



~ Working Together ~

## Greythorn Primary School Anaphylaxis Management Policy

### **Purpose:**

It is the school's responsibility to consider the Health and Wellbeing of all students. To facilitate the safety of students diagnosed with anaphylaxis, the school must fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time. It is important that the school staff and parents are confident of the school's capacity to appropriately manage students who have been identified by a medical practitioner as being at risk of an anaphylactic reaction. It is the school's responsibility to, where possible, minimise allergic reactions, recognise the symptoms and treat the symptoms quickly and appropriately.

It is our intention to provide a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling. It is important to raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community. It is our goal to ensure each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction. It is also our purpose to engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.

### **Policy Statement:**

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen. The most common allergens in children are eggs, peanuts, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, certain insect stings and medications.

Adrenaline given through an autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Anaphylaxis is potentially life threatening and always requires an emergency response. Symptoms or signs of an anaphylactic reaction are:

#### **Severe Allergic Reaction**

- \* difficulty/noisy breathing
- \* swelling of tongue
- \* itching/swelling/tightness in throat
- \* difficulty swallowing
- \* difficulty talking and/or hoarse voice
- \* wheeze or persistent cough
- \* loss of consciousness and/or collapse
- \* pale and floppy (young children)

#### **Mild to Moderate Allergic Reaction**

- \* swelling of lips, face, eyes
- \* hives or welts
- \* abdominal pain and/or vomiting

## **INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS**

Every student who has been diagnosed as at risk of anaphylaxis by a Medical Practitioner must have an Individual Anaphylaxis Management Plan, developed in consultation with the student's parents.

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.

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 emergency procedures management plan (ASCIA Action Plan – ASCIA, the Australasian Society of Clinical Immunology and Allergy), 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

The student's Individual Management Plan will be reviewed, in consultation with the student's parent/carers:

- Annually
- If the student's medical condition changes or
- Immediately after a student has an anaphylactic reaction at School.

It is the responsibility of the Parents to:

- Provide the emergency procedures plan (ASCIA Action Plan)
- Inform the school in writing if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan

- Provide an updated 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

### **SCHOOL MANAGEMENT AND EMERGENCY RESPONSE**

In the event of an allergic reaction the school's first aid and emergency response procedures and the student's individual Anaphylaxis Management Plan must be followed.

#### In the classroom

- Contact the office (Ext 40, 41, 28).
- Stay with the student.
- Admin staff will bring the student's autoinjector from first aid, a spare generic autoinjector and a mobile phone to the classroom. Admin staff member will administer the autoinjector. Teacher will supervise the class. If in the bottom building (Prep/Year 1 area) or Stadium, autoinjectors are located in these areas for immediate use.
- Ambulance will be called using the mobile phone.
- Admin staff will notify the parent.

#### If on yard duty and have the Autoinjector

- Alert the office using the mobile phone or send a student up to the office.
- Administer the autoinjector and call the ambulance using the mobile phone.
- Admin staff will bring down spare generic autoinjector from first aid and will assist you.
- Admin staff will notify the parent.

#### **Procedure for the treatment of an Anaphylactic reaction:**

1. Stay with the student and observe for symptoms or signs of an anaphylactic reaction, as described under Policy Statement and on the document entitled "Action Plan for Anaphylaxis". **At no stage can a student who may be experiencing an anaphylactic reaction be left unattended.**
2. If in a classroom, the Office should be informed immediately via the internal phone system if an anaphylactic reaction may be in progress.
3. If outside on yard duty, teachers on yard duty will contact the Office and/or the teacher on yard duty carrying an Autoinjector via the mobile phone, so that an Autoinjector can be administered as required either in the playground or in the first aid room, as soon as possible. At the same time an ambulance must be called and the exact location of and most efficient access to the student indicated. It may also be necessary to carry a mobile phone to the location of the student, so as to carry out any necessary communication with ambulance/medical staff.
4. If it is necessary to administer an Autoinjector, take it from the holder, check the expiry date and the colour of the liquid, remove the blue safety cap and

follow the accompanying four step diagram regarding “How to give an Autoinjector” on the documents entitled “Action Plan for Anaphylaxis”. In the case of the new Autoinjector, remove the blue safety cap and the follow the same procedure.

