

# ANAPHYLAXIS POLICY

## Definition:

Anaphylaxis is a severe, rapidly progressive allergic reaction that is 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 medications.

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.

## Rationale:

The Children's Services Act 1996, requires proprietors of licensed children's services, to have an anaphylaxis management policy in place. Jackson School has a duty of care towards students which includes protecting a student in the care of the school from the risk of injury that a staff member should reasonably have foreseen. Jackson School should work in partnership with parents/carers and the students to support students to feel safe at school.

## Guidelines:

The DET is committed to:

- Providing, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling
- Raising awareness about allergies and anaphylaxis in the school community
- Actively involving the parents/carers of each student at risk of anaphylaxis in assessing risks, developing risk minimization strategies and management strategies for the student
- Ensuring that each staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures

## Implementation:

Upon enrolment:

- The parent/carer is to provide a medical certificate by their doctor or an immunologist to state that their child has been medically diagnosed as at risk of anaphylaxis
- The parent/carer will provide a current Anaphylaxis Action Plan which has been filled in by their medical Practitioner by the first day of the child's commencement at school. If this form is not provided by that time, then the student will be considered unsafe to attend school, and the parent/carer will be asked to keep their child home until this form has been completed.
- A current and up to date Adrenaline Auto-injection device will be provided to the school by the child's first day at school. This needs to be given to the administration staff who can check the contents and then distribute to the classroom teacher, along with the Action Plan.
- The medical condition of Anaphylaxis will be updated onto cases 21, along with the child's listed allergens.

## Anaphylaxis Management Plans:

Jackson School will ensure that an individual management plan is developed, in consultation with the student's parents/carers, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school. The individual anaphylaxis management plan will set out the following:

- information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from the medical practitioner)
- strategies to minimize the risk of exposure to the allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.

- the name of the person implementing the strategies
- information on where the student's medication will be stored and the student's emergency contact details
- an emergency procedures plan (ASCIA action plan) provided by the parents, 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 signs the emergency procedures plan and;
  - includes an up to date photograph of the student.

If the emergency procedures plan is present with any child at risk of anaphylaxis, this means that consent has been given to staff to administer the adrenaline auto-injection device to the child who is suspected of having an anaphylactic reaction. 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
- immediately after a student has an anaphylactic reaction

It is the responsibility of the parent/carer to:

- provide the emergency procedures plan (ASCIA action plan)
- inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan)
- provide 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.

## Adrenalin Auto-Injection Devices

An adrenalin Auto-injection device is a device containing a single dose of adrenaline, delivered via a springactivated needle, which is concealed until administered. The Epipen® is the only type of Adrenalin Auto-injection device currently available in the Australian market today - Epipen® and Epipen Jr®. The Epipen® is the more commonly auto-injection device used. Any child who has been prescribed an adrenalin autoinjection device, must have this device with them at all times and will not be permitted to remain at school if they do not have this device with them. In such cases parents/carers will be contacted and asked to collect their child from school, or to bring the adrenalin auto-injection device to school.

It is expected that Jackson School will:

- ensure that all families are aware of the policy that any child who has been prescribed an adrenaline auto-injection device is not permitted to attend school without this device. Any child who is found not to have their adrenalin auto-injection device will have the parent/carer called to pick him/her up or to bring the device to school straight away.
- nominate a person to check that these devices are up to date at the start of each term and remind parents of impending expiry
- ensure that the adrenaline auto-injection device is kept in a cupboard away from children but easily accessible to those authorised to administer the device, and includes a copy of the Anaphylaxis Emergency Action Plan.
- will keep a spare Epipen® at the in case of emergencies
- ensure that the Adrenaline auto-injection device kit, including a copy of the anaphylaxis medical management action plan is carried by a staff member when a child leaves Jackson School e.g. excursions and camps.
- arrange briefings for all staff members of the school as a refresher on how to administer the Adrenalin auto-injection device.

It is expected that parents/carers will:

- provide to the school, before or on the child's first day of school, an up to date Adrenalin Auto-Injection device, which the child either brings to school with them each day in a bum bag, or is an additional pen which is kept at school.
- keep the Adrenalin Auto-injection device up to date and replace it before the time of expiry.
- notify the school of any changes in relation to child's allergies.

