MORDIALLOC BEACH primary school
expand your horizons

# 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 (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 auto injector 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,
- 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 for responding to an anaphylactic reaction.

## 1. Guidelines

1.1 Severe anaphylactic reactions can develop within minutes after exposure to the allergen and require a swift response of adrenaline given via an auto injector to treat life-threatening reactions,

1.2 Parents should notify, at the time of enrolment, if their child has been identified as at risk of anaphylaxis or as soon as the child is diagnosed,

1.3 It is the responsibility of the Principal Nominee, Parents and /or Nurse to liaise with class teachers yearly, to share information regarding the student's current anaphylaxis management plan that has been completed and signed in consultation with the student's doctor,

1.4 All staff shall be made aware of relevant information for all students at risk of anaphylaxis at the first full staff meeting for the year and as part of new staff inductions. Any anaphylaxis updates or new anaphylaxis information and management plans will be shared at staff briefings throughout the year as required,

1.5 All Casual Replacement Teachers (CRTs) employed will be provided with information folders. Those teaching classes where children have been identified as being at risk of anaphylactic reaction will be required to familiarise themselves with the relevant child and the relevant *Individual Anaphylaxis Action Plan* and *Individual Anaphylaxis Management Plan*.

**2. Implementation**

2.1 Parents will be responsible for:

- Providing an *Individual Anaphylaxis Emergency Action Plan* (from Australasian Society of Clinical Immunology and Allergy Action Plan) for each child, that has been developed in consultation with and signed by the child's doctor, for any student that has been diagnosed by a medical practitioner as being at risk of anaphylaxis,
- Providing information at time of enrolment about their child's allergies and if needed an *Individual Anaphylaxis Emergency Action Plan* for their child,
- The provision of at least one adrenaline auto injector for school use to be kept in the first aid room. Those who prefer can also keep another one in the classroom with their child.
- Recording the expiry date of medications placed at school and the timely replacement of those medications /adrenaline auto injectors. A reminder letter will be sent out by the school nurse prior to the medications expiring.
- Informing the school if their child's medical condition changes and if relevant, provide an updated *Individual Anaphylaxis Emergency Action Plan* accordingly.

The *Individual Anaphylaxis Emergency Action Plans* (ASCIA action plan) provided by parents will:

- contain detailed information about diagnosis, including the type of allergy or allergies the students has based on diagnosis by their medical practitioner,
- provide strategies to minimise the risk of exposure to allergens while the student is under care / supervision of school staff, for in- school and out of school setting such as camps, special events days and excursions,
- contain an up to date photo for the ASCIA Action Plan when it is provided to the school and whenever it is reviewed,
- contain current parent emergency contact phone numbers,
- be signed by a medical practitioner who is treating the child on the date of signing the Emergency Action Plan.

These forms can be downloaded from: www.education.vic.gov.au/healthwellbeing/health/anaphylaxis.htm (p20) and ASCIA www.allergy.org.au

2.2 The school will ensure that:

- *Individual Anaphylaxis Emergency Action Plans* (ASCIA) are displayed in; the staff room, each classroom and the First Aid Office. A copy of the plans will be attached to each enrolment record, camp documents, CRT booklets and a mini card containing important information will be carried on yard duty in a First Aid bag to identify students at risk. Copies of *Individual Anaphylaxis Emergency Action Plans* (ASCIA) will also be kept in the First Aid Office in an anaphylaxis folder and also in individual classrooms in a Medical Alert folder Staff on yard duty are required to carry a mobile phone at all time,
- *Individual Anaphylaxis Emergency Action Plans* are reviewed by carers in consultation with the child's doctor annually and if conditions change, or immediately after a student has an anaphylactic reaction at school,
- The Nurse updates school first aid records in accordance with annual *ASCIA Action Plans* and *Individual Student's Anaphylaxis Management Plan* or if conditions change or reaction occurs,
- The First Aid monitor checks dates of the adrenaline auto injectors kept in the first aid room each term and checks auto-injectors for cloudiness and notify parents accordingly.
- The Casual Relief Teacher (CRT) coordinator and / or Administration Office informs CRT's of students at risk of anaphylaxis.

