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Cranbourne West Primary School No. 5189 **ANAPHYLAXIS MANAGEMENT POLICY**

RATIONALE/GENERAL STATEMENT

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life threatening allergic reactions are uncommon and deaths are rare.

However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency that requires a rapid response.

Certain foods and insect stings are the most common causes of anaphylaxis. Eight foods cause 90% of food allergic reactions in Australia and can be common causes of anaphylaxis. These are:

- peanuts
- tree nuts (e.g. hazelnuts, cashews, almonds)
- egg
- cow's milk
- wheat
- soybeans
- fish and shellfish

Other common allergens include some insect's stings, particularly bee stings, some medications, latex and anaesthesia.

The symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- abdominal pain and/or vomiting

The symptoms of anaphylaxis (a severe allergic reaction) can include:

- difficulty breathing or noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheezing or persistent coughing
- loss of consciousness and/or collapse
- young children may appear pale and floppy

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

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. Staff members, parents/guardians and students need to be made aware that it is not possible to achieve a completely allergen free environment at

any school and should not have a false sense of security that an allergen has been eliminated from the environment.

Instead the school recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a student having an anaphylactic reaction, including strategies to minimise the presence of the allergen at the school.

Adrenaline given as an injection into 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/guardians 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.
- To fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time

RELEVANT LEGISLATION

Education and Training Reform Act 2006

Education and Training Reform Regulations 2007

Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008

Health Act 1958 (to be replaced by the Public Health and Wellbeing Act 2008 from 1 January 2010)

Health Records Act 2001

Information Privacy Act 2000

Occupational Health and Safety Act 2004

Occupational Health and Safety Regulations 2007

Ministerial Order 706 – Anaphylaxis Management in Schools

DEFINITIONS

Allergen

A substance that can cause an allergic reaction.

Allergic reaction

A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

Allergy

An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Anaphylaxis

A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

Anaphylaxis Action Plan

A medical management plan prepared and signed by a Registered Medical Practitioner providing the student's name and allergies, a photograph of the student and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

Anaphylaxis Management Plan

A plan specific to the school that specifies each student's allergies, the ways that each student at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the school, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of students at risk of anaphylaxis and staff members at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each student who is at risk of anaphylaxis.

Anaphylaxis management training

Accredited anaphylaxis management training which includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practise with a trainer adrenaline auto-injection device such as the EpiPen® trainer.

Adrenaline auto injection device

A device containing a single dose of adrenaline, delivered via a spring---activated needle, which is concealed until administered. There are a range of commercial devices including the EpiPen®.

Adrenaline auto injection device training

Training in the administration of adrenaline via an auto---injection device, such as an EpiPen®, provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the use of the self-paced trainer CD ROM and trainer EpiPen®.

Communication plan

A plan that forms part of the policy outlining how the school will communicate with parents and staff members in relation to the policy and how parents and staff members will be informed about risk minimisation plans and emergency procedures when a student diagnosed at risk of anaphylaxis is enrolled in the school.

EpiPen®

This is one form of an auto injection device containing a single dose of adrenaline, delivered via a spring activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen® Jr®, and are prescribed according to the child's weight. The EpiPen® Jr is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

Intolerance

Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

No food sharing

The practice where the student at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

Nominated staff member

A staff member nominated to be the liaison between parents/guardians of a student at risk of anaphylaxis and the school. This person also checks the adrenaline auto injection device such as an EpiPen® is current, and leads staff practice sessions after all staff members have undertaken anaphylaxis management training.

Risk minimisation

The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the school, educating parents and students about food allergies and washing hands after meals.

Students at risk of anaphylaxis

Those students whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

RESPONSIBILITIES

Principal

The Principal has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis. The Principal should:

- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Meet with parents/guardians to develop an individual Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff members who are responsible for their implementation.
- Request that parents/guardians provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the student's medical practitioner and has an up to date photo of the student.
- Ensure that parents provide student's EpiPen®s and that it is not out of date.
- Ensure that staff members obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Develop a communication plan to raise student, staff and parent/guardian awareness about severe allergies and the school's policies.

- Provide information to all staff members (including specialist staff, new staff, sessional staff, canteen staff and office staff) so that they are aware of students who are at the risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures. This can include providing copies or displaying the student's ASCIA Action Plan in canteens, classrooms and staffrooms.
- 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.
- Allocate time, such as during staff meetings, to discuss, practice and review the school's management strategies for students at risk of anaphylaxis, including regular practice using a trainer EpiPen®.
- Encourage ongoing communication between parents/guardians and staff members about the current status of the student's allergies, the school's policies and their implementation.
- Review the student's Anaphylaxis Management Plan annually or if the student's circumstances change, in consultation with parents/guardians.

All Staff Members

All staff members who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. This may include office staff, canteen staff, casual relief staff and volunteers. Staff members should:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Know the school's first aid emergency procedures and what their role is in relation to responding to an anaphylactic reaction.
- Keep a copy of the student's ASCIA Action Plan and follow it in the event of an allergic reaction.
- Know where the student's EpiPen® is kept. Remember that the EpiPen® is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the student's Anaphylaxis Management Plan.
- Plan ahead for special class activities or special occasions such as excursions, incursions, sports days, camps and parties. Work with parents/guardians to provide appropriate food for the student.
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Work with parents/guardians to provide appropriate treats for the student.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be careful of the risk of cross contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.

- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

First Aid Coordinator

First Aid Co-ordinators should take a lead role in supporting the Principal and staff members to implement prevention and management strategies for the school. The First Aid Coordinator should:

- Keep an up to date register of students at risk of anaphylaxis.
- Ensure that students' emergency contact details are up to date.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Regularly check that the EpiPen® is not cloudy or out of date, e.g. at the beginning or end of each term.
- Inform parents/guardians in writing a month prior if the EpiPen® needs to be replaced.
- Ensure that the EpiPen® is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place and that it is appropriately labelled. The EpiPen® should be easily accessible by staff members but not accessible to students.
- Provide or arrange post incident support (e.g. counselling) to students and staff members, if appropriate.
- Work with staff members to conduct regular reviews of prevention and management strategies.
- Work with staff members to develop strategies to raise awareness about severe allergies in the school community.

Parents/Guardians

Parents/guardians of a student who is at risk of anaphylaxis may experience high levels of anxiety about sending their child to school. It is important to encourage an open and cooperative relationship with parents/guardians so that they can feel confident that appropriate management strategies in place. Parents/guardians should:

- Inform the school, either at enrolment or diagnosis, of the student's allergies and whether the student has been diagnosed as being at risk of anaphylaxis.
- Obtain information from the student's medical practitioner about their condition and any medications to be administered. Inform school staff of all relevant information and concerns relating to the health of the student.
- Meet with the school to develop the student's Anaphylaxis Management Plan
- Provide an ASCIA Action Plan practitioner and has an up to date photograph.
- Provide the EpiPen® and any other medications to the school.
- Replace the EpiPen® before it expires.
- Assist school staff in planning and preparation for the student prior to school camps, field trips, incursions, excursions or special events such as class parties or sport days.
- Supply alternative food options for the student when needed.
- Inform staff members of any changes to the student's emergency contact details.
- Participate in reviews of the student's Anaphylaxis management Plan, eg. When there is a change to the student's condition or at an annual review.

Some parents/guardians may not wish the identity of the student to be disclosed to the wider school community. This should be discussed with the student's parents/guardians and written consent obtained to display the student's name, photograph and relevant treatment details in the office, staff rooms, canteens or other common areas.

PROCEDURES

The Principal 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.

Individual Anaphylaxis Management Plan

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 at Cranbourne West Primary School.

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);
- practical 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:
 - during classroom activities;
 - in canteens or during lunch and snack times;
 - before and after school, in the yard and during breaks;
 - for special events such as festivals, incursions, sports days and class parties; and
 - or excursions and camps.
- 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 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 on the date the practitioner signs the emergency procedures plan; and
 - includes an up to date photograph of the student.

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan. The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's Parents in all of the following circumstances:

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the 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 at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

COMMUNICATION PLAN

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

Raising Staff Awareness

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 of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Principal.

All staff members will be briefed at least twice a year (with the first briefing to be held at the beginning of the school year) by a staff member who has up to date anaphylaxis management training on:

- the school's anaphylaxis management policy;
- the causes, symptoms and treatment of anaphylaxis;
- the identities of students diagnosed at risk of anaphylaxis ;
- the preventative strategies in place;
- where EpiPen@s® are kept;
- how to use an adrenaline auto injecting device (EpiPen®), including hands on practice with a trainer EpiPen®;
- the school's first aid and emergency response procedures; and
- their role in responding to a severe allergic reaction.

Raising Student Awareness

Peer support is an important element of support for students at risk of anaphylaxis. Staff members can raise awareness at school through fact sheets or posters displayed in hallways, canteens and classrooms.

Class Teachers/Guardians can discuss the topic with students in class, with a few simple key messages:

- always take food allergies seriously □ severe allergies are no joke;
- don't share your food with friends who have food allergies;
- wash your hands after eating;
- know what you friends are allergic to;
- if a fellow student becomes sick, get help immediately;
- be respectful of fellow student's EpiPen®; and
- don't pressure your friends to eat food that they are allergic to.

It is important to be aware that some students at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing tricking a student into eating a particular food or threatening a student with the substance that they are allergic to. Talk to the students involved so that they are aware of the seriousness of

an anaphylactic reaction. Any attempt to harm an anaphylactic student with an allergen must be treated as a serious and dangerous incident and handled accordingly under the school's Behaviour Management Policy.

Staff Training

Under the provisions of the Occupational Health and Safety Act 2004 and the school's duty of care obligations to students, the school is responsible for providing first aid facilities and sufficient staff members trained to an appropriate level of competency in first aid.

As part of the duty of care owed to students, teachers are required to administer first aid when necessary and within the limits of their skills, expertise and training. In the case of anaphylaxis, this includes following a student's ASCIA Action Plan and administering an EpiPen® if necessary. It should be noted that teacher's duty of care is greater than that of the ordinary citizen in that a teacher is obliged to assist an injured student, while the ordinary citizen may choose to do nothing.

The following School Staff will be appropriately trained:

- School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any further School Staff that are determined by the Principal.

The identified School Staff will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior; and
- participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
 - the School's Anaphylaxis Management Policy;
 - the causes, symptoms and treatment of anaphylaxis;
 - the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
 - how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
 - the School's general first aid and emergency response procedures; and
 - the location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.

The briefing must be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.

The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

Self-Administration of the EpiPen®

The decision whether a student can carry their own EpiPen® should be made when developing the student's individual Anaphylaxis Management Plan, in consultation with the student, the student's parents/guardians and the student's medical practitioner.

It is important to note that students have the right to self-administer if they are able to do so at the time, but even an 18 year old may not physically be able to self-administer due to the effects of a reaction. Staff members still have a duty of care to administer an EpiPen® for students who carry their own EpiPen®.

If a student self-administers an EpiPen®, they must immediately report to a staff member and 000 must be called.

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.

EVALUATION:

This policy will be reviewed as part of the school's three –year review cycle