



# Elwood Primary School No 3942

Scott Street Elwood 3184

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**PROGRAM: Anaphylaxis Management**

## **PURPOSE:**

1. To provide, as far as practicable, a safe school environment in which students at risk of anaphylaxis can participate equally in all aspects of their schooling.
2. To educate the school community about this potentially life threatening condition, including the school's anaphylaxis management policy.
3. To provide school risk minimization processes in the care of anaphylactic students which are easily understood by students, teachers and parents.
4. To provide each staff member with adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction

## **BACKGROUND**

1. Anaphylaxis is a severe, rapidly progressing allergic reaction that is potentially life threatening. It should be regarded as a medical emergency.
2. Main causes: The most common causes in school age children are peanuts, eggs, fish and shellfish, latex, treenuts, wheat, soy, sesame, nuts, cows' milk, bee or other insect stings and some drugs. The reaction may progress very quickly. A swift response is necessary.
3. The key to the prevention of anaphylaxis in schools is knowledge of those students at risk, awareness of allergens and prevention of exposure to those allergens. Partnerships between schools and parents are crucial in ensuring that exposure to allergens is minimised.
4. Adrenaline given through an EpiPen auto injector to the muscle of the outer thigh is the most effective first aid treatment and an ambulance must be called following an anaphylactic reaction.

## **GUIDELINES**

1. Management of students with anaphylaxis is a joint responsibility of parents and the school staff.
2. Parents must keep the school fully informed, in writing, of current medical issues related to their child and participate in the development of the individual management plan.
3. The school recognises and acts on its responsibility for informing the school community of the condition and seeking co-operation from parents and students in minimising the risk to these students.
4. Staff training and briefings are undertaken as required by DEECD regulations.

## **IMPLEMENTATION**

### **1. Anaphylaxis Management Plan, including Risk Management Strategies**

Every student identified by parents and their medical practitioner at risk of anaphylaxis attending the school has an individual written management plan compiled by parents in conjunction with the student's doctor and school.

The management plan includes the following aspects:

- Individual student anaphylaxis management plan detailing allergens and accompanied by a current colour photograph of the child.
- Name, & phone number of parents
- Name, & phone number of the student's doctor
- Information about where EpiPen is stored
- Emergency care in event of reaction
- Medication – provision, labelling and storage
- Possible signs and symptoms, and action required.

*Action Plans are placed in*

- the class roll,
- student's personal file in their classroom
- Welfare files in Assistant Principal's office
- Anaphylaxis folder in Sick Bay- and in all specialist areas
- On display with photo in staffroom
- Database in Office
- Yard Duty folders
- Accompanies medication in sickbay
- Local and other excursion First Aid packs
- Camp First Aid packs
- Folder in Kitchen

The management plan will be in place as soon as practicable after students enrol.

The *Anaphylaxis Management Plan* also details

- Practical strategies to minimise risk of exposure to allergens including during
  - ✓ classroom activities
  - ✓ lunch or snack time
  - ✓ special occasions
  - ✓ before school- in the yard
  - ✓ sporting events
  - ✓ excursions or camps
  - ✓ kitchen and garden classes
- Who will be responsible for implementing strategies

*Risk management plans are signed by parents and are placed in*

- the class roll,
- student's personal file in their classroom
- Welfare files in Assistant Principal's office
- Sick bay Anaphylaxis folder

*Responsibility*

a) It is the responsibility of the Assistant Principal/ Student Welfare co-ordinator to ensure that each management plan is reviewed at the beginning of each year or as required, in consultation with the student's parents, classroom teacher, and administration staff. It must be reviewed immediately after a student has an anaphylactic reaction at school. Parents must inform the school if their child has an anaphylactic reaction outside school hours.

b) Parents must alert teachers about the allergy before excursions & camps, via the usual school permission and medical forms

- c) Information regarding each student & their individual plan is then given to ALL STAFF via the School Intranet, and at Level and staff meetings. A briefing on these students occurs as part of the Student Welfare update on the first day of each year.
- d) Office staff make external food providers aware of the school's policies and practices.

**2. Possible Signs & Symptoms**

These are the general range of symptoms. Details specific to the student are to be found on the individual student Action Plans.

**All reactions need to be taken seriously, but not all reactions require adrenaline.**

***MILDER SYMPTOMS -ACTION REQUIRED***

<p><b>Hives/ welts</b>  <b>Swelling of lips, face and eyes</b>  <b>Tingling mouth</b>  <b>Abdominal pain or vomiting (these are signs of severe allergic reaction to insects)</b></p>	<p><b>For insect allergy, flick out sting if visible, do not remove ticks</b>  <b>Stay with person</b>  <b>Call for help</b>  <b>Locate Epipen</b>  <b>Give other medications (if prescribed)</b>  <b>Contact parents IMMEDIATELY</b></p>
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***MORE SERIOUS SYMPTOMS – ACTION REQUIRED***

