Our Lady Help of Christians Primary School
Anaphylaxis Management Policy

Rationale:
Anaphylaxis is a severe rapidly progressive allergic reaction that is potentially life threatening when a person is exposed to an allergen. The most common allergens in school aged children are eggs, peanuts, tree nuts (e.g. cashews), cow’s milk, fish and shellfish, wheat, soy, sesame seeds, certain insect stings and medications.

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 under the care of the school.

Adrenaline given as an injection into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis. This is done through an Adrenaline Autoinjector, the most common being an EpiPen or Anapen.

Aim
At Our Lady Help of Christians Primary School we aim to:

- provide, a safe and supportive environment for students and staff at risk of anaphylaxis;
- engage with parents/guardians/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student;
- engage with staff members at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies;
- ensure that all school staff are made aware of students and staff members with anaphylaxis, have adequate knowledge about allergies, anaphylaxis and the school’s policy and procedures in responding to an anaphylactic reaction and;
- raise awareness about anaphylaxis and the school’s anaphylaxis management policy in the school community.

Implementation
Our Lady Help of Christians will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department on anaphylaxis management. In an event of an anaphylactic reaction, the school’s first aid and emergency response procedures and the student’s individual Anaphylaxis Management plan will be followed.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN
On enrolment to Our Lady Help of Christians, parents will be required to inform the school of their child’s medical condition in relation to allergies and potential for anaphylactic reaction and provide the school with their child’s ASCIA Action Plan with an up to date photo.

Following this, the principal or principal nominee will ensure that an individual 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 and implemented in a case of an anaphylaxis reaction. (Refer Appendix 1)
Students ASCIA Action plans will be displayed in the First Aid Room and a copy given to the classroom teacher. (Refer Appendix 2&3)

References: Department of Education & Training: Anaphylaxis Management in Schools
COMMUNICATION PLAN
The principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school’s anaphylaxis management policy.

At Our Lady Help of Christians the following strategies are in place to ensure the safety of students and staff at risk of anaphylaxis.

- teachers will complete Anaphylaxis Management training every 3 years;
- casual relief teachers will be provided with an information folder, informing them of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care;
- the school’s Deputy Principal will be responsible for briefing casual relief teachers and new school staff of students in their care at risk of anaphylaxis and responding to an anaphylactic reaction by a student;
- playground First Aid kits will have photos and information on students with anaphylaxis;
- playground First Aid kits will have Red Urgent Assistance Needed in... playground card;
- twice a year staff will be briefed on the school’s Anaphylaxis Management plan;
- teachers will raise the awareness of and discuss with students the importance of not sharing food with friends and washing their hands after eating;
- parents of students at risk of anaphylaxis will be asked to inform the school and update their child’s ASCIA plan as things change as well as fill out a Confidential Family Information sheet annually with their child’s medical needs.

STAFF TRAINING
Teachers, who conduct classes with students at risk of anaphylaxis, must have up to date training in an Anaphylaxis Management Training course. The principal will identify the school staff to be trained and contact St John Ambulance to organise training.

The school staff will participate in 2 briefing sessions per year, (the first at the beginning of the school year) on:

- Our Lady Help of Christians Anaphylaxis Management Policy;
- the causes, symptoms and treatment of anaphylaxis;
- the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction;
- how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
- the Our Lady Help of Christians general first aid and emergency response procedures;
- the location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.

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 must ensure that there is a sufficient number of staff present who has up-to-date training in an anaphylaxis management training course.
SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

The school’s first aid procedures and the student’s ASCIA Action Plan will be followed in responding to an anaphylactic reaction.

It is the responsibility of the school to:
- purchase 2 Adrenaline Autoinjectors for general use to be stored in the First Aid cupboard in a labelled red container;
- review the student’s individual management plan, in consultation with the student’s parents/carers annually, and as applicable if the student’s condition changes, or immediately after a student has an anaphylactic reaction at school;
- display ASCIA Action Plan/Management Plan for students in the First Aid Room and classroom of student with anaphylaxis;
- provide class teachers with a list of students who are at risk of anaphylaxis in their class and their ASCIA Action Plan/Management Plan;
- inform all staff of the students in the school who are at risk of anaphylaxis.

It is the responsibility of the parent to:
- provide the ASCIA Action Plan for their child with a recent photo;
- provide 2 Adrenaline Autoinjectors – one for the First Aid Room/Office, one for the classroom;
- inform the school if their child’s medical condition 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.

PROCEDURE FOR ADRENALINE AUTOINJECTOR EMERGENCY

One of the student’s Adrenaline Autoinjectors is kept in the First Aid Room’s unlocked cupboard and the other in the top draw of their classroom teacher’s desk.

They are in individual cases, labelled with the student’s name, photograph, medical condition and the Adrenaline Autoinjector’s expiry date.

Whilst on yard duty, teachers carry a bag containing in it Red Urgent Assistance needed in …playground card.

This card will be sent to the school office in the event of an emergency.

