

Flemington Primary School

Anaphylaxis Management Policy



1. PURPOSE AND RATIONALE:

To ensure Flemington Primary School manages children at risk of anaphylaxis.

To ensure the school complies with Ministerial Order 706.

2. POLICY STATEMENT:

Anaphylaxis is a serious health issue for a percentage of the population and the Department recognises the key to preventing and responding to an anaphylactic reaction by a child is knowledge, awareness and planning.

Signs and symptoms of anaphylaxis include noisy or difficult breathing, swelling of the tongue or swelling/tightness in the throat, difficulty talking such as a hoarse voice, loss of consciousness and/or collapse or pale pallor and floppiness in young children.

Adrenaline given through an EpiPen® to the muscle of the outer mid-thigh is the effective first aid treatment for anaphylaxis.

Schools are required by law to have a policy and procedures for managing anaphylaxis in place and must review and update the policy for strict compliance with the guidelines found at DET's Policy Advisory Guide for Anaphylaxis in the references below. This is the primary reference and support for Flemington Primary School.

3. DEFINITIONS:

- **Anaphylaxis** - means a severe and rapidly progressive allergic reaction that is potentially life threatening. Anaphylaxis can include noisy or difficult breathing, swelling of the tongue or swelling/tightness in the throat, difficulty talking or a hoarse voice, wheeze or persistent cough, loss of consciousness and/or collapse or pale pallor and floppiness in young children, abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).
- **Allergens** - means things that in school aged children are allergic to. Most commonly these include peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, bee or other insect stings, and some medications.
- **Allergic reaction** - means a reaction to an allergen. Allergic reactions include swelling of the lips, face and eyes, hives or welts, tingly mouth, abdominal pain and/or vomiting (signs of a severe allergic reaction to insects).
- **Individual Anaphylaxis Management Plan** – a plan for managing a child's specific anaphylaxis needs. This plan will typically be based on an Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plan for Anaphylaxis.

4. ACTION GUIDELINES:

Flemington Primary School acknowledges the School's responsibility to develop and maintain an Anaphylaxis Management Policy.

Flemington Primary School will comply with Ministerial Order 706 (effective December 3rd, 2015), Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008 and associated guidelines.

The School will:

- Request that Parents/carers do not send food items containing nuts to school;
- Ensure the canteen eliminate or reduce the likelihood of such allergens; and
- Reinforce the rules about students not sharing food and not eating foods not provided from their own home.

Emergency Response

In the event of an anaphylactic reaction, the School's first aid and emergency management response procedures and the child's Individual Anaphylaxis Management Plan will be followed.

The school will:

- Call an ambulance;
- Ask the child whether she/he has self-administered an adrenaline auto-injector (such as EpiPen®);
- If the child has not previously done this, administer the adrenaline auto-injector; and
- Contact the child's emergency contact person and then contact the Department of Education's Security Services Unit on 03 9589-6266.

Important: Where there is no marked improvement and severe symptoms as described in the child's Individual Anaphylaxis Management Plan are present, a second injection of the same dose may be administered after 5 to 10 minutes.

Using an EpiPen®

Where possible these devices should only be used by staff trained to use it. However, in an emergency they may be administered by any person following instruction from the child's Individual Anaphylaxis Management Plan. The steps include:

1. Remove the EpiPen® from the container. Note: Children under 20kg are prescribed an EpiPen® Junior® which has a smaller dose of adrenaline.
2. Form a fist around the EpiPen® and pull off the blue safety cap.
3. Place the orange end against the outer mid-thigh (with or without clothing).
4. Push down hard until a click is heard or felt and hold for 10 seconds.
5. Remove the EpiPen®, being careful not to touch the needle and return it to its plastic container.
6. Massage injection point for 10 seconds.
7. Note the time you gave the EpiPen®.
8. Call an ambulance on 000 as soon as possible.
9. The used auto-injector must be handed to the ambulance paramedics along with the time of administration.

10. Reassure the child as he/she is likely to be feeling anxious and frightened. Do not move the child.
11. Ask another staff member to move other children away and reassure them separately.
12. Watch the child closely in case of a repeat reaction.

School staff who are responsible for the care of children at risk of anaphylaxis have a duty to take steps to protect children from risks of injury that are reasonably foreseeable. This may include administrators, casual/part-time staff, casual relief staff and volunteers.

It is the responsibility of the School's Principal to ensure that while the child is under the care or supervision of the school, sufficient trained staff are present at all times.

