

ANAPHYLAXIS POLICY

PURPOSE

To explain to Bellaire Primary School 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 Bellaire Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management. Bellaire Primary school will 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 students schooling.

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

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

BACKGROUND

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in 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.

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.

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

The key 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.

TREATMENT

Adrenaline given through an EpiPen auto injector to the muscle of the outer thigh is the most effective first aid treatment for anaphylaxis.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The First Aid Officer of Bellaire Primary School 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.

Individual management plans must be in place as soon as practicable after the student enrolls, and where possible before the student's first day at school.

1. It is the responsibility of the parent to:
 - Obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable.
 - Inform the school if their child's medical condition changes, and if relevant, provide an updated ASCIA Action Plan for Anaphylaxis.
 - Provide an up-to-date photo for the ASCIA Action Plan for Anaphylaxis when that plan is provided to the school and when it is reviewed.
 - Provide the school with a current adrenaline auto injector for the student that has not expired
 - Participate in annual reviews of the student's Plan.

2. Individual anaphylaxis management plans must set out the following:
 - Information about the medical condition including the type of allergy or allergies the student has (based on diagnosis from a medical practitioner).
 - Information about the signs and symptoms the student may exhibit in the event of an allergic reaction.
 - Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in school and out of school settings including camp and excursions.
 - 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 up-to date 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.

3. Each student's management plan will be reviewed, in consultation with the student's parents/carers: annually,
 - if the student's medical condition changes; and
 - Immediately after a student has an anaphylactic reaction at school.
 - All auto adrenaline injecting devices will be checked at least twice a year for expiry. All parents who need to supply a new auto adrenaline injecting device are notified by the school.

LOCATION OF PLANS AND ADRENALINE AUTOINJECTORS

A copy of each student's Individual Anaphylaxis Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the Student Medical Form folder in the sick bay.

Student ASICA Action Plan will be:

- Stored with their medical kit.
- In the Student Medical Form folder
- Displayed in the learning units
- Placed in all CRT folders.

Each student's medication kit which includes the auto injector device, is labelled with their name and photo, and is stored in the sick bay.

Adrenaline auto injectors for general use.

Bellaire Primary School will maintain a supply of adrenaline auto injectors for general use, as a back-up to those provided by parents, and also for students who may suffer from a first-time reaction at school.

These will be kept in the General Office and VER building. Another set is available for back-up on excursions, school camps and other events.

RISK MINIMISATION STRATEGIES

To reduce the risk of a student suffering from an anaphylactic reaction at Bellaire Primary School, the following strategies are in place.

- Staff and students are regularly reminded to wash their hands after eating
- Students are discouraged from sharing food
- Classes with at risk students are encouraged to have class discussions
- Parents encouraged to bring non-food treats, or to check with teachers before bringing treats in.
- Students that bring allergen causing foods are encouraged to be mindful of the “at risk” students, and wash hands immediately after eating.
- Wipes are to be provided to classes with at risk students, to ensure students can have another option to hand washing.
- Canteen – Practices in place to ensure cross contamination does not occur. No peanuts or nut products are used in the canteen.
- Notice to be Allergy Aware distributed via newsletter

EMERGENCY RESPONSE

In the event of an anaphylactic reaction, the emergency procedures in this policy must be followed.

If a student experiences an anaphylactic reaction in a classroom or in the school yard:

Step	Action
1.	<ul style="list-style-type: none"> • Lay the person flat – do NOT allow them to stand or walk • If breathing is difficult, allow them to sit • Teacher to remain with patient. Do NOT leave them alone. • Emergency tag to be sent to sick bay. Teacher to call office on their phone (if they have one.) • First Aid Officer will attend with student’s auto adrenaline device kit and spare auto adrenaline device • Treatment will commence while teacher calls 000 and contacts parents.
2.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student’s outer mid-thigh (with or without clothing). BLUE TO THE SKY, ORANGE TO THE THIGH • Remove EpiPen • Note the time the EpiPen is administered. (Students Forehead or Back of Hand) • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration.
3.	If there is no improvement or severe symptoms progress (as directed in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline are available.

