



ANAPHYLAXIS POLICY

Brunswick South Primary School

Policy	Review Date	Responsible for
Implementation Date	2018	Review
August 2015		Policy Subcommittee

Purpose

To make, as far as practicable, Brunswick South Primary School a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling.

Definitions

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. Preventing anaphylaxis involves knowing which students are at risk, being aware of triggers (allergens), and avoiding the student's exposure to these triggers.

Adrenaline autoinjector (EpiPen®) is a device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis. Adrenaline given through an adrenaline autoinjector (EpiPen®) to the muscle of the outer mid-thigh is the most effective first-aid treatment for anaphylaxis.

ASCIA Action Plan is a student's anaphylaxis emergency response plan in a format approved by the Australasian Society of Clinical Immunology and Allergy.

Compliance requirements

Brunswick South Primary School will comply with:

- *Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008*
- Ministerial Order No. 706
- Guidelines related to anaphylaxis management in schools as published and amended by the Department of Education and Early Childhood Development

Policy Points

This policy provides Information about:

1. Brunswick South Primary School's approach to managing anaphylaxis including prevention, management and emergency response, purchase of general use adrenaline autoinjectors, communication and staff training.
2. Developing, implementing and reviewing Individual Anaphylaxis Management Plans.

Anaphylaxis management and emergency response

Emergency response

- In the event of an anaphylactic reaction, the student's ACSIA Action Plan will be followed together with Brunswick South Primary School's First Aid Policy and emergency response procedures.
- A list of at-risk students, their up-to-date photos, and ACSIA Action Plans are located in the staff room, and in Yard Duty Packs.
- Adrenaline autoinjectors for general use are also located in the staffroom.
- A list of at-risk students, up-to-date photos, and the location of their ACSIA Action Plans and adrenaline autoinjectors is contained in Appendix A.
- When a student has an anaphylactic reaction the staff member responding must:
 - ask the student whether they have self-administered an adrenaline auto-injector
 - if the student has not already done so, administer an adrenaline auto-injector
 - call an ambulance
 - contact the student's emergency contact person and then contact Emergency Services Management (9589-6266).
- Information on administering an adrenaline autoinjector is contained in Appendix B.

Adrenaline autoinjectors for general use

The Principal is responsible for providing additional adrenaline autoinjector(s) for general use and as a back up to those supplied by parents.

One adrenaline autoinjector(s) for general use will be purchased for every six at-risk students.

Adrenaline autoinjectors for general use are located on the wall in the staffroom, in the excursion first aid bag and camp first aid bag

Adrenaline autoinjectors for general use are to be replaced after use, or at the time of expiry.

Individual anaphylaxis management plans

Every student at risk of anaphylaxis must have an Individual Anaphylaxis Management Plan.

The Individual Anaphylaxis Management Plan must:

- Be developed in consultation with the student's parents
- Be developed as soon as practicable after the student enrolls, and in place prior to or on the student's first day at Brunswick South Primary School.

The Principal must ensure that an Individual Anaphylaxis Management Plan is developed for each student diagnosed by a medical practitioner as having a medical condition related to allergy and the potential for anaphylactic reaction.

The parent/s must:

- Inform the school of the student's medical condition
- Provide the student's emergency procedures plan (ASCIA Action Plan), in a format approved by the Australasian Society of Clinical Immunology and Allergy
- Provide an up to date photo of the student with the ASCIA Action Plan, and each time the student's Individual Anaphylaxis Management Plan is reviewed
- Provide a current adrenaline autoinjector (EpiPen®) for the student, and a replacement upon notification of expiry
- Inform the school in writing if the student's medical condition related to allergy and the potential for anaphylactic reaction changes
- Meet with classroom teacher/s to discuss the student's Individual Anaphylaxis Management Plan for school and special circumstances (such as Out of School Hours Care (OSHC), the Kitchen Garden Program, camps, excursions).

