

# **School Anaphylaxis Management Policy**

# Ministerial Order 706-Anaphylaxis Management in Schools

# **Approved by School Council:**

March 2020

**Review:** 

March 2021

### **Introduction:**

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

Signs and symptoms of a mild to moderate allergic reaction can include:

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

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficulty/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- appearance as pale and/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 for anaphylaxis:

Adrenaline given as an injection into the muscle of the outer mid-thigh.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline auto injector for use in an emergency.

# School Statement

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

#### <u>Purpose</u>

This policy is in place to:

• explain to parents, carers, staff and students, the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis

• ensure compliance with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

#### Scope

This policy applies at all times when students are at school or on school related activities such as camps and excursions. This policy applies to all staff (including casual relief staff and volunteers), and all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, their parents and carers.

#### **Communication Plan**

Parents with a child at risk of anaphylaxis will be informed of this policy on enrolment. A copy will be available on the school website.

Staff will be referred to this policy at the commencement of each school year and on induction (new staff). A copy will be available on COMPASS.

Classroom teachers of students with a diagnosis of anaphylaxis will be responsible to ensuring communication of information to: the organisers of off-site activities, third party providers on and off-site, volunteers, student teachers, work experience students and additional helpers working with the class.

Casual relief teachers will be made aware of the location of student medical information in classrooms, the office, staffroom and in yard duty folders.

#### **Implementation**

#### **Individual Anaphylaxis Plans**

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

#### Parent and carers must:

- a obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- b 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
- c 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
- d provide the school with a current adrenaline auto injector for the student that has not expired
- e participate in an annual review of the student's plan.

Each student's Individual Anaphylaxis Management Plan must include:

a information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has

- b information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on the written diagnosis from a medical practitioner
- c 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
- d the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the plan
- e information about where the student's medication will be stored
- f the student's emergency contact details
- g 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 anaphylaxis reaction
- changes when the student is participating in an off-site activity, including camps and excursions, or at special events at which the student is not to be under the care of parent/carer or designated relative
- if there is identified a 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 First Aid Room, together with the student's adrenaline auto injector (labelled with the student's name).

Additional copies of student Anaphylaxis Plans will be displayed in the general office and the staffroom.

# **Risk Minimisation Strategies**

Strategies to reduce the risk of anaphylactic reactions will include:

- a regular reminders for students not to share food
- b regular reminders and classroom routines that promote hand washing before and after eating, and after collecting rubbish or other materials from the classroom or playground
- c training of canteen staff in relation to food handling to reduce the risk of cross-contamination
- d development of all staff and students' knowledge in regard to potential allergens and risk management
- e provision of information to staff working with students at risk of anaphylactic reactions relating to the specific allergens
- f planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending
- g a plan will be developed, in consultation with a student's parents prior to a student diagnosed

with anaphylaxis attending the school

h the Department's Annual Risk Management Checklist for anaphylaxis management will be completed annually.

# Adrenaline Auto injectors for General Use

Gladstone Views Primary School will maintain a supply of adrenaline auto injectors 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.

Auto injectors for general use will be stored in the First Aid room and labelled 'general use'.

The Principal, or delegate, is responsible for the purchase of adrenaline auto injectors for general use, and will consider:

- the number of students enrolled at the school at risk of anaphylaxis
- the accessibility of adrenaline auto injectors supplied by parents
- the availability of a sufficient supply of auto 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 Anaphylactic Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the School First Aid Officer/OHS Delegate, and stored in the First Aid room. For camps, excursions and special events a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the event, together with their Individual Anaphylaxis Management Plans and adrenaline auto injectors, where appropriate.

Step	Actions		
1	Lay the person flat If breathing is difficult, allow them to sit Be calm and reassuring Seek assistance from another staff member Locate auto injector	Do not allow them to stand or walk Do not leave the person alone	
2	Administer an EpiPen or EpiPen jr (if the student is under 20kg)  remove from plastic container  form a fist around the EpiPen and pull off the blue safety release  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 was administered  Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration		
3	Call an ambulance – 000		

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 the student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or as being at risk of anaphylaxis, school staff should follow steps 2 to 5 as above. Under treatment of anaphylaxis is more harmful (and potentially life-threatening) than over treatment.

## Staff Training

Staff at Gladstone Views Primary School will receive appropriate training in anaphylaxis management, consistent with the Department's Anaphylaxis Guidelines.

Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the Principal identifies, must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years,
   or
- an approved online anaphylaxis management training course in the last two years.

Staff are required to attend a briefing on anaphylaxis management twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years. 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
- how to use an adrenaline auto injector including hands on practice with a trainer adrenaline auto injector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline auto injectors that have been provided by parents or purchased by the school for general use.

#### **Further Information and Resources**

- School Policy and Advisory Guide
- Allergy and Anaphylaxis Australia
- ASCIA Guidelines: Schooling and Childcare
- Royal Children's Hospital: Allergy and Immunology

#### **Review Cycle:**

This policy will be reviewed annually as part of the school's review cycle.

Annual Risk Management Checklist (to be completed at the start of each year)

School name:			
Date of review:			
Who	Name:		
completed this	Position:		
checklist?			
Review given	Name:		
to:			
Comments:			
General informa	tion		
	irrent students have been diagnosed as being at risk of		
	and have been prescribed an adrenaline autoinjector?		
2. How many of person?	these students carry their adrenaline autoinjector on their		
3. Have any studintervention	dents ever had an allergic reaction requiring medical at school?	☐ Yes	□ No
a. If Yes, how	w many times?		
4. Have any stu	dents ever had an anaphylactic reaction at school?	☐ Yes	□ No
a. If Yes, how	w many students?		
b. If Yes, how	w many times?		
5. Has a staff m autoinjector	ember been required to administer an adrenaline to a student?	☐ Yes	□ No
a. If Yes, how	w many times?		
student suffe	l is a government school, was every incident in which a red an anaphylactic reaction reported via the Incident d Information System (IRIS)?	☐ Yes	□ No
SECTION 1: Train	ing		
7. Have all scho	ol staff who conduct classes with students who are at risk of uccessfully completed an approved anaphylaxis management	☐ Yes	□ No
• onlin years	e training (ASCIA anaphylaxis e-training) within the last 2 , or		
	edited face-to-face training (22300VIC or 10313NAT) within ast 3 years?		

8. Does your school conduct twice-yearly briefings annually?	☐ Yes	□ No
If no, please explain why not, as this is a requirement for school registration.		
9. Do all school staff participate in a twice-yearly anaphylaxis briefing?	☐ Yes	□ No
If not, please explain why not, as this is a requirement for school registration.		
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	☐ Yes	□ No
a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?		
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	☐ Yes	□ No
SECTION 2: Individual Anaphylaxis Management Plans		
11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan, which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	☐ Yes	□ No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	☐ Yes	□ No
13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out-of-class settings?		
a. During classroom activities, including elective classes	☐ Yes	□ No
b. In canteens or during lunch or snack times	☐ Yes	□ No
c. Before and after school, in the school yard and during breaks	☐ Yes	□ No
d. For special events, such as sports days, class parties and extra- curricular activities	☐ Yes	□ No
e. For excursions and camps	☐ Yes	□ No
f. Other	☐ Yes	□ No
14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	☐ Yes	□ No
a. Where are the Action Plans kept?		

15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	☐ Yes	□ No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off-site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	☐ Yes	□ No
SECTION 3: Storage and accessibility of adrenaline autoinjectors		
17. Where are the student(s) adrenaline autoinjectors stored?		
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	☐ Yes	□ No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	☐ Yes	□ No
20. Is the storage safe?	☐ Yes	□ No
21. Is the storage unlocked and accessible to school staff at all times?	☐ Yes	□ No
Comments:		
22. Are the adrenaline autoinjectors easy to find?	☐ Yes	□ No
Comments:		
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	☐ Yes	□ No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	☐ Yes	□ No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis?	☐ Yes	□ No
Who?	☐ Yes	□ No
27. Has the school signed up to EpiClub (optional free reminder services)?	☐ Yes	□ No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	☐ Yes	□ No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	☐ Yes	□ No

30. Where are these first aid kits located?		
Do staff know where they are located?	☐ Yes	□ No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	☐ Yes	□ No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	☐ Yes	□ No
SECTION 4: Risk Minimisation strategies		
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	☐ Yes	□ No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If Yes, list these in the space provided below. If No, please explain why not, as this is a requirement for school registration.	☐ Yes	□ No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	☐ Yes	□ No
SECTION 5: School management and emergency response		
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	☐ Yes	□ No
37. Do school staff know when their training needs to be renewed?	☐ Yes	□ No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	☐ Yes	□ No
a. In the class room?	☐ Yes	□ No
b. In the school yard?	☐ Yes	□ No
c. In all school buildings and sites, including gymnasiums and halls?	☐ Yes	□ No
d. At school camps and excursions?	☐ Yes	□ No
e. On special event days (such as sports days) conducted, organised or attended by the school?	☐ Yes	□ No
39. Does your plan include who will call the ambulance?	☐ Yes	□ No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	☐ Yes	□ No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	☐ Yes	□ No
a. The class room?	☐ Yes	□ No

b. The school yard?		□ No
c. The sports field?	☐ Yes	□ No
d. The school canteen?	☐ Yes	□ No
42. On excursions or other out-of-school events, is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	☐ Yes	□ No
43. Who will make these arrangements during excursions?		
44. Who will make these arrangements during camps?		
45. Who will make these arrangements during sporting activities?		
46. Is there a process for post-incident support in place?	☐ Yes	□ No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:		
a. The school's Anaphylaxis Management Policy?	☐ Yes	□ No
b. The causes, symptoms and treatment of anaphylaxis?	☐ Yes	□ No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	☐ Yes	□ No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	☐ Yes	□ No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	☐ Yes	□ No
f. Where the adrenaline autoinjector(s) for general use is kept?	☐ Yes	□ No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	☐ Yes	□ No
SECTION 6: Communication Plan		
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?		
a. To school staff?	☐ Yes	□ No
b. To students?	☐ Yes	□ No
c. To parents?	☐ Yes	□ No

d. To volunteers?	☐ Yes	□ No
e. To casual relief staff?	☐ Yes	□ No
49. Is there a process for distributing this information to the relevant school staff?	☐ Yes	□ No
a. What is it?		
50. How will this information be kept up to date?		
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	☐ Yes	□ No
52. What are they?		