Anaphylaxis Management Policy

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<td>Approval Authority (Signature &amp; Date)</td>
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<td>Responsible for Review</td>
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BACKGROUND
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, sesame, 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 the College. Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

As per the DET guidelines, Seymour College will comply with the Ministerial Order.

PART B: SCHOOL ANAPHYLAXIS POLICY REQUIREMENTS

6. School Anaphylaxis Policy

6.1. A school’s anaphylaxis management policy must contain the following matters:

6.1.1. A statement that the school will comply with:

   (a) this Ministerial Order; and

   (b) guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time.
PURPOSE
- 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 College’s anaphylaxis management policy in the College 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 College’s policy and procedures in responding to an anaphylactic reaction.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS
Note: A template of an individual anaphylaxis management plan can be found on Page 18 Anaphylaxis Guidelines for Victorian Government Schools or the Department’s website: http://www.sofweb.vic.edu.au/wellbeing/support/anaphyl.htm

The principal will ensure that an individual 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 at the College.

The individual anaphylaxis management plan will set out the following:
- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of College staff, for in-College and out of College settings including camps and excursions.
- Note: Appendix 2 (pp 21 – 23) of the Anaphylaxis Guidelines for Victorian Government Schools contains advice about a range of prevention strategies that can be put in place.
- 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.
- An emergency procedures plan (ASClA Action Plan), provided by the parent, that:
  - sets out the emergency procedures to be taken in the event of an allergic reaction;
  - the medical practitioner who is treating the child signs and dates the emergency procedures plan; and
  - includes an up to date photograph of the student.

Note: The red and blue ‘ASClA 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 on page 20 of the Anaphylaxis Guidelines or downloaded from http://www.sofweb.vic.edu.au/wellbeing/support/anaphyl.htm

The student’s individual management plan 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 College.
It is the responsibility of the parent to:

- provide an EpiPen for your child with their name clearly marked on it. The school will provide an emergency backup EpiPen.
- provide the emergency procedures plan (ASClA Action Plan).
- inform the College if their child’s medical condition changes, and if relevant provide an updated emergency procedures plan (ASClA Action Plan).
- provide an up to date photo for the emergency procedures plan (ASClA Action Plan) when the plan is provided to the College and when it is reviewed.

COMMUNICATION PLAN
Note: Page 15 of the Anaphylaxis Guidelines for Victorian Government Schools has advice about strategies to raise staff and student awareness, working with parents/carers and engaging the broader College community.
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 College’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 College yard, on College excursions, on College 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.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:
- the College’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 College’s first aid and emergency response procedures

Note: A DVD has been included in this information pack that can be used for this purpose at staff briefings.

STAFF TRAINING AND EMERGENCY RESPONSE
All teachers and other College staff have currently been trained and given instruction to administer EpiPens to students at risk of anaphylaxis. Up-to-date training in anaphylaxis management training will be ongoing each year.

At other times while the student is under the care or supervision of the College, 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 will identify the College staff to be trained based on a risk assessment 1.
Note: A risk assessment tool has been included in this information pack to assist principals and can be downloaded from http://www.sofweb.vic.edu.au/wellbeing/support/anaphyl.htm

Training will be provided to these staff as soon as practicable after the student enrolls. Wherever possible, training will take place before the student’s first day at College. Where this is not possible, an interim plan will be developed in consultation with the parents.

The College’s first aid procedures and student’s emergency procedures plan (ASClA Action Plan) will be followed in responding to an anaphylactic reaction.
EXPECTEDATIONS

- This policy will be reviewed as part of the College’s review cycle.

1. This policy will be made available to staff.

2. This policy was ratified by College Council on 15/06/2016
UPDATE OF MEDICAL INFORMATION

29th February, 2016

Dear Parent / Guardian,

Our records indicate that your child has the following condition:

**Anaphylaxis**

To assist your child and to keep our records current, can you please fill out the information sheet in conjunction with your doctor, and return it to the school as soon as possible?

