

ANAPHYLAXIS MANAGEMENT (June 2017) (ANNUAL)

Edithvale Primary School will comply with Ministerial Order 706 and the associated Guidelines. 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.

BACKGROUND

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen.

Anaphylaxis (allergic shock) is the most severe form of allergic reaction and is potentially life threatening. The most common allergens in school-aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, wheat, soy, seafood, insect stings and certain medications.

A large variety of foods contain hidden allergens which are often described in a number of different ways on food labels. If the list of ingredients on the food label includes nuts (eg. many muesli bars), or the label says that the food was cooked in nut oil, this is a **high risk food**, likely to trigger an allergic reaction in susceptible people.

Several students at Edithvale Primary School are known to be very sensitive to eggs, nuts and nut products, dairy products and certain medications. It is important to understand that any contact with these food products would be life threatening to students with anaphylaxis. Therefore we encourage parents not to allow peanuts, nuts, peanut butter, coconut, nut products or products containing nuts to be brought to school.

Symptoms of an allergic reaction or anaphylactic reaction may include:

difficulty in breathing	distress	tingling in or around the mouth
swelling of the face/eyes	hives	drowsiness
nose running	nausea/vomiting	unconsciousness
localised rash	sore throat	

Treatment of allergic and anaphylactic reactions must follow the instructions delivered to all staff during training. These may include the administration of **anti-histamines** or an **auto-injector device** (such as an *epi-pen*.)

PURPOSE

- 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, develop 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

Anaphylaxis is best prevented by knowing and avoiding the allergens.

Our school will manage anaphylaxis by:-

- Identifying susceptible students and knowing their allergens
- Occasional articles about anaphylaxis will be published in the newsletter
- Not allowing food sharing
- Requiring parents to provide an emergency management plan developed by a health professional and Adrenaline auto-injector device (EpiPen) if necessary
- Ensuring each student has an individual management plan for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- Ensuring staff are provided with regular professional development on the identification and response to anaphylaxis and the proper use of an Adrenaline auto-injector device (EpiPen).
- Recommending certain types of foods (eg: nuts) not be brought to school.
- Notices to parents of classes that have an anaphylactic child in them, alerting parents and recommending that they do not send certain types of food to school if at all possible.
- Notices placed on the door/entrance of all classrooms with an anaphylactic child in them.
- Reinforcing the rules about not sharing and only eating foods provided from their own home.
- Having all Adrenaline auto-injector device (EpiPen) housed in the First Aid room. These are in individually named cooler bags. There is one for general use.
- Completing an annual Risk Management checklist.
- Ensuring individual medical alerts with student's photo and information about allergen, symptoms and procedures if a reaction occurs are placed in:
 - The First Aid Room.
 - CRT / Teacher's Folders
 - Emergency Management Plans

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

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 the 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 the 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.
- Information on where the student's medication will be stored.

- The student's emergency contact details.
- An emergency procedures plan (ASCIA Action 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 testing the child on the date the practitioner signs the emergency procedures plan; and
 - Includes an up to date photograph of the student.
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NOTE: the red and blue 'ASCIA Action Plan'(SHOWN ON THE FOLLOWING PAGE) is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis.

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.

It is the responsibility of the parent to:

- Provide the emergency procedures plan (ASCIA Action Plan).
- Inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
- Provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.
- Monitor the use by date of the Epipen and replace when necessary.



australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name: _____

Date of birth: _____

Photo

Confirmed allergens: _____

Asthma Yes ☐ No ☐

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____


Plan prepared by: _____

Dr: _____

Signed: _____

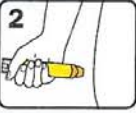
Date: _____

How to give EpiPen®



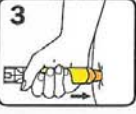
1

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®. Massage injection site for 10 seconds.

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

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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COMMUNICATION PLAN

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 school's anaphylaxis management policy.

The following steps will occur in response to an anaphylactic reaction **in the classroom**

- Teacher keeps child still
- Teacher rings through to office for student's Epipen to be immediately taken to classroom if one is not in the room.
- Trained staff member, either trained Admin Staff or class teacher, administers Epipen to student
- A staff member rings for an ambulance
- Staff member remains with student until ambulance arrives.
- Office staff ring parent
- Follow through on instructions from ambulance officer

The following steps will occur in response to an anaphylactic reaction **in the schoolyard**

- A generic Epipen will be housed in the sick bay at all times.
- Teacher keeps child still
- Teacher rings through to office, gives position of student in yard and asks for student's Epipen to be immediately taken to student.
- Trained staff member, either Admin Staff or duty teacher, administers Epipen to student.
- Office staff ring for ambulance
- Staff member remains with student until ambulance arrives.
- Office staff ring parent
- Follow through on instructions from ambulance officer

The following steps will occur in response to an anaphylactic reaction **on a school excursion**.

