

2019 ANAPHYLAXIS MANAGEMENT POLICY



Document Outline

- Section One: School Overview
- Section Two: Emergency Response Plan
- Section Three: Risk Minimisation Guideline
- Appendix: 1. Anaphylaxis Emergency Response Plan
2. Action Plan for Allergic Reactions

Section One

School Overview

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 and certain insect stings (particularly bee stings).

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline auto injector (such as an EpiPen®) into 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/guidelines in the school community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Health Care Plans

The principal, in consultation with the classroom teacher will ensure that an Individual Anaphylaxis Health Care Plan is developed with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of school.

The student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:

- Annually, and as applicable.
- If the student's condition changes.
- Immediately after the student has an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

- Provide an ASCIA Action Plan completed by the child's medical practitioner with a current photo, updated annually.
- Inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan.
- Provide written permission annually for the school to display students ASCIA Action Plan.

Epipens, Medication and Identification

It is the responsibility of the parent/guardian to:

- Years Kindy – Year 6 must provide an auto injector to the school, which is to be kept in the Sick Room (Years 1- 6) or Kindy/ Pre-primary classroom first aid cupboard
- Provide medication for mild reactions listed on ASCIA Action Plan. To be kept in the students' personal Medication Bag located in the Sick Room Anaphylaxis display Cupboard (Years 1- 6) or classroom first aid cupboard, Kindy and Pre-Primary.
- Keep a record of expiry dates for medication and adrenaline auto injectors providing replacements when necessary.
- Attach a Red Cross badge to all of the student's collars and hats- parents to purchase from the School Office.

Communication

School Leadership will be responsible for providing information to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies.

School Website will include all the relevant information.

- * *Casual relief staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis via the Relief File given to them at reception.*
- * *Volunteers are to be informed on arrival by staff member who they will be assisting on the day if they are caring for a student at risk of anaphylaxis.*

Staff training and emergency response

All teachers and other school staff will undertake regular training in anaphylaxis management including how to respond in an emergency (online e-training and certification through; <http://www.allergy.org.au/patients/anaphylaxis-e-trainingschools-and-childcare>)

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 and know how to recognise, prevent and treat anaphylaxis. Training will be provided to these staff as soon as practicable after the student enrolls.

Wherever possible, online training will take place during Induction of new staff at the beginning of each school year.

Regular Relief Staff will be required to complete on-line training during a DOTT period available for their assigned class.

The school's Emergency Response Plan and the student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

Regular mock anaphylactic emergency drills will be run each year. *(These will be scheduled on the Term Calendar, with the option of also running unscheduled drills, should they be desired).*

Section Two

Emergency Response Plan- ALL Severe Reactions

"Anaphylaxis Emergency- EpiPen Alert" cards will be kept in all duty bags and classrooms. In the event of a student having a severe anaphylactic reaction, the auto injector kept in the nearest location, SJC, Hall or K/ PP classrooms is to be administered immediately.

Step 1: Administer an EpiPen

Step 2: Send runner to Office

Following administration of the EpiPen, an **'Anaphylaxis Emergency- EpiPen Alert'** card is to be sent to the office with two (2) students.

The students must yell, **"Emergency!"** when entering the Office

Step 3: Attend student, checking vitals (breathing and pulse), re-assuring and carefully monitoring victim until Ambulance Officers take control.

Attend: The spare auto injector is to be administered if there is no change in symptoms after five (5) minutes or if symptoms start to reappear whilst waiting for the ambulance.

Duties of Other Response Staff

Upon receiving the Anaphylaxis Emergency- EpiPen Alert card, **three staff will respond;**

- i. An administration staff member, member of the Leadership Team or next available staff member will **call an ambulance ***, and then immediately inform the Principal or an Assistant Principal.
- ii. A staff member will wait at the front of the school to **direct the Ambulance team**
- iii. The student's **Medication Box** (which holds the spare auto injector and ASCIA Action Plan) will be taken out to the student having the anaphylactic reaction, by a staff member.

