



# Williamstown Primary School

## Anaphylaxis Management

### 1. BACKGROUND

Anaphylaxis is a serious health issue for a percentage of the population and the Department recognises the key to preventing an anaphylactic reaction by a student is knowledge, awareness and planning.

Signs and symptoms of anaphylaxis include noisy or difficult breathing, swelling of the tongue or swelling/tightness in the throat, difficulty talking such as a hoarse voice, loss of consciousness and/or collapse or pale pallor and floppiness in young children.

Adrenaline given through an EpiPen® or Anapen® to the muscle of the outer mid thigh is the effective first aid treatment for anaphylaxis.

Schools are required by law to have a policy and procedures for managing anaphylaxis in place and must review and update the policy for strict compliance with the guidelines found at DET's Policy Advisory Guide > A – Z Index at the website below (updated 2 September 2014) which is the key reference and support for Williamstown Primary School.

### 2. PURPOSE

- To ensure Williamstown Primary School manages students at risk of anaphylaxis.
- To provide, as far as is practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling.
- To raise awareness of 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 minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures for responding to an anaphylactic reaction.
- To ensure the school complies with the *Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act* which came into effect in 2008.
- To ensure the school complies with Ministerial Order 706.

### 3. DEFINITIONS

"*Anaphylaxis*" means a severe and 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, sesame, latex, bee or other insect stings and some medications.

"*School*" means Williamstown Primary School.

### 4. PROCEDURES FOR IMPLEMENTATION

- Williamstown Primary School acknowledges the school's responsibility to develop and maintain an Anaphylaxis Management Policy.
- Williamstown Primary School will comply with Ministerial Order 706 (effective April 2014) and associated guidelines.
- In accordance with DET policy, the school has developed a prerequisite Health Care Needs Policy.
- The school will request that parents do not send food items containing nuts to school if at all possible; that the canteen eliminate or reduce the likelihood of such allergens, and the school will reinforce the rules about not sharing and not eating foods provided from home.

#### Emergency Response

- In the event of an anaphylactic reaction, the school's first aid and emergency management response procedures and the student's Individual Anaphylaxis Management Plan will be followed:  
The school will:
  - call an ambulance
  - ask the student whether she/he has self-administered an adrenaline auto-injector (such as EpiPen®/Anapen®)
  - if the student has not previously done this, administer the adrenaline auto-injector
  - contact the student's emergency contact person and then contact Security Services Unit on 9589-6266.

**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.

- School staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff and volunteers.
- Members of staff are expected to:
  - Know the identity of students who are at risk of anaphylaxis.
  - Understand the causes, symptoms, and treatment of anaphylaxis.
  - Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®/Anapen®.
  - Know the school's first aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction.
  - Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
  - Know where the student's EpiPen®/Anapen® is kept. Remember that the EpiPen®/Anapen® is designed so that anyone can administer it in an emergency.
  - Know and follow the prevention strategies in the student's Anaphylaxis Management Plan.
  - Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student.
  - Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
  - Be careful of the risk of cross-contamination when preparing, handling and displaying food.
  - Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
  - Raise student and school community awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.
- Staff are reminded that their duty of care extends to all students and must not leave the class unsupervised or reduce the number of staff required for yard supervision.
- If the anaphylactic emergency occurs in
  - Classrooms - the classroom phone or a personal mobile phone will be used to raise the alarm that a reaction has occurred. The teacher will also send a red 'emergency' card with two children to the office area to raise an alarm which triggers getting an Adrenaline Autoinjector to the child and other emergency response protocols.
  - School Yard - staff use the card system whilst on yard duty, to raise the alarm/ send a message to the office.
  - Excursions and Camps - Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore emergency procedures will vary accordingly but in general **the student's Individual Anaphylaxis Management Plan will be followed and emergency management response procedures will be followed:**
    - a nominated staff member will immediately call the ambulance
    - a nominated staff member will immediately locate the student's Adrenaline Autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan and administer the Adrenaline Autoinjector in accordance with the instructions in the student's ASCIA Action Plan. This staff member will remain with the student who is displaying symptoms of anaphylaxis at all times.
    - **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.
    - a nominated staff member will wait for ambulance at the designated entrance.
    - contact the student's emergency contact person and then contact Security Services Unit on 9589-6266.
- In the event of an anaphylactic reaction which has involved a student in the school's care and supervision, a post-incident review will take place with all parties including a thorough review of the management processes that were implemented.
  - If any uncertainty exist, the school may also call the Royal Children's Hospital Anaphylaxis Advisory Line on 1300 725 911.

