Anaphylaxis Policy

Rationale:

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, 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. 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® autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.
This policy meets the requirements of ministerial order 706.

Aims:

- 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 raise awareness about anaphylaxis and the school’s anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- 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.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

- The Principal or nominee 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 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 student’s medication will be stored.
  - The student’s emergency contact details.
- The Individual Anaphylaxis Action Plan (ASCIA Action Plan), provided by the parent, will:
  - Set out the emergency procedures to be taken in the event of an allergic reaction
  - Be signed by a medical practitioner who was treating the child on the date the practitioner signs the plan
  - Contain an up-to-date photograph of the child
- 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
It is the responsibility of the parent to:

- provide the emergency procedures plan (ASCIA Action Plan)
- Inform the school if the child’s medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

The Principal or nominee will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school’s anaphylaxis management policy.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Volunteers and casual relief staff 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 staff members.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:
- the school’s anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis and where their medication is located
- how to use an auto adrenaline injecting device
- the school’s first aid and emergency response procedures

**STAFF TRAINING**

- Teachers and other school staff who conduct classes with students at risk of anaphylaxis or attend to or give instruction to students at risk of anaphylaxis will be encouraged to have up to date training in an anaphylaxis management training course. At all times there will be as many staff as possible trained in the use of an Epi-Pen.
- At times when the student is under the care or supervision of the school, including excursions, yard duty, camps, and special event days, the principal shall ensure that there is a sufficient number of staff who have had up-to-date training in an anaphylaxis management training course.

**IMPLEMENTATION**

- All students suffering anaphylaxis have an Anaphylaxis Action Plan completed by their parents and signed by a medical practitioner.
- A copy of the Action Plan is located in the sick bay in a prominent position.
- Each child has their own EpiPen located in a coloured named and marked bag or container in the sick bay.
- Action plans are displayed in clear view in the phone room, staff room and general office. This is to ensure consistency in each room in case of an emergency.
- Prompt administration of the EpiPen is crucial in a severe allergic emergency.
- Consult the Display Chart and child’s Individual Anaphylaxis Action Plan.
- As an EpiPen is prescribed for that particular child and is a prescription based on body weight, it is important that each child’s own EpiPen is administered to them.
- **DO NOT** administer another child’s EpiPen to a student unless there is no EpiPen available and there is an emergency with the child.

**COMMUNICATION PLAN**

The school will have a Communication Plan to raise staff, students and school community awareness about anaphylaxis, severe allergies and the following school rules:

- Children must not share food at any time
RESPONSIBILITIES

Parents will be responsible for:

- Providing an individual Anaphylaxis Action Plan (from Australasian Society of Clinical Immunology and Allergy - ASCIA) for their child that has been developed in consultation with a medical practitioner.
- Providing information at the time of enrolment about their child’s allergies and if needed, an Individual Anaphylaxis Action Plan for their child.
- Providing one EpiPen for school use.
- Recording the expiry date of medications placed at school and ensuring the timely replacement of those medications/EpiPens.
- Informing the school if their child’s medical condition changes, and if relevant, providing an updated Individual Anaphylaxis Action Plan.

The ASCIA Individual Anaphylaxis Action Plans provided by parents will:

- Contain detailed information about diagnosis, including the type of allergy or allergies the students has, based on diagnosis by the medical practitioner.
- Provide strategies to minimise the risk of exposure to allergens while the student is under care / supervision of school staff, for in-school and out of school setting such as camps, special events days and excursions.
- Contain a current photo for the Action Plan when it is provided to the school and whenever it is reviewed.
- Contain current parent emergency contact phone numbers
- Provide an explanation of symptoms and directions for action should a reaction occur
- Be signed by a medical practitioner who is treating the child on the date of signing the emergency procedure plan.


