

Policy Number	Ratification Date	Reviewed	Review Date
3	2016	2017	2019



# ANAPHYLAXIS MANAGEMENT PLAN

## Background & Rationale

Elsternwick Primary School will fully comply with the Ministerial Order 706 and The Associated Guidelines published and amended by the Department of Education and training.

In complying with Ministerial Order 706, the Principal will ensure:

- an Individual Anaphylaxis Management Plan will be developed and reviewed yearly by the Principal or nominee ( School Nurse) with the child's parents/carers;
- A template of an Individual Anaphylaxis Management Plan can be found in Appendix 3 of the guidelines at [www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx)
- prevention strategies are in place for in and out of school activities
- a communication plan to provide information to all staff (including volunteers and casual relief staff), children and parents/carers about anaphylaxis and the school's management policy. It will include the steps the school will take to respond to an anaphylactic reaction whether the child is in class, the school yard, on camp or an excursion or a special event day
- the Anaphylaxis Risk Management Checklist is completed on an annual basis
- the school purchases spare or 'backup' adrenaline auto-injection devices(s) which will be stored as part of the school first aid kit(s), for general use; these spare epipens are found in school office, gym office & library
- School Nurse will regularly review EpiPen kits, checking for expiry
- School Nurse will ensure that EpiPens in First aid kits will be signed in and out accordingly for camps & excursions

**Please note:** The plan will be in place as soon as practicable after the child enrolls and where possible, before their first day of school.

If necessary, an interim plan will be developed in the meantime. In this case, the Principal in collaboration with school nurse will consult with parent/carers about the interim plan and whether or not training and a briefing has been completed for all Staff. The Principal will ensure that training/briefing occurs as soon as possible after the interim plan is developed.

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, cow's milk, fish, shellfish, wheat, soy sesame, latex, certain insects stings and medication.

A mild to moderate allergic reaction includes swelling of the lips, face and eyes, hives or welts, tingly mouth, abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

Anaphylaxis (a severe allergic reaction) can include noisy or difficult breathing, swelling of the tongue or swelling/tightness in the throat, difficulty talking or a hoarse voice, wheeze or persistent cough, pale pallor and floppiness in young children, abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).

The key to prevention of anaphylaxis in schools is knowledge of those students who have 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 Adrenaline Auto injector EpiPen or Anapen 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 Elsternwick Primary Schools' anaphylaxis management policy in the school community
- To engage with parents/cares of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that all staff have adequate knowledge about allergies, anaphylaxis and Elsternwick Primary School's policy and procedures in responding to an anaphylactic reaction.
- The key reference and support for the school regarding anaphylaxis is the DET Anaphylaxis Guidelines.

## Guidelines

- Severe Anaphylactic reactions can develop within minutes after exposure to the allergen and require an immediate response of Adrenaline (epipen or Anapen) to treat life threatening reactions
- Parents should notify school at the time of enrolment or as soon as student is diagnosed, if their child has been identified as at risk of Anaphylaxis and provide an ASCIA Action Plan. Students Anaphylaxis Management plans will then be completed.
- It is the shared responsibility of the parents and the school nurse to liaise with class teachers yearly, to share information regarding the student's current Anaphylaxis Management plan.
- All staff shall be made aware of relevant information for all students at the risk of Anaphylaxis at the full staff meeting for the year and as part of new staff induction. Any Anaphylaxis updates or new anaphylaxis information will be shared during briefings throughout the year as required.

Casual Relief Teachers employed to teach classes where children have been identified as being at risk of an anaphylactic reaction will be required to familiarise themselves with relevant child and the relevant ASCIA Action Plan and the student's Anaphylaxis Management Plan. If a CRT is taking a class with an Anaphylactic student, this Action Plan, Management plan will be present in that classes CRT folder.

