



Anaphylaxis Management Policy

POLICY OWNER: Principal
APPROVED BY: SLT
REVIEW DATE: August 2019

Hume Anglican Grammar complies with Ministerial Order 706 and the associated Anaphylaxis Guidelines related to Anaphylaxis management as published and amended by the Department from time to time.

BACKGROUND

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 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® autoinjector 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

The Principal, via the First Aid Officer, ensures that individual management plans are 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 is to 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 sets out the following:

- Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner).
- Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings including in the school yard, at camps and excursions or at special events conducted, organised or attended by the School.
- 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 ASCIA Action Plan, provided by the parent.

The student's Individual Management Plan is reviewed by the First Aid Officer in consultation with the student's parents/carers in all of the following circumstances:

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes:
- as soon as practicable after a student has an anaphylactic reaction at school; and
- when the student is to participate in an off-site activity, such as camps and excursions, or a special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of the parents to:

- provide the ASCIA Action Plan.
- inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated ASCIA Action Plan.
- provide an up to date photo for the ASCIA Action Plan when the plan is provided to the school and when it is reviewed; and
- provide the School with an Adrenaline Auto-injector that is current and not expired for their child.

NB. From Year 7 onwards it is expected that most students at risk of anaphylaxis would carry their own adrenaline auto-injector/s. If primary age children travel independently to and from school then they would usually need to do this at a younger age. Where students carry an adrenaline auto-injector on their person, as specified in their individual health care plan, a second auto-injector is kept in the First Aid cupboard in the Atrium in the Homestead building. Where a student does choose to carry an auto-injector, they should be sufficiently mature to manage this responsibility, and the exact location of the auto-injector should be known by school staff. Hazards such as identical school bags should be considered. Where an auto-injector is carried on their person, a copy of the ASCIA Action Plan for Anaphylaxis should also be carried.

The Principal is responsible, through the First Aid Officer, for purchasing at least three general use auto-injectors (this number would increase if the number of students who might require this were to increase), for use in an emergency, to ensure that a staff member could administer this to any person on school grounds or involved in a school activity offsite. As adrenaline auto-injectors have a limited life, usually expire within 12–18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever comes first. He/she is also responsible for ensuring sufficient numbers of trained staff are available to supervise students at risk of anaphylaxis outside of normal class activities (for example, off-site activities). Where this is an excursion or co-curricular activity a trained Hume Anglican Grammar teacher will be present. Where an external provider is engaged the school will seek assurance that their staff will be trained in anaphylaxis management.

The Principal is responsible for ensuring the communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy. This will include strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction. All Teaching staff and designated General staff will complete the online anaphylaxis management training - ASCIA e-training for Victorian schools. This requires them to be verified by staff that have completed Course in Verifying the Correct Use of Adrenaline Auto-injector Devices 22303VIC, valid for three years. Further, relevant school staff participate in a briefing twice per calendar year, with the first to occur at the beginning of the year, delivered by a staff member who has successfully completed an anaphylaxis management training course in the last two years.

The Principal will also be responsible for the development of an interim plan and consult with parents if training or a briefing has not occurred as required. This training and a briefing will occur as soon as possible after the interim plan is developed.

The Principal will also be required to complete an annual risk management checklist.

COMMUNICATION PLAN

RISK MINIMISATION AND PREVENTION STRATEGIES

Hume Anglican Grammar have a duty of care to take reasonable steps to protect a student in its care from risks of injury that are reasonably foreseeable and has developed and implemented appropriated prevention strategies to minimise the risk of incidents of anaphylaxis.

The risk minimisation and prevention strategies that Hume Anglican Grammar has in place for all relevant in-school and out-of-school settings, include (but not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in canteens;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

In-School Settings:

CLASSROOM

- A copy of the student's Individual Anaphylaxis Management Plan is kept in the Health Centre. The ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location. A copy of the ASCIA is kept in the Red Medical Folder in each Primary classroom or with the homeroom teacher in the Secondary school. Epipens are kept in the unlocked First Aid cupboard in the Atrium of the Homestead building.
- Liaise with Parents about food-related activities ahead of time.
- No food treats 'No Sharing of Food Policy' as per the Primary School handbook
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
- Be aware of the possibility of hidden allergens in food and other substances used in cooking, or in science and art classes (eg: egg or milk cartons, empty peanut butter jars etc).
- Ensure all cooking utensils, preparation dishes, plates and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

