

BASIC BELIEFS

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.

Adrenaline given through an adrenaline auto-injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

AIMS

- 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 fully comply with Ministerial Order 706 and the associated guidelines published and amended by the Department from time to time.
- 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.

RATIONALE

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 students while at school.

GUIDELINES FOR ACTION

- The Leadership Team / First Aid Officers across YCP-12 will ensure that an **INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN** (see appendix 1) 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.
- Photographs of students at risk of an anaphylactic reaction will be displayed in the staff room;
- The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls, and where possible before the first day of school.
- The plan will be stored with the nominated first aid officer and a copy shall be placed in an Individual Student Insulated Pack (see appendix 3)
- The nominated first aid officer will also provide the parent with the 'Information for Parents Fact Sheet' when the parent delivers the auto injector and relevant documentation. The expiry date of the auto injector should be checked at this point.
- 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 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 camps and excursions, or at special events conducted, organised or attended by the school. (Emergency Response Plan)

- 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;
 - will outline the details of the most recent 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.

The student's individual management plan will be reviewed, in consultation with the student's parents/ carers:

- annually, and as applicable,
- contain
- if the student's condition changes, or insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- immediately after a student has an anaphylactic reaction at school.
- When a student is to participate in an off-site activity such as camps and excursions, or at a special event conducted, organised or attended by the school.
- It is the responsibility of the **parent** to:
 - Provide the auto-injector to the school in a plastic, sealed bag that has the student's name clearly labelled on the front. At the P-4 & 5-8 Campus this is to be handed in at the Main Office. At the 9-12 Campus it is to be handed in at the First Aid Centre located in the College Library. Upon being handed in a copy of the child's anaphylaxis management plan will be stored with the auto-injector.
 - provide the emergency procedures plan (ASCIA Action Plan) that has been completed in consultation with their General Practitioner. (See attached)
 - 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.
- It is the responsibility of **staff** to:
 - Ensure they read their updated policy manual and locate it at an easily accessible point of reference.
 - Familiarise themselves with the photographs of anaphylactic students.
 - If a teacher has a child with risk of having an anaphylactic reaction in their class, the teacher is required to be familiar with the child's Individual Management Plan.
 - Be confidential at all times and respect the feelings of students at risk of anaphylaxis by discussing strategies and alternative activities/foods (if necessary) in a private manner.
- The Principal or his/her nominee will be responsible for ensuring that a **COMMUNICATION PLAN** (see appendix 2) is developed to provide information to all staff, students and parents about anaphylaxis management. This is a plan which outlines how anaphylaxis management is communicated to all staff and parents.
- Each staff member will be provided with the school anaphylaxis management policy at the beginning of each year as part of their Policy Manual.
- A photograph display will be located in the staff rooms at each campus that has a recent photograph of any anaphylactic students enrolled at the school. The nominated first aid officer will be responsible for updating this.
- All staff at Yarrowonga College P-12 will undertake ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor, Verifying the Correct Use of Adrenaline Autoinjector. Staff will also be briefed at least twice per calendar year through either the showing of a DVD or by an accredited staff member which outlines:
 - The causes, symptoms and treatment of anaphylaxis
 - How to use an auto-adrenaline injecting device

- Students identified who has been medically diagnosed as at risk of anaphylaxis.
- Any new staff member who does not have current accreditation will be briefed by a trained staff member and as soon as practicable, that staff member will undertake anaphylaxis management training.
- Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of the students at risk and their role in responding to an anaphylactic reaction by the Leadership Team at all 3 Campuses. All CRT staff at YCP-12 will receive a CRT folder at the beginning of the day. Included in this will be a copy of the anaphylaxis management policy and a photograph of each student who has been medically diagnosed as at risk of anaphylaxis.
- Copies of a general ASCIA Action Plan will be displayed in the canteen, corridors and in the staff rooms.
- Annual Risk Management Checklists are to be completed at the beginning of each school year.

