



Anaphylaxis Policy

(Ratified by School Council: October 2016)

PURPOSE:

To ensure the wellbeing of students at risk of anaphylaxis are managed within the school's resources.

This is a school-based policy that is required to be developed under s 4.3.1(6) of the Act because the school has at least one enrolled student who has been diagnosed as being at risk of anaphylaxis.

This policy describes the school's management of the risk of anaphylaxis.

Ministerial Order 706 prescribes the matters which the policy must contain.

BACKGROUND:

On 14 July 2008, the Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008 came into effect, amending the Children's Services Act 1996 and the Education and Training Reform Act 2006, requiring that all licensed children's services and schools have an anaphylaxis management policy in place.

Ministerial Order 706 - Anaphylaxis Management in Victorian Schools outlines points that schools need to ensure are included in their Anaphylaxis Management Policy. Ministerial Order 706 comes into effect on 22nd April 2014 and repeals Ministerial Order 90.

Ministerial Order 706 - School Requirement- Schools must review and update their existing policy and practices in managing students at risk of anaphylaxis to ensure they meet the legislative and policy requirements outlined below.

What is anaphylaxis?

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis is therefore regarded as a medical emergency that requires a rapid response.

Signs and symptoms:

The symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- abdominal pain and/or vomiting.

Symptoms of anaphylaxis (a severe allergic reaction) can include:

- difficulty breathing or noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheezing or persistent coughing

- loss of consciousness and/or collapse
- young children may appear pale and floppy.

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

Common allergens for children include: eggs, peanuts, tree nuts such as cashews, cow's milk, fish and shellfish, wheat, soy, insect stings, medications.

Impact at school

An anaphylactic reaction can be traumatic for the student and others witnessing the reaction. In the event of an anaphylactic reaction, students and staff may benefit from post-incident counselling, provided, for example, by the school guidance officer, student welfare coordinator or school psychologist.

GUIDELINES:

Guidelines have been developed to assist all Victorian schools in planning for, and supporting students with severe allergies. Schools should use the Guidelines as a resource to assess and review their current management practices, and to develop a School Anaphylaxis Management Policy which complies with the Order.

Anaphylaxis Guidelines: a resource for managing severe allergies in Victorian schools includes information on: medical information about anaphylaxis, legal obligations for schools in relation to anaphylaxis, frequently asked questions, school anaphylaxis management policy, individual anaphylaxis management plans, prevention strategies, school management and emergency response, adrenaline auto-injectors for general use, communication plan, staff training, annual risk management checklist.

School Policies Advisory Guidelines:

<http://www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis.aspx#2>

Anaphylaxis Management in School- Resources and Contacts:

<http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxisschl.aspx>

For all anaphylaxis management enquires, (including the implementation of Ministerial Order 706), schools can call the Royal Children's Hospital Anaphylaxis Advisory Line (toll free) on 1300 725 911.

IMPLEMENTATION:

School Personnel

This Principal or nominee has overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis. The Principal or nominee will:

- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Meet with parents/carers to develop an Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation.
- Request that parents provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the student's medical practitioner and has an up to date photograph of the student.
- Ensure that parents provide the student's adrenaline auto-injection device and that it is not out of date.
- Ensure that staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline auto-injection device.
- Develop a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies.
- Provide information to all staff so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures. This can include providing copies or displaying the student's ASCIA Action Plan in canteens, classrooms and staff rooms, noting privacy considerations.
- Ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response.
- Ensure that any external canteen provider can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.
- Allocate time, such as during staff meetings, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis. Practise using the trainer adrenaline auto-injection device regularly.
- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
- Review the student's Anaphylaxis Management Plan annually or if the student's circumstances change, in consultation with parents.
- Principals need to complete an annual Anaphylaxis Risk Management Checklist to monitor their compliance with their legal obligations and these Guidelines.
- Schools with students at risk of anaphylaxis must purchase a spare or 'backup' adrenaline auto-injection device(s) as part of school first aid kit(s), for general use.

