

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.

Aims:

- To provide a safe and healthy school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis.
- 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.

Implementation/Prevention:

Our school will manage anaphylaxis by:-

- providing opportunities for training as per the DET guidelines including the administering of an adrenaline auto-injector such as an EpiPen or an Anapen.
 - informing the community about anaphylaxis via the newsletter
 - informing students about allergies, including anaphylaxis causes and first aid, as part of the prep-6 curriculum.
 - not allowing food sharing, and restricting food to that approved by parents
 - identifying susceptible students and knowing their allergens
 - requiring parents to provide an ASCIA emergency management plan developed by a health professional and an auto-injector if necessary, both of which will be maintained in the first aid room for reference as required. First aid staff will contact parents if the Use-By date of the injector is close to expiration.
 - All ASCIA Anaphylaxis Action Response Posters will be displayed in the first aid room as appropriate.
 - We will maintain open communication with parents.
- The school will request that parents do not send certain food items (to classrooms where there are students with allergies) to school if at all possible; that the canteen eliminate or reduce the likelihood of such

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allergens, and the school will reinforce the rules about not sharing food, and not eating foods that parents have not provided or consented to.

- Ensuring that an Individual Anaphylaxis Management plan is developed and put in place as soon as practicable after the students enrolls.
- The development, implementation, monitoring and regular review of Individual Management Plans which include an individual ASCIA Action plan in accordance with part C of the ministerial Order 706.

Parent responsibility:

It is the responsibility of the parent to:

- provide the emergency procedures plan from a Medical Practitioner (ASCIA).
- inform the school in writing if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA).
- provide an up to date photo for the emergency procedures plan (ASCIA)
- provide an Adrenaline Auto injector to be used during school hours that is current and not expired for the child.

School responsibility:

- Volunteers and casual relief staff of students at risk of anaphylaxis will be informed students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the First Aid Coordinator. This is displayed in CRT folders.
- All new staff will be briefed 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, including hands on practise and where they are kept
 - the school's first aid and emergency response procedures
- The school will comply with the Order and guidelines on anaphylaxis management as outlined in part D.
- 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
- Regularly review Individual Anaphylaxis Management Plans for affected students
- To purchase of back up Adrenaline Auto-injectors for general use by schools
- To develop a Communication Plan between school and home
- Anaphylaxis briefings for all staff will be completed as per DET requirements.
- Ensure the annual Risk Management checklist is completed.

Reviewing the 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 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).

Communication Plan: What to do

The aim of a Communication Plan is to provide information to all School Staff, students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy and 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.

Where possible, only School Staff with training in the administration of the Adrenaline Autoinjector should administer the student's Adrenaline Autoinjector. However, it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by).

Classrooms - Schools may use classroom phones/personal mobile phones to contact the office. Emergency (laminated red card), whereby students go to the office to have the Autoinjector taken to the child and other emergency response protocols are followed. (call ambulance/parents)

Yard Duty- Schools may use mobile phones/portable school phone or a red card system whilst on yard duty.

In addition to planning 'how' to get an Adrenaline Autoinjector to a student, plans need to be in place for:

- a nominated staff member to call ambulance; and
- a nominated staff member to wait for ambulance at a designated school entrance.
- It is the responsibility of the Principal of the School to ensure that relevant School Staff are:
- trained; and briefed at least twice per calendar year.

How to administer an EpiPen®

Remove from plastic container.

Form a fist around EpiPen® and pull off the blue safety cap.

Place orange end against the student's outer mid-thigh (with or without clothing).

Push down hard until a click is heard or felt and hold in place for 10 seconds.

Remove EpiPen®.

Massage injection site for 10 seconds.

Note the time you administered the EpiPen®.

The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

If an Adrenaline Autoinjector is administered, the School must

1. **Immediately** call an ambulance (000/112).
2. Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3. Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere.
4. In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).
5. **Then** contact the student's emergency contacts.
6. **For government and Catholic schools - later**, contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).
7. **For independent schools - later**, enact your school's emergency and critical incident management plan.

Always call an ambulance as soon as possible (000)

School responsibility: Prevention Strategies

- Sent notes home to families in the same class/building as someone who is Anaphylaxis.
- Ensure the canteen does not sell nut products.
- If food items from home are bought in the ingredients are listed for all to see.
- Open communication with parents.
- Discourage students from bringing in products that may contain nuts

School responsibility: Emergency Procedures

- 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;
- Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these can be located: in a classroom; 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 accordance with a communications plan.

Ratified at School Council on 17th May 2017

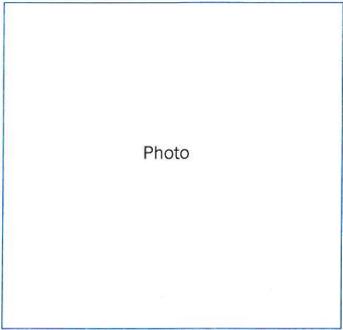
Ratified by School Council May 2014



ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name: _____
Date of birth: _____



Confirmed allergens: _____

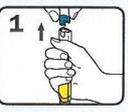
Asthma Yes No

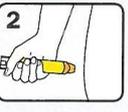
Family/emergency contact name(s): _____

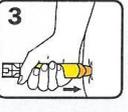
Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by: _____
Dr: _____
Signed: _____
Date: _____

How to give EpiPen®

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Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.
- 

PLACE ORANGE END against outer mid-thigh (with or without clothing).
- 

PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.
REMOVE EpiPen®. Massage 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
- Give other medications (if prescribed)
- Dose:
- 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**
- 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)**

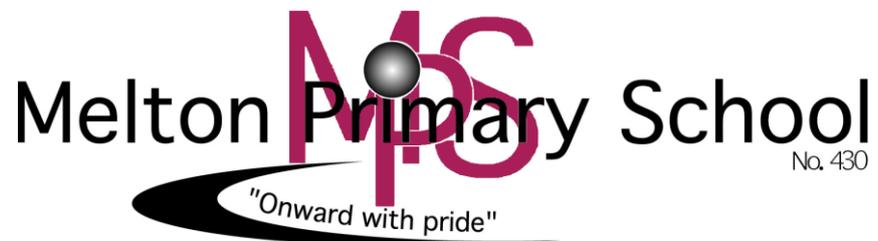
If in doubt, give adrenaline autoinjector

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.

Additional information _____

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.



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