<p><b>Difficult/noisy breathing</b>  <b>Swelling of tongue</b>  <b>Swelling or tightness in throat</b>  <b>Difficulty talking or hoarse voice</b>  <b>Wheeze or persistent cough</b>  <b>Persistent dizziness or collapse</b>  <b>Pale and floppy in young children</b></p>	<p><b>Lay person flat</b>  <b>Do not allow them to stand or walk</b>  <b>If breathing is difficult, allow them to sit</b>  <b>Give Epipen</b>  <b>Phone ambulance 000</b>  <b>Phone family or emergency contact</b>  <b>Further adrenaline dose may be given, if no response after 5 mins</b></p>
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**3. Anaphylaxis Medication – Provision, Labelling, Storage**

1. Parents/guardians provide one EpiPen,for the sick bay. A second Epipen for the classroom is optional.. These are clearly labelled with the name of the drug, conditions of use, the child's name & known allergens.
2. Parents provide appropriate named containers for medication.
3. A signed, dated Action Plan, including a current color photograph of the student, is kept with the medication.
4. Medication is stored in the Sick Bay & accompanies the student on any excursions including local excursions and camps. On excursions medication is carried by school staff and is only handled by adults.
5. Parents/guardians are wholly responsible for recording the expiry date of medications placed at the school and are responsible for the timely replacement of that medication.
6. As a matter of administration, the School Nurse will monitor the expiry dates.

#### **4. Communication Plan**

1. The school notifies the parent community at the beginning of each year, or when needed, of the nature of anaphylaxis and that there are children in the school with this condition. This will be communicated through notes home to specific grades and through the newsletter. It asks the community to cooperate in risk minimization. Families enrolling during the year are provided with this information at the time of enrolment.
2. The Anaphylaxis Management policy is available on the school web site, and is reviewed regularly.
3. Details of students at risk of anaphylaxis are provided at the beginning of each year on the school intranet, at staff/ level meetings and at welfare meetings conducted with classroom teachers, Principal, the welfare coordinator & the school Guidance Officer
4. All yard duty folders contain summary pages of students with anaphylaxis, including a color photo.
5. All Casual Relief Teachers (CRTs) and volunteers are given summary pages, as well as information which is provided to the general community by office staff as they sign in at the school office. Team members also take responsibility for ensuring CRTs and volunteers are aware of specific student needs.
6. Class teachers are responsible for educating students in their class about the nature and effects of severe allergic reactions. Peer support is an important element of the care of students with anaphylaxis. Awareness raising occurs through the use of posters displayed in classrooms and at other strategic places within the school. Parents and staff seek educational material for this purpose. Class teachers can discuss the topic with their students with a few simple messages
  - *always take food allergies seriously*
  - *don't share food and don't pressure friends to try new foods*
  - *wash hands after eating*
  - *know what your friends are allergic to*
  - *if your friend becomes ill, get help from a staff member immediately*
  - *be aware that students who are anaphylactic may not wish to be singled out*
  - *be aware that students who are anaphylactic may be bullied. If this occurs report it immediately*
7. All staff are briefed twice a year by a staff member who has up to date anaphylaxis management training on
  - the school's policy
  - the causes, symptoms and treatment of anaphylaxis
  - students diagnosed at risk of anaphylaxis and the location of their medication
    - how to use an EpiPen
    - first aid and emergency response procedures
8. *Anaphylaxis Response Plan* is distributed to all staff and CRTs.

#### **5. Staff Training and Emergency Response**

1. The Principal identifies staff training needs based on a risk assessment and training is provided as soon as practicable.
2. Each year, if required, new school staff receive anaphylaxis management training conducted by an accredited training organisation. Training is valid for 3 years.
3. Staff who conduct classes with students at risk of anaphylaxis must have up to date training.
4. The Principal must ensure that, at all other times, there are sufficient numbers of staff who have up to date training.

5. Each school site displays an *Anaphylaxis Response Plan* which defines the actions, lines of responsibility & communication in the event of a student experiencing an attack. This is to be developed by staff, taking into account the location of buildings in the school. Each Term, Level teams, including specialists, discuss and role play scenarios
6. Line of communication moves through the supervising staff member to those involved in the line of responsibility including:
  - a. classroom teacher
  - b. office personnel
  - c. senior staff member.
7. The line of responsibility will allow *four nominated* assisting staff members to
  - a. Administer EpiPen
  - b. Phone for M.I.C.A. ambulance and notify student/adult in anaphylactic shock
  - c. Wait to direct ambulance staff to the student
  - d. Alert senior staff and phone parent/ emergency contact
8. After any emergency, a report is completed, detailing procedures and outcome

## RESOURCES

Royal Children's Hospital staff and materials

DEECD Anaphylaxis Guidelines November 2006

DEECD Anaphylaxis Management in Schools Ministerial Order 706 April 2014

### Policy History

Version Approval Date:	Summary of changes:	Next Review:
October 2010	Review	3 year cycle or as needed
October 2014	Extensive review	3 year cycle or as needed