*It is mandatory that staff call an ambulance if the auto injector has been administered. When calling the ambulance staff must state, **"A child is having an anaphylactic reaction and requires an intensive care ambulance"**.

Staff members involved in an emergency response should receive debriefing as soon as possible.

* See Appendix 1, **MMCCPS Emergency Response Plan** for details.

Moderate Action Response Plan- Mild/ moderate reactions only

An **"Action Response"** may be necessary if an anaphylactic child has experienced only a mild or moderate reaction. It **MUST** be noted, that if a staff member is ever in doubt the first instinct should be to administer an auto- injector and proceed straight to an **"Emergency Response"**.

The **Action Response Plan** begins with administering a students' preventative medication (antihistamine), once a students' Medication Box has been received. This response requires great certainty and an extremely high vigilance in observing the child's reaction and response. In the case of any uncertainty, any progression of symptoms or any lack of improvement an EpiPen should be immediately administered and the Emergency Response enacted.

It is the responsibility of the classroom teacher or first staff member on the scene to ensure that the child's parents and the principal have been made aware of the mild/ moderate reaction.

Section Three

Risk Minimisation

Setting Considerations

- Classroom
- Off-site school settings – camps and remote settings
- Canteens
- School Grounds
- On-site events (e.g. sporting events, in school activities, class parties)
- Off-site school settings – field trips, excursions
- Off-site school settings – camps and remote settings

Classroom

- Adrenaline auto injector is to be available in SJC, School Hall, PP and Kindy at all times
- Display a copy of the students ASCIA Action Plan/Medic Alert in the classroom **near the light switch at entrance door** and in the Admin Sick Bay. A copy of the student's individual Medic Alert (ONLY) is placed on staffroom wall.
- Display the MMCCPS Emergency Response Plan (and the MMCCPS Action Response Plan) next to ASCIA Action Plan in the classroom- **near the light switch at entrance door**.
- Copy of ASCIA Action Plan for Anaphylaxis (**How to use an EpiPen**) to be displayed in Sick Bay, above computer on pin up board in office, Resource Room and Library, in the Music Room, Hall, Computer Lab, SJC and in student's Medication Bag.
- A copy of the student's Individual Anaphylaxis Action Care Plan to be displayed in Individual Student Medic Alert sleeves in Sick Bay and Personal Medication Box.
- Casual/relief teachers should be made aware of the student's ASCIA Action Plan – They are displayed in the classroom
- Liaise with parents/guardians about food related activities ahead of time.
- Use non-food treats where possible. No food is ever to be used as a reward.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).
- **Have regular discussions with students** about the importance of washing hands, eating their own food and not sharing food.
- **Health Education includes** teaching the children about allergies through;
 1. Awareness: Know what your classmates are allergic to
 2. Avoidance: Never share food. Wash your hands after eating.
 3. Action: Tell a Teacher straight away if someone with allergies looks sick – even if they don't want you to.
- Peanut/tree nut products are to be discouraged from being brought into school.
- Education on Anaphylaxis should be made available to all students annually.

Canteens

- Where there may be an external/contracted food service provider, the provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling.
- With permission from parents/guardians, canteen staff (including volunteers), should be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans.
- With permission from parents/guardians, have the student's name, photo and the foods they are allergic to, displayed in the canteen as a reminder to staff.

- Notification of students and their allergies to be displayed in Canteen.
- Liaise with parents/guardians about food for the student.
- Food banning is not recommended from ACPS Canteen
- Products labelled 'may contain traces of peanuts/tree nuts' should not be served to the student known to be allergic to peanuts/tree nuts.
- Be aware of the potential for cross contamination when storing, preparing, handling or displaying food.
- Ensure tables and surfaces are wiped clean regularly.

