

# ANAPHYLAXIS POLICY

## PURPOSE

To explain to Kingswood Primary 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 Kingswood Primary 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.

## POLICY

### School Statement

Kingswood Primary will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

### Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

#### *Symptoms*

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.
- abdominal pain, vomiting

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.
- swelling/tightness in throat

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

#### *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 Kingswood Primary 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 first aid officer of Kingswood Primary 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 Kingswood Primary 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 Plans*

A student's Individual Anaphylaxis 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**

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the staff room, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

Anaphylaxis action plans are also located in the first aid office and include student s photos.

### **Risk Minimisation Strategies**

To reduce the risk of a student suffering from an anaphylactic reaction at Kingswood, we have put in place the following strategies:

- we ask that parents are mindful when packing food, that we have children and teachers who are anaphylactic, a condition that can cause death.
- teachers at Kingswood will educate children about food allergies, reinforce that we don't share food and that we should wash our hands after eating to minimise risk.
- tongs must be used when picking up papers or rubbish in the playground;
- when a student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal will ensure that there is a sufficient number of staff present who have up-to-date training in anaphylaxis management
- canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination

Parents can help us maintain a safe environment by:

- teaching your child not to share food with friends
- considering sending non-food treats for birthdays (eg stickers)
- encouraging your child to wash their hands before and after eating
- asking your child to get help immediately if their allergic schoolmate gets sick

### **Adrenaline autoinjectors for general use**

Kingswood Primary will maintain a supply of adrenaline autoinjectors 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.

Adrenaline autoinjectors for general use will be stored in the first aid office and labelled "general use".

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

- the number of students enrolled at Kingswood 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 the first aid officer and stored at in the staff room, first aid room, classrooms and first aid/yard duty bags. 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.

**During instruction time (in classrooms or specilaists):**

- the teacher in charge will contact the first aid office
- get assistance from classroom teacher next door
- if possible, the child will be taken to the first aid office
- where there personal adrenaline autoinjecting device (EpiPen) can be used or EpiPen to be brought to specific location immediately

**During recess and lunch times (in the school playground):**

- all yard duty teachers carry a first aid bag, which will contain photographs of anaphylactic students
- in the event of an anaphylactic episode, the yard duty teacher will contact the office and will provide the name of the student so their personal adrenaline autoinjecting device can be taken to the scene directly. A second office member will take the general use adrenaline autoinjector located in the first aid room to the scene directly

**At excursions/sports/camp:**

- the School will inform the camp of any students with anaphylaxis to ensure that appropriate arrangements are made for students participating at camp
- two adrenaline autoinjecting devices will accompany students at risk of anaphylaxis to all excursions, sports events and camps
- the injecting device will be kept within close proximity of the student
- in the event of an anaphylactic episode, the supervising teacher will administer the adrenaline autoinjection
- the supervising teacher will ring 000 for medical assistance
- if the episode takes place at another school or establishment, first aid assistance will be sought
- for school camps: Parents will be fully informed of the relevant considerations such as:
  - the remoteness of the camp (distance to nearest hospital)
  - mobile telephone coverage. (In some locations, coverage is not reliable).

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

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

	<ul style="list-style-type: none"> <li>• Place orange end against the student's outer mid-thigh (with or without clothing)</li> <li>• Push down hard until a click is heard or felt and hold in place for 3 seconds</li> <li>• Remove EpiPen</li> <li>• Note the time the EpiPen is administered</li> <li>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul>
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.

### **Post-incident Support:**

An anaphylactic reaction can be a very traumatic experience for student, parents, staff and others witnessing the incident. In the event of an anaphylactic reaction, students and school staff will be provided with counselling if needed.

### **Review:**

After an anaphylactic reaction has taken place that has involved a student in the school's care and supervision, the following review processes will take place:

- the adrenaline autoinjector must be replaced by parent as soon as possible;
- the principal will ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement of the adrenaline autoinjector being provided;
- if the adrenaline autoinjector for general use has been used this must be replaced as soon as possible;
- the principal will ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement of the general use adrenaline autoinjector being provided;
- the student's Individual Anaphylaxis Management Plan will be reviewed in consultation with the student's parents;
- the school's Anaphylaxis Management Policy will be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in care of school staff.

### **Communication Plan**

This policy will be available on Kingswood's website so that parents and other members of the school community can easily access information about Kingswood Primary's anaphylaxis management procedures. The parents and carers of students who are enrolled at Kingswood Primary 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 staff, are aware of this policy and Kingswood's procedures for anaphylaxis management.

Medical alert cards will be included in the CRT induction pack.

Staff will advise visitors of any student who may be at risk of an allergic reaction in their class.

### **Staff training**

All Staff at Kingswood Primary will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

Kingswood uses the following training course ASCIA eTraining course (with 22303VIC) or course in First Aid Management of Anaphylaxis (22300VIC) for training staff.

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 School Anaphylaxis Supervisor. 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 Kingswood Primary who is at risk of anaphylaxis, the first aid officer 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**

- Policy and Advisory Library: [Anaphylaxis](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

#### **Related Policies:**

- First Aid Policy
- Health Care Needs Policy
- Administration Of Medication Policy

### **REVIEW CYCLE**

- This policy was last updated on July 2020 and is scheduled for review in July 2021.