- Students and staff may benefit from post-incident counseling provided, for example, by the school nurse, guidance officer, Student Welfare Coordinator or school psychologist.
- It is the responsibility of the parent/carer to
  - Provide the emergency procedures plan (ASCIA Action Plan) to the school upon diagnosis;
  - Inform the school if their child's condition changes, and if relevant, an updated ASCIA Action Plan)
  - Provide an up to date photo when the plan is provided and subsequently reviewed;
  - Provide the school with an Adrenaline Autoinjector that is current and not expired.
- In complying with Ministerial Order 706, the Principal will ensure
  - an Individual Anaphylaxis Management Plan will be developed and reviewed regularly by the Principal or nominee in consultation with the student's parents;
  - a template of an Individual Anaphylaxis Management Plan can be found in Appendix 3 of the guidelines at [www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx)
  - prevention strategies are in place for in and out of school activities;
  - a communication plan to provide information to all staff (including volunteers and casual relief staff), students and parents about anaphylaxis and the school's management policy. It will include the steps the school will take to respond to an anaphylactic reaction whether the student is in class, the school yard, on camp or an excursion or a special event day;
  - the Anaphylaxis Risk Management Checklist is completed on an annual basis;
  - the school purchases spare or 'backup' adrenaline auto-injection devices(s) which will be stored as part of the school first aid kit(s), for general use;
  - school staff will regularly review epiPen kits, checking for currency;
  - school staff will ensure that individual epiPens will be signed in and out accordingly by students and parents as required.
- The plan will be in place as soon as practicable after the student enrolls and where possible, before their first day of school.
- School staff will implement and monitor the Individual Anaphylaxis Management Plan.
- The plan should set out the following
  - Information about the diagnosis, including type of allergy or allergies the student has (based on the diagnosis from a medical practitioner);
  - Strategies to minimise the risk of exposure to allergens whilst the student is under the care or supervision of school staff, for in-school and out-of-school settings including camps and excursions;
  - The name of the person/s responsible for implementing the strategies;
  - Information of where the student's medication will be stored;
  - Emergency contact details for the student;
  - The emergency ASCIA Action Plan signed by the medical practitioner and given to the parents on diagnosis;
  - Emergency procedures to be taken in the event of an allergic reaction;
  - An up to date photo of the student.
- The plan will be reviewed annually, or if the condition changes, or immediately after a student has an anaphylactic reaction at school or if the student is to participate in an off-site activity such as an excursion or camp or will attend a special event such as the school fete or a class party.
- The Principal will ensure that while the student is under the care or supervision of the school, sufficient trained staff are present.

#### **Training**

- St John Ambulance Victoria has been selected to assist the DET with providing anaphylaxis management training to Victorian school staff at no expense to government schools.
- If the school enrolls a student diagnosed as being at risk of an anaphylactic reaction a designated staff member will contact St John Ambulance Victoria (03) 8588 8391 to organise training for staff in anaphylaxis management (a three-hour training program accredited by the Victorian Registration and Qualifications Authority). This course will be valid for three years provided that the school meets the requirements of section 12.2.2 of Ministerial Order 706 to provide a briefing on anaphylaxis management twice per year to all staff, including those who have received training.
- In compliance with Ministerial Order 706, all staff, teaching and non-teaching, will be briefed once per semester by a staff member who has completed course 22099VIC or 10313NAT in Anaphylaxis Management in the last twelve months and is familiar with the school's management procedures and how to use an EpiPen®/Anapen®. Staff will practice with a replica or trainer EpiPen®/Anapen® and demonstrate competence in its use.

- This briefing will take place at the beginning of Term 1.
- New staff will be trained as part of the induction process.

### **Prevention Strategies**

The school will use the checklist and recommendations in the Anaphylaxis Guidelines (pages 20-28) to implement Risk Minimisation and Prevention Strategies in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in the canteen;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

Some of the preventions strategies that will be implemented by our school to assist anaphylaxis management include:

- providing professional development for all staff including the identification and response to anaphylaxis
- and the proper use of an EpiPen®/Anapen®.
- identifying susceptible students and knowing their allergens
- informing the community about anaphylaxis via the newsletter
- not allowing food sharing and restricting food to that approved by parents
- keeping the lawns well mown and ensuring children always wear shoes
- requiring parents to provide an Emergency Management Plan developed in consultation with a health professional and an EpiPen®/Anapen® if necessary, both of which will be maintained in the first aid room for reference as required
- ensuring the school keeps a spare, in date EpiPen®/Anapen® for adult and child use in a central location

School staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff, and volunteers. Members of staff are expected to:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®/Anapen®.
- Know the school's first aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction.
- Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
- Know where the student's EpiPen®/Anapen® is kept. Remember that the EpiPen®/Anapen® is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the student's Anaphylaxis Management Plan.
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Raise student and school community awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

### **Adrenaline Autoinjectors for General Use**

The Principal will purchase Adrenaline Autoinjector(s) for General Use and as a back up to those supplied by parents.

The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take 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 in the school yard, and at excursions, camps and special events conducted or organised by the School; and
- Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and are to be replaced either at the time of use or expiry, whichever is first.

#### **Communication Plan**

The Principal will be 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 will 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.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the assistant principal or student wellbeing officer.

All staff will be briefed once each semester 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 auto adrenaline injecting device
- the school's first aid and emergency response procedures

#### **References:**

[www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis.aspx](http://www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis.aspx)

[www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx](http://www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx)

[www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis#2.aspx](http://www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis#2.aspx)

and Ministerial Order 706

## **5. REVIEW AND POLICY HISTORY**

This policy is due for formal review in September 2017 although it may be changed at any time as required after approval by School Council and the Principal or if guidelines change (latest DET update early September 2014).

#### **Policy History**

<b>Version Approval Date</b>	<b>Summary of Changes</b>
2012	New Policy
September 2014	Policy Update
May 2015	Updated for noting