

Anaphylaxis Policy 2019



Avondale Primary School

Commitment to Child Safety

Avondale Primary School is committed to safety and wellbeing of all children and young people. This will be the primary focus of our care and decision making. Avondale Primary School has zero tolerance for child abuse.

Avondale Primary School is committed to providing a child safe environment where children and young people are safe, and their voices are heard about decisions that affect their lives. Particular attention will be paid to the cultural safety of Aboriginal children and children from culturally and / or linguistically diverse backgrounds, vulnerable children as well as the safety of children with a disability.

Every person involved in Avondale Primary School has a responsibility to understand the important and specific role he/ she plays individually and collectively to ensure that the wellbeing and safety of all children and young people is at the forefront of all they do and every decision they make.

PURPOSE

To explain to Avondale Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Avondale Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis or who may require emergency treatment for an anaphylactic reaction and their parents and carers.

POLICY

School Statement

Avondale Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

Symptoms

Symptoms of a mild to moderate allergic reactions can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth

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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

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

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 auto injector for use in an emergency. These adrenaline auto injectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Avondale Primary School who are diagnosed as being at risk of suffering from an anaphylactic reaction by a medical practitioner must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Avondale Primary School is responsible for developing a management 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 Avondale Primary School and where possible, before the student's first day.

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 auto injector for the student, that is not expired
- participate in annual reviews of the student's plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergy 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

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- 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.

Review and updates to Individual Anaphylaxis Plans

A student's Individual Anaphylaxis 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
- a 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 auto injectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the staffroom, Building 1, together with the student's adrenaline autoinjector. Adrenaline autoinjectors are labelled with the student's name and photograph.

Adrenaline autoinjectors for general use are available in the First Aid room, and stored in the red yard duty bags and black excursion first aid kits.

Individual anaphylaxis management plans

1. School / Parent

- The school will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis. The individual plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school.
- The plan will detail all information relevant to the student's medical condition that relates to allergy.
- It will include strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff including attendance at excursions / camps.
- Emergency contact details will be listed on the individual plan.
- The location of the EpiPen held at school will be clearly stated on the plan.
- A copy of the student's ASCIA Action Plan signed off by a medical practitioner will be attached to the individual plan.

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- The individual plan will be reviewed annually or if the student's condition changes at all, if an anaphylactic reaction occurs at school or prior to attendance at a camp or off site excursion organised or attended by the school
- The ASCIA action plan will include a current photo of the student
- The parent will notify the school as soon as possible if the condition changes in any way (e.g. more allergens are identified)
- It is the parent's responsibility to provide an Adrenaline Auto injector that is current and not expired for their child and provide a current ASCIA action plan
- A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the first aid room and staffroom. ASCIA action plans are also kept with red first aid bags along with student's photo. Adrenaline auto injectors are kept in the staffroom, labelled and with a photograph of the child. Auto injectors are also kept in first aid bags carried by teachers on yard duty and excursions and camps.

Risk Minimisation Strategies

2. Prevention Strategies

- All staff are to be informed of students with allergies and their management plan at the beginning of each school year and then updated as needed throughout the year
- First Aid Officer is to provide information to all staff including canteen, office staff and CRTs so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures.
- Ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response.
- Review the student's Anaphylaxis Management Plan annually or if the student's circumstances change in consultation with parents/carers.
- For the safety of children with food allergies we have a "no food sharing" approach. Teachers will make students aware of our school's "no food sharing approach" and discourage students from bringing 'nut products' to school, on excursions and camps.
- Any fundraising undertaken by the school will be recommended by the principal and approved by school council, taking into consideration the allergies students have in the school at the time and other risk factors including safe packaging and product labelling.
- Notices will be sent home to all families reminding them of the policy and seeking their support to limit certain foods being sent to school e.g. Peanut butter sandwiches
- As part of the curriculum, students may be involved in kitchen science lessons involving food products and/or chemicals. Parents will be well informed prior to the sessions and PLTs to take into consideration the activities planned
- Teachers will build an awareness of allergies and prevention methods within their classrooms.
- Students will be encouraged to wash their hands after eating
- School canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- Outside bins have lids to minimise the possibility of attracting stinging insects
- A general use EpiPen will be stored at the school office and in the red yard duty bag for ease of access.
- 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.

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Adrenaline auto injectors for general use

Avondale Primary will maintain a supply of adrenaline auto injector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline auto injectors for general use will be stored in red yard duty First Aid bags and Excursion First Aid bags and labelled "general use".

The principal is responsible for arranging the purchase of adrenaline auto-injectors for general use, and will consider:

- the number of students enrolled at Avondale Primary School at risk of anaphylaxis
- the accessibility of adrenaline auto-injectors supplied by parents
- the availability of a sufficient supply of auto-adrenaline injectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline auto-injectors, and the need for general use adrenaline auto-injectors to be replaced when used or prior to expiry.

Emergency Response

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.

ON SITE: A complete and up to date list of students identified as being at risk of anaphylaxis is maintained by Sue Kitanovski, Primary Welfare Officer and stored in the sickbay, staffroom, on classroom doors and in CRT folders.

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 auto injector or the school's general use auto injector, and the student's Individual Anaphylaxis Management Plan, stored at the first aid room and staffroom.• 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 (if the student is under 20kg)</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

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	<ul style="list-style-type: none"> Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000) and advise call centre that a suspected life threatening allergic reaction has occurred
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 auto injectors 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.

[Note: If in doubt, it is better to use an adrenaline auto injector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over treatment of a mild to moderate allergic reaction.] Refer to page 41 of the [Anaphylaxis Guidelines](#).

CAMPS/ EXCURSIONS: For camps, excursions and special events, a designated Level 2 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 auto injectors, where appropriate.

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, excursion/ camp venue staff member or reliable student to locate the student's adrenaline auto injector or the school's general use auto injector in the First Aid Bag, and the student's Individual Anaphylaxis Management Plan, stored in the camps/ excursions first aid folder. 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.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <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
3.	Call an ambulance (000) and advise call centre that a suspected life threatening allergic reaction has occurred

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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 auto injectors 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.

If in doubt, it is better to use an adrenaline auto injector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over treatment of a mild to moderate allergic reaction. Refer to page 41 of the [Anaphylaxis Guidelines](#)].

Communication Plan

This policy will be available on the Avondale Primary School's website so that parents and other members of the school community can easily access information about the school's anaphylaxis management procedures. The parents and carers of students who are enrolled at Avondale Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

All staff, casual relief teachers, ES and student teachers undertake an induction and are made aware of this policy as well as other Avondale Primary School emergency management plans included in an induction pack.

A senior staff member is responsible for ensuring that all relevant staff and casual relief staff are aware of this policy and Avondale Primary School procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

Staff training

All staff at Avondale Primary will receive appropriate training in anaphylaxis management, consistent with DET Anaphylaxis Guidelines. In addition to this Avondale Primary School ensures that a Level 2 trained staff member accompanies all excursions, camps and other offsite school activities.

This will involve successful completion of:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- the ASCIA eTraining anaphylaxis management online course and practical demonstration in the last two years.

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by Sue Kitanovski, Anaphylaxis Supervisor.

Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located

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- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Avondale Primary School who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

The principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

REVIEW CYCLE AND EVALUATION

This policy was last updated in February 2019 and is scheduled for review in February 2020.

The principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.