SUNSHINE HEIGHTS PRIMARY SCHOOL
ANAPHYLAXIS MANAGEMENT POLICY

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.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed as at risk, awareness of triggers (allergens) and prevention of exposure to these triggers. Partnerships between schools and parents/carers are important in ensuring that certain foods or items are kept away from the student while at school. Adrenaline given through an EpiPen®/Anapen® 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 raise awareness about anaphylaxis and the school’s anaphylaxis management policy in the school 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 school’s policy and procedures in responding to an anaphylactic reaction.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

- Students at risk of anaphylaxis are identified upon enrolment.

- The principal will ensure that an individual anaphylaxis 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 put in place as soon as practicable after the student enrols and, where possible, before their first day of school.

- The individual anaphylaxis management plan sets 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 adventure programs 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 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 signed 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.

- The Students’ emergency procedures plans (ASCIA Action Plans) are located in:
  - the child’s classroom
  - the sick bay
  - the child’s EpiPen®/Anapen® container
  - the canteen
  - the staffroom
  - Yard Duty Waist Bags
  - Specialist Classrooms

- It is the responsibility of the parent/carer to provide:
  - an in date EpiPen®/Anapen®
  - the child’s emergency procedures plan (ASCIA Action Plan) and notify the school with details if their child’s medical condition changes, and if relevant, provide an updated emergency procedures plan (ASCIA Action Plan) and individual anaphylaxis plan.
  - 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.

COMMUNICATION PLAN

Staff:

- All staff provided with information at the beginning of each school year in relation to students at risk of Anaphylaxis (or upon enrolment of a new student). Training will be provided to these staff as soon as practicable after the student enrols.

- All staff to have up to date training in an anaphylaxis management accredited training course every three years.

- Wherever possible, training will take place before the student’s first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.
COMMUNICATION PLAN (cont’)

- All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:
  
  o the school’s anaphylaxis management policy
  o the causes, symptoms and treatment of anaphylaxis
  o the identities of students diagnosed at risk of anaphylaxis and where their EpiPen®/Anapen® and other medication is located
  o how to use an auto adrenaline injecting device
  o the school’s first aid and emergency response procedures

- Briefing will also include ways to raise student awareness. This will include:
  
  o always take food allergies seriously – severe allergies are no joke
  o don’t share your food with friends who have food allergies
  o wash your hands after eating
  o know what your friends are allergic to
  o if a schoolmate becomes sick, get help immediately
  o be respectful of a schoolmate’s EpiPen®/Anapen®
  o don’t pressure your friends to eat food that they are allergic to.

  o It is important to be aware that some students at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

- Student’s ASCIA Action Plan will be placed in canteens, classrooms and staff room with approval of parent/guardian.

- Yard Duty

  o An individual Red Alert Card is completed for each at risk student and kept in all Yard Duty Waist Bags. These will be kept up to date by the school’s First Aid Officer who handle first aid.

Volunteers and casual relief staff:

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 of a student in their care through an information booklet provided on their arrival to the school.

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 will ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.

The school’s first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.
Management of EpiPen/Anapens:

The First Aid Officer will:

- Ensure there is an up to date register of students at risk of anaphylaxis.
- Ensure that students’ emergency contact details are up to date.
- Organise staff training on how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®/Anapen®
- Check that the EpiPen®/Anapen® is not cloudy or out of date at the beginning or end of each term.
- Inform parents/carers a month prior in writing if the EpiPen®/Anapen® needs to be replaced.
- Ensure that the EpiPen®/Anapen® is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place and that it is appropriately labelled.
- Arrange post-incident support (e.g. counselling) to students and staff, if appropriate.
- Work with staff to conduct regular reviews of prevention and management strategies.
- Ensure that EpiPen®/Anapen® is signed in and out in the register when taken from the storage location for excursions, sports days etc.

Location of EpiPen/Anapen:

Once the EpiPen®/Anapen® is received it is to be stored in an individual container displaying the student’s name, grade and expiry date.

A copy of the students ASCIA Action Plan is kept with the EpiPen®/Anapen®

The container which is clearly marked is then stored in the First Aid Room.

