

Rowville Primary School

Anaphylaxis Management Policy



DEFINITIONS

Anaphylaxis is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines). 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 as at risk, awareness of triggers (allergens) and prevention/minimisation of exposure to these triggers. Partnerships between schools and parents/carers are important in ensuring that certain foods or items are kept away from a student at risk of anaphylaxis 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.

The school will comply with Ministerial Order 706 and guidelines related to anaphylaxis management in schools as published and amended by the Department of Education Training from time to time.

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 staff and other relevant members of the school community have adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

- Students at risk of anaphylaxis are identified upon enrolment.
- Members of staff at risk of anaphylaxis are identified upon employment.
- The principal will ensure that an individual anaphylaxis management plan for the student is developed, in consultation with the parent/s, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- The principal will ensure that an individual anaphylaxis management plan is developed for a staff member who is at risk of anaphylaxis.
- The individual anaphylaxis management plan will be put in place as soon as practicable after the student enrolls or staff member is employed and, where possible, before their first day of school.
- The individual anaphylaxis management plan sets 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 adventure programs and excursions.
 - 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.
- 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.
- It is the responsibility of the parent/carer to provide the school with updated details if their child's medical condition changes and, if relevant, provide an updated Individual Management Plan.
- The student's individual management plan will be stored with the adrenaline auto-injector.

EMERGENCY PROCEDURES PLAN (ASCIA ACTION PLAN)

It is the responsibility of the parent/carer to:

- Provide the school with a named, in date adrenaline auto-injector for their child.
- Provide a colour emergency procedures ASCIA Action Plan (Appendix B) that is current and contains the following information:
 - Confirmed allergens (based on diagnosis from a medical practitioner);
 - Emergency procedures to be taken in the event of an allergic reaction
 - Emergency contact name(s) and phone number/s.
 - Signature of a medical practitioner and date signed;
 - A recent, colour photograph of the student.
- Provide an additional adrenaline auto-injector from home for activities outside the school such as excursions and beyond boundaries adventure programs and to notify the teacher in charge of such.
- Provide the school with updated details if their child's medical condition changes and, if relevant, provide an updated emergency procedures plan (ASCIA Action Plan) and individual anaphylaxis plan.
- Provide the school with an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is reviewed.

The school will notify the parent when:

- The ASCIA action plan and individual management plan are due for renewal.
- A student's adrenaline auto-injector is due to expire
- When a student's adrenaline auto-injector has expired and requires immediate replacement.
- Store the student's action plan with the adrenaline auto-injector.

The school will display the student's ASCIA plan in the classroom, staffroom, Stephanie Alexander Kitchen, canteen and first aid room. It will also be included in the CRT folders.

TRAINING

School staff will complete training as per schedule below to meet the anaphylaxis training requirements of MO706. Volunteers and other members of the school community will undertake training as determined by the Principal.

Completed by	Course	Provider	Valid for
All school staff	To be undertaken in August 2018 when current training expires: <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	2 years
2 staff per school or per campus (School Anaphylaxis Supervisor)	Undertaken April 2016 <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>	Asthma Foundation	3 years

COMMUNICATION PLAN

- All staff will be provided with information at the beginning of each school year in relation to students at risk of Anaphylaxis or upon enrolment of a new student.
- All staff must have up to date anaphylaxis management training.
- ASCIA anaphylaxis e-training for Victorian Schools was introduced in April 2016 and will be undertaken by staff in August 2018 once current training expires and thereafter (every 2 years).
- This training will be undertaken for volunteers and other relevant members of the school community as determined by the Principal.
- All staff will be briefed once bi-annually by a Rowville Primary School staff member who has up to date School Anaphylaxis Supervisor training. This requires the completion of 2203VIC Course in Verifying the Correct Use of Adrenaline Auto-injector Devices (every 3 years) and the ASCIA anaphylaxis e-training for Victorian Schools (every 2 years).
- Staff will raise awareness of anaphylaxis by discussion with students in relation to:
 - always take food allergies seriously – severe allergies are no joke
 - don't share your food with friends who have food allergies
 - wash your hands after eating
 - know what your friends are allergic to
 - if a schoolmate becomes sick, get help immediately
 - be respectful of a schoolmate's adrenaline auto-injector
 - don't pressure friends to eat food that they are allergic to
 - It is important to be aware that some students at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.
- Student's ASCIA Action Plan will be placed in canteens, classrooms and staff room with approval of parent/guardian.
- An individual Alert Card (with a photo) is completed with for each at risk student and kept in all Yard Duty Folders. These will be kept up to date by a staff member who handles first aid.

