



PATTERSON LAKES PRIMARY SCHOOL

No. 5190

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ANAPHYLAXIS MANAGEMENT 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.

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

AIM

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's 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.
- To ensure that each staff member has adequate knowledge and training about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

IMPLEMENTATION

School statement

Patterson Lakes Primary School will fully comply with;

1. Ministerial Order 706
2. Anaphylaxis Guidelines for Victorian Schools published and amended by the Department from time to time

Individual anaphylaxis management plans

The Principal will ensure that an Individual Anaphylaxis 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 Anaphylaxis Management Plan will set out the following:

- 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 year, 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
- The information on where the student's medication will be stored
- The students emergency contact details

- The ASCIA Action Plan

It is the responsibility of the Parents to:

- Provide the ASCIA Action Plan
- Inform the school in writing if their child's medical condition as it relates to allergy and the potential for anaphylaxis reaction, changes and if relevant, provide an updated ASCIA Action Plan
- Provide an up to date photos for the ASCIA Action Plan when that Plan is provided to the school and when it is reviewed
- Provide the school with an Adrenaline Auto-injector that is current and not expired for their child.

The School Risk Assessment Plan will:

1. be reviewed annually, for in school and out of school settings, which may include camps, excursions/incursions classrooms, yard duty, specialist settings.
2. set out strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in school and out of school settings, including camp and excursions.

Anaphylaxis management and prevention strategies

Our school will manage anaphylaxis by:-

- providing professional development for all staff and an update on the use of an EpiPen® twice a year, ensuring that key staff know how to respond to an anaphylaxis reaction and the proper use of an EpiPen®.
- identifying susceptible students and knowing their allergens
- informing the community about anaphylaxis via the newsletter
- ratification of an Anaphylaxis Policy on an annual basis, via School Council
- requiring parents to provide an emergency management plan developed by a health professional and an EpiPen® if necessary, both of which will be maintained in the first aid room for reference as required (see below).
- immediately contacting the parent/carer if the child attends school without their prescribed, up to date, EpiPen®. The child cannot return to class without this being rectified, unless authorised by the principal or assistant principal.
- ensuring the First Aid Officer checks the expiry date of each child's EpiPen® (and the schools generic EpiPen®) to ensure it lasts for at least 12 months, at the commencement of the school year. At least a month before its expiry date, the First Aid Officer will send a written reminder to the student's parents to replace the EpiPen®.
- in an extreme emergency case and under the instruction of the Emergency services, a 'generic' EpiPen® autoinjector will be used. This will be when anaphylactic symptoms return after the initial EpiPen® is given, or under extreme circumstances, e.g. if the EpiPen® was misused or incorrectly administered.
- not allowing food sharing, and restricting food to that approved by parents, with particular reference to class celebrations and parties.
- all food related fund raising events will be notified through the schools newsletter, providing information to parents/guardians of any potential risks in relation to allergies.
- ensuring that staff of every child or young person at risk of an anaphylactic reaction take that child's EpiPen® and medication on any camp or excursion.
- ensuring the teacher/s in charge will be responsible for taking and securing each child's EpiPen whilst on excursions, outings and camps. Patterson Lakes Primary School will also supply one spare adult and one spare junior EpiPen per outing/camp/excursion in the event that a student misplaces or used his/ her EpiPen, but also gives aid and reassurance to any new potential person(s).
- providing or arranging post-incident support (e.g. counselling) to students and staff, if appropriate.
- no student who has been prescribed an adrenaline auto-injector is permitted to attend the school or school related activities without providing an auto-injector and doctor authorised ASCIA Action Plan for Anaphylaxis.

All staff will be briefed once each semester by the First Aid Officer (or staff member with up-to-date anaphylaxis management training) on

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the students diagnosed at risk of anaphylaxis and the location of medication

- the correct use of the auto adrenaline injecting device
- the school's first aid and emergency response procedures.

The Principal will complete an annual Risk Management Checklist to monitor their obligations, as published and amended by the Department from time to time.

