Anaphylaxis Management Policy

2016
Anaphylaxis Management 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 our school is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between our school 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® auto injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

School Statement
A statement that the school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

Purpose
Birchip P-12 School will 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.

Our aim is to raise awareness about anaphylaxis and the school’s anaphylaxis management policy in the school community

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

We will ensure that each staff member has adequate knowledge about allergies, anaphylaxis and this school’s policy and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Management Plans
The principal will ensure that an individual management plan is developed, in consultation with the student’s parents/carers, 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 enrols, 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/s responsible for implementing the strategies.
- 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 treating the child on the date the practitioner signs the emergency procedures plan; and includes an up to date photograph of the student. See Appendix One for examples of ASCIA Anaphylaxis Action Plan.
• School Staff will then implement and monitor the student’s 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 (e.g., . class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of the parent to:
• provide the 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.

Prevention Strategies - Risk Minimisation
The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimization strategies.

<table>
<thead>
<tr>
<th>Setting</th>
<th>Considerations</th>
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| School | • A copy of the student’s management plan will be clearly displayed and accessible in the first aid room and the staff room.  
• Medications including EpiPen®, will be correctly stored in the office in the admin building.  
• The school community will be made aware of the schools anaphylaxis policy through newsletter articles, the schools internet site and parent information events. |
| Classroom | • Classroom teachers to be aware of each student’s ASCIA Action Plan.  
• Liaise with parents/guardians about food related activities ahead of time.  
• Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school’s allergen minimization strategies (see Step 4 of ‘allergy awareness’ in schools).  
• Never give food from outside sources to a student who is at risk of anaphylaxis.  
• Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).  
• Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.  
• Casual/relief teachers provided with a copy of the student’s ASCIA Action Plan. |
| Yard | • The student with anaphylactic responses to insects should wear shoes at all times.  
• Keep outdoor bins covered.  
• The student should keep open drinks (e.g. drinks in cans) covered while outdoors.  
• The adrenaline auto injector should be easily accessible at front office.  
• Communication strategy for the yard involves: |
**Yard duty person**
- identifying the incident
- staying with the patient
- sending two students to the front office to report the anaphylactic incident
- call 000

**Office staff**
- collect medication and or EpiPen
- attend the incident and administer medication as prescribed.
- contact family

| On-site events (e.g. sporting events, in school activities, class parties) | Parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school’s allergen minimisation strategies (see Step 4 of ‘allergy awareness’ in schools).
- Party balloons should not be used if a student is allergic to latex.
- A student who is allergic to latex should not use latex swimming caps.
- Staff must know where the adrenaline auto injector is located and how to access it if required.
- Staff should avoid using food in activities or games, including rewards. |
|---|---|
| Off-site school settings – field trips, excursions | • The student’s adrenaline auto injector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions.
• One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector should accompany the student on field trips or excursions. All staff present during the field trip or excursion needs to be aware if there is a student at risk of anaphylaxis.
• Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
• The school should consult parents/carers in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/carer to send a meal (if required).
• Parents/carer may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/carers as another strategy for supporting the student.
• Consider the potential exposure to allergens when consuming food on buses. |
| Off-site school settings – camps and remote settings | • When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers.
• Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies.
• Staff should liaise with parents/carers to develop alternative menus or allow students to bring their own meals.
• Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that ‘may contain’ traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts.
• Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided.
• The student’s adrenaline auto injector and ASCIA Action Plan and a mobile phone must be taken on camp.
• A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis.
• Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
• Be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp.
• The adrenaline auto injector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school first.
School Management and Emergency Response

The School’s Anaphylaxis Management Policy identifies procedures for emergency response to anaphylactic reactions. The procedures will include the following:

- 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 gymnasiuums 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.

Adrenaline auto injectors for General Use

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.

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, and at excursions, camps and special events conducted or organised by the School;
  - 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.

Communication Plan

The principal is 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 the Principal, OH&S Officer or teacher in charge.
All staff will be briefed once annually by a trained anaphylaxis accredited staff member. All staff will be expected to undertake the anaphylaxis eModule and be deemed competent in their use of the auto-injector.