5. Once the Autoinjector has been administered and an ambulance has been called, the student’s parents/guardians must then be contacted and informed of current developments. Record the time of the administration of the Autoinjector.

## **COMMUNICATION PLAN**

A communication plan is developed to provide information to all staff, students and parent about anaphylaxis and the school’s anaphylaxis management policy.

- Copies of the Action Plan will be given to the relevant class teacher to be placed in the Casual Relief Teacher booklet and class roll, and filed in the first aid room. Photographic identification of these students will be on display in the staffroom, first aid room and on each student’s file. Specialists must also be provided with a photograph for the purpose of being able to quickly and accurately identify students who have been diagnosed with anaphylactic allergies. A digital sheet of passport photographs of these students will be placed in the medical kit bag with the teacher on yard duty who is carrying an Autoinjector.
- All school staff, including Casual Relief Teachers, will be made familiar with details of students who may be at risk of anaphylactic reaction, and the appropriate emergency response.
- In the case of a student with severe food allergies attending camp, excursion or specific school activity, parents must supply any information regarding special food requirements. Staff will liaise with the campsite personnel to ensure that adequate precautions and safety measures are implemented. In some instances it may be beneficial for parents/guardians to contact the camp staff communicating in consultation with the school camp coordinator.
- The School First Aid Officer must check the use by date of Auotinjectors stored in the first aid room, the yard duty medical kit and the storeroom (P-2 building). When an Autoinjector has expired the relevant parents/guardians must be contacted by the School First Aid Officer, to purchase a new one.

### **In order to prevent allergic reactions the following procedures should generally be followed:**

- There should be no sharing of food, food utensils and food containers, including when Buddy Lunches are scheduled
- Drink bottles and food containers should be clearly named
- Students with severe food allergies should only eat lunches and snacks provided by the parent/guardian
- If a class member has a peanut allergy, parents of classmates will be asked not to send peanut butter on sandwiches, items containing nuts
- Food products containing nuts as an ingredient will not be available through the school’s lunch ordering service, or sold at school as part of the special activities

- Boxes and packages which have contained nuts, eggs and dairy (including tree nuts) are not to be used in classroom activities
- The use of foods in crafts, cooking and science experiments may need to be restricted depending on the allergies of particular students. Ingredients lists must be checked carefully, and approved by the student's parents/guardians
- If unsure, the Visual Arts teacher should request that art/craft products be checked by parents of students with severe allergies for "hidden" ingredients which may cause a reaction
- Food preparation areas and cooking utensils should be cleaned carefully after use to prevent the risk of cross contamination
- The students known to have severe allergic reactions should be known by sight to all staff
- Students with severe food allergies will not be required to pick up papers/food rubbish in the school grounds
- Routine hygiene should be reinforced in all classrooms

### **Location and Use of an Autoinjector**

- If an Autoinjector is required by a student, it will be stored safely (but easily accessible) in the first aid room or the P-2 storeroom, and must be taken on all excursions/camps.
- Autoinjectors should be kept at room temperature
- The Autoinjector is to be clearly labelled with the student's name and kept in the original packaging
- Parents must provide the Autoinjectors, together with written authority to administer the Autoinjectors and it is their responsibility to ensure that it is not out of date
- The school will keep an Autoinjector for emergency use in the first aid room, and the yard duty medical kit, with expiry date being checked each term. The school continues to be a member of EpiClub receiving reminders to update all Autoinjectors when required.
- Whilst on yard duty all teachers will carry a mobile phone enabling them to inform the Office and/or the teacher on yard duty carrying an Injector of the need for an Autoinjector in the playground or when an ambulance needs to be called
- All staff will be trained as to the correct procedure for the use of an Injector

### **STAFF TRAINING**

- Teachers and other staff who conduct classes with students at risk of anaphylaxis, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.
- The identified School Staff will undertake the following training:
  - An Anaphylaxis Management Training Course in the three years prior
  - Participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the year). This briefing

must be conducted by a member of staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

- At other times while the student is under the care or supervision of the School, including excursions, yard duty, camps and special events, there is sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

#### **ANNUAL RISK MANAGEMENT CHECKLIST**

The Principal and First Aid Officer will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with obligations.