

Anaphylaxis Management

BRUNSWICK EAST PRIMARY SCHOOL

Rationale

Brunswick East Primary School will fully comply with *Ministerial Order 706* (www.education.vic.gov.au/school/principals/health/pages/anaphylaxischools.aspx) and the associated Guidelines published and amended by the Department of Education and Training (DET).

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 anaphylaxis prevention for schools consists of:

- Knowledge of those students who have been diagnosed at risk
- Awareness of triggers (allergens)
- Minimising the risk of exposure to these triggers

Partnerships between the school and parents/carers are important in ensuring that accurate, up-to-date information is given to the school.

The most effective first aid treatment for anaphylaxis is adrenaline given through an adrenalin autoinjector to the muscle of the outer mid-thigh. Adrenaline autoinjectors expire after 12-24 months and must then be replaced. In an emergency, if an in-date adrenaline autoinjector is not available, a recently expired adrenaline autoinjector should be used in preference to not using one at all.

The key reference and support for the school regarding anaphylaxis is the [DET Anaphylaxis Guidelines](#) and [ASCIA Action Plans](#).

Signs and symptoms

Mild to moderate allergic reaction can include:

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

Anaphylaxis (severe allergic reaction) can include:

- 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)

Aims

- To provide, as far as practicable, a safe and supportive school environment that takes into consideration the needs of all students, and in which students at risk of anaphylaxis can participate equally in all aspects of 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, including supporting the process of the student learning to self-manage their condition.
- To ensure that all staff members have adequate knowledge about allergies, anaphylaxis and the school's policy and procedures for responding to an anaphylactic reaction.

Individual Anaphylaxis Management Plans

For any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis, the Principal or nominee will ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/carers. The Individual Anaphylaxis Management Plan will be put 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:

- Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner)
- Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings 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 strategies
- Information on where the student's medication will be stored
- The student's emergency contact details
- An emergency procedures plan ([ASCIA Action Plan](#))

Individual Anaphylaxis Management Plans can be downloaded at

<http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxischools.aspx>.

Responsibilities

Parents/carers will:

- Provide a personalised anaphylaxis action plan for their child, using the most current version of the *ASCIA Action Plan for Anaphylaxis*.
- Provide the school with an adrenaline autoinjector that is unused and not expired and any other medication indicated on the child's ASCIA Action Plan, and ensure that all medications are current and in date.
- Replace the child's adrenaline autoinjector or other medication if it is used or out of date.
- Inform the school promptly and in writing, if their child's medical condition changes, insofar as it relates to allergy and the potential for anaphylactic reaction and if relevant, provide an updated ASCIA Action Plan.
- Educate their child about their allergies and how to minimise the risk of exposure, such as not sharing food (if allergic to food) or taking precautions outdoors (if allergic to insects).

The school will:

- Ensure all staff undertake anaphylaxis training once each semester.
- Maintain a register of staff who have completed the DET-prescribed training.
- Ensure safety in school activities by using preventative strategies to minimise the risk of exposure to known allergens for students with known allergies.
- Develop risk management strategies for specific activities, including school camps, excursions and incursions. Individual Anaphylaxis Action Plans will also be reviewed as part of preparations for special events.
- Develop and review procedures to be followed in the event of a student experiencing an anaphylactic reaction.
- Review and assess the school's management strategies at least yearly using the Department's "[Annual Risk Management Checklist](#)".
- Check all adrenaline autoinjector expiry dates at the beginning of each semester.
- Check student ASCIA Action Plans to ensure they are current at the beginning of each semester.
- Ensure a staff member is assigned to carry the student's plan and adrenaline autoinjector if the student is leaving the school premises for an excursion or camp.
- Implement and monitor the student's Individual Anaphylaxis Action Plan, including administering the adrenaline autoinjector in the event of an anaphylaxis emergency.
- Review the student's Individual Anaphylaxis Action Plan, in consultation with the student's parents/carers in all of the following circumstances:
 - 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
- Offer 'post-incident support' to students, staff and parents/carers as appropriate, following an anaphylaxis event.
- Inform Casual Relief Teachers of the procedure for anaphylaxis management.

Risk minimisation strategies

Severe allergies to foods and insects are two of the most common causes of anaphylaxis. It is not possible, nor practical, to remove all food allergens from schools. It is also not possible to remove all insects or ticks that students could be allergic to.

Therefore, minimising the risk of exposure to known allergens is the recommended strategy for reducing the risk of anaphylaxis in schools.

The Department of Education does not recommend banning food or other products as a risk minimisation and prevention strategy. This is because:

- it can create complacency among staff and students;
- it does not eliminate the presence of hidden allergens; and
- it is difficult to "ban" all triggers (allergens) as these can include commonly-used ingredients such as eggs, dairy, wheat and sesame seeds.

Therefore the school does not ban specific types of foods/ingredients that are known allergens to students.

To minimise risk the school will:

- Inform all parents/carers via email at the beginning of each semester of foods that are known allergens to students at risk of anaphylaxis within each Learning Community and request that parents/carers, to the extent that this is practical:
 - Avoid using these foods/ingredients when providing food for special events or activities, such as cake stalls at Friday markets, for birthday celebrations in learning communities.
 - Promote understanding of allergies within the school community and communicate this with their children.
- Educate students about allergies and anaphylaxis.
- Review health information when it is collected at enrolment or updated at other times.
- Supervise students' eating at the beginning of recess and lunch in the classroom, so as to avoid sharing food or eating utensils. Students will not be permitted to take food out into the yard during recess and lunch times.
- Identify any students at risk of anaphylaxis who will be participating in learning activities where food is to be used and ensure that foods containing known allergens are not used and are replaced with other suitable foods where appropriate.
- Keep the grass well mown, to reduce the risk of bee or other insect stings and bites.
- Promptly remove bee and wasp nests as soon as the school becomes aware of their presence.
- Ensure students wear appropriate clothing and closed toed shoes when outdoors.
- Require that all food intended for sharing at school, for such things as class celebrations, fetes, Friday Markets, Twilight Market, etc., have all ingredients listed.
- Review the risk minimisation strategies annually and immediately in the event of a student having an anaphylactic emergency.

For school excursions, supervising staff will:

- Identify any students attending the excursion who have been diagnosed as being at risk of anaphylaxis and if so, their known allergens.
- Consider anaphylaxis risk management strategies when planning an excursion, including how emergency medication will be managed.
- For each student with a known allergy who is attending the excursion, have their personal ASCIA Action Plan for Anaphylaxis and adrenaline autoinjector readily available. Ensure adrenaline autoinjectors and other medications are stored correctly: out of direct heat and light, but not on ice.
- Ensure their anaphylaxis training is current, including that they know when and how to give an adrenaline autoinjector.

Staff Training

All Brunswick East Primary School staff will be appropriately trained by a licenced trainer or a member of school staff who has successfully completed the DET-prescribed Anaphylaxis Management Training Course. The school will run anaphylaxis training drills at least each semester simulating possible management scenarios. Training will be provided to school staff as soon as practicable.

Annual Risk Management Checklist

The Principal or nominee will complete the DET "Annual Risk Management Checklist" to monitor compliance with their obligations. The Checklist is available from the Department's web site:

www.education.vic.gov.au/school/principals/health/pages/anaphylaxisschools.aspx

Preparing for an emergency

The school will prepare to respond to an anaphylaxis emergency by ensuring that:

- A complete and up to date list of students (with photos) who are identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction will be emailed to staff at the start of each year or when any changes are required and placed in the yard duty folders, in the staff room, first aid room, rolls, specialist areas, OSCH and in Administration offices.
- Individual Anaphylaxis Management Plans and ASCIA Action Plans and medication for each student with a known anaphylactic reaction to an allergy are located in the staff room.
- Individual Anaphylaxis Management Plans and ASCIA Action Plans for each student with a known anaphylactic reaction to an allergy are carried on school excursions and camps.

Adrenaline autoinjectors for general use

The school will purchase seven adrenaline autoinjectors: two for children less than 20 kg and five for children more than 20 kg. These are for use in an emergency, in the event that there is an issue with a student's personal adrenaline autoinjector (e.g. cannot be located, fails to function correctly or is expired), and for use by a student having a first-time anaphylaxis where it was not previously known that they had an allergy.

Four of these adrenaline autoinjectors will be located in the staff room for use in an emergency and will be available to take on excursions and camps. Three will be located in the yard duty first aid bags for emergency use in the yard.

The adrenaline autoinjectors for general use will be replaced at the school's expense, either immediately following their use in an emergency, or upon expiry, whichever is first.

Emergency Response Procedure

In the event of a student having an allergic or anaphylactic reaction at school, the staff member(s) present will use the following procedures.

In the Learning Community

1. One staff member will stay with the student and call 000.
2. Another staff member will collect the student's adrenaline autoinjector, other medication and ASCIA Action Plan from the staffroom and bring it to the patient. If the student does not have an ASCIA Action Plan the staff member will collect the adrenaline autoinjector for general use.
3. The ASCIA Action Plan will be followed.
4. If the adrenaline autoinjector is required, the time it is given must be recorded.
5. The principal or nominee will contact the parents/carers as soon as practical.

During recess or lunchtime

1. One staff member to stay with the patient and call 000. A generic adrenaline autoinjector will be located in the yard duty bum bag, for immediate use if required.
2. Each yard duty folder contains individual cards for students with anaphylaxis. In the event of an emergency, the card will be taken to the staffroom to notify that a student's anaphylaxis medication and plan are required.
3. The medication and ASCIA Action plan are taken to the student. If the student does not have an ASCIA Action Plan the staff member will collect the adrenaline autoinjector for general use.
4. The ASCIA Action Plan will be followed.
5. If the adrenaline autoinjector is required, the time it is given must be recorded.
6. The principal or nominee will contact the parents/carers as soon as practical.

As of the 1st of September 2016, adrenaline autoinjector will no longer be shared with OSHC. All children attending OSHC will need to provide an adrenaline autoinjector to both the school and OSHC.

Communication Plan

The school will develop and implement a communication plan. The communication plan will include information about what steps will be taken to prevent/minimise risk of anaphylaxis, and the steps 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.

The Communication Plan will include:

- How the Principal or nominee will inform volunteers and casual relief staff of which students are at risk of anaphylaxis.
- The staff's role in responding to an anaphylactic reaction by a student in their care.

- How school staff will seek information from the parent/carer about allergies that affect their child as part of health information collected at enrolment and as part of regular health updates.
- That each student's individual Anaphylaxis Management plan is required to be reviewed annually by the Principal or nominee and parent/guardian.
- That the school's Anaphylaxis Risk Management policy and related procedures will be communicated to all relevant stakeholders and the wider community through the school website and newsletter.
- That the student's personal ASCIA Action Plan for Anaphylaxis will be located in the same location as the adrenaline autoinjector (stored unlocked and easily accessible in the staff room) and in other appropriate areas in the school.

References and Resources

Australasian Society of Clinical Immunology and Allergy (ASCIA) ASCIA Guidelines for prevention of anaphylaxis in schools, pre-schools and childcare: 2012.

www.allergy.org.au/health-professionals/papers/prevent-anaphylaxis-in-schools-childcare

ASCIA Action Plans for Anaphylaxis and other anaphylaxis resources: www.allergy.org.au/health-professionals/anaphylaxis-resources

Anaphylaxis Training, Guidelines, Procedures for Schools and Children's Services www.allergy.org.au/health-professionals/anaphylaxis-resources/anaphylaxis-guidelines-for-schools-and-childrens-services

Allergy & Anaphylaxis Australia (Patient support organisation) www.allergyfacts.org.au

Allergy New Zealand (Patient support organisation) www.allergy.org.nz

Further information on minimising exposure to high risk foods:

www.allergy.org.au/health-professionals/papers/prevent-anaphylaxis-in-schools-childcare

<https://www.allergyfacts.org.au/how-to-manage/school-resources/primary-school-resources>

ASCIA dietary avoidance information sheets may also be useful: www.allergy.org.au/patients/food-allergy/ascia-dietary-avoidance-for-food-allergy

Further information on insect and tick allergy: <http://www.allergy.org.au/patients/insect-allergy-bites-and-stings>

Evaluation

The implementation and effectiveness of this policy will be evaluated in the event that a student has an anaphylactic reaction at school or whilst the student is under the care or supervision of school staff.

This policy will be reviewed as part of the school's two-year review cycle.

Drafted by	Education Committee		Version Final
Principal signature		Approved by School Council on	<< August 2016 >>
School Council President signature		Scheduled review date	<< August 2019 >>