The school will ensure that:

- Individual Anaphylaxis Action Plans are displayed in the First Aid room.
- A copy of Individual Anaphylaxis Action Plans will be attached to each enrolment record, placed in the Serious Illness Register (First Aid office) and if appropriate included in the camp health documents folder.
- Individual Anaphylaxis Action Plans are reviewed in consultation with parents/carer annually, if conditions change or immediately after a student has an anaphylactic reaction at school.
- The First Aid Coordinator updates school first aid records in accordance with action plans annually or if conditions changes or a reaction occurs.
- The Casual Relief Teacher (CRT) coordinator informs CRTs of students at risk of anaphylaxis in their class and provides information on the procedures for dealing with an anaphylactic reaction with class buildings and out in the yard.
- At risk students who are under the care or supervision of the school during yard duty, excursions, camps and special events, are provided with a sufficient number of staff present who have current training in anaphylaxis management.
- An EpiPen is carried by school staff on excursions, outings and camps for each student with an Individual Anaphylaxis Action Plan and the EpiPen is accessible to the adult who is responsible for or accompanying the child during the activity.
- School staff are trained in anaphylaxis risk assessment and management as soon as practicable from the start of the school year and participate in an update in Semester 2.
- An interim plan is made for any new students enrolled, developed in conjunction with parents and to be replaced by an Individual Anaphylaxis Action Plan (ASCIA) developed with their doctor and returned to the first aid officer within a week of enrolment.
- Induction for new staff will include anaphylaxis awareness information and appropriate training will be sought as soon as possible for new staff.
- A school communication plan is in place providing current information for all staff, students and parents about anaphylaxis.
• The communication plan includes information about what steps will be taken to respond to a student’s anaphylactic reaction in a classroom, in the yard, on a school excursion, camp and special event day.
• Staff are briefed once a semester on:
  • school’s anaphylaxis management 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 EpiPen (auto adrenaline injecting device)
  • The school’s first aid procedures and each student’s Anaphylaxis Action Plan procedures when responding to an anaphylactic reaction.
• EpiPens of children identified by Individual Anaphylaxis Action Plans are kept in individual bags / containers that are colour coded and clearly labelled. The bags/containers are kept in the First Aid room in a clearly identified cupboard.

School staff will follow these prevention strategies:
• Know student/s in their class or classes who are at risk and be familiar with their individual management plans and have up to date training in anaphylaxis management.
• Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food with others.
• Send parent permission notices home to all parents about classroom or school activities that may pose a risk to students with anaphylaxis, for example hatching chicken eggs.
• Be aware of hidden allergens or ingredients used for cooking, science and technology or art classes e.g. egg or milk cartons.
• Know where medication for at risk students is stored and how to use it.

Evaluation: This policy will be reviewed as part of the school’s three-year review cycle.

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**Action plan for Anaphylaxis**

**MILD TO MODERATE ALLERGIC REACTION**
- swelling of lips, face, eyes
- hives or welts
- abdominal pain, vomiting

**ACTION**
- stay with child and call for help
- give medications (if prescribed) ........................................
- locate EpiPen® or EpiPen® Jr
- contact parent/carer

**watch for signs of Anaphylaxis**

**ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**
- difficulty/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

**ACTION**
1. **Give EpiPen® or EpiPen® Jr**
2. **Call ambulance. Telephone 000**
3. **Contact parent/carer**

**If in doubt, give EpiPen® or EpiPen® Jr**

**How to give EpiPen® or EpiPen® Jr**
1. Form fist around EpiPen® and pull off grey cap.
2. Place black end against outer mid-thigh.
3. Push down **HARD** until a click is heard or felt and hold in place for 10 seconds.
4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

**Additional Instructions**

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**ACTION PLAN FOR Allergic Reactions**

**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
- Give medications (if prescribed) ......................................................
  dose: ......................................................................................
- Contact family/emergency contact

**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 stand or walk. If breathing is difficult, allow to sit
2. Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)
3. Contact family/emergency contact

Additional information

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