



Anaphylaxis Management Policy

BACKGROUND

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening.

Allergic reaction may be common in children, however severe life threatening allergic reaction is uncommon and death is rare. However deaths have occurred and anaphylaxis is therefore regarded as a medical emergency that requires co-ordinated planning for a rapid response.

Certain foods, substances and insect stings are the most common cause of anaphylaxis

They are:

- Peanuts
- Tree nuts (hazelnut, cashew, almonds)
- Egg
- Cow's milk
- Wheat
- Soy
- Fish/shell fish
- Bee, jumping jack ant stings
- Latex

The symptoms of a mild to moderate allergic reaction can include:

- Swelling of the lips, face and eyes
- Hives or welts
- Abdominal pain and /or vomiting

The symptoms of anaphylaxis (a severe allergic reaction) can include:

- Difficulty breathing, noisy breathing
- Swelling of the tongue
- Swelling/tightness in the throat
- Difficulty talking/hoarse voice
- Wheezing or persistent coughing
- Loss of consciousness and/or collapse
- Young children may appear floppy and pale

Symptoms usually appear within 10 minutes but develop over hours of exposure to an allergen.

Adrenaline given by auto injectable device as Epipen /Anapen is the most effective first aid treatment for anaphylaxis.

REFERENCE

The key reference and support regarding Anaphylaxis is the Ministerial Order 706: Anaphylaxis Management in Victorian Schools and DEECD Guidelines 2014.

These orders sets out the steps a school must take to ensure the safety of students at risk of anaphylaxis in their care.

Surrey Hills Primary School will comply with this Order and the associated guidelines as published and amended in the management of Anaphylaxis.

Appendix 1: Individual Anaphylaxis Management Plan

Appendix 2: ASCIA Action Plan for Anaphylaxis

Appendix 3: Annual Risk Management Checklist

RATIONALE

At Surrey Hills Primary School we believe it is important that school staff and parent/carers are confident about the management of students who have been identified and diagnosed by a medical practitioner, as being at risk of anaphylaxis. The key to prevention of anaphylaxis in schools is knowledge of those students at risk, awareness of allergens and minimization to exposure to these allergens. Staff and parents/carers need to be made aware that it is not possible to achieve a completely allergen free environment, instead the school will adopt a range of procedures and risk minimization strategies to reduce the risk of students having an anaphylactic reaction.

SCOPE

This policy applies when a child is diagnosed as being at risk of anaphylaxis is enrolled at the primary school. It applies to student, parent/carers, staff, volunteers and visiting specialists.

PURPOSE

- 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
- To raise awareness about anaphylaxis and the school anaphylaxis policy
- To engage with parent/carers of students at risk of anaphylaxis in assessing risk and developing a management plan for individual students
- To ensure that each staff member has knowledge about the students at risk, to recognise sign and symptoms of anaphylaxis and respond with the first aid treatment following the school policy and procedures, including use of Adrenaline auto injector devices, i.e. EpiPen
- To ensure visiting specialists, volunteers and other supporting personal are aware of students at risk of anaphylaxis

DEFINITIONS

Allergen

A substance that can cause an allergic reaction

Allergic reaction

A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling around mouth, abdominal pain, vomiting/diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale and floppy), or cessation of breathing.

Allergy

An immune system response to something that the body has identified as an allergen.

Anaphylaxis

A severe, rapid and potentially fatal allergic reaction that involves the majority of the body systems, particularly breathing and circulation systems.

Anaphylaxis Action Plan

A medical management Plan prepared and signed by Medical Practitioner providing the student's name and allergies, a photograph of the student and clear instructions on treating an anaphylactic reaction i.e. ASCIA Plan (Australian Society of Clinical Immunology and Allergy)

Anaphylaxis Management Plan

A plan specific to the school that specifies each student's allergies, the ways each student at risk of anaphylaxis could be accidentally exposed to the allergen while in care of the school, practical strategies to minimize risks and who is responsible to implement the strategies.

The risk assessment plan should be developed with families by staff, at enrolment, reviewed annually or at time of health change.

