

TECOMA PRIMARY OSHC ANAPHYLAXIS POLICY

PURPOSE

To explain to Tecoma Primary School OSHC parents/carers and educators the processes and procedures in place to support children diagnosed as being at risk of suffering from anaphylaxis.

POLICY

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face, and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Action Plan and Medical Support Plan

All students at Tecoma Primary School OSHC who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction, must have an Individual Anaphylaxis Action Plan from a medical practitioner prior to commencing care. When notified of an anaphylaxis diagnosis, the Nominated Supervisor is responsible for developing a Medical Support Plan in consultation with the student's parents/carers.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the child's medical practitioner and provide a copy to the program prior to commencing care
- immediately inform the program in writing if there is a relevant change in the child's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the child for the ASCIA Action Plan for Anaphylaxis
- provide the program with a current adrenaline autoinjector for the student that has not expired and any other relevant medication such as antihistamines
- participate in annual reviews of the student's Medical Support Plan.

Each child's Individual Anaphylaxis Medical Support Plan must include:

- information about the child's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the child has
- information about the signs or symptoms the child might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the child is at the program or on an excursion ran by the program
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the child's medication will be stored
- the child's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the child's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans

A child's Individual Anaphylaxis Medical Support Plan will be reviewed and updated on an annual basis in consultation with the child's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the child has an anaphylactic reaction at the program
- if the child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the child is participating in an off-site activity

Our program may also consider updating a student's Individual Anaphylaxis Medical Support Plan if there is an identified and significant increase in the child's potential risk of exposure to allergens at the program.

Location of plans and adrenaline autoinjectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at in the cupboard in sickbay, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Tecoma Primary School OSHC, we have put in place the following strategies:

- *Children are regularly reminded to wash their hands after eating*
- *Children are asked to not share food, if eating food brought from home*
- *We do not serve any nuts or peanut butter*
- *Two general use adrenaline autoinjector are stored in the medication cupboard*

Adrenaline autoinjectors for general use

Tecoma Primary School OSHC will maintain at least one adrenaline autoinjector for general use, as a back-up to those provided by parents and carers for specific students, and for students who may suffer from a first-time reaction at the program.

Adrenaline autoinjectors for general use will be stored in the medication cupboard.

The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the program's general first aid procedures, emergency response procedures and the child's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of children identified as being at risk of anaphylaxis is maintained by the program and displayed in the office/kitchen.

If a child experiences an anaphylactic reaction at the program educators must:

Step	Action
1.	<ul style="list-style-type: none">• Lay the person flat• Do not allow them to stand or walk• If breathing is difficult, allow them to sit• Be calm and reassuring• Do not leave them alone• Seek assistance from another educator to locate the student's adrenaline autoinjector or the program's general use autoinjector, and the child's Individual Anaphylaxis Management Plan, stored in the kitchen/office.• If the child's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5
2.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none">• Remove from plastic container• Form a fist around the EpiPen and pull off the blue safety release (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 3 seconds• Remove EpiPen• Note the time the EpiPen is administered• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration <p>OR</p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none">• Pull off the black needle shield• Pull off grey safety cap (from the red button)• Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)• Press red button so it clicks and hold for 10 seconds• Remove Anapen®• Note the time the Anapen is administered <p>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration.</p>
3.	Call an ambulance (000)

4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the child's emergency contacts.

If a child appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, educators should follow steps 2 – 5 as above.

Schools can use **either the EpiPen® and Anapen® on any child** suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, educators should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the child.

[Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction]

COMMUNICATION PLAN

This policy will be available on Tecoma Primary School's website so that parents and other members of the school community can easily access information about Tecoma Primary School OSHC's anaphylaxis management procedures. The parents and carers of students who are enrolled at Tecoma Primary School OSHC and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Nominated Supervisor is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Tecoma Primary School OSHC's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of children who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of children at risk.

The Nominated Supervisor is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's Anaphylaxis Guidelines.