## Implementation

### Parents will be responsible for

- Providing an ASCIA Action Plan for each child that has been diagnosed by a medical Practitioner as being at risk of anaphylaxis. The ASCIA Action plan should be developed in consultation with and signed by child's Doctor.
- Consulting with the school to produce a Student's Anaphylaxis Management Plan
- Provide one epipen and other associated medication, e.g. Antihistamines and in collaboration with the School nurse, record expiry dates and ensure timely replacement of those Epipens/medications
- Informing school if their child's medical condition changes and if necessary provide an updated ASCIA Action Plan

The Student's Anaphylaxis Action Plan made in consultation with the school will:

- Contain detailed information about diagnosis, include type of allergen or allergies the students has based on diagnosis by medical specialist (the ASCIUA Action Plan)
- Provide an explanation of symptoms and directions of actions should a reaction occur (the ASCIA Action Plan)
- Contain parent and other emergency contact phone numbers
- At the time of review, parents will provide an updated ASCIA Action Plan and current photo. This plan is to be provided to the school and signed by the medical specialist who is treating child for anaphylaxis and organised the epipen medication. This is necessary to complete and update the Student Anaphylaxis Management plan

### 2.2 The school and Principal will ensure that

- An ASCIA Action Plan is provided by parent for any new student enrolled that is diagnosed as at risk of anaphylaxis. A student's Anaphylaxis Management Plan will be developed in consultation with parents. The ASCIA Action Plans are displayed in the classroom and first aid room, medical information folder in classroom & CRT folder & camp documents. The Action plan will also be kept with the Epipen in thermal bags in the classrooms. A copy of the Student's Anaphylaxis Management plans will be in the Anaphylaxis Student folder in office in CRT folder and Medical folder in classroom and camp folders
- The ASCIA Action Plan and the student's Anaphylaxis Management plans are reviewed by cares annually, if conditions change or immediately after a student has an anaphylactic reaction at school

- The school nurse updates school first aid records in accordance with annual ASCIA Action Plans and Student Anaphylaxis Management plans or if the students condition changes or reaction occurs
- An annual risk management checklist is completed
- Casual Relief Teachers are alerted to access these documents in the classroom, medical file & CRT folder and preventative strategies in place. If CRT has any questions she may ask year level team School Nurse/Principal
- The Lunch Provider, Beacon Cove have been notified and menu checked that no allergens are not present on the menu.
- That 'at risk' students who are under the care or supervision of the school ( yard duty ,excursions, camps and special events) are provided with sufficient number of staff present who have up to date training in anaphylaxis management.
- That Epipens be carried by school staff on excursions, camps and special event days
- The school staff induction (of new teachers) will include anaphylaxis awareness information and appropriate training, The school staff will be trained in regard to anaphylaxis risk assessment and management annually and accredited every 2 years

### **The Anaphylaxis Management and communication Plan includes**

- Information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the playground, on a school excursion and/or camp and special event days (please see attached template of emergency response to incident on school camp/excursion/playground & office emergency management )
- How the school will communicate Anaphylaxis information and communication plan
- Staff briefings once a semester by a registered provider, anaphylaxis awareness information for the whole school community through and the school newsletter on a regular basis

### **School, staff will follow these prevention strategies by**

- Know student/s in their class or classes who are at risk and be familiar with their ASCIA Action Plan and student's anaphylaxis management plans and know prevention strategies
- Know where the child's Epipen /Anapen is kept at all times.
- Epipen kits to accompany student to all specialist classes
- Maintaining training in how to recognise and respond to an anaphylactic reaction including an Epipen /Anapen
- Know the school's first aid emergency procedures and what your role is in relation to responding to anaphylactic reaction
- Understand the causes, symptoms and treatment of anaphylaxis
- Liaise with parents/cares about food related activities ahead of time including a list of ingredients to be used
- Whole school activities that involve food should always be handled in a controlled manner and must consider the guidelines and implementation principles of this policy
- Practise no food sharing procedure
- Be aware of hidden allergies or ingredients used for cooking ,science or art classes e.g. egg cartons
- Make sure that tables and surfaces are wiped down regularly and that children wash their hands after handling food.
- Staff are reminded that their duty of care extends to all children and must not leave the class unsupervised or reduce the number of staff required for yard duty
- sharing food with others
- Celebrating students birthdays, icy poles that show no nuts or no traces of nuts are permitted
- Know where medication for at risk students is stored and how to use it.
- Class alerts will be placed in classroom alerting the student/s particular allergen/s