The Individual Anaphylaxis Management Plan must include:

- Information about the student's medical condition and the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner)
- Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including in the school yard, camps or excursions, special events conducted, organised or attended by the school, the Kitchen Garden Program and OSHC
- 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 (ASCIA Action Plan) signed by a medical practitioner, which sets out the steps to be taken in the event of an allergic reaction.

The school must review the student's Individual Anaphylaxis Management Plan, in consultation with the student's parents, in all of the following circumstances:

- Annually
- If the student's medical condition related to allergy and the potential for anaphylactic reaction changes
- Immediately after the student has an anaphylactic reaction at school or under the care or supervision of school staff
- When a student is to participate in an out-of-school activity, such as camps or excursions, special events, or the Kitchen Garden Program

Individual anaphylaxis management plans

Anaphylaxis prevention strategies

The school will implement the prevention strategies outlined in students' Individual Anaphylaxis Management Plans to minimise the risk of exposure to known and notified allergens.

Kitchen Garden Program

All participants will be notified of the following:

- The identified high risk allergens: peanut butter, nutella, other nut spreads, tahini, hummus, peanuts, other nuts, peanut oil and sesame oil will not be served or used in the preparation of food in the Kitchen Garden Program.
- Other allergens may exist within the Kitchen Garden Program, such as the risk of insect stings, so teachers, students and volunteers will follow students' Individual Anaphylaxis Management Plans to minimise the risk of exposure to other allergens.
- It is important to note that the Kitchen Garden Program is not a nut-free environment.

Yard Duty plans

- A list of at-risk students, their up-to-date photos, and ACSIA Action Plans are located in in Yard Duty Packs.

Camps

Refer to the School Camps policy.

Out of School Hours Care (OSHC)

Refer to the OSHC Anaphylaxis policy.

Communication plan

The Principal is responsible for communicating about anaphylaxis and the school's anaphylaxis management policy to all school staff, students and parents, and about what steps will be taken to prevent and respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, camps and special event days.

The communication will include:

- At the beginning of each school year, an Anaphylaxis awareness brochure/material will be sent home to all families.
- Each term an anaphylaxis/health issues reminder note will be included or attached to the newsletter.
- The Anaphylaxis Management DVD will be used at a staff meeting to raise awareness of anaphylaxis, remind staff of how to use an EpiPen® (Adrenaline autoinjector) and key management strategies to minimize risks in the school environment.
- Teachers will raise awareness of anaphylaxis with their students by holding a discussion about anaphylaxis, and prevention and response measures.

Staff training

The Principal must ensure training in anaphylaxis management for:

- All school staff
- regular Kitchen Garden Program volunteers and staff.

At other times while the student is under the care or supervision of the school, including excursions, recess and lunchtimes, 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 anaphylaxis management.

All school staff identified as requiring training must:

- have successfully completed an accredited anaphylaxis training course in the three years prior, such as:
 - Course in First Aid Management of Anaphylaxis 22099VIC
 - Course in Anaphylaxis Awareness 10313NAT.
- be briefed twice a year by a member of school staff who has successfully completed an anaphylaxis training course in the twelve months prior, on:
 - the school's anaphylaxis management policy
 - the causes, symptoms and treatment of anaphylaxis
 - which students are at risk of anaphylaxis, the location of Individual Anaphylaxis Management Plans, emergency procedures plans (ASCIA Action Plans) and adrenaline autoinjectors
 - the location of adrenaline autoinjectors for general use
 - how to use an adrenaline autoinjector including hands-on practice with a trainer adrenaline autoinjector
 - the school's first aid policy and emergency response procedures.

