Anaphylaxis Management Policy

Introduction

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)
- 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.

Aim

The purpose of this Anaphylaxis Management Policy is 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.
- Raise awareness about anaphylaxis and the school’s anaphylaxis management policy in the school community
- Engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- Ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school’s policy and procedures in responding to an anaphylactic reaction.
Implementation

1. **Individual Anaphylaxis Management Plans:**

The principal will, in conjunction with the Student Wellbeing Co-ordinator, 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 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 (refer to: Prevention Strategies for Anaphylaxis, 2007)

- 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

It will include an emergency procedures plan (ASCIA – Australasian Society of Clinical Immunology and Allergy - 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

- 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.

*A template for both a student’s Individual Management Plan and their ASCIA Action Plan is located on the school website.*

*It is the responsibility of the parent to provide the emergency procedures plan (ASCIA Action Plan) and to inform the school if their child’s medical condition changes, and if relevant, provide an updated emergency procedures plan (ASCIA Action Plan)*
2. **Communication Plan:**

The principal will, in conjunction with the Student Wellbeing Co-ordinator, 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 Deputy Principal and or Classroom Teacher via the class Emergency Teacher Information Folder.

*As referenced on page 5 of St Augustine’s First Aid Policy…“Students who require special medical attention are identified individually and teachers are made aware of the treatments appropriate by:*

- Information sheet provided by the office to classroom teachers with medical conditions of students listed
- Staff meeting discussions at the beginning of each year
- Special information sheets housed on the First Aid room noticeboard (these include a photo of the student and a detailed information about each condition)
- Introduction of new students to staff by way of photographs and medical information displayed in the staff room and First Aid room
- Specialised training sessions from outside agencies where appropriate

3. **Staff training and Emergency Response:**

Ministerial Order 90 - *Anaphylaxis Management in Schools* requires schools to provide regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen®/Anapen®. These briefings on anaphylaxis management will occur twice yearly organised by the Student Wellbeing Co-ordinator and led by any person who has completed course 21659VIC in anaphylaxis management within the last three years.

The briefing will address:

- 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 autoadrenaline injecting device
At all 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.

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.

Training will be provided to these staff as soon as practicable after the student enrols. 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.

Annually, the principal and Student Well being Coordinator will identify the school staff to be trained based on the completion of an annual Anaphylaxis Risk Management Checklist.

**Anaphylaxis Management Plan**

This plan is to be completed by the Student Well Being Coordinator in conjunction with a parent/carer on the basis of information from the student’s medical practitioner. It accompanies their ASCIA Action Plan.

**First Aid Treatment For Anaphylaxis**

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

**STEP 1**

*In some cases, anaphylaxis is preceded by signs of a mild to moderate allergic reaction:*

- Swelling of face, lips and eyes
- Hives or welts on the skin
- Tingling mouth
- Stomach pain, vomiting (these are signs of a mild to moderate allergic reaction to most allergens, however, in insect allergy these are signs of anaphylaxis).

**ACTION**

- For insect allergy, flick out the sting if it can be seen (but do not remove ticks)
- Stay with person and call for help
- Give medications if prescribed (whilst antihistamines may be used to treat mild to moderate allergic reactions, if these progress to anaphylaxis then adrenaline is the only suitable medication)
- Locate adrenaline autoinjector if available (instructions are included in the Action Plan for Anaphylaxis which should be stored with the adrenaline autoinjector)
- Contact parent/guardian or other emergency contact.

**STEP 2**

*Continue to watch for any one of the following signs of anaphylaxis (severe allergic reaction):*

- Difficult/noisy breathing
• Swelling of tongue
• Swelling/tightness in throat
• Difficulty talking and/or hoarse voice
• Wheeze or persistent cough
• Loss of consciousness and/or collapse
• Pale and floppy (in young children)

**ACTION**

**Give the adrenaline autoinjector** if available (instructions are included in the ASCIA Action Plan for Anaphylaxis, stored with the adrenaline autoinjector)

• **Call Ambulance** (Telephone 000 or 112 if using a mobile phone)
• **Lay person flat and elevate legs** - if breathing is difficult, allow to sit but do not stand
• Contact parent/guardian or other emergency contact
• Further adrenaline doses may be given (when an additional adrenaline autoinjector is available), if there is no response after 5 minutes.

