

Anaphylaxis Management Policy for Mildura Primary School.

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SCHOOL STATEMENT

Mildura Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department Of Education from time to time.

In the event of an anaphylactic reaction, the school's first aid and emergency response procedures and the student's individual Anaphylaxis Management Plan must be followed.

BACKGROUND

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, almonds, Brazil nuts, and hazelnuts), 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® auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

PURPOSE

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 about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

POLICY

Mildura Primary School will take all practical steps to provide a safe, healthy environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis.

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

The principal 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 after the student enrolls, and where possible before their first day of school.

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner)
- Strategies to minimize the risk of exposure to known 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 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 strategies;
- Information on where the student's medication will be stored;
- The student's emergency contact details; and
- An ASCIA Action Plan.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent that:
 - sets out the emergency procedures to be taken in the event of an allergic reaction
 - is signed by a medical practitioner who was treating the student
 - includes a recent photograph of the student

The student's individual management plan will be reviewed, in consultation with the student's parents/carers:

- annually, and as applicable,
- if the student's condition changes, or
- immediately after a student has an anaphylactic reaction at school; and
- when the student is to participate in an off-site activity, such as camps and excursions, or special Events conducted, organised or attended by the school (eg. Class parties, elective subjects, cultural days).

It is the responsibility of the parent to:

- provide the emergency procedures plan (ASCIA Action Plan).
- inform the school if the student's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

PREVENTION STRATEGIES

Risk	Strategy	Who?
Minimising risk- food allergies: Sharing food	<ul style="list-style-type: none"> Regular discussions with relevant classes about the importance of eating own food and not sharing Class has snack and lunch in specified area which is the focus of supervision Children wash their hands after eating Encourage parent to be involved in special days that involve food 	Class teachers
Trigger food in school	<ul style="list-style-type: none"> Inform students/ staff/ school community of allergy and foods the child is allergic to via education sessions and newsletter Place copy of emergency response plan in class/ office/ staffroom/ first-aid room and kitchen Children who do have trigger foods at school need to use hand sanitizer after eating 	Principal's nominated person Class teachers
Class parties/ School Special Days e.g. Book Day, Indonesian Day, Incursions	<ul style="list-style-type: none"> Advise parent of the student at risk of parties ahead of time so that they can provide suitable food Food for allergic student should only be approved and provided by student's parent Use non- food rewards 	REVIEW CHILD's PLAN Class teacher Parent Parent/ class teacher Teachers
Class activities	<ul style="list-style-type: none"> Be aware that craft items can be risk items eg. peanut butter jars/ cereal containers 	Class teacher
Food residue in classroom/ school	<ul style="list-style-type: none"> Children clean hands with hand sanitizer after eating- in/ near classroom and wipe down tables with cleansing wipes Allergic student to drink from own drink bottle- not school bubble taps Children eat only in designated places- not in playground 	Class teacher Parent All school staff
Medication	<ul style="list-style-type: none"> Named medication to be kept in suitable area of office – clearly visible but out of reach of children Medication is kept 'in date' 	Parents/ teachers Parents/ nominated staff member
Allergic reaction outside	<ul style="list-style-type: none"> Staff trained in C.P.R. Staff to carry 'bumbag' with phone to contact staffroom/ office when on yard duty Cleaning up of yard- allergic student not to participate in pickup of food rubbish. Children practice going to office and assertively getting help 	Nominated person to organise All staff
Casual Relief Teachers	<ul style="list-style-type: none"> CRT receives information folder when they arrive at 	Office staff

	<p>school which includes information about allergic children at school and procedures to follow in case of emergency</p> <ul style="list-style-type: none"> All staff have information in class roll about children in school with severe allergies and the procedures to follow in case of emergency 	Nominated person
Lunch Order Days	<ul style="list-style-type: none"> Parent to liaise with Parent's Club to check food is suitable and free of allergens 	Parent
School Camps	<ul style="list-style-type: none"> Camp coordinator, class teacher, camp provider and parents liaise before camp to determine risk assessment and management strategies for student Parent given option of attending camp to ensure student's safety. 	REVIEW CHILD's PLAN Camp coordinator, teacher Parent
Recess and lunch, Before and After School	<ul style="list-style-type: none"> All children are provided with time to eat their snack and lunch inside or allocated area. Any food spills are cleaned up immediately. Any children still eating after the bell to sit away from student at risk and clean up when finished. 	Class teachers, Duty teachers

SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

The following students at Mildura Primary School are at risk of Anaphylaxis:

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)

ANAPHYLAXIS KIT

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. The kit also has general use Ventolin, disposable spacer and a **Laerdal Pocket Mask for use in CPR.**

ADRENALINE AD AUTOINJECTORS FOR GENERAL USE

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

The Principal will determine the number of additional Adrenaline Autoinjector(s) required.

In doing so the Principal will take into account the following relevant considerations:

- **the number of students enrolled at the School who have been diagnosed as being at risk of Anaphylaxis;;**
- **the accessibility of Adrenaline Autoinjectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis:**
- **the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the School, i**
- **in the school yard, and at excursions, camps and special events conducted or organised by the School: and**
- **The Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 Months, and will need to be replaced at the School's expense, either at the time of use or Expiry, whichever is first.**

COMMUNICATION PLAN

The principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents 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 who care for *or* teach students at risk of anaphylaxis, will be made aware of their role in responding to an anaphylactic reaction.

All staff will be briefed twice a year by a staff member who has up to date anaphylaxis management training on:

- school's anaphylaxis management policy
- causes, symptoms and treatment of anaphylaxis
- identities of students diagnosed at risk of anaphylaxis and where their medication is located

- how to use an auto -adrenaline injecting device
- school's first aid and emergency response procedures



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www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner: _____

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

Signed: _____

Date: _____

Action Plan due for review: _____

For EpiPen® adrenaline (epinephrine) autoinjectors

SIGNS OF 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
- For tick allergy - freeze dry tick and allow to drop off
- 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 (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

<ul style="list-style-type: none"> Difficult/noisy breathing Swelling of tongue Swelling/tightness in throat Wheeze or persistent cough 	<ul style="list-style-type: none"> Difficulty talking and/or hoarse voice Persistent dizziness or collapse Pale and floppy (young children)
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ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - 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**
- 6 Transfer person to hospital for at least 4 hours of observation**

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and 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® and gently massage injection site for 10 seconds

Instructions are also on the device label

STAFF TRAINING AND EMERGENCY RESPONSE

Teachers and other school staff who conduct classes with students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.

Should this not be possible due to new teacher in classroom untrained or an untrained CRT is called in the principal will ensure that a trained staff member is in the class at all times.

At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.

The principal will identify the school staff to be trained based on a risk assessment.

Training will be provided to these staff as soon as practicable after the student enrolls.

Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.

The school's first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

ANNUAL RISK MANAGEMENT CHECKLIST

The Principal will complete an annual Risk Management Checklist as published by the Department Of Education and Early Childhood Development to monitor compliance with their obligations.