

PRINCES HILL PRIMARY SCHOOL



Anaphylaxis Management Policy

RATIONALE

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. 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. Adrenaline given through an auto-injector (e.g. EpiPen®) to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

PURPOSE

To explain to Princes Hill Primary School (PHPS) parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that PHPS is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

POLICY

School Statement

PHPS will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at PHPS who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal/delegate of PHPS is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at PHPS and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- information about where the student's medication will be stored
- the student's emergency contact details

- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Location of plans and adrenaline autoinjectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the First Aid room, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at PPHS, we have put in place the following strategies:

Classrooms

School staff will:

- Liaise with parents about food-related activities well ahead of time.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens in food and other substances used in cooking, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
- Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- CRT Folders will inform casual relief teachers of the names of any students at risk of anaphylaxis.

Yard

- School staff on yard duty are trained in the administration of the adrenaline autoinjector (i.e. EpiPen®) and able to respond quickly to an allergic reaction if needed.
- The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis is accessible from the yard, and staff are aware of their exact location.
- All yard duty staff carry yard-duty walkie-talkies. All staff on yard duty are aware of how to notify the general office/first aid team of an anaphylactic reaction in the yard.
- Yard duty staff are able to identify, by face, those students at risk of anaphylaxis.

Special Events (e.g. incursions, class parties, etc.)

- School staff supervising the special event are trained in the administration of an adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if required
- School staff will avoid using food in activities or games, including as rewards.

- For special events involving food, school staff will consult parents in advance to either develop an alternative food menu or request the parents to send food for the student.

Excursions/sporting events

- School staff supervising the special event are trained in the administration of an adrenaline autoinjector and able to respond quickly to an anaphylactic reaction if required.
- School staff will avoid using food in activities or games, including as rewards.
- The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis will be easily accessible and school staff must be aware of their exact location.
- For each excursion, a risk assessment will be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
- All school staff members present during the excursion or sporting event will be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
- The school will consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required).
- Parents may wish to accompany their child on excursions (WWCC required). This may be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.

Camps

- Prior to engaging a camp owner/operator's services the school will make enquiries as to whether the operator can provide food that is safe for anaphylactic students.
- The school will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This will be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
- Prior to the camp taking place school staff will consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
- The student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone will be taken on camp.
- All staff attending camp will familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction
- Contact details of emergency services will be distributed to all school staff as part of the emergency response procedures developed for the camp.
- An adrenaline autoinjector for general use will be kept in the first aid kit as part of the emergency response procedures.
- Each student's adrenaline autoinjector will remain close to the student and school staff must be aware of its location at all times.

Overseas travel

School staff: will:

- Review the strategies listed under “Excursions/Sporting Events” and “Camps”
- Involve parents in discussions regarding risk management well in advance.
- Investigate the potential risks at all stages of the overseas travel such as:
 - travel to and from the airport/port
 - travel to and from Australia (via aeroplane)
 - accommodation
 - locations to be visited
 - sourcing safe foods at all of these locations
 - risks of cross contamination, including:
 - exposure to the foods of the other students
 - hidden allergens in foods
 - whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction
 - whether the students will be able to wash their hands when handling food.
- Assess where each of these risks can be managed using minimisation strategies such as the following:
 - translation of the student’s Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis into the local language
 - sourcing of safe foods at all stages
 - obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited
 - obtaining emergency contact details
 - determine the ability to purchase additional autoinjectors
- Record details of student travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction will be paid.

Adrenaline autoinjectors for general use

PHPS will maintain a supply of adrenaline autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline autoinjectors for general use will be stored in the First Aid room and labelled “general use”.

The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at PHPS at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the First Aid officer and posted in the Staff Room. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none">• Lay the person flat• Do not allow them to stand or walk• If breathing is difficult, allow them to sit• Be calm and reassuring• Do not leave them alone• Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the First Aid room.• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <ul style="list-style-type: none">• Remove from plastic container• Form a fist around the EpiPen and pull off the blue safety release (cap)• Place orange end against the student's outer mid-thigh (with or without clothing)• Push down hard until a click is heard or felt and hold in place for 3 seconds• Remove EpiPen• Note the time the EpiPen is administered• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If 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.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

Communication Plan

This policy will be available on the PHPS website so that parents and other members of the school community can easily access information about PHPS's anaphylaxis management procedures. The parents and carers of students who are enrolled at PHPS and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The principal is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and the school's procedures for anaphylaxis management.

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

Staff training

The principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- All school teaching staff
- Any other school staff as determined by the principal to attend. This will include administration staff, first aiders and outside school hours care staff.
- Staff who are required to undertake training must have completed:
 - an approved face-to-face anaphylaxis management training course in the last three years, or
 - an approved online anaphylaxis management training course in the last two years.

PHPS uses the following training course: ASCIA eTraining course (with 22303VIC).

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including School Anaphylaxis Supervisor. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- 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.

When a new student enrolls at PHPS who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are briefed as soon as possible.

The principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

REVIEW CYCLE AND EVALUATION

This policy was last updated in 2019 and is scheduled for review in 2020.

The principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.