Members of staff are expected to:

- Know the identity of children who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Know the School's first aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction.
- Keep a copy of the child's Individual Anaphylaxis Management Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
- Know where the child's EpiPen® is kept. Remember that the EpiPen® is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the child's Individual Anaphylaxis Management Plan.
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with Parents/carers to provide appropriate food for the child.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that children wash their hands after handling food.
- Raise child and school community awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

Staff are reminded that their duty of care extends to all children and must not leave the class unsupervised or reduce the number of staff required for yard supervision.

If the anaphylactic emergency occurs in:

- **Classrooms** - the classroom phone or a personal mobile phone will be used to raise the alarm that a reaction has occurred. The teacher will also send a red 'emergency' card with two children to the office area to raise an alarm which triggers getting an Adrenaline Auto-injector to the child and other emergency response protocols.
- **School Yard** - staff use the card system whilst on yard duty, to raise the alarm/ send a message to the office.
- **Excursions and Camps** - Each individual camp and excursion requires risk assessment for each individual child attending who is at risk of anaphylaxis. Therefore emergency procedures will vary

accordingly but in general the child's Individual Anaphylaxis Management Plan will be followed and emergency management response procedures outlined above will be followed.

In the event of an anaphylactic reaction which has involved a child in the School's care and supervision, a post-incident review will take place with all parties including a thorough review of the management processes that were implemented.

- If any uncertainty exist, the school may also call the Royal Children's Hospital Anaphylaxis Advisory Line on 1300 725 911.
- Children and staff may benefit from post-incident counselling provided, for example, by the school guidance officer, welfare coordinator or school psychologist.

It is the responsibility of the Parent/carer to:

- Provide the child's Individual Anaphylaxis Management Plan to the school upon diagnosis;
- Inform the school if their child's condition changes, and if relevant, an updated Individual Anaphylaxis Management Plan;
- Provide an up to date photo when the plan is provided and subsequently reviewed;
- Provide the school with an Adrenaline Auto-injector that is current and not expired.

In complying with Ministerial Order 706, the Principal will ensure:

- An Individual Anaphylaxis Management Plan will be developed and reviewed regularly by the Principal or nominee in consultation with the child's Parents/carers;
- Prevention strategies are in place for in and out of school activities;
- A communication plan to provide information to all staff (including volunteers and casual relief staff), children and Parents/carers about anaphylaxis and the School's Anaphylaxis Management policy. It will include the steps the school will take to respond to an anaphylactic reaction whether the child is in class, the school yard, on camp or an excursion or a special event day;
- The Anaphylaxis Risk Management Checklist is completed on an annual basis;
- The school purchases spare or 'backup' adrenaline auto-injection devices(s) which will be stored as part of the school first aid kit(s), for general use;
- School staff will regularly review EpiPen® kits, checking for currency;
- School staff will ensure that individual EpiPens® will be signed in and out accordingly by children and Parents/carers as required.

Note: The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the child enrolls and where possible, before their first day of school.

If necessary, an interim plan will be developed. In this case, the Principal will consult with parent/carers about the interim plan and whether or not training and a briefing has been completed for all staff. The Principal will ensure that training/briefing occurs as soon as possible after the interim plan is developed.

The Individual Anaphylaxis Management Plan must set out the following:

- Information about the diagnosis including:
 - Type of allergy or allergies the child has;
 - Signs and symptoms; and

- The emergency response to administer the child's adrenaline autoinjector should the child display symptoms of an anaphylactic reaction (based on the diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens whilst the child is under the care or supervision of school staff, and for in-school and out-of-school settings including excursions and (refer to Prevention Strategies below);
- The name of the person/s responsible for implementing the strategies;
- Information of where the child's medication will be stored;
- Emergency contact details for the child;
- The emergency ASCIA Action Plan signed by the medical practitioner and given to the Parents/carers on diagnosis;
- Emergency procedures to be taken in the event of an allergic reaction; and
- An up to date photo of the child.

A child's Individual Anaphylaxis Management Plan will be reviewed

- If their condition changes;
- If the child is to participate in an off-site activity such as an excursion, camp or special event such as class party;
- Immediately after a child has an anaphylactic reaction at school; and
- At minimum on an annual basis.

