

POLICY STATEMENT**ANAPHYLAXIS MANAGEMENT**

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

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 at Tecoma Primary School.
- To ensure that at all times Tecoma Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department.
- To acknowledge the school has a responsibility to continually develop and maintain this Anaphylaxis Management Policy.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the Tecoma 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 at Tecoma Primary School has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

INDIVIDUAL ANAPHYLAXIS MANGEMENT 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 where possible before their first day of school.

The individual anaphylaxis management plan 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 ASCIA 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 (eg. class parties, elective subjects, 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.

**NOTE: An Individual Anaphylaxis Management Plan is attached to this policy.
An 'ASCIA Action Plan' is also attached to this Policy.**

PREVENTION STRATEGIES

The school will endeavour to put into place Risk Minimisation and Prevention Strategies for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

In the case of an emergency situation Tecoma Primary School will ensure the following procedures are in place:

- 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 will be on display in the sick bay;
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans will also be displayed:
 - in the child's classroom;
 - in the yard duty folders;
 - in all specialist subject areas (Art room, Music Room, School Hall and Science Room).
 - on school excursions, to the staff member responsible for first aid;
 - on school camps, to all staff and adults attending; and
 - at special events conducted, organised or attended by the school.

At the beginning of each school year (and when any new staff enter the school during the year) staff are advised that, in case of an emergency, individual Adrenaline Autoinjectors, with each child's name on them, are stored in the main office in the drawer marked with the words "**MEDICATION EPIPEN**";

ADRENALINE AUTOINJECTORS 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 Principal will determine the number of additional Adrenaline Autoinjector(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 Autoinjectors 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 Autoinjectors 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; and
- the Adrenaline Autoinjectors 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 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 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 of students at risk of anaphylaxis 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/Assistant Principal.

NOTE: Ideas and advice about strategies that can be used to raise the awareness of staff, student, parents/carers and the Tecoma School Community of anaphylaxis is attached to this policy.

STAFF TRAINING AND EMERGENCY RESPONSE

At Tecoma Primary School, in the interest of all students within our care, the Principal/School Council will ensure all teachers and other school staff have up to date training in an anaphylaxis management training course.

Training will be provided to all staff as soon as practicable after the student enrolls.

Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.

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

All staff will be briefed once each semester (with the first briefing to be held at the beginning of the school year) 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 with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where the medication is located;
- how to use an Autoinjector device, including hands on practice with a trainer Adrenaline Autoinjector device;
- the school's general first aid and emergency response procedures;
- the location of, and access to, Adrenaline Autoinjectors 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.

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.

Note: A video has been developed and can be viewed from <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

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.

Note: A template of the Risk Management Checklist can be found at Appendix 4 of the Anaphylaxis Guidelines for Victorian Schools or the Department's website: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

EVALUATION:

Evaluation of this policy will be carried out by the Education Committee as part of the Education Committee's review process, in three years time, or beforehand, as required by DEECD.

Prepared by: Di Double, Rohan Thompson from DEECD guidelines

Individual Anaphylaxis Management Plan

<p>This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent.</p> <p>It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.</p>			
School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		
Emergency care to be provided at school			

Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)

ENVIRONMENT

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

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Name of environment/area:

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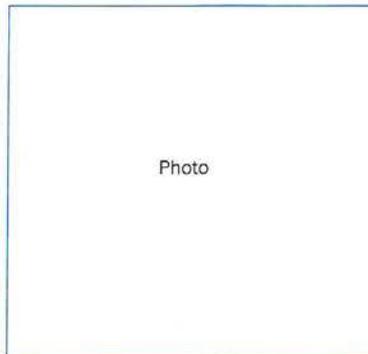
Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

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: _____

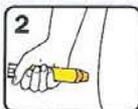
Signed: _____

Date: _____

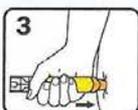
How to give EpiPen®



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

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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.

