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Anaphylaxis Management Policy

The Anaphylaxis Management Policy covers the guidelines and management procedures that are implemented to identify and monitor students with a specific diagnosis of 'at risk of anaphylaxis'. This policy should be read in conjunction with the First Aid Policy, which provides guidelines and management procedures regarding the application of first aid.

Purpose

To ensure all children in our care are given appropriate medical assistance in the event of an anaphylactic reaction.

To fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Victorian Government, Department of Education from time to time.

To define management procedures that are implemented to identify and monitor students who have pre-existing medical conditions.

Scope

Principal, families, and all staff including volunteers and casual relief staff.

Reviewed

Annually, after an incident, as legislative changes arise, or improvements are identified.

Definition

Anaphylaxis is a potentially life threatening, severe and sudden allergic reaction to always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis.

Symptoms of anaphylaxis are potentially life threatening and include any one of the following:

- hives/rash
- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- tingling in or around the mouth, abdominal pain, vomiting or diarrhea, facial swelling
- difficulty talking and/or hoarse voice.
- wheeze or persistent cough
- difficulty breathing or swallowing.
- persistent dizziness

- runny nose
- pale and floppy (in young children)
- loss of consciousness or collapse, or
- cessation of breathing.

Individual Anaphylaxis Management Plans

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.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrols, and where possible before their first day of 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);
- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings 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 strategies;
- information on where the student's medication will be stored;
- the student's emergency contact details; and
- an ASCIA (Australasian Society of Clinical Immunology & Allergy) Action Plan based on the prescribed Adrenaline Autoinjector (i.e. EpiPen or Anapen)

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 (e.g. camps, excursions).

It is the responsibility of the Parents to:

- provide the ASCIA Action Plan that matches the prescribed Adrenaline Autoinjector;
- inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and

- provide the School with an Adrenaline Autoinjector that matches the ASCIA Action Plan, is current and not expired, for their child.

Prevention Strategies

Fernbrook School will put into place the following strategies to minimise the risk of an anaphylactic reaction by a student that has a diagnosed allergy:

Classroom

- Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom.
- Use non-food treats.
- Never give food from outside sources or treats from other children in the class to a student with anaphylaxis.
- Never serve products with 'may contain...' labels to students with an allergy to that item.
- Be aware of hidden allergens in food and other substances used in cooking, science, and art classes.
- Provide sets of utensils and crockery that are washed and stored separately for each student with an anaphylaxis allergy.
- The student's teacher is responsible for advising relief teachers, specialist teachers and volunteers of any student with an anaphylactic allergy and the action plan that is in place should an anaphylactic reaction occur.

Outdoors at School

- A staff member who has been trained in the administration of the Adrenaline Autoinjector will be available to respond to an outdoor anaphylactic reaction, at all times.
- Yard duty first aid kits, each containing an Adrenaline Autoinjector, will be carried by both staff members on yard duty during recess and lunch breaks.
- A yard duty first aid kit, containing an Adrenaline Autoinjector, will be carried by a teacher at all times when accessing the creek and bush areas.
- The school will have a Communication Plan in place so that the student's medical information and medication can be retrieved quickly if a reaction occurs outdoors.
- All staff must be able to visually recognise and identify, those students at risk of anaphylaxis.
- Lawns will be kept mowed.

Special Events and Out-of-School Settings

The Principal is responsible for ensuring that a plan to manage and minimise the risk of exposure to allergens is developed, to ensure adequate supervision of students at risk of anaphylaxis during school activities outside those normally conducted at school. This will involve speaking with parents to determine a plan to minimise the risk of anaphylaxis during excursions and camps, which may include some or all of the following:

- A staff member who has been trained in the administration of the Adrenaline Autoinjector will accompany the group at all times and carry with him/her the student's ASCIA Action Plan and Autoinjector.
- Ensuring that sufficient numbers of trained staff are supervising student(s) at risk of anaphylaxis for the activity.
- A risk assessment will be undertaken of the venue and possible exposure to the allergen.
- An appropriate food menu will be arranged, or meals will be provided by the parents.
- Parents may wish to accompany their child on the excursion.

School Management

All processes contained in this policy will be carried out in a manner consistent with those contained in the School's First Aid Policy.

