



Anaphylaxis Management Policy

“This Anaphylaxis Policy complies with Ministerial Order 706 which came into effect on 1st January 2016”.

This policy should be read in conjunction with the Anaphylaxis Guidelines for Victorian Government Schools (<http://www.education.vic.gov.au/Documents/school/teachers/health/anaphylaxisguidelines.pdf>).

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.

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 minimization 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.

Individual Anaphylaxis Management Plans:

Note: A template of the individual anaphylaxis management plan used at Kew Primary School can be found in the Anaphylaxis Guidelines for Victorian Government Schools ('Anaphylaxis Guidelines') (see Appendix 1).

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. It is the responsibility of the parent(s) of a child with anaphylaxis to inform the principal of their child's condition in a timely manner.

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.

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 minimize 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. Note: pages 26-28 of the Anaphylaxis Guidelines for Victorian Government Schools contain advice about a range of prevention strategies that can be put in place (see Appendix 2).
- 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;
 - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan;
 - does include an up to date photograph of the student.

Note: the red and blue 'ASCIA Action Plan' is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis (see example in Appendix 2).

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 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 provided to the school and when it is reviewed.

Communication Plan:

The Anaphylaxis Guidelines has advice about strategies to raise staff and student awareness, working with parents/carers and engaging the broader school community. This advice is contained in Appendix 3.

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. Individual Anaphylaxis Management Plans will be taken on school camps and excursions.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed about students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by the Principal or the Principal's nominee.

All staff will be briefed twice a year by a staff member who has up to date anaphylaxis management training on:

- The 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 located;
- How to use an auto-adrenaline injecting device; and
- The school's first aid and emergency response procedures.

Staff Training and Emergency Response:

Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.

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 has undertaken training in an anaphylaxis management training course.

The principal will identify the school staff to be trained based on a risk assessment (usually the majority or all staff need to be trained). The Anaphylaxis Guidelines contain an 'Anaphylaxis Risk Management Checklist' to assist the school with this task. This information is available at www.education.vic.gov.au/teachers/health/Pages/anaphylaxisschl.aspx

ASCIA provides an ASCIA anaphylaxis e-training module for staff members to complete and a nominated trained school supervisor will check that this module is completed in conjunction with the correct use of the adrenaline auto injector (trainer) device.

The e-training module is accessed at <http://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare>

Training will be provided to these staff as soon as practicable after the student enrolls.

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.

The school's first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

The principal or nominee will purchase adrenaline auto injector devices for general use and as a back up to those supplied by parents/carers.

Evaluation:

This policy will be reviewed by School Council as part of the three-year review cycle or at the discretion of School Council.

Appendix 1: Individual Anaphylaxis Management Plan

COVER SHEET

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/carer.

It is the parents'/carers' responsibility to provide the school with a copy 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's name				
Date of birth		Year level		
Severely allergic to				
Other health conditions				
Medication at school				
Emergency contacts parent/carer	Parent/carer (1)		Parent/carer (2) (if available)	
	Name		Name	
	Relationship		Relationship	
	Home phone		Home phone	
	Work phone		Work phone	
	Mobile		Mobile	
	Address		Address	
Other emergency contacts if parent/carer	Other contact (1)		Other contact (2) (if available)	
	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				
Storage for adrenaline Auto injector (device specific) (i.e. EpiPen®)				

ENVIRONMENT

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

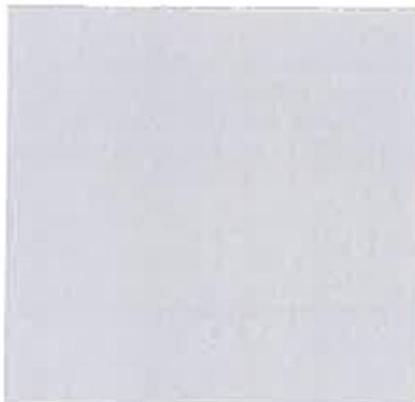
Name of environment/area			
	Actions required to minimize risk	Who is responsible?	Completion date?
Name of environment/area			
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	Actions required to minimize risk	Who is responsible?	Completion date?
Name of environment/area			
	Actions required to minimize risk	Who is responsible?	Completion date?

ACTION PLAN FOR
Anaphylaxis

Name: _____

For EpiPen® adrenaline (epinephrine) autoinjectors

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

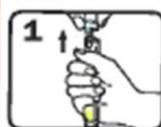
Plan prepared by Dr or NP: _____

I hereby authorise medications specified on this plan to be administered according to the plan

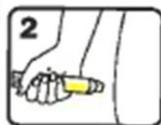
Signed: _____

Date: _____

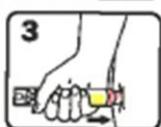
Action Plan due for review: _____

How to give EpiPen®

Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and 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® and gently massage injection site for 10 seconds

Instructions are also on the device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis**WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

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

ACTION FOR ANAPHYLAXIS**1 Lay person flat - do NOT allow them to stand or walk**

- If unconscious, place in recovery position

- If breathing is difficult allow them to sit

**2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector****3 Phone ambulance* - 000 (AU) or 111 (NZ)****4 Phone family/emergency contact****5 Further adrenaline doses may be given if no response after 5 minutes****6 Transfer* person to hospital for at least 4 hours of observation****If in doubt give adrenaline autoinjector**

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer If someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptomsAsthma reliever medication prescribed: Y N

