

Marian College Ararat Anaphylaxis Management Policy



Policy	Anaphylaxis Management	Date of Review	10th September 2021
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Ratified By:	CM Barker	Position:	
Signature:		Next Review Date:	24th March 2022

Context	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 (eg cashews), cow's milk, shellfish, wheat, soy, sesame, latex, certain insect stings and medication. 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	Marian College will fully comply with Ministerial Order 706 and the associated guidelines published and amended by the Department from time to time. In the event of an anaphylactic reaction, the school's first aid and emergency response procedures and the student's Individual Anaphylaxis Management Plan must be followed.	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 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. 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.
Policy Statement			
Individual Anaphylaxis Management Plan			

School Management and • The following procedures for emergency response to anaphylactic reactions include the following: • a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;	Prevention Strategies Marian College will put in place Risk Minimisation and Prevention Strategies for all relevant in-school and out-of-school settings which include (but are not limited to) the following: • during classroom activities (including class rotations, specialist and elective classes) • in canteens • during recess and lunchtimes • before and after school • special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.
It is the responsibility of the Parents to: • provide the School with an Adrenaline Auto injector that is current and not expired for their child. • provide an up to date photo for the ASCIA Action Plan when that Plan is provided to an updated 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 the ASCIA Action Plan; • provide the ASCIA Action Plan; 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 • when the student is to participate in an overnight activity, such as camps and excursions. It is the responsibility of the Parents to: • provide the School with an Adrenaline Auto injector that is current and not expired for their child. • provide an up to date photo for the ASCIA Action Plan when that Plan is provided to an updated 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 the ASCIA Action Plan; • provide the ASCIA Action Plan;	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. 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 • when the student is to participate in an overnight activity, such as camps and excursions. It is the responsibility of the Parents to: • provide the School with an Adrenaline Auto injector that is current and not expired for their child. • provide an up to date photo for the ASCIA Action Plan when that Plan is provided to an updated 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 the ASCIA Action Plan; • provide the ASCIA Action Plan;

Emergency Response	Adrenaline Auto Injectors for General Use	Communication Plan
• details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these can be located whilst: ◦ in a classroom; ◦ in the canteen ◦ in the school yard; ◦ in all school buildings and sites including gymnasiums and halls; ◦ on school excursions; ◦ on school camps; and ◦ at special events conducted, organised or attended by the school. • Information about the storage and accessibility of Adrenaline Auto injectors; how communication with School Staff, students and Parents is to occur in in accordance with a communications plan.	The Principal will oversee the purchase of Adrenaline Auto injector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents. The Principal will determine the number of additional Adrenaline Auto injector(s) required. In doing so, will take into account the following relevant considerations: • the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis; • the accessibility of Adrenaline Auto injectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis located at Reception • the availability and sufficient supply of Adrenaline Auto injectors for General Use in specified locations at the School, including Reception, West Wing Staff Study, Bridgeline Centre, Canteen Foyer and the Applied Learning Centre • in the school yard, and at excursions, camps and special events conducted or organised by the School; and • the adrenaline auto injectors 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.	The Principal is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis policy; The school Communication Plan includes strategies for advising School Staff, students and Parents about how to respond to an anaphylactic reaction by a student in various environments including: • during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and • during off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the School. The Communication Plan includes procedures to inform volunteers and casual relief staff 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. The Head of Wellbeing will ensure that relevant School Staff are: • trained; and • briefed at least twice per calendar year.	Staff Training The school will at all times: - Have two staff members' trained as School Anaphylaxis Supervisors who will be able to undertake competency checks to assess the ability of staff in using an Adrenalin Auto-Injector once the online training module is completed 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 (valid for three years) or online training and competency check by staff who have undertaken competency check training (valid for 2 years). - 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 Auto injector, including hands on practice with a trainer Adrenaline Auto injector device; ○ the School's general first aid and emergency response procedures; and ○ the location of, and access to, Adrenaline Auto injector 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. In the event that the relevant training and briefing has not occurred, the Head of Wellbeing 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 Head of Wellbeing will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special events days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.
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Annual Risk Management Checklist	The Head of Wellbeing will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.
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