EMERGENCY RESPONSE:

Steps taken to respond to an anaphylactic reaction by a student in a classroom:

- Contact the office and provide them with the following information:
  - (student’s full name) is having an anaphylactic shock
  - Exact location in the school
- Office staff will transport EpiPen®/Anapen® to the relevant classroom
- Follow the student’s individual emergency procedures plan (ASCIA Action Plan) stored with EpiPen®/Anapen®, that sets out the emergency procedures to be taken in the event of an allergic reaction
- Office staff will call an ambulance (000) and the student’s emergency contact details and notify the Principal
EMERGENCY RESPONSE: (cont’)

- EpiPen®/Anapen® to be administered, following the instructions in the student’s ASCIA Action Plan located in the individual container and the student’s classroom. The time that the EpiPen®/Anapen® has been administered must be recorded for Emergency Services.

- Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline.

- Watch the student closely in case of a repeat reaction. Ask another staff member to move other students away and reassure them elsewhere.

- In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan) are present, a second injection (of the same dosage) may be administered after 5 to 10 minutes if available.

- Contact Emergency Services Management, Department of Education & Training on 9589 6266 (available 24 hours a day, 7 hours a week) and report incident.

Steps taken to respond to an anaphylactic reaction by a student in the yard:

- Contact the office via long range phone and send the student’s individual alert stored in the yard duty waist bag (if on hand). If contact is made by phone then provide the following information:
  
  o (Students full name) is having an anaphylactic shock
  
  o Exact location in the school

- Office staff will transport EpiPen®/Anapen® to the relevant area of the school.

- Office staff will call an ambulance (000) and the student’s parents/guardians or emergency contact details and notify the Principal
  
  - EpiPen®/Anapen® to be administered, following the instructions in the student’s ASCIA Action Plan located in the individual container and yard duty waist bag (if on hand) time to be recorded.

- Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline.

- Watch the student closely in case of a repeat reaction. Ask another staff member to move other students away and reassure them elsewhere.

- In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan) are present, a second injection (of the same dosage) may be administered after 5 to 10 minutes if available.

- Contact Emergency Services Management, Department of Education & Training on 9589 6266 (available 24 hours a day, 7 hours a week).
Steps taken to respond to an anaphylactic reaction by a student on special events days, school adventure programs and excursions:

It is the responsibility of the person in charge to ensure all staff and volunteers who attend special events days, and excursions etc. are aware of students at risk of anaphylaxis. This includes the student’s anaphylaxis management plans. Staff/volunteers in charge of students at risk of anaphylaxis must have access to the student’s anaphylaxis management plans, an EpiPen®/Anapen® and a mobile phone.

- **EpiPen®/Anapen®** to be administered, following the instructions in the student’s ASCIA Action Plan. The time the EpiPen®/Anapen® has been administered must be noted for Emergency Services.

- Contact an ambulance (000) and the student’s emergency contact details.

- Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline.

- Watch the student closely in case of a repeat reaction. Ask another staff member to move other students away and reassure them elsewhere. In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan) are present, a second injection (of the same dosage) may be administered after 5 to 10 minutes if available.

- Contact the Principal.

- Contact Emergency Services Management, Department of Education & Training on 9589 6266 (available 24 hours a day, 7 hours a week).

**ADMINISTRINING THE EPIPEN/ANAPEN® / ANAPEN®**

- Where possible, only staff trained in the administration of the EpiPen®/Anapen® should administer the EpiPen®/Anapen®.

- However, the EpiPen®/Anapen® is designed for general use and in the event of an emergency it may be administered by any person, following the instructions in the student’s ASCIA Action Plan.

- How to administer the EpiPen®/Anapen®:
  1) Remove from plastic container
  2) Form a fist around EpiPen®/Anapen® and pull off grey cap
  3) Place black end against outer mid-thigh
  4) Push down hard until a click is heard or felt and hold in place for 10 seconds
  5) Remove EpiPen®/Anapen® and be careful not to touch the needle
  6) Note the time you gave the EpiPen®/Anapen®
  7) Return EpiPen®/Anapen® to its plastic container
8) If an EpiPen®/Anapen® is administered, the school/person in charge will:

- Immediately: call an ambulance (000)
- Then: contact the student's emergency contacts and notify the Principal
- Later: contact Emergency Services Management, Department of Education & Training on 9589 6266 (available 24 hours a day, 7 hours a week).

- Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline.
- Watch the student closely in case of a repeat reaction. Ask another staff member to move other students away and reassure them elsewhere.
- In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan) are present, a second injection (of the same dosage) may be administered after 5 to 10 minutes if available.