- 'At risk' students who are under the care or supervision of the school (yard duty, excursions, camps and special events) are provided with sufficient numbers of staff in attendance that have up to date training in anaphylaxis management,
- Adrenaline auto injectors are to be carried by school staff on excursions, camps and special days and use adult to adult handover,
- The school will purchase 2 unassigned adrenaline auto injectors as back up for the school's first aid kits and general use.
- School staff are trained in regard to anaphylaxis risk assessment and management annually and accredited every 3 years.
- Staff induction (of new teachers) includes anaphylaxis awareness information and that appropriate training will be sought as soon as possible where it is not possible to train new teachers before they commence the school year or where they commence duties after training has occurred.
- Staff are briefed every 6 months by the assigned individuals who have up to date anaphylaxis management training on:
  - 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 stored,
  - how to use an auto adrenaline injecting device,
  - the school's first aid procedures, *ASCIA Action Plans, Students' Anaphylaxis Management Plans* and the *School Communication and Response Plan* which is to be followed when managing and responding to an anaphylactic reaction.
- An interim plan is made for any new student enrolled who is diagnosed as 'at risk' of anaphylaxis, this plan is to be developed in conjunction with parents and will be replaced by an individual *ASCIA Action Plan* after this is developed with their doctor and submitted to the office (this is to be completed in a week),
- The adrenaline auto injectors of children identified as 'at risk of Anaphylaxis' according to their *ACSIA Action Plans,* are clearly labelled and accessible in the school first aid room. Another adrenaline auto injector may be provided by parents for classroom use if they prefer to have 2 within the school.
- In the event of an anaphylactic reaction, the school's first aid and emergency management response procedures, and the students individual management plan will be followed.

2.3 School staff will follow these prevention strategies:

Teachers will be required to:

- Know student/s in their class or classes who are at risk and be familiar with their *ASCIA Action Plan* and the *Student's Individual Anaphylaxis Management Plans,*
- Liaise with parents/carers about food related activities ahead of time.
- Whole school activities, which involve food, should always be handled in a controlled manner and must consider the guidelines and implementation principles of this policy.
- Use 'non-food' treats where possible, or if used, recommend that parents/carers of anaphylactic student's provide a treat box with alternative treats. These should be clearly labelled and only handled by the individual student concerned,
- Be aware of hidden allergens or ingredients used for cooking, science and technology or art classes. e.g. egg or milk cartons,
- Have regular discussions with students about the importance of being allergy aware, washing hands, eating their own food and not sharing food with others,
- Know where medication for 'at risk' students is stored and how to use it,

- Ensure that classes with 'at risk' children provide written information to inform other parents and students in the class, as well as the rest of the year level, of strategies to minimise the risk of accidental exposure to substances that can cause anaphylaxis.

2.4. School staff will follow this procedure if a serious anaphylactic reaction is suspected:

**At the incident:**

1. **Lay the person** flat, do not stand or walk. **Allow them to sit if breathing is difficult and do not leave patient,**
2. **Access /send for and administer the Adrenalin Auto injector as instructed on pen.**
3. **Immediately call an Ambulance** (000) and stipulate that a MICA unit attend and stay on line,
4. **In the rare situation where there is no marked improvement and severe symptoms are present, a second injection of the same dosage may be administered after 5 minutes and the Ambulance will advise this,**
5. The adrenaline auto injector used must be stored in the container and marked with date and time of administration and sent with the ambulance personnel.

**Communication and reporting of the incident:**

1. The line of communication in an emergency moves from the supervising staff member and includes the classroom teacher, Level 2 First Aid Office personnel and senior staff members,
2. **Delegated personnel will contact the parents/emergency contacts** and **the principal class officer will contact Emergency Services Management DEECD (95896266),**
3. After an emergency, a report is completed by the supervising staff member, detailing procedures and outcome and placed in the school accident register,
4. Post incident support is available for staff and students and can be provided by SSSO personnel,
5. The school First Aid representative will complete a Cases21 Incident Notification Form.

**Evaluation:**

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

| This policy was last ratified by School Council on.... | 15-09-2015 |
|---|---|