The trained anaphylaxis accredited staff member will have 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
- risk management procedures

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.

Staff Training
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.

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 Autoinjector that have been provided by Parents or purchased by the School for general use.

The briefing must 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 relevant school staff as soon as practicable after the student enrolls, 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.

Assessment and First Aid Treatment of Anaphylaxis
What is anaphylaxis?
Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life threatening allergic reactions are uncommon and deaths
are rare. However, deaths have occurred and anaphylaxis is therefore regarded as a medical emergency that requires a rapid response.

Signs and symptoms
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.

Symptoms of anaphylaxis (a severe allergic reaction) can include:
- difficulty breathing or noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheezing or persistent coughing
- loss of consciousness and/or collapse
- young children may appear pale and floppy.

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

The role and responsibilities of the principal

The principal or nominee has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis. The principal will:
- 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 to develop an Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation.
- Request that parents provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the student’s medical practitioner and has an up to date photograph of the student
- Ensure that parents provide the student’s EpiPen® and that it is not out of date.
- Ensure that staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Develop a communication plan to raise student, staff and parent awareness about severe allergies and the school’s policies.
- Provide information to all staff so that they are aware of students who are at risk of anaphylaxis, the student’s allergies, the school’s management strategies and first aid procedures. Ensure all student’s ASCIA Action Plan are displayed in the photocopy room.
- Ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response.
- Ensure that any external food provider can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.
- Allocate time, such as during staff meetings, to discuss, practise and review the school’s management strategies for students at risk of anaphylaxis. Practise using the trainer EpiPen® regularly.
- Encourage ongoing communication between parents/carers and staff about the current status of the student’s allergies, the school’s policies and their implementation.
- Ensure a review of the student’s Anaphylaxis Management Plan annually or if the student’s circumstances change, in consultation with parents.
The role and responsibilities of all school staff who are responsible for the care of students at risk of anaphylaxis

School staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff, and volunteers. Members of staff are expected to:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Know the school’s first aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction.
- Keep a copy of the student’s ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
- Know where the student’s EpiPen® is kept. Remember that the EpiPen® is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the student’s Anaphylaxis Management Plan.
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.


Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations.

Date adopted: Thursday 16 June 2016

Review Date/Cycle: June 2019

John Richmond
Principal

Cameron Flowers
School Council President

‘Birchip P-12 School is a Child Safe School’
APPENDIX ONE A: GENERAL ANAPHYLAXIS ACTION PLAN

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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

Mild to moderate allergic reactions may not always occur before 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 FOR ANAPHYLAXIS

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 adrenaline autoinjector.
3. Phone ambulance*: 000 (AU) or 111 (NZ).
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.

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.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

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

© ASCIA 2015. This plan was developed for use as a poster and to be stored with general use adrenaline autoinjectors.

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APPENDIX ONE B: PERSONAL ANAPHYLAXIS ACTION PLAN

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Give other medications (if prescribed).
- Phone family/emergency contact.

Confirmed allergens:

Mild to moderate allergic reactions may not always occur before 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 FOR ANAPHYLAXIS

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 adrenaline autoinjector.
3. Phone ambulance*: 000 (AU) or 111 (NZ).
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.

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.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y  N  Medication:

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Name: ____________________________
Date of birth: ______________________

Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: __________________________
Home Ph: __________________________
Mobile Ph: _________________________

Plan prepared by:
Dr: ________________________________
I hereby authorise medications specified on this plan to be administered according to the plan.
Signed: ______________________________
Date: ________________________________
Date of next review: _______________________

Mild to moderate allergic reactions may not always occur before 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 FOR ANAPHYLAXIS

1 Lay person flat. Do not allow them to stand or walk.
   If breathing is difficult allow them to sit.
2 Give adrenaline autoinjector if available.
3 Phone ambulance*: 000 (AU) or 111 (NZ).
4 Phone family/emergency contact.

Commence CPR at any time if person is unresponsive and not breathing normally.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y □ N □ Medication: __________________________

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