- Anaphylactic child supervised by a Anaphylaxis trained staff member at all times.
- Same staff member collects and carries Epipen bag at all times.

If a reaction occurs

- Trained teacher administers Epipen
- Teacher rings ambulance
- Teacher rings through to school to contact parent
- Follow through on instructions from ambulance officer

The following steps will occur in response to an anaphylactic reaction on a school camp.

- Epipens are taken on camp, so there is always one available for each anaphylactic child.
- Child supervised by an Epipen trained staff member at all times

If a reaction occurs

- Trained staff member administers Epipen
- Another staff member rings ambulance
- Staff member rings parent
- Follow through on instructions from ambulance officer

Casual relief staff of students at risk of anaphylaxis will be informed of students' allergens and the process if a reaction occurs including their role via the CRT folders.

STAFF TRAINING AND EMERGENCY RESPONSE

A briefing for all teachers on Edithvale Primary School's Anaphylaxis policy and procedures will be conducted twice per year.

Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis will have up to date training in anaphylaxis management. Two staff members have also been trained to provide the anaphylaxis management training.

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

Training will be provided to non trained staff as soon as possible after the student enrolls. When training is delayed, an interim plan will be developed to ensure that a trained staff member is within close proximity of the student's classroom.

The school's first aid procedures and student's emergency procedures plan (ASCIA Action Plan) will be followed when responding to an anaphylactic reaction.

When teachers become aware that high-risk food products have been brought to school:

- **Foundation and Year 1 classes:** Teachers should help the student choose something else from his/her lunch box and ask them to save the 'risky' food as an after-school snack to have at home.
- **Year 2-6 classes:** Teachers ask students to put the 'risky' food away for after school and choose an alternative from their lunch box. If lunch box options are limited the student may be invited to choose an alternative product from the canteen.
- A copy of the **Anaphylaxis Policy** will be sent home to parents of the affected year level, at the start of the year, to make them aware of the school's expectations and obligations to the safety of all students.

Class cooking or craft activities involving food:

A letter will be sent home to affected students' parents ahead of time, with an explanation of the activity, requesting permission for student participation/or suggestions on how to make the activity safe for all.

In addition to the above, teachers in classes that include students who are known to have food allergies will discuss these situations with parents. In this way a response can be made that best suits the particular circumstances, including year level of the class, level of sensitivity of the 'at risk' student etc.

The Staff are sensitive and non-judgemental in the application of anaphylaxis and allergy prevention strategies. Teachers provide students with a clear explanation of the school Anaphylaxis/Allergy Policy and their obligation to implement it in the best interests of student safety.

The Staff want to avoid drawing attention to students with allergies while at the same time trying not to discriminate against other students who enjoy nuts and other foods as a regular part of their 'not-at-school' diet.

It is an expectation that parents will educate their children about 'risky' foods before commencing school.

Children's Birthday Treats

- Parents may provide individually wrapped treats for children in their child's class to share.
- If a child with an allergy is unsure about the safety of the treat, they can take it home and check with their parents before it is eaten.
- Home made unlabelled cakes are not to be brought to school.
- Parents of a child with severe allergies may provide the classroom teacher with a supply of special treats that may be given to their child in lieu of other treats.

POLICY

- The school canteen will make every effort to exclude from school foods that include nuts and nut products in the ingredient list.
- Students with allergies will be actively taught by parents and teachers to avoid situations likely to give rise to an anaphylactic reaction.
- A **Student Medical Condition Management Plan** is written for each child who is known to have a severe allergy.
- Details of **Student Medical Condition Management Plans** will be listed on **Medical Alerts** kept in the **Sick Bay**, **Yard Duty Folders** and **CRT & Emergency Procedures Manuals**.
- **Adrenaline auto-injectors (EpiPens)** are kept in insulated bags, clearly labelled, on the left hand wall of the sick bay, as you go in the door.
- Staff are trained twice per year in emergency response procedures, including the use of an **Adrenaline auto-injectors (EpiPen)** to administer adrenaline.
- Students are taught the potential danger of severe allergies and are actively discouraged from sharing food.
- School camps are notified of students with allergies prior to students attending camp.
- Parents are encouraged to make contact with the camps prior to their child attending.
- Camps are provided with **Student Medical Condition Management Plans (ASCIA)** of all students with severe allergies prior to students attending school camps.

RATIFIED BY SCHOOL COUNCIL ON:	13.06.17
PRINCIPAL:	James Whitla
SCHOOL COUNCIL PRESIDENT:	Steve Smith
EVALUATION:	This policy will be reviewed as part of the school's annual cycle, or as required due to changes in relevant Acts, Laws or should situations arise that require earlier consideration.