We look forward to the mutual management of your child’s condition and appreciate your assistance in this matter.

Yours sincerely,

Janet McKenzie
Administration
ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

Seymour College
Primary / Secondary (Please Circle)  Primary ☐ Secondary ☐ Special ☐

Location / Address / Campus:

Date of Review: Time:

College Contact Person (name):

(Who provided information collected?)

Position:

Review given to (name):
(If different from above)

Position:

Comments:

1. How many current students are diagnosed with anaphylaxis? ...........................................

2. Have any students ever had an allergic reaction while at College?
   YES ☐ NO ☐
   If Yes, how many times?

3. Have any students had an Anaphylactic Reaction at College?
   YES ☐ NO ☐
   If Yes, how many times?

4. Has a staff member been required to administer an EpiPen® to a student?
   YES ☐ NO ☐
   If yes, how many times?
ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

Section 1 Anaphylaxis management Plans and ASCIA Action Plans

1. Does every student who has been diagnosed at risk of anaphylaxis have an individual Anaphylaxis Management Plan in place? (see Section 4.1 and Appendix 1, Anaphylaxis Guidelines)?  
   YES ☐ NO ☐

2. Are all Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?  
   YES ☐ NO ☐

3. Do they set out strategies to minimise the risk of exposure to allergens for in-school and out of class settings?  
   i. During classroom activities, including elective classes  
      YES ☐ NO ☐
   ii. In canteens or during lunch or snack times  
      YES ☐ NO ☐
   iii. Before and after school, in the school yard and during breaks  
      YES ☐ NO ☐
   iv. For special events, such as excursions, sport days, class parties and extra-curricular activities?  
      YES ☐ NO ☐
   v. For excursions and camps  
      YES ☐ NO ☐
   vi. Other

4. Do all students who suffer from anaphylaxis have a copy of their ASCIA Action Plan kept at school (provided by the parent)?  
   YES ☐ NO ☐

5. Where are they kept? .................................................................

6. Do the anaphylaxis action plans have a recent photo of the student with them? YES ☐ NO ☐

Comments

Section 2 Storage and accessibility of the EpiPen

1. Where are the students EpiPen’s® Stored?

2. How are the EpiPens® stored?

3. Is the storage safe (out of reach of students)?  
   YES ☐ NO ☐

4. Is the storage unlocked and accessible to staff at all times?  
   YES ☐ NO ☐

Comments
5. Is the EpiPen® easy to find?
   YES ☐ NO ☐

Comments

6. Is a copy of students’ ASCIA Action Plans kept together with their EpiPen®?
   YES ☐ NO ☐

Comments

7. Are EpiPen’s® and Action Plans clearly labelled with students’ names?
   YES ☐ NO ☐

Comments

8. Has someone been designated to check the EpiPen’s® expiry dates on regular basis?
   YES ☐ NO ☐
   WHO?............................................................................................................................

Comments

9. Has the College signed up to EpiClub (a free reminder service)?
   YES ☐ NO ☐

10. Do all staff know where the EpiPens® and Action Plans are Stored?
    YES ☐ NO ☐

Comments

11. Is there a spare EpiPen®?
    YES ☐ NO ☐

12. If Yes, what Type?..............................................................................................................

13. Where is it stored?

14. Is it clearly labelled as the ‘backup EpiPen®?’
    YES ☐ NO ☐
Section 3 Prevention Strategies

1. Have you done a risk assessment of the potential for accidental exposure to allergens for a student with anaphylaxis?
   YES ☐ NO ☐

2. Has the College implemented any of the prevention strategies (in Appendix 2 of the Guidelines)?
   YES ☐ NO ☐

3. Which ones?

4. Others:

5. Is there always a trained staff member on yard duty?
   YES ☐ NO ☐

6. How many staff have completed training? ..............................................

Section 4 Training and Emergency Response

1. Have all staff responsible for the care of students with anaphylaxis been trained?
   YES ☐ NO ☐

2. When does their training need to be renewed? ..........................................

3. Do all staff have an understanding of the causes, signs and symptoms of anaphylaxis and of their role in the College’s first aid and emergency response procedures?
   YES ☐ NO ☐

4. Have you planned how the alarm will be raised if an allergic reaction occurs?
   In the class room? YES ☐ NO ☐
   How?
   In the College yard? YES ☐ NO ☐
   How?
   At College camps and excursions? YES ☐ NO ☐
   How?
   On special event days, such as sports days? YES ☐ NO ☐
   How?