Casual relief teachers (CRTs)

- CRTs working with students at risk of anaphylaxis will be informed of which students are at risk, and informed of their role in responding to an anaphylactic reaction from a student in their care by the Team Leader
- Regular CRTs will be invited and strongly encouraged to attend the annual training program at the beginning of the school year
- New staff and CRTs will be briefed on an as needed basis on:
 - the school's anaphylaxis management policy
 - the causes, symptoms and treatment of anaphylaxis
 - which students are at risk of anaphylaxis, the location of Individual Anaphylaxis Management Plans, emergency procedures plans (ASCIA Action Plans) and adrenaline autoinjectors
 - the location of adrenaline autoinjectors for general use
 - how to use an adrenaline autoinjector including hands on practice with a trainer adrenaline autoinjector
 - the school's first aid policy and emergency response procedures.

Annual risk management checklist

The following should be in place, in accordance with the policy:

- All student at risk of anaphylaxis have an up-to-date Individual Anaphylaxis Management Plan, ASCIA Plan, photo and adrenaline autoinjector (developed and reviewed in consultation with the parent/s)
- Prevention strategies outlined in Individual Anaphylaxis Management Plans as well as specific measures for OSHC and the Kitchen Garden Program
- Adrenaline autoinjectors for general use purchased
- Communications plan
- Staff training

- Review Ministerial Order No.706, Departmental guidelines and policies related to anaphylaxis

Breaches

Failure to develop an Individual Anaphylaxis Management Plan for a student the school knows, or ought reasonably to know, has been diagnosed as being at risk of anaphylaxis may result in the school having its registration suspended or cancelled.

Related school policies

First aid policy

Emergency response procedures

School Camp policy

OSHC policies and procedures

Appendix A

List of students and location of ACSIA Action Plans and adrenaline autoinjectors

Name	Class	Location of ACSIA Action Plan and adrenaline autoinjector (In school)	Location of ACSIA Action Plan and adrenaline autoinjector (Out-of-school)

Appendix B

How to administer an adrenaline autoinjector

EpiPen

1 Remove the EpiPen® from the plastic container.

Note: Children under 20kg are prescribed an EpiPen Junior® which has a smaller dose of adrenaline.

2 Form a fist around the EpiPen® and pull off the blue safety cap.

3 Place the orange end against the outer mid-thigh and (with or without clothing).

4 Push down hard until a click is heard or felt and hold for 10 seconds.

5 Remove the EpiPen®, being careful not to touch the needle, and return it to its plastic container.

6 Massage injected site for 10 seconds.

7 Note the time you gave the EpiPen®.

8 Call an ambulance on 000 as soon as possible.

9 The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

10 Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened. Do not move the student.

11 Ask another staff member to move other students away and reassure them separately.

12 Watch the student closely in case of repeat reaction.

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.

Anapen

1 Remove the black needle shield.

2 Pull off the grey safety cap from the red button.

Caution: Pressing the red button prior to placing the Anapen on the student's thigh will release the adrenaline.

3 Place the needle end against the outer mid thigh at a 90 degree angle.

4 Press the red button until it clicks, and hold for 10 seconds.

Remove the Anapen, being careful not to touch the needle.

5 Note the time you gave the Anapen®.

6 Call an ambulance on 000 as soon as possible.

7 Reassure the student experiencing the reaction, as they are likely to be feeling anxious and frightened. Do not move the student.

8 Ask another staff member to move other students away and reassure them separately.

9 Watch the student closely in case of repeat reaction.

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. See: Department resources

Self administering of an adrenalin auto-injector

Backup	Parents/guardians should be asked to provide a second adrenaline auto-injector to be stored in an easily accessible location known to all staff.
Determining capability	The decision about whether a student is able to carry and potentially self-administer the adrenaline auto-injector is made while developing the student's ASCIA Action Plan for Anaphylaxis.
Duty of care	Staff duty of care extends to administering an adrenaline auto-injector for the student even if their ASCIA Action Plan for Anaphylaxis states the student can self-administer.
Responsibility to inform	When students carry their own adrenaline auto-injector they must inform staff if they use it, so an ambulance can be called immediately.
Rights	Students have a right to self-administer the adrenaline auto-injector, but may not be physically able.