### **School staff will follow this procedure if a serious anaphylactic reaction is suspected**

- Follow the Student's ASCIA action plan
- Ensure the appropriate school personnel are informed, School nurse, classroom teacher, Level 2 First aid personnel & Principal
- After an emergency ,a report is completed by supervising staff member detailing procedure and outcome and placed in Cases, Worksafe & DET notified

Post incident support is available for staff and students by DET Psychologist and school may also call the Royal Children's Hospital Anaphylaxis Advisory Line on 1300 725 911

## Emergency Response

In the event of an anaphylactic reaction, the school's first aid and emergency management response procedures and the child's Individual Anaphylaxis Management Plan will be followed:

### The school will:

Call an ambulance

Administer the adrenaline auto-injector contact the child's emergency contact person and then contact Security Services Unit on 9589-6266.

**Important:** Where there is no marked improvement and severe symptoms as described in the child's ASCIA Action Plan for Anaphylaxis are present, a second injection of the same dose may be administered after 5 to 10 minutes.

## Using an EpiPen

Where possible these devices should only be used by staff trained to use it. However, in an Emergency they may be administered by any person following instruction from the child's ASCIA Action Plan for Anaphylaxis

1. Remove the EpiPen® from the container.
2. Form a fist around the EpiPen® and pull off the blue safety cap.
3. Place the orange end against the outer mid-thigh (with or without clothing).
4. Push down hard until a click is heard or felt and hold for 3 seconds
5. Remove the EpiPen
6. Note the time you gave the EpiPen®.
7. Call an ambulance on 000 as soon as possible.
8. The used epiPen must be handed to the ambulance paramedics along with the time of administration
9. Reassure the child as he/she is likely to be feeling anxious and frightened. Do not move the child.
10. Ask another staff member to move other children away and reassure them separately.
11. Watch the child closely in case of a repeat reaction.

## If the anaphylactic emergency occurs in CLASSROOM

### Stay with Child at all times, reassure, do not move child.

- Access EpiPen
- EpiPen is administered
- Alert office-phone100, call for back up generic epiPen
- Send emergency card to neighbouring teacher- enforcing emergency and help required (who will supervise and remove other students from the area.)
- Neighbouring teacher will phone 000-Do not hang up.
- Keep used EpiPen/s note time and give to ambulance office. If parents have not arrived, staff member will accompany child to hospital.
- Keep used EpiPen/s note time and give to ambulance office. If parents have not arrived, staff member will accompany child to hospital

### Office emergency procedure is put into place

- Notify parents,
- Notify principal
- Notify DEET
- Await ambulance at designated gate closest to incidence.

## Anaphylactic Playground Emergency

### Stay with Child at all times, reassure, do not move child.

- Send student/teacher to office with child's emergency card-clearly stating emergency.
- Receiving Teacher/school nurse collects 2 generic EpiPens from school office, mobile phone f and alerts other staff while immediately proceeding to playground, where child is located, to assist in administering EpiPen
- Receiving Teacher/school nurse, using mobile phone rings ambulance stipulating MICA ambulance required & EpiPen. given Do not hang up.( Mobile phone to be taken to incidence and relay info to ambulance staff-2<sup>nd</sup> EpiPen may need to be administered.

### **Office emergency Procedure is put in place**

- Office staff uses PA -Code Red Anaphylaxis, repeat and ring Bell. All students return to classroom.
- Office staff/Principal await ambulance at main gate closest to incidence to direct to incidence, notify parents. Staff member to travel in ambulance with student if parent has not arrived.

