

Anaphylaxis Management Policy



Help for non-English speakers

If you need help to understand the information in this policy, please contact Melton Secondary College on 9743 3322.

1. 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 (eg cashews), 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 as at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents/carers are important in ensuring that certain foods and items are kept away from the student while at school.

Adrenaline given through an autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis. Knowledge of at-risk students, their allergies and rapid location of autoinjector is therefore paramount to providing a safe environment.

This policy includes matters set out in Ministerial Order 706 – Anaphylaxis Management in Schools and the Anaphylaxis Guidelines for Victorian Government Schools -
https://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf

For the purpose of this policy autoinjector means EpiPen® and/or Anapen®

2. Purpose

Melton Secondary College is committed to support the safety and wellbeing of students who are at risk of anaphylaxis. The school aims to minimise the risk of anaphylaxis occurring, and is committed:

- 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.

3. Guiding Principles

The Principal will ensure that:

- An individual management plan is developed, in consultation with the student's parents/carers, and that every student who has been diagnosed as at risk of anaphylaxis will have an individual Anaphylaxis Management Plan.
- College staff are appropriately trained in accordance with MO 706.
- Prevention and risk management strategies are in place to minimise the chance of an anaphylactic emergency

- The College has a defined school management and emergency response program should an anaphylactic event occur.
- The College has a communication plan in place to maintain awareness of the need for vigilance in matters which may affect students at risk of an anaphylactic reaction.
- An annual risk management checklist is completed each year to ensure student safety and compliance

4. Implementation

On enrolment:

- The relevant Coordinator enrolling the student will ensure that an individual management plan is developed, in consultation with the student's parents/carers and the Principal, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- Parents/carers need to bring an ASCIA Action Plan from their GP to the enrolment meeting (more information below).
- 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.

Anaphylaxis Management Plan

An Anaphylaxis Management Plan will be developed for each individual student known to have anaphylaxis, and include 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 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 camps and excursions.
- 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.
- An ASCIA Action Plan, provided by the parent/carers at the enrolment meeting, 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 child on the date the practitioner signs the ASCIA Action Plan.
 - Includes an up to date 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.
- Immediately after a student has an anaphylactic reaction at school.

5. Communication Plan

The Principal will be responsible for ensuring that communication protocols are followed to provide information to all staff, parents/carers and students about anaphylaxis and the school's anaphylaxis management policy (Appendix 1).

- The protocols, via distributing this policy, 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 and on school camps.
- 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 Daily Organiser.
- This policy will be available on Melton Secondary College's website so that parents/carers and other members of the school community can easily access information about Melton Secondary College's anaphylaxis management procedures.

6. Staff Training and Emergency Response

- Teachers and other school staff who conduct classes that students at risk of anaphylaxis attend, or give instruction to students who are at risk of anaphylaxis, must have up to date training in an anaphylaxis management training course.
- 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.
- 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/carers.
- The school's first aid procedures and students' ASCIA Action Plan will be followed in responding to an anaphylactic reaction.
- All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:
 - The College's anaphylaxis management policy.
 - The causes, symptoms and treatment of anaphylaxis.
 - The identities of students diagnosed at risk of anaphylaxis and where their medication is located.
 - How to use an adrenaline autoinjector device.
 - The school's first aid and emergency response procedures.

7. Evaluation and Review

This policy will be reviewed annually or as necessitated by changes/developments which may occur through requests by School Council, parents/carers, students or staff.

8. References

<http://www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis.aspx>

Date Reviewed	October 22
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Approval required	No
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School Council approved	NA
School Council noted	NA
Mandatory	Yes
VQRA	Yes
Responsible for Review	Principal
Review Date	October 23
Published	Website/Internal Circulation

Appendix 1 – Communication protocols

Staff anaphylaxis communication protocol

- Staff will be emailed the anaphylaxis policy at the beginning of each school year, which includes information on how to respond to an anaphylactic reaction.
- Staff will be emailed a list of all students' names and photographs who are anaphylactic.
- Staff will be prompted to complete the ASCIA online training at the beginning of each school year, with those that do not complete the training followed up with.
- All Casual Relief Teachers will be provided the anaphylaxis policy, which includes information on how to respond to an anaphylactic reaction, and a list of all students' names and photographs who are anaphylactic on commencement of casual employment at the school.

Parent/Carers anaphylaxis communication protocol

- Parents/Carers will be sent the anaphylaxis policy at the beginning of each school year, which includes information on how to respond to an anaphylactic reaction, via Compass.
- Parents/Carers will be prompted to discuss this with their children.

Student anaphylaxis communication protocol

- Students will be sent the anaphylaxis policy at the beginning of each school year, which includes information on how to respond to an anaphylactic reaction, via Compass.
- STARR Connect homegroup teachers to have a conversation with their homegroup about the policy and responding to an anaphylaxis reaction in a peer.