Anaphylaxis Management Training

Accredited anaphylaxis training includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimization strategies, emergency treatment and practice with a trainer adrenaline auto-injector device such as an Epipen® /anapen trainer

Adrenaline auto-injection device

A device containing a single dose of adrenaline, delivered via a spring activated needle, which is concealed until administered. There is a range of commercial devices including Epipen® available as junior 150ug or adult 300ug. Training is provided by registered educators.

Communication Plan

A plan that forms part of the policy outlining how the school communicates with parent./carers and staff in relation to the policy and how parents and staff members will be informed about risk minimization plans and emergency procedures when a student diagnosed at risk of anaphylaxis is enrolled at school

No Food Sharing

The practice where the student at risk of anaphylaxis eats only the food that is supplied permitted by the parent /guardian, and does not share food with, or accept other food from any other person

Nominated Staff Member

A staff member nominated to be liaison between parent /guardians of a student at risk of anaphylaxis and the school. This person also checks the adrenaline auto-injector device as an Epipen is current, and advises staff members of identified student and location of auto-injector device/s

Risk Minimization

The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as possible, the major sources of allergen from the school, educating parents, staff and students about food allergies and hand washing after eating.

Students at risk of Anaphylaxis

Those students whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

RESPONSIBILITIES AND PREVENTION STRATEGIES

The Principal or nominee has overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis.

The Principal or nominee will:

- Complete an annual Risk Management Checklist
- The Principal or nominee will ensure the checklist is completed annually
- Actively seek information to identify students with severe life threatening allergies at enrolment
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school
- Meet with parents/carers annually to develop/review an individual Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in and out of school settings to minimize the risk of exposure to allergens, and informing responsible staff of plan
- Request parent/carers provided ASCIA Action Plan that has been signed by MediGal practitioner and has up to date photograph of the student.
- Ensure parent provided the student's EpiPen that is in date
- Ensure staff obtain training in how to recognise and respond to an anaphylactic reaction twice yearly review and 3 yearly with training organization.
- Develop a Communication Plan to raise student, staff and parent/carers awareness about severe allergies, emergency response, school's policies and location of EpiPens
- Ensure information is provided to all staff (including specialists, CRT, new, canteen and office), so that they are aware of students who are risk of anaphylaxis, the students allergies, school management strategies and first aid procedures. This will include copies and display of students ASCIA Action Plan in canteen, classrooms, staffroom and office and Health centre.
- Provide procedure for informing casual relief staff of students at risk of anaphylaxis and steps required for prevention and emergency response.
- Encourage ongoing communication between parent/carers about current health status.
- Ensure General use Adrenaline auto injector deVIGes are provided for back up when more than 1 device is required as instructed by ambulance personnel.
- Provide and arrange post incident support (counselling)

All staff members

All staff members who are responsible for the care of students at risk of anaphylaxis have a duty of care to take steps to protect students from risks of injury that reasonable foreseeable. This may include office, canteen and casual relief staff and volunteers. Staff members should:

- All staff will, in the event of an anaphylactic reaction, follow the school first aid and emergency response procedures and the student's individual Anaphylaxis Management Plan
- Assess risk for potential accidental exposure to allergens in student routine
- Know the identity of students who are risk of anaphylaxis
- Understand the causes, symptoms and treatment of anaphylaxis
- Encourage ongoing communication with parent/carers to discuss any concerns related to ongoing health status.

- Obtain full training in how to recognise and respond to an anaphylactic reaction every 3 years and update twice a year, including administering an EpiPen
- Know the school first aid emergency procedures and their role in relation to responding to an anaphylactic reaction.
- Keep a copy of the student's ASCIA action Plan displayed and follow it in event of an allergic reaction. Ensure the ASCIA plan is updated annually
- Know where a student's EpiPen is kept.
- Inform relief teachers in their area of students at risk of anaphylaxis
- Know and follow the preventative strategies in the student's anaphylaxis Management Plan
- Plan ahead for special class activities /occasions such as excursions, incursions, sports days, camps and parties. Work with parents/carers to provide appropriate food for the student.
- Avoid use of food treats in class as rewards.
- Be aware of possible hidden allergens when using recycled items i.e. milk or egg cartons.
- Be aware of cross contamination risk in food handling.
- Ensure tables are cleaned and students wash hands after food handling.
- Raise student awareness about severe allergies with their students and parents
- Ensure students are not isolated or excluded from any activity within reason related to risk of anaphylaxis.

