



Anaphylaxis Management Policy

Rationale

Barwon Heads PS will comply fully with Ministerial Order 706 and associated Guidelines published and amended by the Department from time to time.

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/Anapen® autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

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.
- To ensure that students with anaphylaxis have current Management and Action plans.
- To provide adrenaline auto injectors for general use.
- Conduct a Risk Management Checklist for anaphylaxis procedures each year.

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 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 in place 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 (ASCA 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.

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).
- Provide an updated photo for the ASCIA Action Plan when the Plan is provided to the School and when it is reviewed
- Inform the school in writing if their child's medical condition, insofar to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Plan
- Provide the School with an Adrenaline Auto injector that is current and not expired for the child

School Staff will then implement and monitor the student's Individual Anaphylaxis Plan.

Staff will avoid the use of food treats in class or as rewards, as these may contain hidden allergens and work with parents/carers to provide appropriate treats for anaphylactic students for special events such as Easter, and Christmas.

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.

Steps taken if an anaphylactic reaction occurs:

- Classroom.

Class teacher to gauge appropriate action required. Medication & Epipen stored centrally in the office while Anaphylaxis Action Plan for each child is kept inside the classroom environment. Remove contaminate or the child from danger. Treat in accordance with their Individual Action plan. Contact office by phone, teacher or monitor. Office contacts ambulance then sends assistance with the student anaphylaxis kit from the first aid room to help monitor child or remove grade and contacts parents. Front car park available for ambulance access. All actions taken are to be recorded noting the times and medications given.

- Yard.

Each duty teacher to be trained. Yard duty teacher will carry a first aid bag which has pictures of affected children together with names and grades.

If a reaction occurs contact is made with office via mobile phones, another staff member or a responsible student. Teacher will stay with the child at all times. Move child to First Aid room if it safe to do so.

School Anaphylaxis Kit and Student Action Plan is taken from the first aid room by the First Aid duty teacher to the student while another teacher retrieves the students Anaphylaxis Bag from the students classroom and takes it to the student.

Treat according to the Individual Action Plan. Medication plus Epipen may be administered if required. All actions need to be recorded accurately.

Office contacts ambulance and parents. Ambulance access via Golf Links Rd into one of the car parks - depending on the location of the student.

A review of procedures will be conducted after the incident and any counselling will be provided if necessary.

- Specialists

Contact made by phone, another teacher or responsible student to office and homeroom teacher. Stay with the child at all times. Remove the child from any triggers if required.

Support teachers to remove rest of students from the scene.

Student Anaphylaxis Medication and plan brought from classroom or office and School Anaphylaxis kit brought from First Aid Room.

Office staff to contact emergency services and parents.

- Camps/Excursions.

Child's Epipen/Anapen, medications and management plans to be taken on all camps/excursions. Grade teacher to carry pens and have these children in their groups, if necessary. If a reaction occurs:

- Follow management plan
- Epipen/Anapen administered if needed
- Contact ambulance
- Teacher stays with child to monitor
- Contact school or venue administration.

- Casual Relief Teachers.

Where possible CRT's at Barwon Heads PS are few in number and are therefore aware of issues. Classroom teacher to leave this policy out as part of the planning left for CRT. Areas of concern highlighted ie. classroom, yard and location of Epipen/Anapen indicated.

- Out of School Hours Care

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 and Emergency Response

- Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.
- 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 principal must ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.

- The principal will identify the school staff to be trained based on a risk assessment and will ensure there is a sufficient number of school staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.
- Staff will undergo annual training including briefings at least twice per calendar year.
- The school's first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.
- Barwon Heads PS has its own adrenaline auto injector which is kept in the First Aid room. It also contains first response medication ie. Anti-histamine.

Annual Risk Management Checklist

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

References:

- DET Anaphylaxis Policy
- DET Health Support Planning Policy

Ratified:

This policy has been ratified by School Council May 2015

Review: Annually

ASCIA ACTION PLAN FOR ANAPHYLAXIS
(Attach a copy of this plan here, which parents/carers are to supply (signed by the student's medical practitioner, with an up-to-date photo of the child).

Appendix

ascia
 www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors (with blue safety release and orange needle end)

Name: _____
 Date of birth: _____

Photo

Confirmed allergens: _____

Family/emergency contact name(s): _____

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

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

How to give EpiPen® or EpiPen® Jr

- 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.
- 4 REMOVE EpiPen®. Massage injection site for 10 seconds.

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:
- Locate EpiPen® or EpiPen® Jr
- 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 Give EpiPen® or EpiPen® Jr
- 3 Phone ambulance* - 000 (AU), 111 (NZ), 112 (mobile)
- 4 Contact 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 EpiPen® or EpiPen® Jr

EpiPen® Jr is generally prescribed for children aged 1-6 years.
 *Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

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