On school excursions, school camps and special event days (not at school):

Step	Action
1.	<ul style="list-style-type: none"> • Before leaving the school, those teachers with students at risk of anaphylaxis will collect student’s auto adrenaline injecting device, and spare devices, from sick bay. • All consent forms with contact details will be taken by teachers.
2.	In the event of an anaphylactic reaction: <ul style="list-style-type: none"> • Lay the person flat – do NOT allow them to stand or walk • If breathing is difficult, allow them to sit

	<ul style="list-style-type: none"> • Teacher to remain with patient. Do NOT leave them alone. • Student's auto adrenaline device to be collected from teacher. • Student to remain supervised at all times. • Treatment will commence • Call 000 and parents • The student will be monitored until the ambulance arrives.
3.	<ul style="list-style-type: none"> • Administer an EpiPen or EpiPen Jr (if the student is under 20kg) • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing). BLUE TO THE SKY, ORANGE TO THE THIGH • Remove EpiPen • Note the time the EpiPen is administered. (Students Forehead or Back of Hand) • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration.
4.	<ul style="list-style-type: none"> • If there is no improvement or severe symptoms progress (as directed in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline are available.

- If a student appears to be having a severe allergic reaction, but has not previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow the above steps.

Note: If in doubt, it is better to use an adrenaline auto injector 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.

COMMUNICATION PLAN

The principal is responsible for ensuring that all relevant staff, including casual relief and volunteers are aware of this policy and Bellaire Primary School's procedures for anaphylaxis management. An individual anaphylaxis plan will be stored within the roll where it can be accessed by casual staff.

All staff will be briefed twice a year about the anaphylaxis management policy and how to use the auto adrenaline injecting device. This briefing will provide information on:

- the causes, symptoms and treatment of anaphylaxis;
- the identities of students diagnosed at risk of anaphylaxis and where their medication is located;
- the need for all staff (including specialists) who conduct classes for children at risk of an anaphylactic reaction to have a copy of the child's management plan;
- the need to keep copies of anaphylaxis management plans in the front of rolls for casual staff;
- the need to keep copies of the anaphylaxis management policy and the communication plan in front of rolls for casual staff;
- how to use the auto adrenaline injecting device, including hands on practice with a trainer adrenaline auto-injecting device; and
- The school's first aid and emergency response procedures.

Briefing parents about anaphylaxis

- At the beginning of the school year, parents will be asked to meet with the first aid officer and classroom teacher in order to ensure the school/teacher is up-to date with the anaphylaxis management for their child. It is also to discuss any individual requirements for their child. They will also be asked to inform the school if their child's condition changes throughout the year.
- Parents will be notified by the school if they need to supply a new auto adrenaline injecting device due to expiry. They will also be informed if their child's Action Plan is due for review.
- Parents will be informed if there are students at risk of anaphylaxis in their child's classroom and will be asked to refrain from sending any foods that might exacerbate the condition.

Briefing students about anaphylaxis

- During term one of each year when 'Learning to Learn' takes place in all classrooms, students will be briefed with information about any medical conditions that may affect students in their classroom. This

will be done sensitively and outline the procedures that need to be followed to ensure the timely treatment of any symptoms.

- A debriefing will take place after an incident occurs to make sure that all students have a clear understanding of what had taken place and to answer any of their questions.

TRAINING

All school staff will be required to complete the ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor. This course is provided by ASCIA, is free for all Victorian Schools and valid for 2 years.

AND

2 staff per school per campus (School Anaphylaxis Supervisor) – Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22579VIC. This course is provided by St John Ambulance Australia (Vic), is free to government schools and is valid for 3 years.

Wherever possible, the 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 parents.

REVIEW CYCLE AND EVALUATION

This policy will be reviewed annually.

Reviewed by Kylie Stacey on October 2021

To be tabled at school council in October 2021