



WARRINGA PARK SCHOOL

ANAPHYLAXIS POLICY

PURPOSE

To explain to Warringa Park School's parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Warringa Park School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

- all Warringa Park School Campuses
- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

POLICY

SCHOOL STATEMENT

Warringa Park School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

ANAPHYLAXIS

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.

SYMPTOMS

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen but can appear within a few minutes.

TREATMENT

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.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

All students at Warringa Park School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal and the nurse of Warringa Park School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Warringa Park School and where possible before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired.
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at dedicated events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

INDIVIDUAL ANAPHYLAXIS ACTION PLAN (ASCIA)

The individual Anaphylaxis Action Plan (ASCIA Action Plan) provided by the parent will:

- Set out the emergency procedures to be taken in the event of an allergic reaction.
- Be signed by a medical practitioner who was treating the child on the date the practitioner signs the plan.
- Contain an up to date photograph of the child.

REVIEW AND UPDATES TO INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, as far as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at dedicated events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

ANAPHYLAXIS COMMUNICATION AND PROCEDURES POLICY

The communication and procedures policy will:

- Raise staff, students and school community awareness about anaphylaxis, severe allergies and the school rules about sharing food, food brought in by home and the schools Food Management School Rules.
- Include information about what steps will be taken to respond to an anaphylaxis reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.
- Outline how volunteers and casual relief staff will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care.
- Outline the schools Emergency Procedure Plan for a student who has an anaphylactic reaction within the classroom, school yard, excursions or camps.

FOOD MANAGEMENT SCHOOL RULES

- Children must not share food at any time.
- Parents and families must see the class teacher before bringing a birthday cake or lolly bags to school.
- In designated No Nut Classrooms, peanut butter, Nutella, nut filled muesli bars and any nut products are encouraged not to be sent with children's lunches.
- Parents should not give food treats to children in the playground.
- Parents and families should never give food to another person's child unless prior arrangement has been made between the parents.
- When there is an anaphylaxis allergy to a common food allergy i.e., dairy, instead of making it a no dairy classroom, the classroom can allocate a food exclusion table i.e., dairy free table.

SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

- To phone 8 for nurse or 9 for reception.
- Request the student's red bag.
- Request the nurse and a member of staff from leadership.
- The teacher is to stay with the student.

- The teacher is to follow general first aid procedures and the student ASCIA Action Plan.

RESPONSIBILITIES

Parents will be responsible for:

- Providing information at the time of enrolment about their child allergies and if needed, an Individual Anaphylaxis Action Plan (ASCIA Action Plan) for their child.
- Providing one EpiPen for school use.
- Recording the expiry date of medications placed at school and ensuring the timely replacement of those medications/EpiPen.
- Informing the school if their child's medical condition changes and if relevant, providing an updated Individual Anaphylaxis Action Plan.
- Adhering to classrooms request not to send nut products to designated, No Nut Classrooms.

The Principal will ensure that:

- a Risk Management Checklist is completed annually.
- An Individual Management Plan will be developed for all students with an Anaphylactic Reaction.
- The Individual Action Plans are displayed in the First Aid room and the child's classroom.
- Copies of the Individual Action Plans will be kept in the yellow folder in the child's classroom, their red insulated bag (with their EpiPen) in the First Aid room and in the nurses Medical Alert Folder.
- Individual Anaphylaxis Action Plans are reviewed in consultation with parents/carers annually if conditions change or immediately after a student has an anaphylactic reaction at school.
- All classroom and specialist teachers have a yellow folder with current photos of students with medical alerts, a list of allergies per classroom and their students action plans.
- A Communication Plan is developed, to raise staff, students and the school community awareness about anaphylaxis, severe allergies and school rules about food related matters.
- All staff will be briefed once each semester regarding the school's anaphylaxis management policy, the causes, symptoms and treatment of anaphylaxis, the students diagnosed at risk of anaphylaxis and the school's emergency response procedures.
- All teaching staff will participate in an accredited anaphylaxis management training course every two years.
- Two staff per campus will be designated as the Anaphylaxis Supervisors, who will be responsible for ensuring all staff are competent in administering an EpiPen. These designated staff members will participate in training every three years.
- The Casual Relief Teachers (CRT) are required to review their classrooms yellow folder, which will identify a photo of all students with red bags- i.e., emergency medication such as an EpiPen. Individual Action Plans per student will also be available in the yellow folders. Specialist staff yellow folders are given a full list of medical alerts per classroom.
- At risk students who are under the care or supervision of the school during yard duty, excursions, camps and dedicated events, are provided with enough staff present who have current training in anaphylaxis management.
- EpiPens of children identified by Individual Anaphylaxis Action Plans are kept in individual red bags in the first aid room. These bags are clearly labelled with student's name and photo and easily accessible on hooks.
- A Red bag (containing an individual child's EpiPen & ASCIA action plan) is signed out from the first aid room and carried by school staff on excursions, outings and camps for each student with an Individual Anaphylaxis Action Plan and the Red Bag is accessible to the adult who is responsible for or accompanying the child during the activity.