### Training and Education:

Ministerial Order 90 - Anaphylaxis Management in Schools requires schools to provide regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen®/Anapen®.

Under Ministerial Order 90, all schools with a child or young person at risk of an anaphylactic reaction are required to undertake twice yearly briefings on anaphylaxis management. To help schools ensure they are complying with the legislation a presentation has been developed.

It is the responsibility of Jackson School to:

- hold an anaphylaxis refresher at the beginning of term one and the beginning of term three conducted by the School Nurse or any other person who has completed the course 21659VIC in anaphylaxis management in the past three years. This briefing will include the viewing of the Anaphylaxis DVD provided by the DEECD.
- Ensure all staff complete the ASCIA e-training for Victorian schools. They are also required to be verified by the delegated school anaphylaxis supervisor(s) that they can use the adrenaline autoinjector device.
- ensure that all staff who are in regular contact with a child, who has been medically diagnosed as at risk of anaphylaxis, will attend a three yearly Course in First Aid Management of Anaphylaxis 21659VIC which will be organised by the School Nurse.
- keep a record of staff whom have been trained in the management of anaphylaxis.

### Risk Minimisation:

Whilst every child at risk of anaphylaxis at Jackson School must have an ASCIA Action Plan for anaphylaxis provided by their doctor, each child at risk must also have an Individual Management Plan detailing strategies to help reduce the risk of anaphylaxis occurring. All staff in contact with this child will have a copy of this plan and implement it while the child is under their care.

Jackson School will put procedures in place to facilitate risk minimisation for all students who have been medically diagnosed as at risk of anaphylaxis.

- Jackson school will not “ban” certain types of foods (e.g. nuts) as it is not practicable to do so, and is not a strategy recommended by the Royal Children’s Hospital. However, the school will request that parents do not send those items to school if at all possible. Information will be placed in the School Newsletter.

- Jackson School will reinforce the rule about not sharing food, and that students only eat what is provided to them from home. Regular education within the classroom is to be held to enforce this rule.
- Teachers will not bring items of high allergen risk into school classrooms.
- ES staff, trainees, CRTs, volunteers and visitors will be directed to support these broad risk minimisation policies.

#### Summary:

Staff responsible for the child at risk of anaphylaxis shall:

- Ensure a copy of the child's Anaphylaxis Medical Management Action Plan is visible and known to all staff in the school and follow this plan in the event of an allergic reaction, which may progress to anaphylaxis
- Practise the administration procedures of the adrenaline auto-injection device using an auto-injection device trainer and "anaphylaxis scenarios" twice yearly.
- Ensure that the auto-injection device kit is stored in a location that is known to all staff (not locked away) but inaccessible to students and away from direct sources of heat.
- Regularly check the adrenaline auto-injection device expiry date.
- Follow the procedures on the child's individual management plan for risk minimisation, and the Jackson School procedures of risk minimisation.
- When leaving Jackson School ensure that the auto-injection device kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
  - Call an ambulance immediately by dialling 000
  - Commence first aid measures
  - Contact the Parent/Carer

Parents/carers of children shall:

- Inform staff at Jackson School, either on enrolment or on diagnosis, of their child's allergies
- Develop an anaphylaxis risk minimisation plan with the Jackson School nurse
- Provide staff at Jackson School with an Anaphylaxis Management Action Plan signed by a Registered Medical Practitioner giving written consent to use the Adrenalin auto-injector device in line with this action plan
- Provide staff with a complete auto-injection kit
- Regularly check the adrenaline auto-injection device expiry date

- Assist staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance to these changes
- Communicate all relevant information and concerns to staff, particularly any matter relating to the health of the child
- Comply with the Jackson School Policy that no child who has been prescribed an adrenaline autoinjection device is permitted to attend the school or its programs without the device
- Comply with the risk minimisation procedures as outlined on their child's Individual Management Plan and the Jackson School procedures for risk minimisation.

### Evaluation:

This policy will be reviewed every 3 years or more often if necessary due to changes in regulations or circumstances.

Ratified by School Council: \_\_\_\_\_

Review Date: \_\_\_\_\_

School Council President

Jackson School Principal