Appendix 2 - ASCIA action plan

Proforma available at:

<https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>

Appendix 3 – Prevention strategies

Within the College

- A copy of the student's ASCIA Action Plan is available in the First Aid room in the administration building.
- The First Aid room in the administration building contains emergency autoinjector which are labelled for use by the appropriate students and a logbook. It also contains a generic autoinjector which is labelled Generic for emergency use and a copy of the emergency procedure.
- Liaise with parents/carers about food related activities ahead of time.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens in any classroom cooking activities, science and art classes (e.g. egg, milk cartons and cereal boxes).
- All Casual Relief Teachers will be provided the anaphylaxis policy, which includes information on how to respond to an anaphylactic reaction, and a list of all students' names and photographs who are anaphylactic on commencement of casual employment at the school.
- Volunteers who work with children at risk of an anaphylaxis will be briefed about preventative strategies in place and the school's emergency procedures.

In the School Yard

- If the school has a student who is at risk of anaphylaxis, sufficient staff on yard duty must be trained in the administration of the Autoinjector to be able to respond quickly if needed.
- If the student's allergy is food related, the student must wear gloves if required to pick up litter in the yard, and ideally this activity is avoided for the student altogether.

Out Of College settings:

Excursions

- The student's signed out autoinjector, ASCIA Action Plan and a mobile phone must be taken on all excursions.
- A staff member who has been trained in the recognition of anaphylaxis and the administration of the Autoinjector must accompany the student on excursions.
- All staff present need to be aware if there is a student at risk of anaphylaxis.
- Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- The Autoinjector should remain close to the student (and other students if appropriate) and staff must be aware of its location at all times.
- A backup autoinjector will be available in the first aid kit.
- Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
- Cooking and art and craft activities should not involve the use of known allergens. Consider the potential exposure to allergens when consuming food on buses and in cabins.
- The school should consult parents/carers in advance to discuss issues that may arise (i.e. to develop an alternative food menu or request the parent/carer to send meals (if required)).

Camps and remote settings

- The student's signed out autoinjector, ASCIA Action Plan and a mobile phone must be taken on all camps.
- A staff member who has been trained in the recognition of anaphylaxis and the administration of the autoinjector must accompany the student on camps.
- All staff present need to be aware if there is a student at risk of anaphylaxis.
- Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- Camps must be advised in advance of any students with food allergies.

- Camps must be checked for mobile phone coverage.
- Staff will liaise with parents/carers to develop alternative menus or allow students to bring their own meals.
- Staff must be familiar with the local emergency services and know how to access them.
- The Autoinjector should remain close to the student (and other students if appropriate) and staff must be aware of its location at all times.
- A backup autoinjector will be available in the first aid kit.
- Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
- Cooking and art and craft activities should not involve the use of known allergens. Consider the potential exposure to allergens when consuming food on buses and in cabins.

Further information on prevention strategies is found here -

<https://allergyfacts.org.au/images/pdf/Riskminimisation3.pdf>

Appendix 4 – Roles and responsibilities

The role and responsibilities of the Principal

The Principal has overall responsibility for implementing the school's Anaphylaxis Management Policy in conjunction with the First Aid/Anaphylaxis Coordinator.

The Anaphylaxis Management Policy will create a First Aid/Anaphylaxis Coordinator position. This person will:

- Actively seek information to identify students with allergies and anaphylaxis risk at enrolment.
- Request that parents/carers provide an ASCIA Action Plan (Appendix 2) that has been created by the student's medical practitioner and has an up to date photograph of the student. Obtain parent/carer consent to display photo.
- Ensure that parents/carers provide the student's autoinjector and that it is not out of date.
- Ensure that staff are informed and trained in how to recognise and respond to an anaphylactic reaction, including administering an autoinjector.
- 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, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis. Practise using the trainer autoinjector regularly.
- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
- Review the ASCIA Action Plan (Appendix 2) annually with parents/carers, or whenever circumstances change.

The role and responsibilities of First Aid/Anaphylaxis Coordinator

The First Aid/Anaphylaxis Coordinator has a lead role in supporting the Principal and teachers to implement prevention and management strategies for the school. They will:

- Liaise with the Principal.
- Maintain an up to date register of students at risk of anaphylaxis.
- Organise all ASCIA Action Plans (Appendix 2) to be easily accessible in the First Aid room in the administration building.
- Work with office staff to provide information to all staff so that they are aware of the students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures.
- Implement the communications protocols (Appendix 1).
- Maintain an up-to-date register, including checks of autoinjectors (not cloudy) at the start of each term and their expiry dates.
- Organise staff training each year, recording dates and participants.
- Organise staff briefings each semester, recording dates and participants.
- Replace the generic Autoinjector before it expires.

The role and responsibilities of all school staff

College staff 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. Staff should:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Be trained in how to recognise and respond to an anaphylactic reaction, including administering an autoinjector.
- Know the school's first aid emergency procedures and what their role is in responding to an anaphylactic reaction.
- Raise student awareness about severe allergies and foster a school environment that is safe and supportive for students at risk of anaphylaxis.