The Principal will ensure that an up-to-date list of students at risk of anaphylaxis is maintained at all times and that information is communicated to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

The following procedures are established and known by all staff in relation to students who may experience an anaphylactic reaction to an allergen:

- Each student will have an individual Anaphylaxis Management Plan, including an up-to-date photo, developed in conjunction with parents and on the basis of a written diagnosis from a medical practitioner (this plan will be reviewed annually, or after an anaphylactic response)
- All staff members must be able to visually recognise and identify, those students who have an individual Anaphylaxis Management Plan
- All staff will be briefed upon enrolment and thereafter, twice-annually, regarding the student's individual Anaphylaxis Management Plan, the response strategies that it contains, and the location of the Adrenaline Autoinjector (this will also include training in how to recognise and respond to an anaphylactic reaction, and how to administer an Adrenaline Autoinjector)
- Administration will be responsible for monitoring the expiry date of the Adrenaline Autoinjectors supplied by the school during monthly first aid checks.
- The Principal will ensure that the Designated First Aid Officer maintains current anaphylaxis management training (22099VIC, 22300VIC or 10313NAT), in accordance with Ministerial Order 706, at all times (i.e. in the last twelve months)
- The Principal will ensure that staff who work with students who have an individual Anaphylaxis Management Plan will, as a minimum, have completed an on-line anaphylaxis management training course (ASClA e-training for Victorian schools), in the two years prior, being verified by staff that have completed 22303VIC
- All staff will know their responsibilities in relation to risk minimisation for class activities, excursions and camps
- All occurrences of an allergic reaction which require the administration of first aid, including use of an Adrenaline Autoinjector will be recorded as a First Aid Incident requiring an incident report.

Emergency Response

Self-Administration of the Adrenaline Autoinjector

During the development of the student's individual Anaphylaxis Management Plan, the decision will be made whether a student will carry their own Adrenaline Autoinjector. It is important to note that students who ordinarily self-administer their Adrenaline Autoinjector may not physically be able to do so due to the effects of the reaction, and in such situations, school staff will administer the Adrenaline Autoinjector to the student.

If a student self-administers an Adrenaline Autoinjector, one School Staff member should supervise and monitor the student, and another Staff member should contact an ambulance.

Even if a student carries their own Adrenaline Autoinjector, the school will keep a second Adrenaline Autoinjector (provided by the Parent) on-site in an easily accessible, unlocked location that is known to all school staff.

Responding to an Incident

Where possible, only school staff with training in the administration of the Adrenaline Autoinjector will administer the student's Adrenaline Autoinjector. However, as it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction, the Adrenaline Autoinjector may be administered by any person following the instructions in the student's ASCIA Action Plan.

It is important that in responding to an incident, the student does not stand and is not moved unless they are in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the beehive is close by).

If the incident occurs within the school environment, a mobile phone or student messenger will be sent to raise the alarm which triggers getting the Adrenaline Autoinjector to the child and other emergency response protocols:

- Execution of the student's Anaphylaxis Management Plan.
- Nominated staff member phoning for an ambulance.
- Another staff member waiting for the ambulance at the designated school entrance.

An out-of-school incident will follow the process documented in the Individual Anaphylaxis Management Plan which has been developed specifically for the environment following the pre-attendance risk assessment and the Excursion and Camp Risk Assessment

A School Staff member will remain with the student experiencing an anaphylactic response, at all times. The Adrenaline Autoinjector should be administered following the instructions in the student's ASCIA Action Plan (Attachment A – Administration of an EpiPen or Anapen & Attachment B – After Administration of an Adrenaline Auto-injector) If an auto-injector is expired and there is no immediate availability of another, the expired one should be used rather than using nothing.

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the school staff should follow the school's first aid procedures, which will include immediately contacting an ambulance using 000, locating and administering an Adrenaline Autoinjector for General Use, and documenting the incident in the First Aid Register and Student Management System.

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and parents. In the event of an anaphylactic reaction, students and school staff may benefit from post-incident debriefing, provided by the Principal, or counselling provided by a psychologist.

Post-incident Review

After an anaphylactic reaction has taken place for a student while in the school's care, the school will conduct a post-incident review (Attachment C – Post-incident Review Checklist)

Adrenaline Autoinjectors for General Use

The school will purchase Adrenaline Autoinjectors for general use and as a back up to those supplied by Parents. The Autoinjectors purchased for general use can be either an EpiPen or an Anapen. Autoinjectors will be kept in the yard duty first aid kits.

The Principal will determine the number of additional Adrenaline Autoinjector(s) required, taking into account the following relevant considerations:

- the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis.
- the accessibility of Adrenaline Autoinjectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis.
- the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the School, including outdoor areas, and at excursions, camps and special events conducted or organised by the school.

Adrenaline Autoinjectors for General Use, have a limited life (usually expiring within 12-18 months if EpiPen or 2 years if Anapen). Administration will be responsible for monitoring the expiry date of the Adrenaline Autoinjectors supplied by the school during monthly first aid checks and will be replaced at the School's expense, either at the time of use or expiry, whichever is first.

Staff Training

School staff that conduct classes for a student with an Individual Anaphylaxis Management Plan must have successfully completed an Anaphylaxis Management Training Course in the previous three years; and participate in a twice-yearly briefing, the first of which will be held at the beginning of a school year.

