day at the school.

It is the School's policy that the Principal or delegate is to ensure that while the student is under the care of the School, including on excursions, camps, special event days such as sports carnivals, there are staff present who have successfully completed an Anaphylaxis Management Training Course.