School Grounds

- MMCCPS has developed a communication strategy for the school grounds in the event of an anaphylactic emergency.
- **Anaphylaxis Emergency- EpiPen Alert cards** to be kept in red, Duty Bum-bags at all times.
- The emergency adrenaline auto injector should be easily accessible from the SJC and School Hall at all times.
- The student with anaphylactic responses to insects should wear shoes at all times.
- Keep outdoor bins covered.
- The student should keep open drinks (e.g. drinks in cans) covered while outdoors.
- All MMCCPS Staff are trained to recognise the signs and symptoms of Anaphylaxis and are able to provide an emergency response to anaphylaxis, including during non-meal times, e.g. recess and lunch.
- Displaying Action Plans in appropriate areas in the school, e.g. in the First Aid Room.
- Allergy/anaphylaxis posters displayed around the school to increase awareness, Library, information in Administration.
- Prescribed adrenaline auto-injectors are easily accessible and centrally stored.

On-site events (e.g. sporting events, in school activities, class parties)

- **Anaphylaxis Emergency- EpiPen Alert cards** to be kept in Duty bum-bags at all times
- Emergency auto- injector should be kept in, and available from, School Hall, SJC, Kindy and PP classrooms at all times
- Staff must know where the emergency adrenaline auto injector pens are located and how to access if it required
- No food, treats or sweets should be given to any student.

- For special occasions, class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student.
- Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies.
- Party balloons, latex swimming caps or latex gloves should not be used if a student is allergic to latex.
- Staff should avoid using food in activities or games, including rewards.

Off-site school settings – field trips, excursions

- The student's adrenaline auto-injector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions.
- Adrenaline auto injector is to be kept in RED "Excursion Bum-bag" at all times and/or esky where it will be exposed to heat.
- Spare adrenaline auto injector should be taken in first aid kit and all staff made aware of its location.
- Student's Medication Bags (containing medication for mild reactions, auto- injector and Individual ASCIA Action Plan) should be taken on all excursions and all staff made aware of its location.
- All staff must carry their mobile phone at all times when on all excursions and when on duty in the playground.
- One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis.
- Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required).
- Consider the potential exposure to allergens (carried by air, air-conditioner, fingertips etc.) when consuming food on buses.

Off-site school settings – camps and remote settings

- When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers.

- Campsites/accommodation providers and transport providers should be advised in advance of any student with food allergies.
- Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals.
- Camp providers should avoid stocking peanut or tree nut products, including nut spreads.
- Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided.
- Adrenaline auto injector is to be kept in RED “Excursion Bum-bag” at all times.
- Student’s Medication Box (containing medication for mild reactions, auto- injector and Individual ASCIA Action Plan) should be taken on all excursions and all staff made aware of its location.
- All staff should be trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector should accompany the student on camp.
- All Staff present need to be aware if there is a student at risk of anaphylaxis.
- Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction – this will be clear in the Risk Management Assessment and the Camp Booklet of information for Staff attending Camp.
- Be aware of what local emergency services are in the area and how to access them.
- A Mobile phone with network coverage must be taken on camp.
- Advise parents/guardians of the distance to emergency services.
- The student with allergies to insect venoms should always wear closed shoes when outdoors.
- Cooking and art and craft games should not involve the use of known allergens.
- Consider the potential exposure to allergens (carried by air, air-conditioner, fingertips etc.) when consuming food on buses/airlines and in cabins.

APPENDIX 1



ANAPHYLAXIS EMERGENCY RESPONSE PLAN

In the event of an anaphylaxis reaction

ADMINISTER auto-injector (EpiPen) immediately



Epi-Pen from;

RED Duty Bag

Hall

School Office

Kindergarten

St Joseph Centre

Pre Primary

★ WRITE TIME OF INJECTION ON CHILD'S HAND

SEND for assistance

RING OFFICE OR

Send "Anaphylaxis Emergency Card + child's photo/ name to Office



EMERGENCY!



Office Staff will arrive immediately to render assistance to you.

ATTEND scene to calm and monitor student.

ADMINISTER second Epi- Pen (from Office) after five (5) minutes if there is:

- No change
- Deterioration
- Symptoms re-appear

2017 Update

ACTION PLAN FOR Allergic Reactions

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
- 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 adrenaline (epinephrine) autoinjector if available

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 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

Adapted from the ASCIA Action Plan 2016