These twice-yearly briefings will include:

- the School's Anaphylaxis Management Policy;
- causes, symptoms and treatment of anaphylaxis;
- the identities of students diagnosed with a medical condition that relates to 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 training Adrenaline Autoinjector;
- the school's general first aid and emergency response procedures; and
- the location of, and access to, Adrenaline Autoinjectors that have been provided by Parents or purchased by the school for general use.

The briefing must be conducted by a member of the school staff who has current anaphylaxis training i.e. has successfully completed an Anaphylaxis Management Training Course in the previous 12 months.

In the event that the relevant training and briefing has not occurred prior to the student's first day at the school, 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. An interim individual Anaphylaxis Management Plan will be provided to relevant School Staff before the student's first day at school and training will be provided as soon as practicable after this time.

The Principal will complete an annual anaphylaxis Risk Management Checklist to monitor the school's compliance with Ministerial Order 706 and the associated Guidelines.

Related Resources

Individual Anaphylaxis Management Plan template
Incident Report Form
Register of Students at Risk of Anaphylaxis
Enrolment Agreement

Related Policies

First Aid Policy
Incident Reporting Policy
Attached Documents
Attachment A – Administration of an EpiPen or Anapen
Attachment B – After Administration of an Adrenaline Auto-injector
Attachment C – Post-incident Review Checklist

Name of Document: Anaphylaxis Management Policy

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Approved by: School Board

Implemented by: The Principal

Last reviewed: September 2022

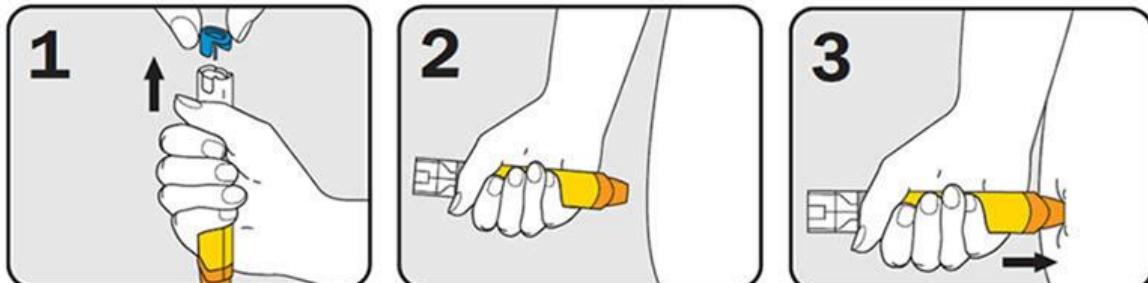
Next Review Date: September 2023

Attachment A

Administration of an EpiPen® or Anapen®

EpiPen®

There are three steps to give EpiPen® as shown below:



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE

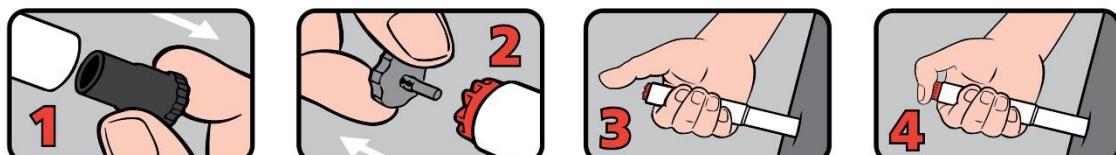
Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)

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

Provide ambulance with the used EpiPen® and the time it was given.

Anapen®

There are four steps to give Anapen® as shown below:



PULL OFF BLACK NEEDLE SHIELD

PULL OFF GREY SAFETY CAP from red button

PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)

**PRESS RED BUTTON so it clicks and hold for 3 seconds.
REMOVE Anapen®**

After phoning ambulance, place the used Anapen® in a hard plastic container (where possible) or place needle into wide end of the black needle shield. Provide ambulance with the used Anapen® and the time it was given.

Attachment B

After administration of an Adrenaline Auto-injector

What needs to be done after using an adrenaline injector?

- Phone ambulance - 000
- Phone family/emergency contact.
- Further adrenaline may be given if no response after 5 minutes.
- Transfer person to hospital (or other medical facility) for at least 4 hours of observation.
- If symptoms persist (after 5 minutes) a second dose from another adrenaline autoinjector can be given if it is available.
- Commence CPR at any time if person is unresponsive and not breathing normally.
- Provide ambulance with the used device(s) and the time it was given.
- The person having anaphylaxis should not be allowed to stand, sit up suddenly, or walk, even if they look like they have recovered. They should be carried on a stretcher or trolley bed to the ambulance.