During Camps:

- Invite parent/carer to attend the school camp with the student, if allergy is life threatening
- Liaise with parent and camp personnel to ensure adequate safety precautions are instituted prior camp commencing
- Will ensure all attending adult have understanding of treatment necessary for students who exhibit signs and symptoms of allergic reactions
- Ensure Student or supervising adult carries EpiPens during activities

First aid co-ordinator

First aid co-ordinator should take a lead role in supporting the principal and staff members to implement and management strategies for the school. The first aid co-ordinator should:

- A letter will be sent to parents/carers to prior to start of year to renew management plans
- Keep an up to date register of student at risk of anaphylaxis
- Ensure that students' emergency contact details are updated
- Obtain training in how to recognise and respond to an anaphylactic reaction including administration of an EpiPen
- Keep register of staff attendance of Anaphylaxis briefing and Full training
- Regularly check that the EpiPens are / date
- Inform parent/carers in writing, prior to expiration of medications related to anaphylaxis
- Ensure EpiPens are stored correctly, (out of light at room temperature) in an unlocked, easily accessible place for staff, appropriately labelled.
- Work with staff to raise awareness about severe allergies and anaphylaxis.
- Obtain General use EpiPens for backup when more than provided EpiPens are required in an emergency at school *Scamp* and replace as expired or used.

Parents/Guardians

Parents/guardians of a student at risk of anaphylaxis should:

- Inform the school if they believe their child has a severe allergy that may have an impact on their safety at school either at enrolment or diagnosis
- Inform Canteen staff and/or Out of Hours School Care of allergy and appropriate medical response, provide EpiPen and associated documentation.

- Meet with school to develop the student Anaphylaxis Management Plan annually and review if condition changes.
- Provided copies of a letter from their doctor outlining the details of the allergy and what medical treatment should be undertaken in the case of a reaction. These forms are to be reviewed and submitted annually.
- Provided ASCIA Action plan, signed by a medical officer with an up to date photograph annually
- Inform staff of changes in Health Status and emergency contact details.
- Provide the student's Epipen and any other medications, in date
- Replace Epipen before expiry date and if used, before student returns to school
- Assist school staff in planning and preparation for school camp, excursions, and special events related to their child's requirements.
- Provide specific food requirements for school camps, either lists of required or provide the food.

IMPLEMENTATION

- The Principal will ensure that an individual Anaphylaxis Management Plan is developed, in consultation with the student's parent/guardians, for any student diagnosed by a medical practitioner as being at risk of anaphylaxis enrolled at the school and reviewed annually
- The individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls, as near as possible to the first day of school. Staff will be informed and ASCIA Plans displayed in classroom, office, staffroom, Yard Duty and Health Centre
- All Staff will be briefed twice yearly and fully trained 3rd early to recognise and treat symptoms of Anaphylaxis including administration of Epipen.
- On excursions/camps a student's Epipen, General Use Epipen, ASCIA plan and mobile phone must be taken, anaphylaxis trained staff to be in attendance.
- If known allergens are used in a classroom, cleaners will be notified to ensure thorough cleaning is completed prior to use by next group.
- The school will communicate with students and parents about anaphylactic issue via newsletter, specific classroom sessions and letters to parents.
- Promote Hand washing for staff and students, particularly after handling food.

Preventing Allergic Reactions

- No food sharing
- Avoid food treats in class
- Avoid using recycling boxes known to have contained nuts
- Awareness that sunscreen, play dough, cooking oil do contain nut products
- Awareness of other allergens
- Students known to have anaphylaxis are recognised by sight by staff
- Student management plan and photo to be kept in Health Centre, staffroom, classroom, specialist room, yard duty bags and canteen
- Student Epipens are kept in Health Centre/Classroom in unlocked easily accessible, labelled cupboard, away from light and heat.
- Classroom education for students and staff
- Students diagnosed with anaphylaxis will not be required to pick up papers in school grounds

In the event of an anaphylactic reaction the school will follow the first aid and emergency response procedure and the student's Individual Management Plan

Communication Plan

The Principal will be responsible for ensuring that this communication plan is disseminated to provide information to all staff members, students and parent/carers about anaphylaxis and the school ANAPHYLAXIS MANAGEMENT POLICY by:

Staff Awareness:

The communication plan includes information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, school yard school excursion, camp or special event.