SCHOOL RESPONSE PROCEDURES

CLASSROOM

Step 1 First staff member implement first aid procedure if necessary for Basic Life Support , whilst this is occurring. Do not leave the child.

Send another person to the First Aid Room to notify First Aid Officer to bring the Anaphylaxis Kit as well as the Individual Student Insulated Pack. Individual Student Insulated Packs are also stored in the classroom. Send another person to notify staff member in adjoining classroom so they can obtain mobile phone and assist.

Step 2

Second staff member Call 000 MICA Ambulance. The ambulance is to always be directed to the front entrance of the school at each campus. Contact the parent/guardian after the ambulance has been called. Designate someone to meet the ambulance at the front entrance of the school.

Step 3

First or second staff member Check the adrenaline auto injector expiry date and then inject. Make a note of the exact time of the injection.

Step 4

Continue to monitor the situation. If there has been no improvement and ambulance has not arrived in the following five minutes, administer the back-up adrenaline auto-injector.

YARD

Step 1

First staff member Implement first aid procedure if necessary for Basic Life Support , whilst this is occurring. Do not leave the child.

Yard duty teacher to send another student to the First Aid Room to notify First Aid Officer to bring the Anaphylaxis Kit as well as that student's pack.

Step 2

Second staff member Call 000 Ambulance using the mobile phone located in the yard duty bag. Send another student to notify the office of the incident and to send support staff. Contact the parent/guardian after the ambulance has been called. Designate someone to meet the ambulance at the front entrance of the school.

Step 3

First or second staff member check the adrenaline auto-injector expiry date and then inject. Make a note of the exact time of the injection.

Step 4

Continue to monitor the situation. If there has been no improvement and ambulance **has not arrived in the following five minutes, administer the back-up adrenaline auto-injector.**

CAMPS/EXCURSIONS

For any known anaphylactic child their medication (individual pack) must be taken on all activities away from the school site. (Packs are kept in the First Aid Room and a second pack in the individual students' classroom). A general use adrenaline autoinjector that is current and not expired is also stored in the First Aid Room, the 5-8 Campus General Office and will be attached to the excursion first aid kit.

Step 1

If signs of anaphylaxis are present call 000 Ambulance and notify other staff on the excursion.

Step 2

Follow the students ASCIA Management Plan.

General Use ASCIA Management Plan – Orange.

Check the adrenaline auto-injector expiry date and then inject. Make a note of the exact time of the injection.

Step 3

Other staff member is to contact the school, inform them of the situation and ask school to contact the parent/guardian.

Step 4

Continue to monitor the situation. If there has been no improvement and ambulance has not arrived in the following five minutes, administer the back-up adrenaline auto-injector.

Step 5

Keep the school informed of the situation.

Step 6

If back-up adrenaline auto-injector has been used it is important that if the group is on an extended camp that another auto-injector is obtained as soon as possible to replace the other one if taken from the first aid kit.

Date Implemented	November 2010
Author	Jo McCarthy / Wendy Saunders
Approved By	School Council /Policies sub-committee
Approval Authority (Signature & Date)	
Date Reviewed	February, 2017
Responsible for Review	Assistant Principal
Review Date	November 2011 – considered annually to determine full review or minor amendments October, 2019, February 2017.
References	Victorian Government Schools Reference Guide – section 4.8 Sunsmart Policy Student Engagement Policy Legal Services Unit – legal.services@edumail.vic.gov.au State School Relief – section 6.25 Child Safe Standards – Managing the risk of Child Abuse in Schools – as set out in the Ministerial Order No. 870.