Volunteers and casual relief staff:

- Casual relief staff will be informed of students at risk of anaphylaxis in their care through an individual management plan and student medical alerts sheet provided on their arrival to the school.
- At other times while the student is under the care or supervision of the school, including excursions, yard duty, beyond boundaries adventure program and special event days, the principal must ensure that supervising staff and volunteers (if applicable) have up to date anaphylaxis management training.
- The school's first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

Management of adrenaline auto-injector:

The anaphylaxis will supervisors will:

- Ensure that ASCIA Action Plans are displayed in the classroom, staffroom, Stephanie Alexander Kitchen, canteen and first aid room and CRT folders.
- Ensure there is an up to date register of students at risk of anaphylaxis which is distributed to all staff and on display in classrooms, staffroom, Stephanie Alexander Kitchen, canteen and first aid room and CRT folders.
- Ensure that students' emergency contact details are up to date.
- Organise staff training on how to recognise and respond to an anaphylactic reaction, including administering an adrenaline auto-injector.
- Check that the adrenaline auto-injector is not cloudy or out of date at the beginning or end of each term.
- Inform parents/carers a month prior in writing if the adrenaline auto-injector needs to be replaced.
- Ensure that the adrenaline auto-injector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place and that it is appropriately labelled.

- In conjunction with the Principal or Assistant Principal, arrange post-incident support (e.g. counselling) to students and staff, if appropriate.
- Work with staff to conduct regular reviews of prevention and management strategies.
- Ensure that each adrenaline auto-injector is signed in and out in the register when taken from the storage location for adventure programs, excursions, sports days etc.

Location of adrenaline auto-injector:

- Once the adrenaline auto-injector is received it is stored in an individual container displaying the student's name, grade and expiry date.
- A copy of the students ASCIA Action Plan and Individual Management Plan are kept with the adrenaline auto-injector.
- The container is then stored in a lockable cupboard in the general office which is clearly marked.
- Cupboard is locked after school hours.

Adrenaline autoinjectors for general use

The principal will purchase adrenaline auto-injector(s) for general use (purchased by the school) and as a back up to those supplied by parents.

The principal will determine the number of additional adrenaline auto-injector(s) required. In doing so, the principal will take into account the following relevant considerations:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis
- the accessibility of adrenaline auto-injectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis
- the availability and sufficient supply of adrenaline auto-injectors for general use in specified locations at the school, including:
 - in the school yard, excursions, camps and special events conducted or organised by the school
 - adrenaline auto-injectors for general use have a limited life, usually expiring within 12-18 months and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

PREVENTION STRATEGIES

Within The School

There is a ten minute eating time within the classroom for fruit time and lunch. Students' are encouraged to eat food bought from home only. The teacher will have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

Liaise with parents about food-related school activities ahead of time.

Treats for other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.

Never give food from outside sources to a student who is at risk of anaphylaxis. Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event

Relief teachers will be provided with a CRT folder containing a copy of the ASCIA Action Plan and management plan.

For special occasions school staff should consult with parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.

Music/Performing Arts Room

Teacher shall instruct students not to share instruments

Visual Art Room

Activities such as mask making (where masks are moulded onto the face) should be discussed with the parent prior to the event, as products used may contain traces of food such as peanut, tree nut, milk or egg.

Canteen

The ASCIA Action Plan provided by the parents will be displayed with an up to date photo within the canteen.

Whole egg, kiwi fruit, cashew and pistachio nuts will not be sold at the school canteen. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.

Parents are responsible to check orders being placed for lunch via the school canteen.

Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.

Parents are encouraged to discuss with their child which foods can be purchased over the counter and are welcome to discuss with our canteen manager.

Yard duty staff shall carry emergency cards in yard-duty bags, and mobile phones.

Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis. Students at risk of anaphylaxis from outdoor related activities, such as yard duty, shall be excused from taking part.

Stephanie Alexander Kitchen Garden

Kiwi fruit, cashew and pistachio nuts will not be stocked or stored at the school SA kitchen. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.

Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.

Parents are to discuss with their child which foods can be consumed and are encouraged to discuss with our kitchen specialist allergies to food.

Students at risk of anaphylaxis are not to be exposed to allergens at any time

Excursions & Camps

Parents will be requested to complete and sign a "medical form" for each individual excursion/camp.

Prior to the camp taking place School Staff should 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.

Parents will be given the opportunity to volunteer to accompany their child on excursions or camps (Beyond Boundaries).

The School should consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required

Consider the potential exposure to allergens when consuming food on buses and in cabins.

The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.

The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone

Overseas travel

Where an excursion or camp is occurring overseas, the school will involve parents in discussions regarding risk management well in advance.

