

GLENROY PRIVATE



Anaphylaxis Management Policy

**Epipen stored in Health
and Welfare Office
[Nurse Office]**

Reviewed July 2021

ANAPHYLAXIS MANAGEMENT POLICY

Ministerial Order 706 – Anaphylaxis Management in Schools

RATIONALE

The safety and wellbeing of children who are at risk of anaphylaxis is a whole community responsibility therefore at Glenroy Private we will, as far as practicable provide a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the school's program.

This policy will apply to children enrolled at the school, their parents/guardians and staff.

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 in responding to an anaphylactic reaction.

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 auto-injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

At Glenroy Private, we are committed to implement and follow up our Anaphylaxis Policy and Procedure to ensure that risks are managed well.

In order to identify students who have been diagnosed with an anaphylactic reaction, all parents are required to complete the sections on medical details and special needs of the Enrolment Application Form.

All students who have been identified to have Anaphylaxis will have their up-to-date health information kept in the school's electronic student database.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN

The Principal or nominee will ensure that an Individual Anaphylaxis 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.

In the case of off-site activities, all staff will have a copy of student's Individual Management Plans and ASCIA plans, as well as the prescribed EpiPen.

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.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent that sets out the emergency procedures to be taken in the event of an allergic reaction. This needs to be signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan and includes an up to date photograph of the student.

See Appendix 1 for a copy of the Individual Anaphylaxis Management Plan.

A copy of the Anaphylaxis ASCIA Action Plan can be obtained from:

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

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.
- 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.

ANAPHYLAXIS MANAGEMENT POLICY

- 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.

STORAGE AND ACCESSIBILITY OF EPIPENS®

- If a student has been prescribed an EpiPen®, the EpiPen® must be provided by the student's parent/carers to the school.
- EpiPens® are stored correctly and accessed quickly. Remember that in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes.
- EpiPens® are stored in an unlocked, easily accessible place away from direct heat. In our school, they are stored in the sick bay in a filing cabinet under the student's name.
- EpiPens® are clearly labelled with the student's name.
- A copy of the student's ASCIA Action Plan is kept with the EpiPen®.
- Each student's EpiPen® should be distinguishable from other students' EpiPens® and medications.
- All staff know where the EpiPen® is located.
- Current photos with names and details of children who have anaphylactic reaction to be placed in the main staff room and health and welfare office.

**EpiPen® stored in Health
and Welfare Office
[Nurse Office]**

SYMPTOMS AND SIGNS OF ANAPHYLAXIS

The symptoms and signs of anaphylaxis, usually but not always, occur within the first 20 minutes after exposure but in some cases can be delayed up to 2 hours or more.

The symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- abdominal pain and/or vomiting.

Symptoms and signs of anaphylaxis (a severe allergic reaction) may include one or more of the following:

- Difficulty and/or noisy breathing
- Swelling of the tongue
- Swelling or tightness in the throat
- Difficulty talking or hoarse voice.
- Wheeze or persistent cough
- Dizzy/lightheaded
- Loss of consciousness and/or collapse
- Pale and floppy (young child)
- Young children may appear pale and floppy.

PROCEDURE AND BEST PRACTICE GUIDELINES

1. IMPLEMENTATION

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. All staff will undergo training and a briefing as soon as the management plan is developed.

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.

A teacher will be appointed as responsible for implementing the strategies:

- Information on where the student's medication will be stored.
- The student's emergency contact details.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
 - sets out the emergency procedures to be taken in the event of an allergic reaction; and
 - where applicable signed by a medical practitioner; and
 - includes an up to date photograph of the student.

It is the responsibility of the parent to:

- provide the emergency procedures plan (ASCIA Action Plan)
- inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan)
- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is reviewed.

2. REDUCING THE RISK

- Obtaining medical information about children at risk by school personnel.
 - The school will ask for medical information at the time of enrolment of children.
 - Once identification of children with allergies on form A is established, forms B and C have to be completed. The next step is the provision of documentation by parents, such as an ASCIA Anaphylaxis Action Plan, which has been provided by a registered medical practitioner and includes the following.
 - (i) Clear identification of the child (photo)

- (ii) Documentation of the allergic triggers
- (iii) Documentation of the first aid response including any prescribed medication
- (iv) Identification and contact details of the doctor who has signed the action plan.