Further, it is the responsibility of the Principal or nominee to ensure that all staff are aware of:

1. **Prevention Strategies:** Appendix
(Under Ministerial Order 706, a School's Policy must include prevention strategies used by the School to minimise the risk of an anaphylactic reaction.)
2. **Communication Plan:** Appendix
(A plan developed by the school which provides information to all school staff, students and parents about anaphylaxis and the School's Anaphylaxis Management Policy.)
3. **Emergency Response Plan:** Appendix
(Procedures which each school develops for emergency response to anaphylactic reactions for all in-school and out-of-school activities.)
4. **Individual Anaphylaxis Management Plans:** Appendix
(The parents/ guardians of a student who has been diagnosed as anaphylactic should provide the school with an individualised ASCIA Action Plan)

All school personnel with a duty of care responsibility for the wellbeing of students at risk of anaphylaxis should receive training in how to recognise and respond to an anaphylactic reaction including administering an adrenaline autoinjector (i.e. EpiPen®/Anapen®).

Parents/ Guardians of a Student with Anaphylaxis

It is the responsibility of the Principal or nominee to ensure that all staff are aware of relevant documentation which should be provided by the family of a student who has been diagnosed as anaphylactic.

This is:

ASCIA Action Plans: An ASCIA plan should be completed by the student's parents/guardians in consultation with the student's medical/health practitioner and a copy provided to the school. The plan must outline the student's known severe allergies and the emergency procedures to be taken in the event of an allergic reaction.

Individual Management Plans: An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents. These plans include the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's adrenaline auto-injection device should the student display symptoms of an anaphylactic reaction.

RELATED LEGISLATION:

Ministerial Order 706- requires schools to provide regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an adrenaline auto-injection device (EpiPen/Anapen).

Accredited anaphylaxis management that meets the requirements of Ministerial Order 706 are:

- Course in First Aid Management of Anaphylaxis 22099VIC
- Course in Anaphylaxis Awareness 10313NAT.

Training Requirements and Provider: St John Ambulance Victoria has been selected to assist the Department with providing anaphylaxis management training to Victorian school staff at no expense to government schools. St John Ambulance Victoria will provide a three-hour training program accredited by the Victorian Registration and Qualifications Authority. The program is for staff in schools that have an enrolled student diagnosed as being at risk of an anaphylactic reaction. 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. Schools with a student diagnosed at risk of anaphylaxis should contact St John Ambulance Victoria on (03) 8588 8391 to organise training for staff in anaphylaxis management.

Note: *All schools with a child or young person at risk of an anaphylactic reaction are required to undertake **twice yearly briefings** on anaphylaxis management under Ministerial Order 706.*

RELATED POLICIES:

Health Care Needs and First Aid Policy

POLICY EVALUATION:

Evaluation will be conducted annually by the Policy Review (Education) Sub Committee of the School Council.

DUE DATE FOR REVIEW:

Due for review in October 2017.

Appendix:

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 adrenaline auto-injection device.
- 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 adrenaline auto-injection device is kept. Remember that the adrenaline auto-injection device 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/guardians 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 awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

Every student who has been diagnosed as at risk of anaphylaxis will have an individual Anaphylaxis Management Plan.

The student's Anaphylaxis Management Plan will clearly set out:

- the type of allergy or allergies.
- the student's emergency contact details.
- practical strategies to minimise the risk of exposure to allergens for in-school and out of class settings, including:
 - » during classroom activities
 - » in canteens or during lunch or snack times
 - » before and after school, in the yard and during breaks
 - » for special events such as incursions, sport days or class parties
 - » for excursions and camps.
- the name of the person/s responsible for implementing the strategies.
- information on where the adrenaline auto-injection device will be stored.

The Anaphylaxis Management Plan will also include an individual ASCIA Action Plan, which sets out the emergency procedures to be taken in the event of an allergic reaction. (ASCIA, the Australasian Society of Clinical Immunology and Allergy, is the peak body of immunologists and allergists in Australia).

It is the responsibility of parents/carers to complete an ASCIA Action Plan, in consultation with their child's medical practitioner, and provide a copy to the School. The ASCIA Action Plan must be signed by the student's medical practitioner, and have an up to date photograph of the student.

As a student's allergies may change with time, the School will ensure that the student's Anaphylaxis Management Plan and ASCIA Action Plan are kept current and reviewed annually with the student's parents/carers. When reviewed, an updated photo of the child should accompany the latest ASCIA Action Plan.

Introduction

The school has procedures for supporting student health for students with identified health needs (**see Care Arrangements for Ill Students Policy**) and will provide a basic first aid response as set out in the procedure below to ill or injured students due to **unforeseen circumstances** and requiring **emergency** assistance.

These procedures have been communicated to all staff and are available for reference from the school office.