### **Emergency response to incident on school camp/excursion out of school Excursions and Camps**

Each individual camp and excursion requires risk assessment for each individual child attending who is at risk of anaphylaxis. Therefore emergency procedures will vary accordingly but in general **the child's Individual Anaphylaxis Management Plan will be followed and emergency management response procedures will be followed:**

Two extra generic epipens are located in first aid kit  
Epipen kit accompanies student at all times  
Supervising teacher/first aid officer will carry epipen at all times

#### **Stay with Child at all times, reassure, do not move child.**

- Supervising teacher/first aid officer will carry Epipen at all times
- Adult (teacher/first aid officer will administer Epipen immediately if required
- Teacher /adult will ring ambulance and ask for MICA ambulance and will contact parents and school
- Supervising staff will move students away from area.
- Adult teacher will meet ambulance
- Teacher will accompany student, keep used Epipen, and note times to give to MICA officers.
- Parents, Principal ,Emergency Management, WorkCover will be notified

#### **The Individual Anaphylaxis Management Plan must set out the following:**

- Information about the diagnosis, including type of allergy or allergies, the child has, symptoms and the emergency response to administer the child's adrenaline autoinjector should the child display symptoms of an anaphylactic reaction (based on the diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens whilst the child is under the care or supervision of school staff, for in-school & out-of-school settings including camps & excursions.

Please refer to Prevention Strategies below.

- The name of the person/s responsible for implementing the strategies;
- Information of where the child's medication will be stored;
- Emergency contact details for the child;
- The emergency ASCIA Action Plan signed by the medical practitioner and given to the parents/carers on diagnosis;
- Emergency procedures to be taken in the event of an allergic reaction;
- An up to date photo of the child.
- The Management Plan will be reviewed annually, or if the condition changes, or immediately after a child has an anaphylactic reaction at school or if the child is to participate in an off-site activity such as an excursion or camp or will attend a special event such as the school fete or a class party.
- The Principal will ensure that while the child is under the care or supervision of the school, sufficient trained staff are present.

### **Training**

- The Principal is responsible for ensuring that relevant staff are trained in accordance with MO 706 and are briefed at least twice each calendar year.
- In complying with the training requirements of MO706, the school will nominate the school nurse to undertake the face-to-face training provided by an external provider to complete course in Verifying the correct use of the Adrenaline Autoinjector devices 223 3VIC
- choose one of the three options as above
- if a child at risk of an anaphylactic reaction is enrolled, all staff will be provided with twice yearly briefings by external trainer on anaphylaxis management including information on how to administer an EpiPen and practise with the Epipen trainer that will be provided. As part of the briefing, all staff must familiarise themselves with the child/children in the school at risk of an anaphylactic reaction and their Individual Anaphylaxis Management Plans.



- The school will use the presentation has been developed to help schools ensure they are complying with the legislation
- This briefing will take place at the beginning of Term 1.
- New staff will be trained as part of the induction process.

### **Adrenaline Autoinjectors for General Use**

The Principal will purchase Adrenaline Autoinjector(s) for General Use and as a back up and to be stored in an easily accessible location known to all staff.

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 children 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/carers of children 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 Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and are to be replaced either at the time of use or expiry, whichever is first. The School Nurse will be responsible for checking and replacing the Adrenaline Autoinjectors for General Use.

### **Support Documents**

ASCIA Action plan for Anaphylaxis

Anaphylaxis Management and communication plan classroom medical folders, CRT folders, school office

These forms can be downloaded from

[www.education.vic.gov.au/school/taechers/health/pages/anpaylaxsischlwww.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-foranaphylaxis](http://www.education.vic.gov.au/school/taechers/health/pages/anpaylaxsischlwww.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-foranaphylaxis)

### **References**

[www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis.aspx](http://www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis.aspx)

[www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx](http://www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx)

[www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis#2.aspx](http://www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis#2.aspx) and Ministerial Order 706

### **Review**

The Anaphylaxis Management Policy will be reviewed in accordance with any changes relevant to the Health Act, DET guidelines or Ministerial orders

\*\*This policy has now been updated from reviewed Policy 2016