Training

- The Principal is responsible for ensuring staff are trained in accordance with Ministerial Order 706 and are briefed at least twice each calendar year. At Flemington Primary School, this is all staff.
- In complying with the training requirements of Ministerial Order 706, the school will:
 - Ensure all staff undertake the online ASCIA e-training course;
 - Provide twice yearly briefings at the beginning of Term 1 and Term 3. The training will be led by any person who has completed Anaphylaxis Management Training in the last two years on anaphylaxis management including information on how to administer an EpiPen® and practise with the EpiPen® trainer that will be provided. As part of the briefing, all staff must familiarise themselves with the child/children in the school at risk of an anaphylactic reaction and their Individual Anaphylaxis Management Plans; and
 - Ensure all staff new to the School are trained as part of their School induction process.

Prevention Strategies

Some of the prevention strategies that will be implemented by our school to assist anaphylaxis management include:

- Providing professional development for all staff including the identification and response to anaphylaxis and the proper use of an EpiPen®;
- Identifying susceptible children and knowing their allergens;
- Informing the community about anaphylaxis via the newsletter;
- Not allowing food sharing and restricting food to that approved by Parents/carers;

- Keeping the lawns well mown and ensuring children always wear shoes;
- Requiring Parents/carers to provide an Emergency Management Plan developed in consultation with a health professional and an EpiPen® if necessary, both of which will be maintained in the first aid room for reference as required; and
- Ensuring the School keeps a spare, in date EpiPen® for adult and child use in its First Aid room.

The school will ensure that an up-to-date list of all children at risk of anaphylaxis is maintained at all times.

During on-site normal school activities, the child's Individual Anaphylaxis Management Plan and ASCIA Action Plan is located in the sickbay.

Adrenaline Auto-injectors for General Use

The Principal will purchase Adrenaline Auto-injector(s) for General Use and as a back up to those supplied by Parents/carers.

Parents/carers can be asked to provide an additional adrenaline auto-injector to be stored in the School's First Aid room.

The Principal will determine the number of additional Adrenaline Auto-injector(s) required. In doing so, the Principal will take into account the following relevant considerations:

- The number of children enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- The accessibility of Adrenaline Auto-injectors that have been provided by Parents/carers of children who have been diagnosed as being at risk of anaphylaxis; and
- The availability and sufficient supply of Adrenaline Auto-injectors for General Use in specified locations at the School, including in the school yard, and at excursions, camps and special events conducted or organised by the School.

Adrenaline Auto-injectors for General Use have a limited life, usually expiring within 12-18 months, and are to be replaced either at the time of use or expiry, whichever is first. (A nominated staff member will be responsible for checking and replacing the Adrenaline Auto-injectors for General Use.)

Communication Plan

The Principal will be responsible for ensuring that a Communication Plan is developed to provide information to all staff, children and Parents/carers 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.

Volunteers and casual relief staff of children at risk of anaphylaxis will be informed of children at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the assistant principal or student wellbeing officer.

All staff will be briefed once each semester 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 children diagnosed at risk of anaphylaxis and where their medication is located;
- How to use an auto adrenaline injecting device;
- The school's first aid and emergency response procedures; and
- The location of, and access to, the Adrenaline Auto-injectors that have been purchased by the school for general use or provided by Parents/carers.

5. MONITORING, REPORTING AND REVIEW:

Should a child at FPS have an anaphylactic attack an automatic review of the policy will be triggered.

The School shall keep attendance records of Anaphylaxis related training and briefings all for new and existing staff.

Records will be kept of EpiPen® expiry dates.

The School's Anaphylaxis Risk Management Checklist will be completed on an annual basis.

6. RELATED POLICIES AND DOCUMENTS:

- First Aid Policy
- Excursions and Camps Policy

7. REFERENCES:

- Australasian Society of Clinical Immunology and Allergy
<https://www.allergy.org.au/>
- ASCIA Adrenaline (epinephrine) autoinjectors frequently asked questions (FAQ)
https://www.allergy.org.au/images/pcc/ASCIA_PCC_Adrenaline_autoinjector_FAQs_2017.pdf
- DET School Policy Advisory Guide > Anaphylaxis
<http://www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis.aspx>
- DET School Policy Advisory Guide > Responding to Anaphylaxis
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx>
- Ministerial Order 706 effective December 3rd, 2015
- Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008.

8. REVISION HISTORY:

This DRAFT policy was PROVISIONALLY ratified by School Council in on NOVEMBER 27TH, 2017. IT WILL BE PUBLISHED FOR SCHOOL COMMUNITY FEEDBACK AND COMMENTS UNTIL FRIDAY DECEMBER 15TH, 2017.

It will be reviewed as determined by School Council or every 3 years.