Out-of-School Settings: (excursions, camps, sports activities etc)

- The Red Medical Folder (that each homeroom teacher has a copy of) is to be taken to any out-of- school setting. It has a copy of each student's ASCIA Action Plan.
- The teacher in charge is to collect and sign out any Epipens in the sign out register located in the Atrium of the Homestead building and is responsible for the welfare of any students in their care who has Anaphylaxis; and will have up to date training in Anaphylaxis management.
- It is the responsibility of the teacher in charge to inform other staff members of the exact location of the Epipens, the ASCIA Action Plan and the identity of any students who are at risk of Anaphylaxis and be able to identify them by face.
- The Epipen is to be signed back in before the commencement of the student returning to school.
- Parents who wish to accompany their child whilst in an out-of-school setting (namely

(camps, excursions, sports days etc.) should inform the teacher in advance, as this is another strategy for supporting the student who is at risk of Anaphylaxis.

- When a student is to attend a school related event where a staff member will not be present, it is the responsibility of the student's parent/carer to take the EpiPen to this event.
- When events are held at the school which are not during school hours, such as fundraising events, it is the parent/carers responsibility to take the EpiPen to this event.

Travel to and from School on Private Bus Service:

- Risk minimisation and prevention strategies on the private bus service are in place, with a 'no food policy' and all bus drivers have up to date Anaphylaxis training. Students at risk of Anaphylaxis are to carry an EpiPen and their ASCIA Action Plan with them at all times that they are using the bus service and the bus driver must be informed of who is at risk of Anaphylaxis so they can be easily identified.

Casual relief staff are informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Director of School Organisation. All new casual relief staff will be briefed about the Red Medical Folder system, which shows all students in each class who have major health issues that staff need to be aware of.

The casual relief staff paperwork also alerts these staff to collect this Red Medical Folder before they start the day working at Hume Anglican Grammar.

SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

COMMUNICATION PLAN: PART A

Anaphylaxis Emergency Procedure (on school site)

STAFF MEMBER IN FIRST CONTACT

1. Staff member in first contact with the student who is having an anaphylactic reaction is to remain with the student.
2. Send two students to the Main Office to inform staff of the emergency. The office will ensure that a staff member trained in the use of Epipen attends.
3. The staff member, if possible, should identify the student requiring the Epipen, and take the Epipen and a mobile phone with them to attend to the student requiring the Epipen.
4. An Ambulance (000) is to be called immediately to advise them that a student is having an anaphylactic reaction.
5. Inject the Epipen for the student as soon as it is possible or after instruction from 000.
6. Massage the area of the injection.
7. Keep the student warm and reassured.
8. Send a student runner to the office to update on the condition of the student.
9. Do not leave the scene until the Ambulance arrives.

OFFICE STAFF

1. One office staff member trained in the use of the Epipen will take the Epipen boxes, which also contain the ASCIA Action Plans, and a phone and accompany the students to the patient immediately.
2. The office staff member will organise staff to meet the ambulance and direct them to the patient.
3. Inform the Principal and Head of School.

OTHER STAFF IN VICINITY

1. Lend immediate assistance.
2. Assist in the control of other students in the area and move them away.

ASSISTANT PRINCIPAL OF SCHOOL

1. Phone parents.
2. Ensure that appropriate procedures are followed.
3. Follow up with staff involved.
4. Ensure that the incident is documented.

COMMUNICATION PLAN: PART B

Anaphylaxis Emergency Procedure (off school site)

STAFF MEMBER IN FIRST CONTACT

1. Staff member in first contact is to remain with the student.
2. Send two students to the staff member who is in charge of first aid and medication to inform them of the emergency and that an epipen is required.
3. Phone 000 and ask for an ambulance and tell them that the student is having an anaphylactic reaction.
4. Inject the Epipen to the student as soon as possible or after the instruction by 000.
5. Massage the area of the injection.
6. Keep the student warm and reassured.
7. Do not leave the scene until the Ambulance arrives.