1. First Aid Officers

Consistent with the Department's First Aid Policy and Procedures, the school will allocate staff member/s as First Aid Officer/s. The names and details of First Aid Officers, including their level of first aid and first aid expiry dates, will be provided as soon as they are known.

1.1 First Aid Officer Duties

The First Aid Officer/s is required to undertake a coordinating role maintaining standard medical service provision, student medical records and parent notifications.

Their specific duties include:

- Participating in the risk management process within the school as part of the school's OHS team. This may include contributing to risk management solutions and providing feedback on injury reports and first aid register data to identify persistent or serious hazards.
- Providing first aid emergency awareness training for staff including emergency notification processes, a list of responsible officers and provision of emergency phone numbers.
- Coordinating first aid duty rosters and maintaining first aid room and first aid kits
- Providing first aid services commensurate with competency and training. This may include all or some of emergency life support including response to life threatening conditions which may occur in the school (e.g. cardiac arrest or respiratory difficulties associated with asthma), management of severe bleeding, basic wound care, fractures, soft tissue injury.
- Recording all first aid treatment. A copy of treatment provided shall be forwarded with the patient where further assistance is sought. The first aider should respect the confidential nature of any information given.
- Providing input on first aid requirements for excursions and camps.

The First Aid Officer/s will be available at the school during normal working hours and at other times when authorised Department programs are being conducted.

Where possible, only staff with first aid qualifications will provide first aid. However, in an emergency other **staff may be required to help within their level of competency**.

2. Procedures for Medical Treatment

In the event of a student requiring medical attention, an attempt will be made to contact the parents/guardians before calling for medical attention except in an extreme emergency.

In serious cases, parents/guardians will always be informed as quickly as possible of their child's condition and of the actions taken by the school.

All accidents and injuries will be recorded on the Department's injury management system on CASES21.

A Record of First Aid Treatment will be kept in the Sick Bay and information recorded for all students treated in the Sick Bay. A pink slip will be filled in and sent home with the student indicating date and time of attendance in the Sick Bay, the treatment given and the person administering the first aid.

It is the policy of the school that all injuries to the head are reported to Principal Team Member in charge of First Aid and that parents/emergency contacts are contacted regarding the injury.

First aid kits will be available for all groups that leave the school on excursions. The content of these kits will be dependent on the nature of the activities, the number of students and staff, and the location of the excursion.

Portable first aid kits will be available for staff on yard duty. These kits will contain:

- a pair of single use plastic gloves
- a bottle of sterile eye solution
- gauze and band-aids
- record book & pen
- First Aid passes

3. Assessment and First Aid Treatment of an Asthma attack

If a student develops signs of what appears to be an asthma attack, appropriate care must be given immediately.

3.1 Assessing the severity of an asthma attack

Asthma attacks can be:

- **Mild** - this may involve coughing, a soft wheeze, minor difficulty in breathing and no difficulty speaking in sentences
- **Moderate** - this may involve a persistent cough, loud wheeze, obvious difficulty in breathing and ability to speak only in short sentences
- **Severe** - the student is often very distressed and anxious, gasping for breath, unable to speak more than a few words, pale and sweaty and may have blue lips.

All students judged to be having a severe asthma attack require emergency medical assistance.

Call an ambulance (dial 000), notify the student's emergency contact and follow the '*4 Step Asthma First Aid Plan*' while waiting for the ambulance to arrive. When calling the ambulance state clearly that a student is having 'breathing difficulties.' The ambulance service will give priority to a person suffering extreme shortness of breath. Regardless of whether an attack of asthma has been assessed as mild, moderate or severe, Asthma First Aid (as detailed below) must commence immediately. The danger in any asthma situation is delay. Delay may increase the severity of the attack and ultimately risk the student's life.

3.2 Asthma First Aid

If the student has an Asthma Action Plan, follow the first aid procedure immediately. If no, Asthma Action Plan is available in the steps outlined below should be taken immediately.

The 4 Step Asthma First Aid Plan (displayed in Sick Bay and classrooms):

Step 1

Sit the student down in as quiet an atmosphere as possible. Breathing is easier sitting rather than lying down. Be calm and reassuring. Do not leave the student alone.

Step 2

Without delay give 4 separate puffs of a blue reliever medication (*Airomir, Asmol, Epaq or Ventolin*). The medication is best given one puff at a time via a spacer device. If a spacer device is not available, simply use the puffer on its own. Ask the person to take 4 breaths from the spacer after each puff of medication.