Yarrowonga College P-12

Anaphylaxis Management Plan

Cover Sheet

(Appendix 1)

This Plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner provided by the parent/carer

School:		Campus:
Phone:		
Student's name:		
Date of birth:	Year level:	
Severely allergic to:		
Other health conditions:		
Medication at school:		
Parent/carer contact:	Parent/carer information (1)	Parent/carer information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
	Address:	Address:

Other emergency contacts
(if parent/carer not available):

Medical practitioner contact

Emergency care to be
provided at school:

EpiPen® storage:

The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on

Signature of parent:

Date:

Signature of principal (or nominee):

Date:

Strategies to Avoid Allergens

Student's name:		
Date of birth:	Year level:	
Severe allergies:		
Other known allergies:		
Date of recent anaphylaxis attack:		
Details of recent anaphylaxis attack:		
Allergen	Known symptoms	Action taken in past

Anaphylaxis Communication Plan

Yarrowonga College P-12 recognises the importance of working with the whole school community to better understand how to provide a safe and supporting environment for all students, including students with severe allergies.

RAISING STAFF AWARENESS

All staff involved in the care of students at risk of anaphylaxis, including class teachers, office staff, Casual Relief Teachers, canteen staff, administrative and other office staff, should know:

- The causes, symptoms and treatment of anaphylaxis
- The identities of students who are at risk of anaphylaxis
- The preventative strategies in place where Epipens are kept
- The school's first aid and emergency response procedures
- Their role in responding to a severe allergic reaction

At Yarrowonga College P-12 the procedures are as follows:

- Each staff member will be provided with the school anaphylaxis management policy at the beginning of each year as part of their Policy Manual.
- A photograph display will be located in the staff rooms of both campuses that has a recent photograph of any anaphylactic students enrolled at the school. The nominated first aid officer will be responsible for updating this.
- All staff at Yarrowonga College P-12 will undertake ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor Verifying the Correct Use of Adrenaline Autoinjector. Staff will also be briefed at least twice per calendar year through either the showing of a DVD or by an accredited staff member which outlines:
 - The causes, symptoms and treatment of anaphylaxis
 - How to use an auto-adrenaline injecting device
 - Students identified who has been medically diagnosed as at risk of anaphylaxis.
- Any new staff member who does not have current accreditation will be briefed by a trained staff member and as soon as practicable, that staff member will undertake anaphylaxis management training.
- Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of the students at risk and their role in responding to an anaphylactic reaction by the Leadership Team.
- All CRT staff at YCP-12 will receive a CRT folder at the beginning of the day. Included in this will be a copy of the anaphylaxis management policy and a photograph of each student who has been medically diagnosed as at risk of anaphylaxis.
- Copies of a general ASCIA Action Plan will be displayed in the canteen, corridors and in the staff rooms.

RAISING STUDENT AWARENESS

Peer support is an important element of support for students at risk of anaphylaxis. It is important to be aware that students at risk of anaphylaxis will not want to be singled out or be seen to be treated differently.

At Yarrowonga College P-12 the procedures are as follows:

- Copies of a general ASCIA Action Plan will be displayed in the canteen and in the corridors.
- Students at risk of anaphylaxis will be encouraged to inform friends of their food allergies.
- Class teachers in Years Prep to 4 will discuss with students in class the following:
 - Always take food allergies seriously – severe allergies are no joke

- Don't share your food with friends who have food allergies
- Wash your hands after eating
- Know what your friends are allergic to
- If a schoolmate becomes sick, get help immediately
- Don't pressure your friends to eat food they are allergic to.

Yarrowonga College P-12 (Appendix 3)

Individual Student Insulated Packs

Individual Student Insulated Packs will contain the following:

- **Child's adrenaline auto injector and/or medication**
- **A copy of the child's Management Plan**
- **A copy of the ASCIA signed by their General Practitioner**
- **A copy of instructions on how to administer an epipen.**
- **A photograph of the child, their name and year level which is to be on the front of the pack for easy identification.**

The pack is to be maintained by the First Aid Officer at each campus.

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 Dr or NP:

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

Signed: _____

Date: _____

Action Plan due for review: _____

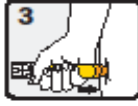
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



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



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds

REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the 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