OTHER STAFF IN VICINITY

1. Lend immediate assistance.
2. Assist in the control of other students in the area and move them away.

ASSISTANT PRINCIPAL OF SCHOOL

1. Phone parents.
2. Ensure that appropriate procedures are followed.
3. Follow up with staff involved.
4. Ensure that the incident is documented.

COMMUNICATION PLAN: PART C - STAFF TRAINING INFORMATION

EXPIRY OF EPIPENS

Families will be notified by letter in the month prior to the expiry of their child's EpiPen. NB: The School's First Aid Officer receives an email from Epiclub (NB. School is currently registered with Epiclub) when an EpiPen is due to expire. If there is no response to this letter a further letter will be sent two weeks later. If no response again is received to this letter the First Aid Officer will phone the parents and request that a replacement EpiPen be provided immediately. An expired EpiPen will be returned to the parent or carer involved.

NB: When an expired EpiPen is not replaced by a parent after all procedures outlined above have been followed, a student will be excluded from school until a replacement EpiPen has been provided.

BACK UP EPIPENS

There are 3 School EpiPens that have been purchased and kept on site at all times for general use. One in the Homestead, one in the Primary Office and one in the Health Centre. The EpiPens are kept on site in unlocked cupboards at all times. The back-up EpiPens are not to be taken on excursions unless the whole school is on the excursion.

EXCLUSION OF STUDENTS

Students may be excluded from excursions, camps and/or school when the school is not in receipt of a current EpiPen. Every effort will be made by the school to inform parents (as per procedures outlined above under 'Expired EpiPens') to allow parents an opportunity to provide a replacement pen when the current pen is due for expiry. If parents do not replace the EpiPen by the expiry date, the student will be excluded from school excursions, camp and/or school until a current EpiPen is provided.

STAFF TRAINING AND EMERGENCY RESPONSE

Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.

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, via the First Aid Officer, ensures that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.

The Principal, via the First Aid Officer, identifies the school staff to be trained based on a risk assessment of what students these staff are responsible for and who they may come into contact with during their day.

Training is provided to these staff as soon as practicable after the student enrolls. Wherever possible, training takes place before the student's first day at school. Where this is not possible, an interim plan is developed in consultation with the parents. The school's first aid procedures and students' emergency procedures plan (ASCIA Action Plan) is followed in responding to an anaphylactic reaction.

Training of staff is carried out by an approved Registered Training Organisation, with the course being a nationally recognised short course and approved by the VRQA.

Two in-house Anaphylaxis briefings are conducted at the start of the first semester and before the end of Term 4 each year by the First Aid Officer, who has up to date anaphylaxis management training. It is also a requirement that teaching staff complete

an online training module related to:

(1) Online training

- anaphylaxis management
- the causes, symptoms and treatment of anaphylaxis
- how to use an autoadrenaline injecting device.

(2) What staff should know about our students

They should also know:

- the school's first aid and emergency response procedures.
- the identities of students diagnosed at risk of anaphylaxis and where their medication is located.

WHAT IS AN EPIPEN - ADRENALINE AUTOINJECTOR?

Adrenaline autoinjectors are auto-injector devices containing a single dose of adrenaline in a spring- loaded syringe. Two brands are approved for sale in Australia by the Therapeutic Goods Administration: the EpiPen® and the Anapen®. A version containing half the standard dose of adrenaline (EpiPen® Jr and Anapen® Jr) is available in both brands for small children (under 20 Kg). Adrenaline autoinjectors have been designed as first aid devices for use by people without formal medical or nursing training.

When adrenaline is injected, it rapidly reverses the effects of a severe allergic reaction by reducing throat swelling, opening the airways, and maintaining blood pressure. Adrenaline (also called epinephrine) is a natural hormone released in response to stress. It is a natural "antidote" to the chemicals released during severe allergic reactions (anaphylaxis) to common allergens such as drugs, foods or insect stings. Adrenaline is destroyed by digestive enzymes in the stomach and so it needs to be administered by injection.

It is important for school staff to be aware that EpiPen® devices look and operate differently to the Anapen® devices. Information showing the differences between EpiPens® and Anapens® and how they operate can be found on the ASCIA website resources page at <http://www.allergy.org.au/health-professionals/anaphylaxis-resources>.

WHAT IF A STUDENT IS UNABLE TO ADMINISTER HIS OR HER OWN AUTOINJECTOR?

At any age, students may be unable to administer their own medication, particularly if they become too distressed or incapacitated. Where that is the case, another person should administer the adrenaline autoinjector immediately. Waiting for help to arrive may endanger the student's life. The emergency number 000 should be called immediately and instructions asked for and then followed.

HOW QUICKLY DOES AN ADRENALINE AUTO INJECTOR WORK?

Signs of improvement should be seen rapidly, usually within a few minutes. If there is no improvement, or the symptoms are getting worse, before a second injection is administered, the emergency number '000' should be called immediately and their instructions followed. NB. In most cases a second injection can be administered after 5 minutes.

IS GIVING AN ADRENALINE AUTOINJECTOR SAFE?

Administration of the adrenaline autoinjector is very safe. The needle is thin and short (14 mm) so damage to nerves and blood vessels is not a concern when it is administered in the outer mid-thigh according to standard instructions.

When it is suspected that a person is having a severe allergic reaction, not giving the adrenaline autoinjector can be much more harmful than giving it when it may not have

been necessary.

WHAT WOULD HAPPEN IF THE ADRENALINE AUTOINJECTOR IS GIVEN AND IT WAS SUBSEQUENTLY FOUND TO BE UNNECESSARY?

The speed and force of the heartbeat could increase and the student may have palpitations and feel shaky for a few minutes. This should wear off after 10 to 15 minutes.

HOW SHOULD A USED ADRENALINE AUTOINJECTOR BE DISPOSED OF?

If the adrenaline autoinjector has been given, then an ambulance must be called. The time of administration of the autoinjector should be noted. The used autoinjector should be placed into its screw-top container and given to the ambulance crew so they will know what medication the student has received.

ADRENALINE AUTOINJECTOR STORAGE, SHELF LIFE AND REPLACEMENT

Adrenaline autoinjectors should be stored in a cool dark place (such as an insulated wallet) at room temperature, between 15 and 25 degrees Celsius. They must not be refrigerated, as temperatures below 15 degrees Celsius may damage the autoinjector mechanism.

Adrenaline autoinjectors should be kept out of the reach of small children, however, they must be readily available when needed and NOT in a locked cupboard. An ASCIA Action Plan for Anaphylaxis should always be stored with an adrenaline autoinjector.

Make sure the adrenaline autoinjector is readily accessible from the classroom/s and playground and that staff know where it is located. Note: It is not appropriate to store adrenaline autoinjectors in a locked classroom during recess/lunch breaks or to store an autoinjector in a fridge.

The shelf life of adrenaline autoinjectors is normally around 1 to 2 years from date of manufacture. The expiry date on the side of the device needs to be marked on a calendar and the device must be replaced prior to this date. Expired adrenaline autoinjectors are not as effective when used for treating allergic reactions. However, a recently expired adrenaline autoinjector should be used in preference to not using one.

It is the role of the parent to provide the prescribed adrenaline autoinjector and to replace it when it expires or after it has been used. A student's individual health care plan for anaphylaxis should include details for replacing used and expired adrenaline autoinjectors in a timely way.

ADRENALINE AUTOINJECTORS FOR GENERAL USE, NOT SPECIFICALLY PRESCRIBED FOR A STUDENT

Adrenaline autoinjectors are available from pharmacies without a prescription (not Pharmaceutical Benefits Scheme (PBS) subsidised). While it is the role of the parent to provide adrenaline autoinjectors for students diagnosed at risk of anaphylaxis, government schools and their preschools must have a general use adrenaline autoinjector as part of their first aid kit, to use for example, as a backup, or to use if a previously undiagnosed student is having a first episode of anaphylaxis.

Systems should be in place to replace expired or used general use autoinjectors in a timely way. Further information about adrenaline autoinjectors for general use can be found on the ASCIA website at: <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/adrenaline-autoinjectors-for-general-use>.

TIMING AND GIVING A SECOND DOSE OF AN ADRENALINE AUTOINJECTOR

If an adrenaline autoinjector is administered it is important to note the time of

administration. After receiving advice via '000' where possible, if there is no change in the student's condition after 5 minutes (i.e. there is no response), a second adrenaline autoinjector should be administered to the student if available.

Information about the time that a student has been administered an adrenaline autoinjector should also be provided to ambulance personnel when they arrive at the school.