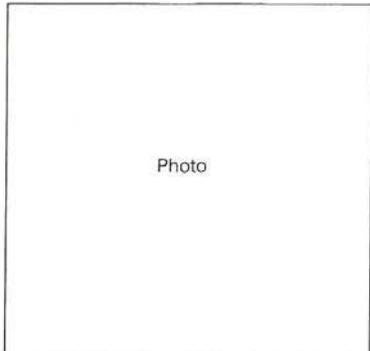
Additional information _____

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.

For use with Anapen® Adrenaline Autoinjectors

Name: _____

Date of birth: _____



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 Anapen®



PULL OFF BLACK NEEDLE SHIELD.



PULL OFF GREY SAFETY CAP from red button.



PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing).



PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen® and DO NOT touch needle. 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 Anapen® 300 or Anapen® 150
- 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 Anapen® 300 or Anapen® 150**
- 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.

Anapen® 300 is generally prescribed for adults and children over 5 years.
Anapen® 150 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.

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- 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 (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of Principal (or nominee):	
Date:	

Communicating with staff, students and parents/carers

It is important to work with the whole school community to better understand how to provide a safe and supporting environment for all students, including students with severe allergies. Principals should develop a communication plan in order to provide information about severe allergies and the school's policies to staff, students and parents/carers.

5.1 Raising staff awareness

All staff involved in the care of students at risk of anaphylaxis, including class teachers, office staff, casual relief teachers, canteen staff, administrative and other office staff, should know:

- the causes, symptoms and treatment of anaphylaxis
- the identities of students who are at risk of anaphylaxis
- the preventative strategies in place
- where EpiPens® are kept
- the school's first aid and emergency response procedures
- their role in responding to a severe allergic reaction.

Some ways to achieve this include allocating time, such as at staff meetings, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis, and providing and/or displaying copies of the student's ASCIA Action Plan in canteens, classrooms and staff rooms.

It is particularly important to 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.

A designated staff member, such as the daily organiser or school operations manager, should have responsibility for briefing new staff (including canteen staff, volunteers or casual relief staff) about students at risk of anaphylaxis, the

5.2 Raising student awareness

Peer support is an important element of support for students at risk of anaphylaxis. Staff can raise awareness in school through fact sheets or posters displayed in hallways, canteens and classrooms.

Class teachers can discuss the topic with students in class, with a few simple key messages:

- always take food allergies seriously – severe allergies are no joke
- don't share your food with friends who have food allergies
- wash your hands after eating
- know what your friends are allergic to
- if schoolmate becomes sick, get help immediately
- be respectful of a schoolmate's EpiPen®
- don't pressure your friends to eat food that they are allergic to.¹

It is important to be aware that some students at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a anaphylactic student with an allergen must be treated as a serious and dangerous incident and treated accordingly.

Schools can refer to the Safe Schools are Effective Schools anti-bullying resource for ideas and strategies for dealing with bullying situations: www.sofweb.vic.edu.au/wellbeing/safeschools/bullying/index.htm

5.3 Work with parents/carers of students at risk of anaphylaxis

Schools should be aware that parents/carers of a child who is at risk of anaphylaxis may experience high levels of anxiety about sending their child to school. It is important to encourage an open and cooperative relationship with parents/carers so that they can feel confident that appropriate management strategies are in place.

Aside from implementing practical prevention strategies in schools, the anxiety that parents/carers and students may feel can be considerably reduced by increased education, awareness and support from the school community.

5.4 Engage the broader school community

Schools can raise awareness about anaphylaxis in the school community through education campaigns, so that parents/carers of all students have an increased understanding of the condition.

Posters, fact sheets and brochures can be downloaded from the Department's Student Wellbeing website at www.sofweb.vic.edu.au/wellbeing/support/anaphyl.htm and used to promote greater awareness of severe allergies in the school community.

5.5 Privacy considerations

Schools should be aware that some parents/carers or students may not wish the identity of the student to be disclosed to the wider school community. This should be discussed with the student's parents/carers and written consent obtained to display the student's name, photograph and relevant treatment details in staff areas, canteens or other common areas.

¹ From the 'Be a Mate' resource developed by Anaphylaxis Australia