



## **ANAPHYLAXIS POLICY**

# **Anaphylaxis Management Policy**

**Lyndale Greens Primary School 2009**

### **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 school.

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

### **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 ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy in responding to an anaphylactic reaction.

### **IMPLEMENTATION**

- Anaphylaxis is a severe and potentially life-threatening condition.
- Signs and symptoms of anaphylaxis include hives/rash, tingling in or around the mouth, abdominal pain, vomiting, diarrhoea, facial swelling, cough or wheeze, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing.
- Anaphylaxis is best prevented by knowing and avoiding allergens.

### **Our school will manage anaphylaxis by:**

- Providing professional development for all staff.
- All staff will be briefed at least twice a year by a staff member who has up to date anaphylaxis management training.
- Identifying susceptible students and knowing their allergens.
- Informing the community about anaphylaxis via the newsletter.
- Requiring parents to provide an Action Plan for Anaphylaxis document which has been developed by a health professional and an EpiPen if necessary, both of which will be maintained and displayed in the First Aid and Classroom as required.
- Ensuring that all staff are provided with professional development on the response to anaphylaxis and the proper use of an EpiPen.
- CRT information books will have an updated list of all the children who suffer from anaphylaxis.
- If required, volunteers will be informed of any children who suffer from anaphylaxis.
- Identification posters of children with anaphylaxis will be distributed to each staff member to be discretely displayed within the classroom
- Smaller identification posters of children with anaphylaxis will be placed in every yard duty 'bum bag'.

- Staff members who are on yard duty will carry a walkie talkie for emergencies.
- In the event of an anaphylaxis emergency a staff member will follow the action plan (outlined below).

## **SCHOOL ACTION PLAN**

- If there is an anaphylaxis emergency **in a classroom**, teachers will ring the office. An appropriately trained staff member will go directly to the classroom to assist the classroom teacher administer the EpiPen if required.
- If there is an anaphylaxis emergency **in the playground**, teachers will use The walkie talkie to notify the office. An appropriately trained staff member will promptly take the EpiPen from the First Aid room, to the child.
  1. A staff member (trained in use of EpiPen) will administer the adrenaline auto injecting device to the student needing treatment (using student's EpiPen and following the action plan for that particular student).
  2. A staff member will ring for an ambulance. First aid staff will reassure and monitor student until the ambulance arrives.
  3. A staff member will need to wait at the school entrance to direct ambulance officers to the emergency scene.
  4. A staff member will ring parents / guardians to inform them of the situation.
  5. A staff member will remain with the child at ALL times

## **INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS:**

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 enrolls, and where possible before their first day of school.

### **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 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 on where the student's medication will be stored.

The student's emergency contact details will contain an emergency procedures plan (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.

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 school.

It is the responsibility of the parent to:

- provide the emergency procedures plan (ASCIA Action Plan).
- 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.

**STAFF TRAINING AND EMERGENCY RESPONSE:** 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.

### ***SPECIAL EVENTS/EXCURSIONS/SPORTING EVENTS***

- For special occasions, class teachers should consult parents/carers in advance to either develop an alternative food menu or request the parent/carer to provide a meal.
- The student's EpiPen and a mobile phone must be taken on all excursions.
- Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.

### ***CAMPS***

- Schools must have in place a risk management strategy for students at risk of anaphylaxis for school camps, developed in consultation with the student's parents/carers.
- Camps must be advised in advance of any students with food allergies.
- The student's EpiPen, ASCIA Action Plan and a mobile phone must be taken on camp.
- A team of staff who have been trained in the recognition of anaphylaxis and the administration of the EpiPen must accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis.
- The EpiPen should remain close to the student and staff must be aware of its location at all times.

### **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.

#### **STORAGE OF EPI PENS:**

If a student has been prescribed an EpiPen, the EpiPen must be provided by the student's parents/carers to the school.

- EpiPens will be stored in the office, in an unlocked, easily accessible place away from direct heat. (Not in a fridge or freezer)
- EpiPens will be clearly labelled with the student's name, with a copy of the ASCIA Action Plan.
- Each student's EpiPen will be distinguishable from other student's EpiPens and medications.
- All staff will know where the EpiPen is located.
- EpiPens will be signed in and out when taken from its usual place, eg for camps or excursions.
- Depending on the speed of past reactions when deemed appropriate some student's EpiPens will be kept in class or carried in a bumbag in the yard.

EpiPens should not be cloudy or out of date. EpiPens should last for at least 12 months and will have an expiry date printed on them. It is the parents' responsibility to supply their child's EpiPen to the school and to replace it before it expires. However, a designated staff member, such as the school nurse or first aid coordinator, should regularly check the EpiPen, e.g. at the beginning or end of each term.

At least a month before its expiry date, the designated school staff member should send a written reminder to the student's parents to replace the EpiPen

**This Policy was ratified at Lyndale School Council June 2009**

**(Amended at School Council 27<sup>th</sup> October 2010)**