Volunteers and casual relief staff of student at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in response to an anaphylactic reaction by the Principal

All staff will be briefed twice yearly by trained staff member and full training will occur 3rd yearly by RTO. This will include:

- The school's anaphylaxis management policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of students diagnosed at risk of anaphylaxis and their ASCIA plan
- The preventative strategies in place
- Where EpiPens are kept
- How to use an adrenaline auto-injector device, including hands on practice with a trainer Adrenaline auto-injector
- The school first aid and emergency response procedure,
- Staff role in responding to a severe allergic reaction.

Student Awareness:

Peer support is an important element of support for students at risk of anaphylaxis. Information can be given by fact sheet, posters and class discussion by class teacher.

Key messages to students are:

- Always take food allergies seriously
- Don't share food with friends who have food allergies
- Wash hands after eating
- If another student is unwell, get help immediately
- Do not pressure other students to eat food they may be allergic to.

COMMUNICATION PLAN CHECKLIST

Action:

Letter to parents informed to review/complete Management Plan

Date:

Parent informed of Anaphylaxis Management Policy: Date:

Anaphylaxis awareness posted on school website /newsletter :

Date:

Staff will be informed of students at risk of anaphylaxis by the following means:

- Anaphylaxis Briefing at start of year and per new enrolments
- class list medical alerts ,
- photo board,
- provision of ASCIA Plans for display,
- CRT Information Folder.

The following student has been identified as at risk of anaphylaxis:

Name	Grade	Teacher	ASCIA Plan	Adrenaline auto-injector location

Information completed:

Individual management plan completed:

Date

ASCIA Plan completed, signed, photograph:

Date:

Staff informed of student identities:

Date:

ASCIA Plans displayed:

Date:

Anaphylaxis Management Briefing completed: Date:

Emergency Response Plan for Anaphylaxis

In the event of an anaphylactic reaction, the school first aid and emergency response procedure and students Individual Anaphylaxis Management Plan must be followed.

Life threatening Symptoms

- Chest sand/or throat tightness
- Difficulty breathing
- Facial swelling/puffiness
- Turning Blue (esp around lips)
- Loss of consciousness and/or collapse GIVE ADRENALINE AUTO-INJECTOR
- Difficulty talking/Hoarse voice
- Wheeze or persistent cough
- Pale floppy child

Be aware of the above symptoms can occur in any order, loss of consciousness may occur within minutes of contact of an allergen FIRSTAID PROCEEDURE

- One person to stay with child (never walk child to health centre)
- One person to call for help via walkie talkie /phone /send a student to office with HELP ADRENALINE AUTO-INJECTOR card /message
- One person to bring and administer Adrenaline auto-injector as per ASCIA Plan
- One person to call OOO and ask for MICA ambulance (person in attendance at child side)
- Monitor for effect ,follow DRSABCD as required
- One person to document time of actions
- One person to call parents
- One person to meet ambulance at gate

Adrenaline auto-injector and copy of documentation must be kept to send to hospital with the student in the ambulance.

- The designated First Aider must be informed that a student has had a reaction, adrenaline auto-injector has been administered
- The principal must be notified.

Emergency Response for Allergy

Non Life Threatening symptoms of Allergy

- Hives
- Sneezing
- Watery Eyes
- Tingling Lips
- Nausea
- Mild asthma symptoms FIRSTAID PROCEEDURE

Always follow Allergy Management Plan /ASCIA Allergy Plan provided by Parent/carers.

- Stay with Child and send for help
- Administer Ventolin via spacer if mild asthma symptoms as per Asthma Plan
- Inform parent/carer
- Give antihistamines as per Allergy Management Plan
- Observe student in Health Centre until resolved or transferred to home or hospital

Appendix 1: Anaphylaxis Risk Management Checklist

Appendix 2: Individual Anaphylaxis Management Plan

Appendix 3: Individual ASCIA Action Plan

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- 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 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).

I have been consulted in the development of this Individual Anaphylaxis Management Plan, I consent to the risk minimisation strategies proposed.

Risk ininimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent:

Date:

I have consulted the Parents of the students and the relevant School Staff who will be involved in the innplementation of this Individual Anaphylaxis Management Plan.

Signature of Principal (or nominee):

Date: