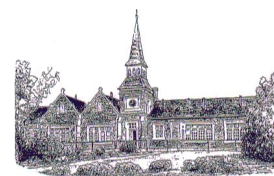


# ANAPHYLAXIS MANAGEMENT POLICY

## Daylesford Primary School



### School Statement

#### Definition:

Anaphylaxis is a severe and potentially life threatening condition brought upon by an acute allergic reaction. The most common allergens include foods, insects and some medicines.

Signs and symptoms include hives/rash, tingling in or around the mouth, abdominal pain, vomiting or diarrhoea, facial swelling, coughing or wheezing, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing. Anaphylaxis is best prevented by knowing the allergens and avoiding them.

#### Purpose:

To provide a safe and healthy school environment. This will include the ongoing development and evaluation of an Anaphylaxis Management Policy.

### Individual Anaphylaxis Management Plans

Individual Anaphylaxis Management Plans are developed in consultation with a medical practitioner.

The Individual Anaphylaxis Management Plan will be in place prior to the first day of school.

The Individual Anaphylaxis Management Plan will set out the following:

- information about the medical condition that relates to the allergy and the potential for an anaphylactic reaction;
- strategies to minimise the risk of exposure to known and notified allergens;
- information on where the medication will be stored;
- the emergency contact details; and
- an ASCIA (Australian Society of Clinical Immunology and Allergy Inc.) Action Plan.

### Students

Staff adhere to students' Individual Anaphylaxis Management Plans.

Anaphylaxis Management Plans will be reviewed:

- annually, through consultation with parents;
- if the student's medical condition changes;
- 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 organised or attended by the School (e.g. class parties, elective subjects, cultural days, fetes, incursions).

### Parents/Carers will:

- provide the ASCIA Action Plan;
- inform the School in writing if their child's medical condition changes, and if relevant, provide an updated action plan;
- provide an up-to-date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
- provide the School with an Adrenaline Autoinjector that is current.

Version: July 2015

## 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.

<b>School</b>		<b>Phone</b>	
<b>Student</b>			
<b>DOB</b>		<b>Year level</b>	
<b>Severely allergic to:</b>			
<b>Other health conditions</b>			
<b>Medication at school</b>			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>EMERGENCY CONTACT DETAILS (ALTERNATE)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>Medical practitioner contact</b>	<b>Name</b>		
	<b>Phone</b>		
<b>Emergency care to be provided at school</b>			
<b>Storage for Adrenaline Autoinjector (device specific) (EpiPen®/</b>			

Anapen®)			
<b>ENVIRONMENT</b>			
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.			
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

<p>Anaphylaxis Management Plans will be reviewed:</p> <ul style="list-style-type: none"> <li>• annually, through consultation with parents;</li> <li>• if the student's medical condition changes;</li> <li>• after the student has an anaphylactic reaction at School; and</li> <li>• when the student is to participate in an off-site activity, such as camps and excursions, or at special events organised or attended by the School (e.g. class parties, elective subjects, cultural days, fetes, incursions).</li> </ul> <p>I have been consulted in the development of this Individual Anaphylaxis Management Plan.</p> <p>I consent to the risk minimisation strategies proposed.</p> <p>Risk minimisation strategies are available on the Schools Policy and Advisory Guide.</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:	

## Prevention Strategies

Daylesford Primary School will manage anaphylaxis by:-

- Providing professional development for all staff including twice-yearly updates on the use of adrenalin autoinjectors.
- Knowing susceptible students and their allergens.
- Alerting all staff of students who have been identified and detailing their management procedures.
- Parents/cares of students who are anaphylactic providing the school with action plans and medications in consultation with their general practitioner. **This must be in place before the child can attend school.**
- Ensuring action plans be reviewed by the parent/carer and doctor and be resubmitted as needed with up to date medications.
- Ensure student awareness of anaphylaxis.
- Ensuring Yard Duty folders contain all anaphylaxis action plans and photos of identified students. The teacher on yard duty on the oval will carry a bag containing a generic green (EpiPen Junior) and yellow autoinjectors.
- Ensuring all teachers carry charged mobile phones when on yard duty, excursions or camps.
- Ensuring first aid kits are carried on excursions and taken to school camps. Kits must contain relevant action plans and medications, including generic autoinjectors.
- Informing the school community of the anaphylaxis policy via the school newsletter and website.
- Keeping the school grounds well maintained.
- Promoting safe food habits which includes discouraging the sharing of food.

## School Management and Emergency Response

The school will maintain a complete and up to date list of students identified as having a medical condition that relates to an allergy and the potential for an anaphylactic reaction. This will be located in sickbay, classrooms, kitchen, canteen and yard duty folders.

Individual Anaphylaxis Management Plans and ASCIA Action Plans will be located:

- in each classroom – clearly displayed;
- in the school yard – yard duty folders;
- on school excursions – with first aid supplies;
- on school camps – with first aid supplies; and
- at special events conducted, organised or attended by the school – with the organising teacher.

### *Storage and accessibility of Adrenaline Autoinjectors*

Adrenaline Autoinjectors will be stored in a tub - clearly labelled with an individual student's name and the expiry date of the autoinjector, with the ASCIA action plan- in the sickbay.

When offsite, Adrenaline Autoinjectors will be stored in the first aid kit - clearly labelled with an individual student's name, the expiry date of the autoinjector and the ASCIA action plan.

## Persons (students) at risk of anaphylaxis

A member of the School Staff should remain with the person/student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan:

**'Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.'**

A member of the School Staff should immediately locate the person's Adrenaline Autoinjector and the person's Individual Anaphylaxis Management Plan, which includes the person's ASCIA Action Plan.

The Adrenaline Autoinjector should then be administered following the instructions in the person's ASCIA Action Plan.

How to administer an EpiPen® (green or yellow)	
1.	Remove from plastic container.
2.	Form a fist around EpiPen® and pull off the blue safety cap.
3.	Place orange end against the student's outer mid-thigh (with or without clothing).
4.	Push down hard until a click is heard or felt and hold in place for 10 seconds.
5.	Remove EpiPen®.
7.	Massage injection site for 10 seconds.
8.	Note the time you administered the EpiPen®.
9.	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

How to administer an AnaPen®	
1.	Remove from box container and check the expiry date.
2.	Remove black needle shield.
3.	Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap.
4.	Place needle end against the student's outer mid-thigh.
5.	Press the red button with your thumb so it clicks and hold it for 10 seconds.
6.	Replace needle shield and note the time you administered the Anapen®.
7.	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.	<b>Immediately</b> 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 <b>severe symptoms</b> 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.	<b>Then</b> contact the student's emergency contacts.
6.	<b>For government and Catholic schools - later</b> , contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (as at June 2015, available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).
7.	<b>For independent schools - later</b> , enact your school's emergency and critical incident management plan.

### **Always call an ambulance as soon as possible (000)**

If you are using a GSM digital mobile phone which is out of range of your service provider, it displays a message indicating emergency calls only, or does not have a SIM card, call 112.

### **First-time reactions**

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the School Staff should follow the school's first aid procedures.

This should include immediately contacting an ambulance using 000.

It may also include locating and administering an Adrenaline Autoinjector for General Use.

### **Post-incident support**

An anaphylactic reaction can be a very traumatic experience for all. In the event of an anaphylactic reaction, those affected may benefit from post-incident counselling.

### **Review**

After an anaphylactic reaction has taken place, it is important that the following review processes take place.

1.	The Adrenaline Autoinjector must be replaced as soon as possible.
2.	In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
3.	The Anaphylaxis Management Plan should be reviewed.
4.	The School's Anaphylaxis Management Policy should be reviewed to ensure that there has been an adequate response.
<p>**NB: refer to Chapter 9 of the Anaphylaxis Guidelines (Issued February 2014) for further elaboration on school management of anaphylaxis  <a href="http://www.education.vic.gov.au/Documents/school/teachers/health/anaphylaxisguidelines14.docx.docx">http://www.education.vic.gov.au/Documents/school/teachers/health/anaphylaxisguidelines14.docx.docx</a></p>	

### **Adrenaline Autoinjectors for General Use**

The school will purchase an appropriate number of Adrenaline Autoinjectors for General use according to student enrolment numbers, accessibility to and availability of Autoinjectors with consideration given to the expiry dates.

## **Communication Plan**

The Principal of the School will ensure that relevant School Staff are:

- currently trained and briefed at least twice per calendar year.

### *Staff*

Staff will be briefed by the First Aid Coordinator or Assistant Principal at the beginning of each year identifying each of the students with an Anaphylaxis Management Plan. Where students with Anaphylaxis Management Plans new to the school enrol throughout the year, staff will be updated 1:1 by the First Aid Coordinator.

### ***Parents and Volunteers***

**It is the responsibility of teachers of children with an Anaphylaxis Management Plan to inform other staff, parents and volunteers who are assisting in school activities where they may be supervising at risk students.**

### *Casual Relief Teachers*

Casual Relief Teachers will be informed as to which students have a current Anaphylaxis Management Plan through the use of a CRT Folder which will include a copy of Anaphylaxis Management Plans, other relevant medical information and contact numbers.

### *Parents and Community Members*

This Policy will be available via the school website or through obtaining a copy from the school office.

**The twice-yearly briefing must be conducted by a provider who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.**

## **Annual Risk Management Checklist**

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

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

## **Evaluation**

This policy will be reviewed every two years, or more frequently as required, and will incorporate any mandated updates that may be issued.

## **Supporting Documentation**

- DET Schools Policy and Advisory Guide
- First Aid Policy
- ASCIA Australian Society of Clinical Immunology and Allergy Inc. Anaphylaxis Management Plan ([www.allergy.org.au](http://www.allergy.org.au))
- Ministerial Order 706 – Anaphylaxis Management in Schools.

**Ratified: July 28, 2015**