Appendix 2: Prevention Strategies

IN-SCHOOL SETTINGS

CLASSROOMS

1. Keep a copy of the student's Individual Anaphylaxis in the classroom.
2. Liaise with parents/carers about food-related activities ahead of time.
3. Use non-food treats where possible, but if food treats are used in class it is recommended that parents/carers of anaphylactic students provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4. Never give food from outside sources to a student who is at risk of anaphylaxis.
5. Treats for the other students in the class must not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
7. Be aware of the possibility of hidden allergens in cooking, food technology, and science and art classes (e.g. egg or milk cartons). Note: that year level/specialist teachers must consider the risk-minimization strategies of the student diagnosed at risk of anaphylaxis, even if that student is not in their class.
8. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
9. A designated staff member should inform casual relief teachers and specialist teachers and volunteers of:
 - the school's Anaphylaxis Management Policy;
 - the causes, symptoms and treatment of anaphylaxis;
 - the identity of students diagnosed at risk of anaphylaxis and where their Individual Anaphylaxis Management Plan and adrenaline auto injector are located their role in responding to an anaphylaxis student in their care preventative strategies in place to minimize the risk of anaphylaxis reaction.

CANTEENS

1. Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food handling practices, including knowledge or the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
2. Refer to <http://www.allergyfacts.org.au/component/virtuemart/> and to 'Safe Food Handling' in the School Policy and Advisory Guide, available at <http://www.education.vic.gov.au/management/governance/spa.g/.governance/safetymgt/foodhandling.htm>
3. Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and have up to date training in an accredited anaphylaxis management training course as soon as practical after a student enrolls. See http://www.health.vic.gov.au/foodsafety/downloads/allergen_intolerance_biz.pdf
4. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5. Canteens should provide a range of healthy meals/products that are designed to exclude any traces of peanut or other nut products.
6. Physical isolation of students at risk of anaphylaxis is not recommended.
7. Make sure that tables and surfaces are wiped down regularly.

YARD

1. If a school has a student who is at risk of anaphylaxis, sufficient staff on yard duty must be trained in the administration of the adrenaline auto injector. EpiPen® to be able to respond quickly to an anaphylactic reaction if needed.

2. The adrenaline auto injector and individual Anaphylaxis Management Plan for each student at risk of anaphylaxis be easily accessible from the yard, and staff should be aware of its exact location. (Remember that an anaphylactic reaction can occur in as little as five minutes.)
3. Yard duty staff must carry a first aid kit which has photos attached to identify those students at risk of anaphylaxis.
4. Yard duty staff must direct another person to bring the adrenaline auto injector to them by contacting the office, principal or assistant principal and should never leave a student who is experiencing an anaphylactic reaction unattended.
5. A student experiencing an anaphylactic reaction should not be moved.
6. Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. Schools should liaise with parents/carers to encourage students to closed shoes and long-sleeved garments when outdoors if weather conditions permit.
7. The student should keep drinks and food covered while outdoors.

SPECIAL EVENTS (e.g. sporting events, incursions, class parties etc.)

1. If a school has a student at risk of anaphylaxis, sufficient staff supervising the special event must be trained in the administration of an adrenaline auto injector to be able to respond quickly to an anaphylaxis reaction if required.
2. Staff should avoid using food in activities or games, including as rewards. The adrenaline auto injector and individual Anaphylaxis Management Plan for each student at risk of Anaphylaxis should be easily accessible and staff should be aware of the exact location.
3. For special occasions, class teachers should consult parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student.
4. Parents/carers 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.

Appendix 3: Communicating with Staff, Students and Parents/Carers

The principal of a school is responsible for ensuring that a Communication Plan is developed to provide information to all staff, students and parents/carers about anaphylaxis and the School's Anaphylaxis Management Policy.

The Communication Plan must include strategies for advising staff, students and parents/carers about steps that will be taken to respond to an anaphylactic reaction by a student in various environments including the following:

- In a classroom;
- In the school yard;
- On school excursions;
- On school camps; and
- On special event days conducted or organized by the school.

Raising staff awareness

All school staff must be briefed at least twice per year by a staff member who has up to date anaphylaxis management training.

The principal is to ensure that a designated trained member of staff is to inform volunteers and casual relief staff of the above information and their role in responding to an anaphylactic reaction by a student in their care.

In addition, a designated staff member should have responsibility for briefing all new staff (including administration and office staff, canteen staff, sessional teachers, specialist teachers) of the above information and their role in responding to an anaphylactic reaction by a student in their care.

Raising student awareness

Peer support is an important element of support for students at risk of anaphylaxis. Staff can raise awareness in school through fact sheets or posters displayed in hallways, canteens and classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages, outlined in the following:

- 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 school friend becomes sick, get help immediately.
- Be respectful of a school friend's adrenaline auto injector.
- Don't pressure your friends to eat food that they are allergic to.

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Talk to all students so they are aware of the seriousness of an anaphylactic reaction.

Work with parents/carers of students at risk of anaphylaxis

Schools should be aware that parents/carers of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to school. It is important to develop an open and cooperative relationship with them so that they can feel confident that appropriate management strategies are in place. Aside from implementing practical prevention strategies in schools, the anxiety that parents/carers and students may feel can be considerably reduced by regular communication and increased education, awareness and support from the school community.

Raising school community awareness

Schools should raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. This can be done by providing information in the school newsletter.

Fact sheets that promote greater awareness of severe allergies in the school community can be downloaded from the Department's Student Wellbeing website and parent information sheets can be downloaded from the Anaphylaxis Advisory Support Line website: www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/.