

Anaphylaxis Policy

Rationale:

- 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® autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Aims:

- To provide a safe and healthy school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis.
- 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 each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

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.

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.

Management Plan

All students at Melton Primary 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 of Melton Primary 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 Melton Primary and where possible, before the student's first day.

Implementation/Prevention:

Our school will manage anaphylaxis by:-

- providing opportunities for training as per the DET guidelines including the administering of an adrenaline auto-injector such as an EpiPen or an Anapen.
- informing the community about anaphylaxis via the newsletter
- informing students about allergies, including anaphylaxis causes and first aid, as part of the prep-6 curriculum.
- not allowing food sharing, and restricting food to that approved by parents
- *year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays*
- *Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.*
- identifying susceptible students and knowing their allergens
- requiring parents to provide an ASCIA emergency management plan developed by a health professional and an auto-injector if necessary, both of which will be maintained in the first aid room for reference as required. First aid staff will contact parents if the Use-By date of the injector is close to expiration.

- All ASCIA Anaphylaxis Action Response Posters will be displayed in the first aid room as appropriate.
- We will maintain open communication with parents.
- The school will request that parents do not send certain food items (to classrooms where there are students with allergies) to school if at all possible; that the canteen eliminate or reduce the likelihood of such allergens, and the school will reinforce the rules about not sharing food, and not eating foods that parents have not provided or consented to.
- Ensuring that an Individual Anaphylaxis Management plan is developed and put in place as soon as practicable after the students enrolls.
- The development, implementation, monitoring and regular review of Individual Management Plans which include an individual ASCIA Action plan in accordance with part C of the ministerial Order 706.

Parent responsibility:

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.

Individual Anaphylaxis Management Plans

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
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- 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.

School responsibility:

- Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of the students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the First Aid Coordinator. This is to be displayed in CRT folders.
- Staff will be trained . ASCIA eTraining course (with 22579VICVIC) and completion rescored
- All new staff will be briefed 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, including hands on practise and where they are kept
 - the school's first aid and emergency response procedures
- The school will comply with the Order and guidelines on anaphylaxis management as outlined in part D.
- In the event of an anaphylactic reaction, the school's first aid and emergency response procedures and the student's Individual Anaphylaxis Management Plan must be followed
- Regularly review Individual Anaphylaxis Management Plans for affected students
- To purchase a backup Adrenaline Auto-injectors for general use by schools
- To develop a Communication Plan between school and home
- Anaphylaxis briefings for all staff will be completed as per DET requirements.
- Ensure the annual Risk Management checklist is completed.

Reviewing the Individual Anaphylaxis Management Plan:

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.
- Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Location of plans and adrenaline autoinjectors (and spares)

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

Communication Plan: What to do

The aim of a Communication Plan is to provide information to all School Staff, students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy and how to respond to an anaphylactic reaction by a student in various environments including:

- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
- during off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the School.

Where possible, only School Staff with training in the administration of the Adrenaline Autoinjector should administer the student's Adrenaline Autoinjector. However, it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by).

Classrooms - Schools may use classroom phones/personal mobile phones to contact the office. Emergency (laminated red card), whereby students go to the office to have the Autoinjector taken to the child and other emergency response protocols are followed. (call ambulance/parents)

Yard Duty- Schools may use mobile phones/portable school phone or a red card system whilst on yard duty.

In addition to planning 'how' to get an Adrenaline Autoinjector to a student, plans need to be in place for:

- a nominated staff member to call ambulance; and
- a nominated staff member to wait for ambulance at a designated school entrance.
- It is the responsibility of the Principal of the School to ensure that relevant School Staff are:
- trained; and briefed at least twice per calendar year.

How to administer an EpiPen®

Remove from plastic container.

Form a fist around EpiPen® and pull off the blue safety 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 10 seconds.

Remove EpiPen®.

Massage injection site for 10 seconds.

Note the time you administered the EpiPen®.

The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

If an Adrenaline Autoinjector is administered, the School must

1. **Immediately** call an ambulance (000/112).
2. Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3. Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere.
4. In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).
5. **Then** contact the student's emergency contacts.
6. **For government and Catholic schools - later**, contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).
7. **For independent schools - later**, enact your school's emergency and critical incident management plan.

Always call an ambulance as soon as possible (000)

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 Melton Primary School and stored in the office store 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 office storeroom • 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.	<p>Administer an EpiPen or EpiPen Jr</p> <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 <p>OR</p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"> • Pull off the black needle shield • Pull off grey safety cap (from the red button)

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	<ul style="list-style-type: none"> Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) Press red button so it clicks and hold for 10 seconds Remove Anapen® Note the time the Anapen is administered Retain the used Anapen 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.

Schools can use either the EpiPen® **and Anapen® on any student** suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

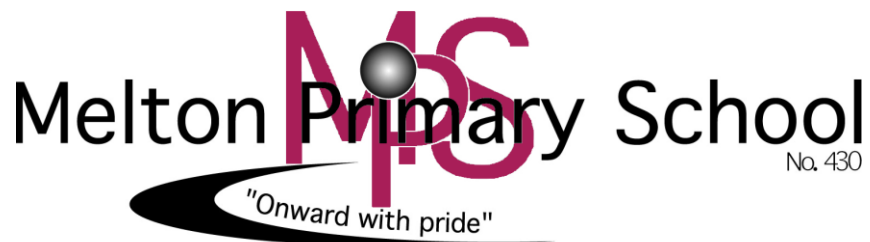
Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

School responsibility: Prevention Strategies

- Send notes home to families in the same class/building as someone who is Anaphylaxis.
- Ensure the canteen does not sell nut products.
- If food items from home are bought in, the ingredients are listed for all to see.
- Open communication with parents.
- Discourage students from bringing in products that may contain nuts

School responsibility: Emergency Procedures

- A complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;
- Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these can be located: in a classroom; in the school yard; in all school buildings and sites including gymnasiums and halls; on school excursions; on school camps; and at special events conducted, organised or attended by the school.



- Information about the storage and accessibility of Adrenaline Auto injectors;
- How communication with School Staff, students and Parents is to occur in accordance with a communications plan.

Ratified at School Council on 16th Feb 2022



ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

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

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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.