Step 3

Wait 4 minutes. If there is little or no improvement repeat steps 2 and 3.

Step 4

If there is still little or no improvement; call an ambulance immediately (dial 000). State clearly that a student is having 'breathing difficulties.'

Continuously repeat steps 2 and 3 while waiting for the ambulance.

4. Assessment and First Aid Treatment of Anaphylaxis

What is anaphylaxis?

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis is therefore regarded as a medical emergency that requires a rapid response.

Signs and symptoms

The symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- abdominal pain and/or vomiting.

Symptoms of anaphylaxis (a severe allergic reaction) can include:

- difficulty breathing or noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheezing or persistent coughing
- loss of consciousness and/or collapse
- young children may appear pale and floppy.

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

The role and responsibilities of all school staff who are responsible for the care of students at risk of anaphylaxis

5. First Aid Kit Contents

Consistent with the Department's First Aid Policy and Procedures the school will maintain a First Aid Kit that includes the following items:

- an up-to-date first aid book – examples include:
 - First aid: Responding to Emergencies, Australian Red Cross
 - Australian First Aid, St John Ambulance Australia (current edition)
 - Staying Alive, St John Ambulance Australia, (current edition)
- wound cleaning equipment
 - gauze swabs: 100 of 7.5 cm x 7.5 cm divided into small individual packets of five
 - sterile saline ampoules: 12 x 15 ml and 12 x 30 ml
 - disposable towels for cleaning dirt from skin surrounding a wound
- wound dressing equipment
 - sterile, non-adhesive dressings, individually packed: eight 5 cm x 5 cm, four 7.5 cm x 7.5 cm, four 10 cm x 10 cm for larger wounds
 - combine pads: twelve 10 cm x 10 cm for bleeding wounds
 - non-allergenic plain adhesive strips, without antiseptic on the dressing, for smaller cuts and grazes
 - steri-strips for holding deep cuts together in preparation for stitching
 - non-allergenic paper type tape, width 2.5 cm–5 cm, for attaching dressings
 - conforming bandages for attaching dressings in the absence of tape or in the case of extremely sensitive skin
 - six sterile eye pads, individually packed
- bandages
 - four triangular bandages, for slings, pads for bleeding or attaching dressings, splints, etc
 - conforming bandages: two of 2.5 cm, two of 5 cm, six of 7.5 cm and two of 10 cm – these may be used to hold dressings in place or for support in the case of soft tissue injuries
- lotions and ointments
 - cuts and abrasions should be cleaned initially under running water followed by deeper and more serious wounds being cleaned with sterile saline prior to dressing. Antiseptics are not recommended
 - any sun screen, with a sun protection factor of approximately 15+
 - single use sterile saline ampoules for the irrigation of eyes
 - creams and lotions, other than those in aqueous or gel form, are not recommended in the first aid treatment of wounds or burns
 - asthma equipment (which should be in all major portable kits, camping kits, sports kits, etc)
 - blue reliever puffer (e.g. Ventolin) that is in date
 - spacer device
 - alcohol wipes

Other equipment includes:

- single use gloves – these are essential for all kits and should be available for teachers to carry with them, particularly while on yard duty
- blood spill kits
- vomit spill kits
- one medicine measure for use with prescribed medications
- disposable cups
- one pair of scissors (medium size)
- disposable splinter probes and a sharps container for waste
- disposable tweezers
- one teaspoon
- disposable hand towels
- pen-like torch, to measure eye-pupil reaction
- two gel packs, kept in the refrigerator, for sprains, strains and bruises or disposable ice packs for portable kits

- adhesive sanitary pads, as a backup for personal supplies
- flexible 'sam' splints for fractured limbs (in case of ambulance delay)
- additional 7.5 m conforming bandages and safety pins to attach splints
- blanket and sheet, including a thermal accident blanket for portable kits
- germicidal soap and nail brush for hand-cleaning only
- one box of paper tissues
- paper towel for wiping up blood spills in conjunction with blood spill kit
- single use plastic rubbish bags that can be sealed, for used swabs and a separate waste disposal bin suitable for taking biohazard waste (note: Biohazard waste should be burnt and there are several companies that will handle bulk biohazard waste)
- ice cream containers or emesis bags for vomit.

6. Emergency Telephone Numbers

Poisons Information Service	13 11 26
Ambulance	000