EMERGENCY RESPONSE

Steps taken in response to an anaphylactic reaction by a student in the classroom, school buildings and grounds

- Contact the office via phone and/or individual Alert Card stored in each yard duty folder and provide them with the following information:
 - *students full name* is having an anaphylactic shock
 - Exact location in the school
- The student is not to be left alone at any time.
- Office/First Aid staff member will immediately transport the Adrenaline auto-injector to the relevant area.
- Follow the student's ASCIA Action Plan that sets out the emergency procedures to be taken in the event of an allergic reaction
- Office staff will call an ambulance (000), call the student's emergency contact/s and notify the Principal.
- Reassure the student experiencing the allergic reaction.
- Watch the student closely in case of a repeat reaction. Ask another staff member to move other students away and reassure them elsewhere.
- In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan) are present, a second injection (of the same dosage) may be administered after 5 minutes if available.
- Contact Department of Education & Training Security & Emergency Services Management, on 9589 6266 (available 24 hours a day, 7 hours a week) and report incident.

Special events days, school beyond boundaries adventure programs and excursions

It is the responsibility of the person in charge to ensure all staff and volunteers who attend special events days, school adventure programs and excursions are aware of students at risk of anaphylaxis. Staff/volunteers in charge of students at risk of anaphylaxis must have access to the student's ASCIA Action Plan, an adrenaline auto-injector and a mobile phone.

Post Incident Support

The Principal will provide support to members of the school community following a serious incident.

Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations.

Links and Appendices

Appendix A: Individual Anaphylaxis Management Plan and ASCIA Action Plan

Reference 1: Department of Education Anaphylaxis Policy

Reference 2: Ministerial Order 706

Reference 3: Annual Risk Management Checklist

This policy was ratified at School Council on 27 th April 2016 and will be reviewed in April 2017
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Individual Anaphylaxis Management Plan

This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent.

It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			

EMERGENCY CONTACT DETAILS (PARENT)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

EMERGENCY CONTACT DETAILS (ALTERNATE)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

Medical practitioner contact	Name	
	Phone	

Emergency care to be provided at school	
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Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)	
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ENVIRONMENT

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

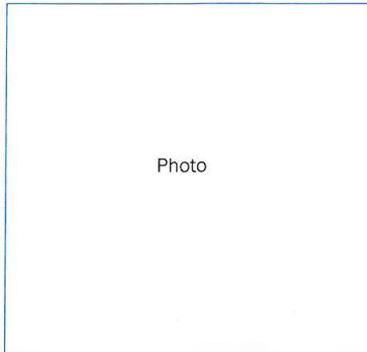
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

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Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
<p>This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):</p> <ul style="list-style-type: none"> • 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; and • 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). <p>I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines</p>			
Signature of parent:			
Date:			
I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.			
Signature of Principal (or nominee):			
Date:			

For use with EpiPen® Adrenaline Autoinjectors

Name: _____

Date of birth: _____



Photo

Confirmed allergens:

Asthma Yes No

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr: _____

Signed: _____

Date: _____

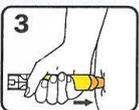
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



PLACE ORANGE END against outer mid-thigh (with or without clothing).



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.

REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis

© ASCIA 2014. This plan was developed by ASCIA

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed)
- Dose:
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr**
- 3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

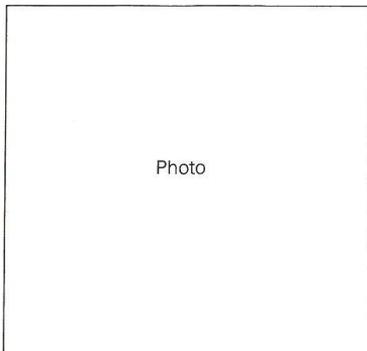
Additional information _____

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

For use with Anapen® Adrenaline Autoinjectors

Name: _____

Date of birth: _____



Photo

Confirmed allergens: _____

Asthma Yes No

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by: _____

Dr: _____

Signed: _____

Date: _____

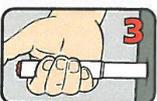
How to give Anapen®



PULL OFF BLACK NEEDLE SHIELD.



PULL OFF GREY SAFETY CAP from red button.



PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing).



PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen® and DO NOT touch needle. Massage injection site for 10 seconds.

Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis

© ASCIA 2014. This plan was developed by ASCIA

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed)
- Dose:
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

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- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- 2 Give Anapen® 300 or Anapen® 150
- 3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
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If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

Anapen® 300 is generally prescribed for adults and children over 5 years.

Anapen® 150 is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____

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