

RED HILL CONSOLIDATED PRIMARY SCHOOL



ANAPHYLAXIS MANAGEMENT & EMERGENCY RESPONSE PLAN

Ministerial Order 706 – Anaphylaxis Management in Schools

PURPOSE

To explain to Red Hill Consolidated 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 Red Hill Consolidated 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.

School Statement:

Red Hill Consolidated School has a duty of care towards students, which includes protecting a student at risk of anaphylactic reaction that the school should reasonably have foreseen.

Red Hill Consolidated School will fully comply with Ministerial Order 706 and the associated guidelines published and amended by the Department from time to time. The school acknowledges its responsibility to develop and maintain an Anaphylaxis Management Policy.

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), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

Signs and symptoms of anaphylaxis

For a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes;
- hives or welts, tingling mouth; and
- abdominal pain and/or vomiting (these are signs of a severe allergic reaction to insects).

For 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;
- wheeze or persistent cough;
- persistent dizziness or collapse; and
- young children may appear pale and floppy.

Symptoms usually develop within 10 minutes to several hours after exposure to an allergen, but can appear within a few minutes.

Aims:

To facilitate the safety of students at risk from anaphylaxis, the school will follow DET Anaphylaxis guidelines for students who are recognised as at risk.

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.

Individual Anaphylaxis Management Plans

All students at Red Hill Consolidated 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 Red Hill Consolidated 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 Red Hill Consolidated 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

Protocol for when students will not keep their adrenaline autoinjectors on their person:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at Red Hill Consolidated School Sick Bay (located in the main administration building), together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Protocol for when students will keep their adrenaline autoinjectors on their person:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at Red Hill Consolidated School Sick Bay (located in the main administration building).

Risk Minimisation Strategies

It is important to remember that minimisation of the risk of anaphylaxis is everyone's responsibility: including the principal and all school staff, parents, students and the broader school community. Parents must also assist their child's school to manage the risk of anaphylaxis (as specified in the Order). For example, parents must:

- communicate their child's allergies and risk of anaphylaxis to the school at the earliest opportunity, in writing and preferably on enrolment
- continue to communicate with school staff and provide up to date information about their child's medical condition and risk factors
- obtain and provide the school with an ASCIA Action Plan for Anaphylaxis completed by a medical practitioner
- participate in yearly reviews of their child's Individual Anaphylaxis Management Plan
- ensure that their child has an adrenaline autoinjector at school at all times that is current (ie the device has not expired).

Peanuts and nuts are the most common trigger for an anaphylactic reaction or fatality due to food-induced anaphylaxis. To minimise the risk of a student's exposure and reaction to peanuts and nuts, we will not use peanuts, tree nuts, peanut butter or other peanut or tree nut products during in-school and out-of school activities. It is also recommended that school activities don't place pressure on students to try foods, whether they contain a known allergen or not. Blanket banning of nuts or other foods associated with anaphylaxis and allergies is not recommended because:

- it can create complacency amongst staff and students
- it cannot eliminate the presence of all allergens. More information about peanut and nut banning can be found in the ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, available from the ASCIA website at: www.allergy.org.au/schools-childcare. A&AA also have a

helpful list of risk minimisation strategies at:

www.allergyfacts.org.au/images/pdf/Riskminimisation3.pdf

These are the specific risk minimisation strategies that Red Hill Consolidated School will put in place to reduce the possibility of a student suffering from an anaphylactic reaction at school.

- To reduce the risk of a student suffering from an anaphylactic reaction at Red Hill Consolidated, we have put in place the following strategies:
- staff and students are regularly reminded to wash their hands after eating;
- students are discouraged from sharing food
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- gloves must be worn or tongs used when picking up papers or rubbish in the playground;
- school canteen staff and breakfast club volunteers are trained in appropriate food handling to reduce the risk of cross-contamination
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- a general use EpiPen will be stored at the sick bay.
- We will ensure that all specialist teachers and CRTs are made aware of our students with anaphylaxis. This information will be located in the CRT sign in book with photos of the students.
- We will ensure that all staff working in the canteen are aware of and provided with photos of our students with anaphylaxis.
- All staff on duty will be aware of those students with anaphylaxis as this will be regularly updated at our staff meetings.
- We work closely with Camp Australia who are located on site at Red Hill Consolidated School and the staff are regularly trained in how to manage anaphylaxis.
- Each camp coordinator has the responsibility of ringing the camp in the month prior and then also the week prior to attending to ensure that the menu is suitable and that all reasonable measures have been taken to minimise risk. For each camp, there is a risk assessment completed and this will also include all student medical conditions.
- All excursions must complete the pre-excursions checklist that includes checking for students with anaphylaxis to ensure correct medication is taken. All excursions and sporting activities located both onsite and offsite must take the school first aid kit that is kept stocked and up to date.

Adrenaline autoinjectors for general use

Red Hill Consolidated School will maintain a supply of one adrenaline autoinjector 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.

The Adrenaline autoinjectors for general use will be stored at Sick Bay (located in the main administration building)] and labelled “general use”.

The principal is responsible for arranging the purchase of the adrenaline autoinjector for general use, and will consider:

- the number of students enrolled at Red Hill consolidated 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 administration officer and stored at Sick Bay (located in the main administration building). 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.

Step	Action
1.	<ul style="list-style-type: none">• Lay the person flat• Do not allow them to stand or walk• If breathing is difficult, allow them to sit• Be calm and reassuring• Do not leave them alone• 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 Sick Bay (located in the main administration building)• If the student’s plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none">• Remove from plastic container• Form a fist around the EpiPen and pull off the blue safety release (cap)• 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 is 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 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. Refer to page 41 of the Anaphylaxis Guidelines].

Communication Plan

This policy will be available on Red Hill Consolidated School's website so that parents and other members of the school community can easily access information about Red Hill Consolidated School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Red Hill Consolidated 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 and volunteers are aware of this policy Red Hill Consolidated 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.

All staff: Staff will be updated on a regular basis of our students' medical conditions. Should we receive an additional student with anaphylaxis, all staff will be briefed by the Principal or Business Manger on the morning of their arrival.

Casual relief teachers: There will be an update of student medical conditions included in the CRT sign in book and they will also be verbally briefed by both the Administration staff as well as the CRT's teaching buddy.

Volunteers: Staff who the volunteer is working with have the responsibility of briefing the volunteer.

Staff training

Staff at Red Hill Consolidated 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.

Red Hill Consolidated School uses the following training course Australian First Aid Course 22300vic Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including Business Manager

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 Red Hill Consolidated 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.

FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
 - Anaphylaxis
 - Anaphylaxis management in schools
- Allergy & Anaphylaxis Australia: Risk minimisation strategies
- ASCIA Guidelines: Schooling and childcare
- Royal Children's Hospital: Allergy and immunology

REVIEW CYCLE AND EVALUATION

This policy was last updated on May 2019 and is scheduled for review in 2021.

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.