5. Does your plan include who will call the Ambulance?
   YES ☐ NO ☐
   How?

6. In an emergency is there a plan for who will be sent to collect the EpiPen® and Action Plan?
   YES ☐ NO ☐

7. Who will this be when in the class room? ..............................................

8. Who will this be when in the College yard? .............................................

9. Who will this be at sporting activities? .....................................................

10. Have you checked how long will it take to get to the EpiPen® and Action Plan to a student from various areas of the College?
    YES ☐ NO ☐
How long? ........................................
When in the class room? .................... YES  O  NO  O
How long? ........................................
When in the College yard? ................. YES  O  NO  O
How long? ........................................
When at sports fields? ....................... YES  O  NO  O
How long? ........................................

11. On excursions or other out of College event is there a plan for who will look after the EpiPen® and Action Plan?
YES  O  NO  O

12. Who will do this on excursions? ...........

13. Who will do this on camps? ............... 

14. Who will do this on sporting activities? ...

15. Is there a process for post incident support in place?
YES  O  NO  O

16. Have all staff been briefed on:-
the College’s Anaphylaxis Management Policy? ........................................ YES  O  NO  O
the causes, symptoms and treatments of anaphylaxis? ................................. YES  O  NO  O
the identities of students diagnosed at risk of anaphylaxis and where their medication is located? ............................ YES  O  NO  O
how to use an adrenaline auto-injecting device, including hands on practice with a trainer adrenaline auto-injecting device ........................................... YES  O  NO  O
the Colleges first aid and emergency response procedures .......................... YES  O  NO  O

Section 5: Communicating with staff, students and parents / carers

1. Is there a communication plan in place to provide information about anaphylaxis and the College’s policies to staff, students and parents/ carers?
YES  O  NO  O

2. Are there procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response?
YES  O  NO  O

Comments

3. Do all staff know which students suffer from anaphylaxis?
YES  O  NO  O

Comments

4. How is this information kept up to date?
5. Are there strategies in place to increase awareness about severe allergies among students?  
   YES ☐ NO ☐

Comments
ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

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. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Give other medications (if prescribed)...............................
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before anaphylaxis

Watch for ANY ONE of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- 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 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, if another adrenaline autoinjector is available.

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.

EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.

* Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
  - If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y ☐ N ☐ Medication: ☐

© ASCIA 2015. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.
ACTION PLAN FOR Allergic Reactions

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. Do not remove ticks.
- Stay with person and call for help.
- Give other medications (if prescribed)
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before anaphylaxis

Watch for ANY ONE of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- 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 breathing is difficult allow them to sit.
2. Give adrenaline autoinjector if available.
3. Phone ambulance*: 000 (AU) or 111 (NZ).
4. Phone family/emergency contact.

Commence CPR at any time if person is unresponsive and not breathing normally.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

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- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y □ N □ Medication: □
How to give EpiPen®

1. Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.

2. PLACE ORANGE END against outer mid thigh (with or without clothing).

3. PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds. Remove EpiPen®, Massage injection site for 10 seconds.

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. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Phone family/emergency contact.

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- 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 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, if another adrenaline autoinjector is available.

If in doubt, give adrenaline autoinjector
Commence CPR at any time if person is unresponsive and not breathing normally.

EpiPen® is generally prescribed for adults and children over 5 years.
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- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

© ASCIA 2015. This plan was developed for use as a poster and to be stored with general use adrenaline autoinjectors.