



ANAPHYLAXIS POLICY

Background:

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 (eg. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Purpose:

- That Abbotsford Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department of Education and Training;
- 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 school life.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers about students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Implementation:

Individual Anaphylaxis Management Plans will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School;
- 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; and
- an Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan. (Red and blue plan).

All school staff will 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/carers 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, etc;
- 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, cultural days, fetes, incursions).

It is the responsibility of the Parents 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.

Preventative Measures to reduce the risk of Anaphylaxis

- To build awareness across the school community (including all parents) of the severity of anaphylaxis, typical allergens and symptoms, and the risks to affected children;
- Staff to include in their planning documentation specific reference to the Anaphylaxis Policy highlighting the need to contact parents and the venue if excursions or classroom activities involve food;
- Information regarding anaphylaxis will be communicated through the school newsletter at the beginning of each school year and a letter to be sent home across each year level that has a student/s at risk of anaphylaxis at the beginning of the school year;
- The school will take immediate action to address (and prevent) bullying or threatening behaviour which poses a risk to a student with anaphylaxis;
- The school will provide a backup Adrenaline Autoinjector to be used in the event that the students' own Autoinjector has not taken effect, is out of date, or is less accessible.

School Management and Emergency Response

- 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 are located:
 - in the First Aid room;
 - in staff management folders;
 - at the reception desk;
 - during school excursion on medical consent forms;
 - on school camps (medical consent forms);
 - at special events conducted, organised or attended by the school (medical consent forms).

Adrenaline Auto injectors for General Use

The Principal will purchase Adrenaline Autoinjector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents. The Adrenaline Auto injectors for General Use have a limited life, usually expiring within 12-18 months, and will be replaced at the School's expense, either at the time of use or expiry, whichever is first. One general use injector will be purchased. Injectors are located in the First Aid room.

Communication Plan

- 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 with students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their roles in responding to an anaphylactic reaction by a student in their care by the school's First Aid Coordinator;
- All staff will be briefed once each semester by the First Aid Coordinator 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 Adrenaline Autoinjector device.
- The school's First Aid procedures and Emergency Response procedures plan will be followed in responding to an anaphylactic emergency.

Staff Training

It is the responsibility of the Principal of the School to ensure that school staff are trained and briefed at least twice per calendar year. The staff will undertake the following training:

- Anaphylaxis Management Training Course once every three years;
- Participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year by a fully trained staff member) 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 Autoinjector,
 - the School's general first aid and emergency response procedures; and
 - The location of, and access to an Adrenaline Autoinjector that has been provided by parents or purchased by the School for general use.

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/carers of any affected student with a medical condition that relates to an 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.

Evaluation

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

This policy will be reviewed as part of the school's four-year review cycle.

This policy was ratified by School Council in September 2016.

References

Ministerial Order 706

<http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxischools.aspx>

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

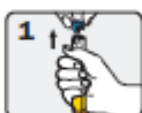
I hereby authorise medications specified on this plan to be administered according to the plan

Signed:

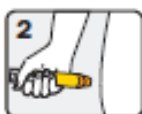
Date: _____

Action Plan due for review: _____

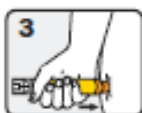
How to give EpiPen®



Form flat around EpiPen® and **PULL OFF BLUE SAFETY RELEASE**



Hold leg still and **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® and gently massage injection site for 10 seconds

Instructions are also on the device label

SIGNS OF 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
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- 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 unconscious, place in recovery position
- 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

6 Transfer* person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N