**If in doubt, give the adrenaline autoinjector**

• **Adrenaline is life saving and must be used promptly. Withholding or delaying the giving of adrenaline can result in deterioration and death.** This is why giving the adrenaline autoinjector is the first instruction on the ASCIA Action Plan for Anaphylaxis. If cardiopulmonary resuscitation (CPR) is given before this step there is a risk that adrenaline is delayed or not given.
• **In the ambulance** oxygen will usually be administered to the patient by paramedics.
• **Medical observation** of the patient in hospital for at least 4 hours is recommended after anaphylaxis.
• **Adrenaline autoinjectors** available in Australia and New Zealand are EpiPen and Anapen. The Junior versions of EpiPen and Anapen are generally prescribed for children aged 1 to 5 years.
Prevention Strategies for Anaphylaxis

In the Classroom:

- Encourage students not to bring nuts or nut products as part of their lunch or and eating times
- Remind children of our “No Sharing Food” policy
- Class parties are discouraged and only occur with specific permission from the Principal
- Have regular discussions with students about the importance of **washing hands, eating their own food and not sharing food**
- Maintain cleanliness of classrooms through rostered table cleaning
- Food products (other than a Chuppa Chup lollypop) will not be distributed for student birthdays or other special occasions. These will be acknowledged and celebrated in alternative ways
- Keep a copy of the student’s ASCIA Action Plan in the classroom
- Use non-food treats where possible, but if food treats are used in class, it is recommended that parents/carers provide a treat box with alternative treats. Treat boxes will be clearly labelled and only handled by the student
- 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)
- Provide casual relief teachers with a procedure sheet and a copy of the student’s ASCIA Action Plan via the class Emergency Teacher Information folder.

In the Yard:

- Follow up classroom discussions re **washing hands, eating their own food and not sharing food**, and ensure food is not taken onto the playground
- Ensure that teachers know that each child’s EpiPen and Anaphylaxis medication is stored in the First Aid room and needs to be obtained from there when required
- Respond quickly in the administration of the EpiPen and follow the steps as per Emergency Procedures for Anaphylaxis
- Carry a communication device to notify the school office/first aider/leadership of an anaphylactic reaction in the yard
- Remain with a student who is experiencing an anaphylactic reaction and the teacher will direct another person to bring the EpiPen.
In the case of Special Events:

- Brief parents and teachers involved as to where the EpiPen is located and how to access and use it if required
- Where relevant, consult with parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student
- Inform parents/carers in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request these be avoided when treats may be brought from home
- Ensure party balloons and swimming caps are not be used if a student is allergic to latex
- Avoid using food in activities or games, including as rewards.

In the case of Excursions, Camps & Out of School Events:

- Advise Camps in advance of any students with food allergies
- Consult parents/carers in advance to develop an alternative food menu or request the parent/carer to send a meal (if required)
- Be aware of local emergency services are in the area and how to access these
- Take student’s EpiPen, ASCIA Action Plan and a mobile phone on all field trips/excursions
- Ensure Staff who have been trained in the recognition of anaphylaxis and the administration of the EpiPen accompany the student on field trips or excursions
- Brief parents, teachers and personnel involved of the student(s) at risk of anaphylaxis and ensure that everyone knows where the EpiPen is located and how to access and use it if required
- The anaphylaxis management plan and EpiPen must accompany students on excursions and camps. The teacher-in-charge must have the student in their care, not an Adult Helper
- The EpiPen will remain close to the student and staff will be aware of its location at all times
- Follow emergency procedures and fulfil the set roles and responsibilities in the event of an anaphylactic reaction
- Carry a spare EpiPen in the school first aid kit
- Liaise with parents/carers who may wish to accompany their child on field trips and/or excursions.

www.allergy.org.au - for further information