(Refer Appendix 1 & 2)

- As food allergies may change with time the school will ensure that the medical information is reviewed every 1-2 years.
- Education of school personnel concerning the risk of food anaphylaxis.
 - Training in an anaphylaxis management course will be organised by Glenroy Private and given by professional practitioner as soon as possible after an interim plan is developed, and part of the staff's annual induction program including the training on using an EpiPen.
 - Information pertaining to management of anaphylaxis is also made available to casual/relief teachers and duty staff.
- Implementation of practical strategies to avoid exposure to known triggers.

TRIGGERS/ ALLERGENS

- peanuts
- tree nuts (e.g. hazelnuts, cashews, almonds)
- egg
- cow's milk
- wheat
- soybean
- fish and shellfish

Other common allergens include some insect stings, particularly bee stings, some medications, latex, and anaesthesia.

- Students with a food allergy are not physically isolated from other students.
- Full medical information and medication is made available to staff on excursions and camps, and outside venues are requested not to serve foods which contain nuts.
- Information on severe allergic reactions is included in classroom curriculum.
- School promotes a no food and drink sharing policy, as well as washing hands before and after eating.
- School informs community of trigger substances and requests that these foods are avoided for relevant classes.
- Action Plans are displayed in various locations around school, including the staff room.
- Canteen promotes a policy to minimise risk of cross-contamination when preparing foods.
- Age-appropriate education of children with food allergies.
 - The school supports parents / caregivers in teaching child to care for himself / herself by reinforcing appropriate avoidance and management strategies.

3. STAFF TRAINING AND EMERGENCY RESPONSE

Emergency procedures plan:

| With action plan | Without action plan |
|---|--|
| <ul style="list-style-type: none"> ➤ Follow steps in student's Action Plan (eg. administer EpiPen) ➤ Call an ambulance. ➤ Resuscitate if no pulse, no breathing or loss of consciousness. ➤ Contact parents / caregivers ➤ Maintain airway, breathing and circulation. ➤ Maintain close observation | <ul style="list-style-type: none"> ➤ Call an ambulance. ➤ Lay person flat and elevate legs, unless this makes it more difficult to breathe. ➤ Resuscitate if no pulse, no breathing, or loss of consciousness |

- Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend or give instruction to students at risk of anaphylaxis will have up to date training in an anaphylaxis management training course given by professional practitioner as part of their annual induction program.
- At other 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.
- The principal will ensure that all staff to be trained. Training will be provided to these staff as soon as possible once an interim plan is developed. 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 and staff training and briefing will occur as soon as possible.
- The school's first aid procedures and student's emergency procedures plan (Action Plan) will be followed in responding to an anaphylactic reaction. **(Refer to Appendix 2)**

Raising Student Awareness

Student messages about anaphylaxis:

- 1. Always take food allergies seriously – severe allergies are no joke.**
- 2. Don't share your food with friends who have food allergies.**
- 3. Wash your hands after eating.**
- 4. Know what your friends are allergic to.**
- 5. If a school friend becomes sick, get help immediately even if the friend does not want you to.**
- 6. Be respectful of a school friend's adrenaline autoinjector.**
- 7. Don't pressure your friends to eat food that they are allergic to.**

4. 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 the school's wellbeing coordinator.
- All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:
 1. The school's anaphylaxis management policy.
 2. The causes, symptoms, and treatment of anaphylaxis.
 3. The identities of students diagnosed at risk of anaphylaxis and where their medication is located.
 4. How to use an auto-adrenaline injecting device (EpiPen).
 5. The school's first aid and emergency response procedures.

How to administer an EpiPen®

1. Remove from plastic container.
2. Form a fist around EpiPen® and pull off the blue safety release (cap).
3. Place orange end against the student's outer mid-thigh (with or without clothing).
4. Push down hard until a click is heard or felt and hold in place for 3 seconds.
5. Remove EpiPen®.
6. Note the time you administered the EpiPen®.
7. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

If an adrenaline autoinjector is administered, the school must:

1. Immediately call an ambulance (000).
2. Lay the student flat – if breathing is difficult, allow them to sit. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand. If vomiting or unconscious, lay them on their side (recovery position) and check their airway for obstruction.
3. Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side effects of the adrenaline.
4. Watch the student closely in case of a worsening condition. Ask another member of the school staff to move other students away in a calm manner and reassure them. These students should be adequately supervised during this period.
5. In the situation where 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 (such as the adrenaline autoinjector for general use).
6. Then contact the student's emergency contacts.

REVIEW/EVALUATION

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.

Evaluation

This policy was last reviewed in July 2021.

APPENDIX 1

Post-incident support

First time reactions if a student has a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the school staff should follow the school's first aid procedures.

Immediately contact an ambulance using 000.

Locate the auto injector for general use and prepare to use it as directed by 000: All autoinjectors personal (provided by the anaphylactic student) and general (provided by the school) are stored in the Health and Welfare Office (NURSE OFFICE), in the pharmacy cabinet.

Post-incident

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and parents/carers.

In the event of an anaphylactic reaction, students and staff will benefit from post-incident counselling, provided by the school nurse.

Review after an anaphylactic reaction has taken place that has involved a student in the school's care and supervision, it is important that the following review processes take place:

- The personnel adrenaline autoinjector must be replaced by the parent/carer as soon as possible.
- If one of the adrenaline autoinjectors for general use has been used this should be replaced as soon as possible.
- The student's Individual Anaphylaxis Management Plan will be reviewed in consultation with the student's parents/carers.

Checklist when planning activities involving food

- ☐ I am familiar with the Anaphylaxis Procedures for Schools.
- ☐ I am familiar with systems for managing anaphylaxis within my school and faculty/stage.
- ☐ I know which students in my class have been diagnosed at risk of anaphylaxis.
- ☐ I have communicated with the students in my classes diagnosed at risk of anaphylaxis and their parents/carers, to ensure I am well informed about their condition.
- ☐ I have you completed anaphylaxis training requirements.
- ☐ I know where the school's general use adrenaline autoinjectors are stored.
- ☐ **Epipen stored in Health and Welfare Office (Nurse Office)**
- ☐ I have practised using the school's training autoinjector to familiarize myself with how to use the adrenaline autoinjector if required.
- ☐ Curriculum and extracurricular materials have been reviewed to make sure that peanuts, tree nuts and nut products have been eliminated.
- ☐ Procedures are in place for checking ingredient labels.
- ☐ Specific work practices, such as separate equipment, are in place for students at high risk of anaphylaxis.
- ☐ Teachers regularly discuss the risks associated with food sharing with students.
- ☐ Teachers regularly discuss the risks associated with anaphylaxis with students and remind them to immediately seek adult help if someone becomes sick or unwell.
- ☐ Students' personal ASCIA Action Plan for Anaphylaxis are clearly displayed in an easily accessible area for staff.
- ☐ A process is in place to ensure all support staff, casual staff and practicum teachers are familiar with your school and faculty/stage systems for managing anaphylaxis.
- ☐ A process is in place to ensure all support staff, casual staff and practicum teachers are informed of students diagnosed at risk of anaphylaxis.
- ☐ A process is in place to ensure guest presenters and visitors are informed of students diagnosed at risk of anaphylaxis.
- ☐ A process is in place for activities that include the participation of students from other schools.

- ☐ **Before the activity:**
- ☐ I have ensured that all students have returned a signed permission/notification form for the activity/course.
- ☐ I have checked the permission/notification forms and collated information.
- ☐ I have identified each student at risk of anaphylaxis involved in the activity and their known allergens.
- ☐ I have checked ingredient labels.
- ☐ I have modified recipes/activities/work practices for students with identified food allergies e.g. by eliminating or substituting ingredients.
- ☐ I have discussed the modification to ingredients/activities and work practices with students with food allergies to ensure they understand why changes have been made. [This is a valuable part of their education in learning to manage their condition.]

- ☐ **During the activity:**
- ☐ I have reminded all students of the risks associated with anaphylaxis and appropriate modification to ingredients and work practices that have been implemented to reduce the risk of exposure or cross-contamination.
- ☐ I have reminded students about the risks associated with food sharing and any protocols or procedures required by the school.

PURCHASE OF ADRENALINE AUTO-INJECTORS

The principal is the responsible person to arrange for the purchase of additional adrenaline auto-injectors for general use.

In purchasing the adrenaline auto-injectors for general use, the principal will consider the following factors:

- I. The number of students enrolled at risk of anaphylaxis.
- II. The accessibility of adrenaline auto-injectors supplied by parents.
- III. The availability of a sufficient supply of adrenaline auto-injectors for general use in specified locations at the school, including the school yard, at excursions, camps and special events conducted, organised or attended by the school.
- IV. That adrenaline auto-injectors have a limited life, usually expire within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever comes first.
- V. The school is registered on the Epiclub, letters and electronic messages will be automatically received by the school when the expiry dates are near.