



Anaphylaxis Policy

St Mary's Primary School Thornbury will fully comply with Ministerial Order 707 and associated guidelines published and amended from time to time in order to develop and maintain its anaphylaxis management policy.

Rationale

Anaphylaxis is a severe, life-threatening allergic reaction. The most common causes in young children are eggs, peanuts, nuts, cow milk, bee or other insects' stings, and some drugs. It is important, therefore, for all staff members to be aware of anaphylaxis, its symptoms and triggers, and the management of anaphylaxis in a school environment. It is important to provide education to the community about the condition and its management.

Aims

To have clear procedures for the identification, prevention, management and treatment of children who have a known risk of anaphylaxis.

Implementation

The Department of Education and Training (DET) has revised the Anaphylaxis Guidelines – a resource for managing severe allergies in Victorian schools to assist schools in their transition to an online training strategy and with best practice advice on how to meet the requirements of MO706

<http://www.education.vic.gov.au/Documents/school/teachers/health/AnaphylaxisGuidelines.pdf>

School and Staff responsibility

All staff will be trained to respond if a student has an anaphylactic reaction at school:

In order to do this all staff will:

- Complete first aid training which includes First Aid management of Anaphylaxis (through a recognised provider) every two years.
- Complete the ASCIA Anaphylaxis e-training module on a yearly basis in Term 1 of the school year. This training included the correct administration of the EpiPen®
- Participate in staff briefings twice per calendar year.

The Student Wellbeing Coordinator, will be responsible for checking EpiPen®/Anapen expiry dates as well as storage temperatures for EpiPens/Anapens held at the school.

The Student Wellbeing Coordinator will enrol student details into the EpiClub alert system and notify parents when their child's EpiPen is due to expire

Awareness of students with anaphylaxis throughout the school is vital. Information regarding students' individual responses and treatment along with their photo, will be prominently placed in the staffroom, Administration area, specialist areas, the sick bay, in CRT folders and the Yard Duty folder. This will include EpiPen®/Anapen administration directions.

The teacher and parent will communicate whenever the class is planning to cook or have special food days. In the event of birthday treats, the teacher will discuss alternative arrangements for the anaphylactic student, e.g. their own treat jar.

The purchaser of soaps, sunscreen and other products will be mindful of checking for allergens (e.g. almond oil)- and will speak with the parent and or primary carer if there is any doubt.

All replacement teachers in the school will be directed to the CRT Information folder, identifying anaphylactic students and their management plans.

Disposal of any used EpiPen®/Anapen will be in accordance with Occupational Health and Safety.

Sharing of foods between children is actively discouraged.

Parent responsibility and Individual Anaphylaxis Management Plans

It is the parents' and/or primary caregivers' responsibility to notify staff at school of their child's anaphylactic condition and any advice from medical practitioners of changes to their child's condition or management plan.

It is the parents' and/or primary caregiver's responsibility to upload medical information to CareMonkey.

Parents and/or primary carers are responsible for ensuring their children have an adequate supply of appropriate medication held at the school.

Parents will supply the school with an Individual Anaphylaxis Management plan.

Individual Anaphylaxis Management plans will set out the following:

- Information about the students' medical condition that relates to the allergy and potential for anaphylactic reaction, including the type of allergy/allergies the student has and the signs and symptoms the student might exhibit in the event of an allergic reaction
- Strategies to minimise the risk of exposure to known allergies while the student is under the care or supervision of school staff, for in-school and out-of-school settings including in the yard, camp and excursions and special events
- The name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Plan
- Information on where medication will be stored
- Emergency contact details
- An up-to-date ASCIA Action plan for Anaphylaxis completed by a medical practitioner

Individual anaphylaxis management plans must be reviewed annually by the parents

Parents are to replace expired EpiPens when alerted by school


Support the school in educating their child to adhere to the school's no sharing of food approach.

Risk minimisation strategies

St Mary's Primary school Thornbury recognises that it is difficult to achieve a completely allergen free environment in a school context. The school is committed to adopting and implementing a range of procedures and risk minimisation strategies in

order to reduce the risk of a student having an anaphylactic reaction at school and to ensure that all staff are appropriately trained to respond should this happen.

The school has an auto injector for general use as a back up to those supplied by parents which will be stored in the first aid room.



australian society of clinical immunology and allergy
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 doctor or nurse practitioner (np):

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

Date: _____

Signed: _____

Date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

Date: _____

Signed: _____

Date: _____


ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate 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

How to give EpiPen[®] adrenaline (epinephrine) autoinjectors


1 Form fist around EpiPen[®] and **PULL OFF BLUE SAFETY RELEASE**



2 Hold leg still and **PLACE ORANGE END** against outer mid-thigh (with or without clothing)



3 **PUSH DOWN HARD** until a click is heard or felt and hold in place for 3 seconds **REMOVE EpiPen[®]**




EpiPen[®] is prescribed for children over 20kg and adults. EpiPen[®]Jr is prescribed for children 7.5-20kg.

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

- Difficult/noisy breathing
- Difficulty talking and/or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling/tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

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 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

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2020 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

Evaluation

This policy was reviewed in 2020 in line with the School Improvement Plan. It will continue to be reviewed as updated advice becomes available.

DEFINITIONS

Allergy: the immunological process of reaction to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

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, or cessation of breathing.

Anaphylaxis: a severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly lungs or circulation systems.

Anaphylaxis “action plan”: a medical management plan prepared and signed by a Doctor; it must provide the child’s name and allergies, and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) action plan.

Anaphylactic children: those children whose allergies have been medically diagnosed, and who are at risk of anaphylaxis.

Anaphylaxis management training: training provided by a person designated by the Principal which includes recognition of allergic reactions, treatment and practise with an Epipen® trainer. Training should also include strategies for anaphylaxis prevention.

Epipen® kit: a container, for example an insulated lunch pack. The kit should contain a current Epipen®, a copy of an anaphylaxis action plan, and telephone contact details for the child’s parents/primary care giver, the doctor/medical service and the person to be notified in the event of a reaction if the parent/primary care giver cannot be contacted. The kit should also contain a container to store a used Epipen® until safe disposal can be arranged.

Intolerance: Often confused with allergy, intolerance indicates that the body is unable to absorb or breakdown nutrients. Lactose intolerance, which is due to a lack of intestinal enzyme, lactase, is an example of non-allergic cow milk tolerance. Lactase digests the milk sugar, lactose. The large quantities of undigested lactose act as a laxative. The immune system is not involved.