



POLICY 2

Anaphylaxis

PURPOSE:

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Therefore it is important for staff to be aware of anaphylaxis, its symptoms, triggers and, most importantly, the management of anaphylaxis in our school environment.

IMPLEMENTATION

- Staff will be provided with information on the nature, prevention and treatment of anaphylaxis in line with the Department of Education Training (**DET**) and Australasian Society of Clinical Immunology and Allergy (**ASCIA**) recommendations.
- The principal will based on a risk assessment identify any further required training for staff.
- At the start of every year, Gordon Primary School will review the 'Risk Management Plan' incorporating the list of students identified as having the potential for an anaphylactic reaction, along with their *Individual Anaphylaxis Management Plans and ASCIA Action Plans*.
- Information on the location of these plans along with the storage and accessibility of Adrenaline Autoinjectors will be communicated to staff at least yearly.
- The Principal will ensure that an *Individual Anaphylaxis 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.
- Students diagnosed with anaphylaxis, must also submit to the school annually an 'ASCIA Action Plan'. This plan must be completed by the student's medical/health practitioner in consultation with the parents/guardians.
- Parents are responsible for ensuring their children have an in date Adrenaline Autoinjector (e.g EpiPen®) when attending school, excursions, camps or other applicable activities.
- Gordon Primary School will ensure anaphylaxis emergency kits are amongst the school's first aid resources.
- Students suffering an anaphylactic reaction will be treated in accordance with their 'ASCIA Action Plan'.
- If any student develops signs of what appears to be an anaphylactic reaction with no ASCIA Action Plan then emergency First Aid will be administered immediately incorporating the use of the schools Adrenaline Autoinjector.
- Gordon Primary School won't ban certain types of foods (e.g.nuts) as it is not practicable to do so, and is not a strategy recommended by the Department of Education and Early Childhood Development or the Royal Children's Hospital.
Gordon Primary School will;
 - request that parents do not send those items to school if at all possible; and
 - that school cooking activities eliminate or reduce the likelihood of such allergens
 - reinforce the rules about not sharing and/or not eating foods from other students provided from home.
- The First Aid noticeboard in the staffroom will be updated regularly with applicable information on Anaphylaxis.
- Gordon Primary School will ensure that that it follows and enforces Ministerial Order 706, along with conducting Anaphylaxis Management School Briefings and training sessions.

Communication of Policies

This policy will be communicated to our school community in the following way:

- Included in staff induction processes and staff training
- Available publicly on our school's website
- Discussed at staff briefings/meetings as required
- Included in transition and enrolment packs
- Reminders in our school newsletter
- Hard copy available from school administration upon request

REFERENCE:

www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis.aspx

www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx

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

Ministerial Order 706

EVALUATION

This policy will be reviewed;

- after an anaphylactic reaction occurs at school,
- or as part of the school's three year review cycle.

This policy was ratified by School Council on 11.8.21

APPENDIX Appendix A: Action Plan for Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner: _____

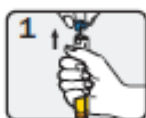
I hereby authorise medications specified on this plan to be administered according to the plan

Signed:  _____

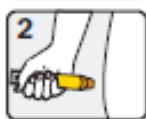
Date: _____

Action Plan due for review: _____

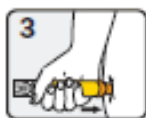
How to give EpiPen®



1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2 Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

Enrolment Checklist for Children at Risk of Anaphylaxis

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- A risk minimisation plan is completed, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented
- Parents of a child at risk of anaphylaxis have been provided a copy of the service's Anaphylaxis policy
- All parents/guardians are made aware of the Anaphylaxis policy
- Anaphylaxis action plan for the child is signed by the child's Doctor and is visible to all staff
- EpiPen[®] (within expiry date) is available for use at any time the child is in the care of the service
- EpiPen[®] is stored in an insulated container, in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat
- All staff, including relief staff, are aware of each EpiPen[®] kit location
- Staff responsible for the child/ren at risk of anaphylaxis undertake anaphylaxis management training, which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practise with an EpiPen[®] trainer, and is reinforced at yearly intervals
- The service's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan
- Parent/guardian's current contact details are available
- Information regarding any other medications or medical conditions (for example asthma) is available to staff
- If food is prepared at school (Special Lunch Days), measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis