POLICY: ANAPHYLAXIS

1. BROAD GUIDELINES

1.1 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, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

1.2 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.

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

1.4 The school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

1.5 There may be instances where a child without a record of anaphylaxis will need to be administered with an auto injector. In this case the closest at hand will be used and will be replaced later.

2. PURPOSE

2.1 To provide, as far as possible, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the students’ schooling.

2.2 To raise awareness about anaphylaxis and the school’s anaphylaxis management policy in the school community.

2.3 To engage with parents / carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.

2.4 To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school’s policy and procedures in responding to the anaphylactic reaction.

3. IMPLEMENTATION

3.1 Individual Plans

3.1.1 The Principal will ensure that an individual 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.

3.1.2 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.

3.1.3 The individual anaphylaxis management plan will set out the following:

- information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in school and out of school settings, including camps and excursions.
- the name of the person responsible for implementing the strategies.
- information on where the child’s medication will be stored.
- an ASCIA Action Plan.
an emergency procedures plan, provided by the parent, that:
- sets out the emergency procedures to be taken in the event of an allergic reaction.
- Is signed by a medical practitioner who was treating the child on the date.
- the practitioner signs the emergency procedures plan, and
- includes an up to date photograph of the student.

3.1.4. A How to Call Card: A card that the service has completed containing all the information that Ambulance Victoria will request when phoned on 000. Once completed, this card should be kept within easy access of all service telephone/s. A sample card can be downloaded from: http://www.ambulance.vic.gov.au/Education/Calling-Triple-0.html

3.2 School Staff will then implement and monitor the student’s Individual Anaphylaxis Management Plan.

The student’s Individual Management Plan will be reviewed, in consultation with the student’s parents / carers:
- annually, and as applicable.
- if the student’s condition changes, or
- immediately after a student has an anaphylactic reaction at school.
- 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).

3.2 It is the responsibility of the parent to:
- provide the Emergency Procedures Plan 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.

4. PREVENTION STRATEGIES

4.1 Risk Minimisation and Prevention Strategies in-school and in out-of-school settings which include (but are not limited to) the following:
- An adrenaline auto injector will be stored in a clearly marked position in the child’s classroom.
- A spare Adrenaline auto injector will be stored in Sick Bay, along with fixed first aid kits (computer lab – middle school building, staff office (junior school building) and in the school sports first aid bag.
- A spare Adrenaline auto injector will be taken into the schoolyard & kept with the yard duty bag and returned to the first aid room after the playtime/lunchtime bell
- If the child accesses OSHCare, there will be a general use Adrenaline auto injector in a clearly marked location
• If the child accesses OSHCare, the student’s prescribed Adrenaline auto injector must be at that service
• For excursions and camps an Adrenaline auto injector will form part of the medications taken to the event.

5. SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

5.1 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 as well as ASCIA Action Plans are in prominent positions around the school including Sick Bay, the child’s classroom, the General Office and the staffroom.

5.2 Information about the storage and accessibility of Adrenaline Auto injectors has been issued to staff at training.

5.3 The communication with school staff, students and parents that is to occur in case of emergency, is part of the staff training.

6. ADRENALINE AUTOINJECTORS FOR GENERAL USE

6.1 The Principal will purchase Adrenaline Auto injector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents.

6.2 The Principal will determine the number of additional Adrenaline Auto injector(s) required. In doing so, the Principal 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
• the availability and sufficient supply of Adrenaline Auto injectors for general use in specified locations at the school, including in the school yard, 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.
• That there is a general use Junior Adrenaline auto injector available if any students are prescribed with this dosage (although if not available, an adult Adrenaline auto injector can be used in consultation with call taken from 000)

Note: Adrenaline Auto injectors for general use are available for purchase at any chemist. No prescriptions are necessary.

7. COMMUNICATION PLAN

7.1 The Principal will be responsible for ensuring that a Communication Plan is developed to provide information to all staff, students and parents about anaphylaxis and the schools’ anaphylaxis policy.

7.2 The Communication Plan will include information about all steps will be taken to respond to an anaphylactic reaction by a student in the classroom, yard, excursion or camp.

7.3 Volunteers and casual relief staff of students at risk of anaphylaxis will be informed and their role in responding to an anaphylactic reaction by a student in their care by the daily organizer or in the CRT folder for the class.
7.4 It is the responsibility of the principal to ensure that all staff will be briefed once each semester by a staff member who has up to date training on anaphylaxis management on:

- the school’s anaphylaxis policy.
- the causes, symptoms and treatment of anaphylaxis.
- the identities of students diagnosed at risk of anaphylaxis and where their medication is stored.
- how to use an auto adrenaline injecting device.
- the school’s first aid emergency response procedures.

8. STAFF TRAINING AND EMERGENCY RESPONSE

8.1 Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend or give instructions to, must have up to date training in an anaphylaxis management training course.

8.2 At other times, while the student is under the care or supervision of the school, including excursions, yard duty, camps and specific event days, the Principal must ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.

8.3 Training will be provided to these staff as soon as practicable after the student enrolls.

8.4 Wherever possible, training will take place before the student’s first day at school.

8.5 Where this is not possible, an interim plan will be developed in consultation with the parents.

8.6 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.

8.7 The identified School Staff will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior 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 auto injector, including hands on practise 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 could 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 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

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relevant school staff as soon as practicable after the student enrols, 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. 7.5.9 The school’s First Aid Procedures and Student Emergency Procedures Plan will be followed in responding to an anaphylactic reaction.

8.8 **A No Food Sharing Rule should be a common practice at both Manchester Primary School and Barngeong Reserve Kindergarten.** A rule/practice in which a child at risk of anaphylaxis only eats food that is supplied/permitted by their parents/guardians and does not share food with, or accept food from, any other person.

8.8.1 Food preparation at BRK and MPS (also including OSHC) should adhere strictly to the ACECQA approved training guidelines. ACECQA provides lists of approved first aid training, approved emergency asthma management training and approved anaphylaxis management training on their website: [http://acecqa.gov.au/qualifications/approved-first-aid-qualifications/](http://acecqa.gov.au/qualifications/approved-first-aid-qualifications/)

9. **ANNUAL RISK MANAGEMENT CHECKLIST**

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 which will be updated in the event of enrolment of students who are at risk of anaphylaxis or if a student cancels their enrolment.

10. **SOURCES**

10.1 Allergy & Anaphylaxis Australia Inc is a not-for-profit support organisation for families of children with food-related anaphylaxis. Resources include a telephone support line and items available for sale including storybooks, and EpiPen® trainers: [www.allergyfacts.org.au](http://www.allergyfacts.org.au)


November 2014
**APPENDIX – ASCIA ACTION PLAN**

**ACTION PLAN FOR Anaphylaxis**

**How to give EpiPen®**

1. **Form fist around EpiPen® and pull off blue safety release.**

2. **Place (orange end) against outer mid-thigh (with or without clothing).**

3. **Push down hard until a click is heard or felt and hold in place for 10 seconds.**
   Remove EpiPen®, Muzzauga injection site for 10 seconds.

Instructions are also on the device label and at: www.allergy.org.au/anaphylaxis

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**MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

**ACTION**

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate EpiPen® (or EpiPen® Jr if aged 1 - 5 years)
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

**ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

**ACTION**

1. Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.

2. Give EpiPen® (or EpiPen® Jr if aged 1 - 5 years)

3. Phone ambulance *000 (AU), 111 (NZ), 112 (mobile)*

4. Phone family/emergency contact

5. Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.