

ANAPHYLAXIS MANAGEMENT POLICY AND PROCEDURES

Rationale

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, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers.

Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school. Adrenaline given through an EpiPen®/Anapen® auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis. DEECD has provided schools with relevant guidelines via Ministerial Order 706.

Aims

- 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 minimization strategies and management strategies for the student
- to ensure that each staff member has adequate knowledge about allergens, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Implementation

Individual Anaphylaxis Management Plans

- The Principal will ensure that an Individual Anaphylaxis Management Plan (IAMP) 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.
 - a template of an IAMP can be found in the Anaphylaxis Guidelines for Victorian Government Schools as Appendix E, pages 64-68. (Refer to Appendix A of this document) for a sample, and the [DET Anaphylaxis Guidelines](#).
- The IAMP will be in place as soon as practicable after the student enrolls and, where possible, before their first day at school.

The IAMP 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
- must include an emergency procedures plan (the Australasian Society of Clinical immunology and Allergy [ASCIA] Action Plan), provided by the parent, 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 emergency procedures plan, and
- includes an up-to-date photograph of the student.
- Note: the red and blue ASCIA Action Plan is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found in the [DET Anaphylaxis Guidelines](#) for Victorian Government Schools Appendix E, (refer to Appendix A of this document for a sample).
- The student's IAMP will be reviewed, in consultation with the student's parents/carers:
 - annually, and as applicable
 - if the student's condition changes, or
 - immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:

- provide the emergency procedures plan (ASCIA Action Plan)
- ensure the child has appropriate medication with them at school
- provide the school with spare medication to be stored in the First Aid cabinet
- inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan)
- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

Location of Individual Anaphylaxis Management Plans (IAMP)

- School Staff should keep copies of each student's IAMP in various locations around the School so that it is easily accessible in the event of an incident. Locations may include the staff room, the sick bay, the school office, and in the yard duty bags.

Prevention Strategies

- Risk Minimisation and Prevention Strategies can be found in Appendix F, pages 69-76 of the Anaphylaxis Guidelines for Victorian Government Schools.
- Statistics show that peanuts and nuts are the most common trigger for an anaphylactic reaction and fatality due to food anaphylaxis.
- To minimise the risk of a first time reaction to peanuts and nuts, Schools should carefully consider the use of peanuts, nuts, peanut butter or other peanut or nut products during in-school and out-of-school activities.
- It is recommended that school activities do not place pressure on student to try foods, whether they contain a known allergen or not.
- 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
- Risk minimisation and prevention strategies should be considered for all relevant in school and out-of-school settings that include (but are not limited to) the following:
 - during classroom activities (including class rotations, specialist and elective classes)
 - between classes and other breaks
 - during recess and lunchtimes
 - before and after school, and
 - special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

Emergency Response Procedure

- The Anaphylaxis Emergency Response Procedures is detailed in Appendix B.
- Staff are reminded to refer to first refer to the student's Individual Anaphylaxis Management Plan (IAMP) which also contains their Australasian Society of Clinical immunology and Allergy [ASCIA] Action Plan.

Communication Plan

- The principal of the school is responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's Anaphylaxis Management policy.
- The communication plan must 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
 - on school camps, and
 - special event days conducted or organised by the school, such as sport days.
- A copy of each student's ASCIA Action Plan must be taken on camps or excursions along with their EpiPen®/Anapen® (check that the student has theirs and take the student's spare EpiPen®/Anapen® from the First Aid cabinet located in the staff room).
- The communication plan must include procedures to inform volunteers and casual relief staff of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care;
- The principal is responsible for ensuring that all stored medication expiry dates are checked and replaced as necessary.
- The principal is responsible for ensuring that all school staff are briefed at least twice a year (the first one to be held at the beginning of the school year) by a staff member who has up-to-date anaphylaxis management training, on:
 - the school'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 auto-injecting device, including hands on practise with a trainer adrenaline auto-injecting device, and
 - the school's first aid and emergency response procedures.

Staff Training

- Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students 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.
- The principal is responsible for identifying the school staff who are to be trained based on an assessment of the risk of an anaphylactic reaction occurring while the student is under the care or supervision of the school.
- The principal must ensure that training is provided to school staff as soon as practicable after the student enrolls.
- Wherever possible training must take place before the student's first day at the school. Where this is not possible, an interim plan must be developed in consultation with the parents.
- The school's first aid procedures and the student's Individual Anaphylaxis Management Plan must be followed in responding to an anaphylactic reaction.
- An Anaphylaxis Resource Manual and DVD is located next to the First Aid cabinet in the staff room. Training of school staff must include reference to this manual.

Impact at school

- An anaphylactic reaction can be traumatic for the student and others witnessing the reaction. In the event of an anaphylactic reaction, students and staff may benefit from post-incident counselling, provided, for example, by a school nurse, guidance officer, student welfare coordinator or school psychologist.
- It is important to be aware that some students with anaphylaxis may not wish to be singled out or excluded from activities.

Related Legislation and Policies

- [DET Anaphylaxis Guidelines](#)
- WSC Annual Risk Management Assessment
- WSC First Aid Policy
- WSC Camps Policy
- WSC Day Excursions Policy
- WSC Incursions Policy

Appendices

Appendix A: Screen shot of page 1 of an IAMP and an ASCIA Anaphylaxis Action Plan template

Appendix B: Anaphylaxis Emergency Response Procedures

Evaluation

This policy will be reviewed as part of the school's three-year review cycle.

This Policy was last ratified by School Council in: 2017

APPENDIX A

**Screen shot of page 1 of an IAMP and
an ASCIA Anaphylaxis Action Plan template**

IAMP page 1 sample, from the Anaphylaxis Guidelines, Appendix E p.64

Appendix E: Individual Anaphylaxis Management Plan

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the parent.

It is the parent's responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		

ASCIA template from the Anaphylaxis Guidelines, Appendix E p.67

ascia
australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____
Date of birth: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by Dr or NP: _____

I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____
Date: _____
Action Plan due for review: _____

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

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

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

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 EpiPen® or EpiPen® Jr 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

Instructions are also on the device label

© ASCIA 2016 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission

APPENDIX B

Anaphylaxis Emergency Response Procedures

This procedure is to be read in conjunction with the student's Individual Anaphylaxis Management Plan (IAMP) which also contains their Australasian Society of Clinical Immunology and Allergy [ASCIA] Action Plan.

In the event of an anaphylactic reaction, the emergency response procedures and the student's IAMP must be followed.

1. When a student has an anaphylactic reaction, the school must determine whether they have self-administered an adrenaline auto-injector (such as EpiPen®/Anapen®).
2. If the student has not already done so, administer an adrenaline auto-injector (such as EpiPen®/Anapen®).
3. Note the time you gave the EpiPen®/Anapen®.
4. Call an ambulance on 000 or 112 (mobiles) as soon as possible.
5. If the student is also asthmatic, ensure relief medication is given.
6. Contact the student's emergency contact person on their ASCIA Anaphylaxis Action Plan and then contact Emergency Services Management (9589-6266).
7. Reassure the student experiencing the reaction, as they are likely to be feeling anxious and frightened. Do not move the student.
8. Ask another staff member to move other students away and reassure them separately.
9. Watch the student closely in case of repeat reaction. Important: Where there is no marked improvement and severe symptoms, as described in the student's ASCIA Action Plan for Anaphylaxis, are present, a second injection of the same dose may be administered after 5 to 10 minutes. Note the time when given.
10. If the student's condition deteriorates to an unconscious state, initiate DRSABC protocol.
11. Stay with student until ambulance arrives and follow any instructions.