Every child at risk will have an Anaphylaxis Management Plan; clearly displayed in the classroom, specialist rooms, First Aid room, predominant Administration areas and Yard Duty packs. The Plan will include:

- 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-Appendix A**), provided by the parent, that:
 1. sets out the emergency procedures to be taken in the event of an allergic reaction;
 2. is signed by a medical practitioner who was treating the child on the date (updated annually); and
 3. includes an up to date photograph of the student.

The student's Individual Management Plan will be reviewed, in consultation with the student's parents:

- annually (or more often if deemed necessary), and as applicable,
- if the student's condition changes, or
- immediately after a student has an anaphylactic reaction at school.

The school will not ban certain types of foods (eg: nuts) as it is not practicable to do so, and is not a strategy recommended by the Royal Children's Hospital. However, the school will request that parents do not send those items to school if at all possible (**Appendix B**); that the canteen eliminate or reduce the likelihood of such allergens, and the school will reinforce the rules about not sharing food.

Communication plan

The Principal is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy.

This communications plan has been developed by the Principal to:

- provide information to all school staff, parents and students about anaphylaxis and the school's anaphylaxis management policy
- outline strategies for advising school staff, parents and students about how to respond to an anaphylactic reaction occurring during normal school activities, including in the classroom, in the school yard and in all school buildings.
- outline procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction of a student in their care

Adrenaline auto-injectors for general use

The Principal will purchase Adrenaline Auto Injector(s) for General Use (purchased by the school) and as a back up to those supplied by Parents.

Patterson Lakes Primary School has 4 spare EpiPens, two junior EpiPens and two adult EpiPens.

EVALUATION

Guidelines are updated annually and/or as per DET recommendations. Patterson Lakes Primary School complies with the Ministerial Order 706 and all guidelines on anaphylaxis management.

CERTIFICATION

This policy was ratified at the School Council meeting held at Patterson Lakes Primary School, November, 2018.

Signed.....

 School Council President

Signed.....

 Principal

Appendix A

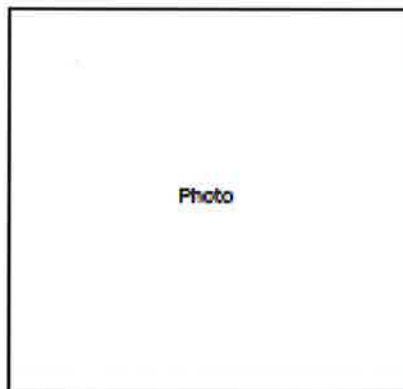


www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: _____
Date of birth: _____

For use with EpiPen® adrenaline autoinjectors



Confirmed allergens:

Family/emergency contact name(s):

Work Ptc: _____
Home Ptc: _____
Mobile Ptc: _____

Plan prepared by:
Dr: _____

I hereby authorize medications specified on this plan to be administered according to the plan.

Signed: _____

Date: _____
Date of next review: _____

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 30 seconds.

Instructions are also on the device label and at: www.allergy.org.au/anaphylaxis

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Give other medications (if prescribed) _____
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before 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 FOR ANAPHYLAXIS

- 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 adrenaline autoinjector.
- 3** Phone ambulance*: 000 (AU) or 111 (NZ).
- 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.

EpiPen® is generally prescribed for adults and children over 6 years.

EpiPen® Jr is generally prescribed for children aged 3-6 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y N Medication: _____

© ASCIA 2015. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.



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Appendix B

Dear Parents,

We have a number of children in the school with severe allergies to food. In this classroom we have a student(s) with allergies to _____.

It would be greatly appreciated if you could consider this when packing your child's lunch and provide your child with an alternative. This will be of enormous help in ensuring that this/these child(ren) will be kept safe at all times.

Please ask your child's teacher any questions arising with this matter, particularly if you are supplying treats for birthdays, class parties, etc.

Thank you for your support,

Class teacher