The role and responsibilities of parents/carers of a student at risk of anaphylaxis

It is the responsibility of the parent/carer to:

- Notify the school of their child's allergies and provide appropriate medical information.
- Assist the school in the development of an Individual Anaphylaxis Management Plan (which includes an ASCIA Action Plan from their child's medical practitioner) for their child, and participate in the review of this plan as required (when the child's medical condition changes, or annually).
- Inform the school if their child's medical condition changes, and if necessary provide an updated ASCIA Action Plan.
- Provide an up to date photo for the ASCIA Action Plan when the plan is provided to the school and when it is reviewed.
- Provide the school with an adrenaline autoinjector that is current and not expired for their child, and clearly labelled with the child's name.
- Provide any other medication indicated on the child's ASCIA Action Plan, and ensure that it is in date.
- Promptly replace the child's adrenaline autoinjector when it is nearing expiration, or has been used.
- Assist school staff in planning and preparation for the child prior to school camps, incursions, excursions or special events such as class parties or sport days.
- Supply alternative food options for the child when needed.
- Inform staff of any changes to the child's emergency contact details.
- Educate the child about their allergies and how to minimise the risk of exposure (such as not sharing food if allergic to food, or taking precautions when outdoors if allergic to insects).

Appendix 5 – Emergency Procedures

Symptoms and actions for mild to moderate allergic reactions

SYMPTOMS

- Swelling of lips, face and/or eyes
- Hives or welts
- Tingling mouth
- Abdominal pain and/or vomiting (for allergic reactions to food – unlike food allergy, abdominal pain and vomiting indicate anaphylaxis for a person experiencing an allergic reaction to insects)

ACTIONS

- Stay with the child and call for help from the First Aid Coordinator via the General Office. DO NOT leave the child unattended.
- Follow instructions of the First Aid Coordinator, which may include:
 - For insect allergy, flick out sting if visible
 - For tick allergy, freeze the tick and allow to drop off
- Give medications if prescribed (such as non-drowsy antihistamines)
- Locate autoinjector (if available)
- Contact parent/carer or other emergency contact.
- Ensure someone trained in anaphylaxis remains with the child to watch for any signs of anaphylaxis, as mild to moderate allergic reactions can progress to anaphylaxis.

Symptoms and actions for anaphylaxis

SYMPTOMS

- Difficulty/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse throat
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)
- Abdominal pain and/or vomiting (for anaphylaxis to insects).

ACTIONS

- Lay the student flat (or if breathing is difficult in this position, allow them to sit). DO NOT allow them to stand or walk around, as this can be detrimental to managing symptoms.
- If they are unconscious or vomiting, place them in the recovery position (on their side).

In the case of an anaphylactic reaction in the classroom:

- Classroom teacher stays with child to reassure them.
- Classroom teacher alerts General Office via calling or sending two responsible students to the General Office to get autoinjector and individual child's ASCIA Action Plan.
- Follow individual child's ASCIA Plan, including giving the autoinjector if stated in ASCIA Action Plan.
- Ring 000 immediately.
- Calm and reassure the student.
- Give the used autoinjector to ambulance staff when they arrive.
Parents/Carers notified by General Office/Sub-School.
- Principal (or next in charge) notified.
- Do not give food or drink to the student in case the vomit and aspirate.
- Further adrenaline autoinjection may be given if no response after five minutes, or symptoms resolve and then recur.
- Commence CPR at any time if student is unresponsive and not breathing normally.

In the case of an anaphylactic reaction in the schoolyard:

- First teacher to the scene stays with child.
- First teacher alerts General Office via calling or sending another staff member/two responsible students to the General Office to get Autoinjector and individual child's ASCIA Action Plan.
- Follow individual child's ASCIA Plan, including giving the autoinjector if stated in ASCIA Action Plan.
- Ring 000 immediately.
- Calm and reassure the student.
- Give the used autoinjector to ambulance staff when they arrive.
- Parents/Carers notified by General Office/Sub-School.
- Principal (or next in charge) notified.
- Do not give food or drink to the student in case they vomit and aspirate.
- Further adrenaline autoinjection may be given if no response after five minutes, or symptoms resolve and then recur.
- Commence CPR at any time if student is unresponsive and not breathing normally.

To administer an EpiPen® or EpiPen Jr® (if the student is under 20kg) if required:

- Remove from plastic container
- Check that it has not expired, and the adrenaline is not cloudy or discoloured. If the only available device has expired, or the adrenaline is cloudy or discoloured, it should still be used in preference to not using one at all
- 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, but not against pocket or seam)
- 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

OR

To administer an Anapen® 500, Anapen® 300, or Anapen® Jr.

- Pull off the black needle shield
- Pull off grey safety cap (from the red button)
- Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)
- Press red button so it clicks and hold for 10 seconds
- Remove Anapen®
- Note the time the Anapen is administered
- Retain the used Anapen to be handed to ambulance paramedics along with the time of administration

If ever in doubt about whether symptoms are asthma, allergy or anaphylaxis, give adrenaline first, and then other medications.

Note

Anapen® can be used in place of an EpiPen®