- Induction for new staff will include anaphylaxis awareness information and appropriate training will be sought as soon as possible for new staff.
- For high risk food allergies i.e., dairy, an additional red bag containing a second EpiPen will be allocated to a student's school bag (front pocket) for easy access to classroom staff and during bus travel.

STAFF TRAINING

The principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- All teaching staff will participate in an accredited anaphylaxis management training course every two years or completed an online anaphylaxis management training course every two years (ASCIA e-training for Victorian Schools).
- Two staff per campus will be designated as the Anaphylaxis Supervisors, who will be responsible for ensuring all staff are competent in administering an EpiPen. These designated staff members will participate in Verifying the Correct Use of Adrenaline Autoinjector Device 22303VIC training every three years.
- All staff will be briefed once each semester regarding the school's anaphylaxis management policy, the causes, symptoms and treatment of anaphylaxis, the students diagnosed at risk of anaphylaxis and the school's emergency response procedures.
- Induction for new staff will include anaphylaxis awareness information and appropriate training will be sought as soon as possible for new staff.

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated the School's nurse. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including direct practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for routine use.

ADRENALINE AUTO-INJECTORS FOR GENERAL USE

The Principal is responsible for purchasing additional adrenaline auto-injectors for routine use and as a back-up to those supplied by parents. When considering the number of additional auto-injectors for routine use, the principal will need to consider the following:

- The number of students enrolled at risk of anaphylaxis.
- The accessibility of adrenaline auto-injectors supplied by parents.
- The availability of adrenaline auto-injectors for all three campuses.
- The availability of adrenaline auto-injectors for excursions, camps and dedicated events conducted, organised or attended by the school.
- The limited life of the adrenaline auto-injectors (usually expire within 12-18 months). The school will ensure the adrenaline auto-injectors are regularly checked and replaced at the time of use or expiry whichever comes first.

PREVENTION STRATEGIES

School staff will follow these prevention strategies:

- Know students in their class or classes who are at risk and be familiar with their individual management plans and have up to date training in anaphylaxis management.

- Classrooms with students with an anaphylaxis to nut products will be designated a No Nut Classroom and teachers are required to send a letter requesting no nut products in children's lunches.
- All students are required to eat their snacks and lunch in the classroom at designated times and in direct supervision of classroom staff.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food with others.
- Send parent permission notices home to all parents about classroom or school activities that may pose a risk to students with anaphylaxis, for example hatching chicken eggs.
- Be aware of hidden allergens or ingredients used for cooking, science and technology or art classes e.g., Egg or milk cartons.
- Know where the red bags (containing the EpiPen's) are stored for students at risk of anaphylaxis and know the emergency response and how to use an EpiPen.
- Teachers can assign an allergen free table in the classroom i.e., Dairy Free Table for a student who is allergic to dairy products.

FURTHER INFORMATION AND RELATED POLICIES

- DET Policy and Advisory Library: [Anaphylaxis](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- ASCIA Action Plan for Anaphylaxis (RED) 2020 EpiPen® (Appendix A)
- Care Arrangement for ill students Policy
- Duty of Care Policy
- First Aid Policy
- Medication Management Policy

REVIEW CYCLE

The Anaphylaxis policy and management procedures will be monitored and reviewed **annually** by the Assistant Principal, the Nurse and class teacher in conjunction with the parents of the students with Individual Anaphylaxis Action Plans.

This policy will also be reviewed as part of the school's regular policy review process.

This policy was reviewed and shared with the school community in 9th **May 2022**
and is *scheduled for review in **May 2023***.

ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

Date: _____

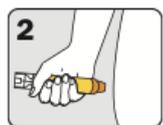
Signed: _____

Date: _____

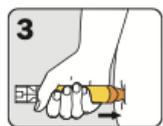
How to give EpiPen® adrenaline (epinephrine) autoinjectors



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®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 7.5-20kg.

For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- 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 seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate 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
- Difficulty talking and/or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling/tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

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 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

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.