

# Anaphylaxis Management Policy for Mildura Primary School.

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## PURPOSE

To explain to Mildura 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 Mildura 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

Mildura 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 medication.

#### *Symptoms*

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:

- 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 autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

## **RESPONSIBILITY**

The Principal, liaising with the First Aid Officer will ensure that an individual 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 anaphylaxis management plan will be in place as soon as practicable before their first day of school.

### **Individual Anaphylaxis Management Plans**

All students at Mildura 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 of Mildura Primary School 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 enrolls at Mildura 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 autoinjector for the student that has 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 allergies 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

- 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 Management Plans*

A student's Individual Anaphylaxis Management 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
- when the 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 autoinjectors**

All medication required by the children at risk of anaphylaxis is stored in a central location in a clearly visible anaphylaxis kit in the office. This kit also contains a 'backup' adrenaline autoinjector device for general use. Each child has a clearly labelled bag within the kit that has their own individual medication and copy of their ASCIA action plan along with their Individual Management Plan. The kit also has general use Ventolin, disposable spacer and a **Laerdal Pocket Mask for use in CPR**.

### **Risk Minimisation Strategies**

<b>Risk</b>	<b>Strategy</b>	<b>Who?</b>
<b>Minimising risk-food allergies:</b> Sharing food	<ul style="list-style-type: none"> <li>• Regular discussions with relevant classes about the importance of eating own food and not sharing</li> <li>• Class has snack and lunch in specified area which is the focus of supervision</li> <li>• Children wash their hands after eating</li> <li>• Encourage parent to be involved in special days that involve food</li> </ul>	Class teachers

Trigger food in school	<ul style="list-style-type: none"> <li>Inform students/ staff/ school community of allergy and foods the child is allergic to via education sessions and new sletter</li> <li>Place copy of emergency response plan in class/ office/ staffroom/ first-aid room and kitchen</li> <li>Children who do have trigger foods at school need to use hand sanitizer after eating</li> </ul>	Principal's nominated person  Class teachers
Class parties/ School Special Days e.g. Book Day, Indonesian Day, Incursions	<ul style="list-style-type: none"> <li>Advise parent of the student at risk of parties ahead of time so that they can provide suitable food</li> <li>Food for allergic student should only be approved and provided by student's parent</li> <li>Use non- food rewards</li> </ul>	<b>REVIEW CHILD'S PLAN</b> Class teacher  Parent  Parent/ class teacher Teachers
Class activities	<ul style="list-style-type: none"> <li>Be aware that craft items can be risk items eg. peanut butter jars/ cereal containers</li> <li>Gloves to be worn when doing yard clean up.</li> </ul>	Class teacher
Food residue in classroom/ school	<ul style="list-style-type: none"> <li>Children clean hands with hand sanitizer after eating- in/ near classroom and wipe down tables with cleansing wipes</li> <li>Allergic student to drink from own drink bottle- not school bubble taps</li> <li>Children eat only in designated places- not in playground</li> </ul>	Class teacher  Parent All school staff
Medication	<ul style="list-style-type: none"> <li>Named medication to be kept in suitable area of office – clearly visible but out of reach of children</li> <li>Medication is kept 'in date'</li> </ul>	Parents/ teachers  Parents/ nominated staff member
Allergic reaction outside	<ul style="list-style-type: none"> <li>Staff trained in C.P.R.</li> <li>Staff to carry 'bumbag' with phone to contact staffroom/ office when on yard duty</li> <li>Cleaning up of yard- allergic student not to participate in pickup of food rubbish.</li> <li>Children practice going to office and assertively getting help</li> </ul>	Nominated person to organise  All staff
Casual Relief Teachers	<ul style="list-style-type: none"> <li>CRT receives information folder when they arrive at school which includes information about allergic children at school and procedures to follow in case of emergency</li> <li>All staff have information in class roll about children in school with severe allergies and the procedures to follow in case of emergency</li> </ul>	Office staff  Nominated person
Lunch Order Days	<ul style="list-style-type: none"> <li>Parent to liaise with Parent's Club to check food is suitable and free of allergens</li> </ul>	Parent
School Camps	<ul style="list-style-type: none"> <li>Camp coordinator, class teacher, camp provider and</li> </ul>	<b>REVIEW CHILD'S PLAN</b> Camp coordinator, teacher Parent

	<p>parents liaise before camp to determine risk assessment and management strategies for student</p> <ul style="list-style-type: none"> <li>• Parent given option of attending camp to ensure student's safety.</li> </ul>	
Recess and lunch, Before and After School	<ul style="list-style-type: none"> <li>• All children are provided with time to eat their snack and lunch inside or allocated area. Any food spills are cleaned up immediately.</li> <li>• Any children still eating after the bell to sit away from student at risk and clean up when finished.</li> </ul>	Class teachers, Duty teachers

Mildura Primary School has a central copy of all Anaphylaxis Management Plans and ASCIA Action Plans in the First Aid Room. Each class and special teacher has a copy of current students at risk of anaphylaxis and emergency procedures to follow, in their Class Folder.

Details of students at risk of anaphylaxis, and key steps in responding to an allergy emergency are also displayed strategically around the school:

- School Office
- Staffroom
- Open Learning Area
- Multipurpose Room
- Classrooms
- First Aid Room
- With Anaphylaxis Kit (located in School Office)

### **Adrenaline autoinjectors for general use**

Mildura Primary School will maintain a supply of adrenaline autoinjector(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 autoinjectors for general use will be stored in the front office and labelled "general use". The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Mildura Primary School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors 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.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the first aid officer and stored at in the front office with copies of medical action plans. 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 special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

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"><li>• Lay the person flat</li><li>• Do not allow them to stand or walk</li><li>• If breathing is difficult, allow them to sit</li><li>• Be calm and reassuring</li><li>• Do not leave them alone</li><li>• Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at the front office.</li><li>• If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5</li></ul>
2.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <ul style="list-style-type: none"><li>• Remove from plastic container</li><li>• Form a fist around the EpiPen and pull off the blue safety release (cap)</li><li>• Place orange end against the student's outer mid-thigh (with or without clothing)</li><li>• Push down hard until a click is heard or felt and hold in place for 3 seconds</li><li>• Remove EpiPen</li><li>• Note the time the EpiPen is administered</li><li>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li></ul>
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 autoinjectors 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 autoinjector 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.

## **Communication Plan**

This policy will be available on Mildura Primary School's website so that parents and other members of the school community can easily access information about Mildura Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Mildura Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy. The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Mildura Primary School's 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.

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

## **Staff training**

The principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- Where possible all school staff including those who conduct specialist classes, admin staff and any other member of school staff as required by the principal based on a risk assessment.

Staff who are required to undertake training 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.

Mildura Primary School uses the following training course VU21800 Provide first aid management of anaphylaxis

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 a staff member who has successfully completed an anaphylaxis management course within the last 2 years including the school's nominated 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
- 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 Mildura 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**

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

## **ANNUAL RISK MANAGEMENT**

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.