The following procedure is to occur:

PERSON ONE - Stays with the child at all times

PERSON TWO - Locates the closest Adrenaline Autoinjector for the child and takes it to the child, informing the Principal or Person in Charge who will also go to the child.

PERSON ONE or PRINCIPAL/ PERSON IN CHARGE

Administers Adrenaline Autoinjector with the assistance of another trained person

PERSON TWO - Contacts an ambulance on 000 (112) and explains the situation.
Contact parent/guardian/carer.

PERSON THREE - Meets ambulance. The used Adrenaline Autoinjector and time of administration must be handed to the ambulance paramedics.

PERSON ONE or PRINCIPAL/ PERSON IN CHARGE

Administers a second Adrenaline Autoinjector after 5 minutes if there is no improvement.

References: Department of Education & Training: Anaphylaxis Management in Schools
PERSON ONE - Complete First Aid Report

PRINCIPAL - Organises debriefing with teachers.

FOOD
Teachers remind students at risk of anaphylaxis that they are only to eat the food they bring to school and not accept food from other school community members. In consultation with the parents, specific food can be organised for students with risk of anaphylaxis to eat on special days e.g. birthdays.

Canteen
All canteen staff should be informed of students at risk of anaphylaxis. The students' name and photo (with parents' permission) will be on display in the canteen. Canteen items sold will exclude peanut or other nut products.

CARD SYSTEM
Teachers on yard duty carry a first aid pouch that contains photos and information of students with anaphylaxis as well as a red urgent assistance needed card.

EXCURSIONS
It is the responsibility of the class teacher to carry the Adrenaline Autoinjector and ASCIA Action Plan/Management Plan at all times if leaving the school with the student. Should the parent attend the excursion it is acceptable for the parent to have their own Adrenaline Autoinjector, however the student must be with the parent so that provision can be made in the event of an emergency. When splitting up into small groups on an excursion, an anaphylactic child must be with the classroom teacher or trained school staff, or if the parent of the students attends, s/he may be in their parent's group.

CAMPS
All school staff attending the camp will know who the students at risk of anaphylaxis are. Staff members with training will attend the camp.

The camp site will be notified of students at risk of anaphylaxis and their allergies. The camp cook should demonstrate satisfactory training in food allergen management and its implications on food handling practices. The school staff will consult with parents of students at risk of anaphylaxis and camp owner/operator to ensure appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction.

The students at risk of anaphylaxis Adrenaline Autoinjector and ASCIA Action Plan/Management Plan will be taken to camp, as well as an Adrenaline Autoinjector for general use. Prior to the camp taking place school staff (classroom teacher/principal) will consult with the student's parents to ensure that the individual management plan is up to date.

The principal will contact the closest hospital or medical centre to inform them of students at risk of anaphylaxis and if they have provision for this student in the event of an emergency. A medical plan for the student needs to be taken on camp and presented to the hospital / medical centre.

FIRST AID CO-ORDINATOR/CLASSROOM TEACHER
It is the responsibility of the First Aid Co-ordinator (school officer) to check the use-by-date of the Adrenaline Autoinjector in the First Aid Room and notify parents when it is close to expiring.
It is the responsibility of the Classroom teacher to check the use-by-date of the Adrenaline Autoinjector in the classroom and notify parents when it is close to expiring. The classroom teacher will return the student's Adrenaline Autoinjector at the end of the school year.

It is the parent's responsibility for replacing the Adrenaline Autoinjector.

References: Department of Education & Training: Anaphylaxis Management in Schools
DISPLAN DRILL
To ensure that procedures work a drill may need to take place. Parents should be notified that students will be part of this DISPLAN drill.

STEPS FOR ADMINISTERING EPIPEN
- Remove from plastic container and check expiry date.
- Form a fist around EpiPen and pull off the blue safety cap.
- Place orange end against the student’s 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
- Massage injection site for 10 seconds.
- Note the time you administered the EpiPen.
- The used autoinjector must be handed to the ambulance paramedics along with time of administration.

STEPS FOR ADMINISTERING Anapen
- Remove from box container and check expiry date.
- Remove black needle shield.
- Form a fist around Anapen and remember to have your thumb in reach of the red button, then remove grey safety cap.
- Place needle against the student’s outer mid-thigh.
- Press the red button with your thumb so it clicks and hold it for 10 seconds.
- Replace needle shield and note the time you administered the Anapen.
- The used autoinjector must be handed to the ambulance paramedics along with time of administration.

Evaluation:
This policy will be reviewed as part of the school’s review cycle.
We will:
- Use guidelines related to anaphylaxis management in schools as published and amended by the Department of Education and Training.

This policy was last ratified by OLHC School Staff Term 1 2015

References: Department of Education & Training: Anaphylaxis Management in Schools
Appendix 1

Individual Anaphylaxis Management Plan

This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent.

It is the Parent's responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

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<th>Phone</th>
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<td>Student</td>
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<td>DOB</td>
<td>Year level</td>
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Severely allergic to:

Other health conditions

Medication at school

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**EMERGENCY CONTACT DETAILS (PARENT)**

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<th>Name</th>
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**EMERGENCY CONTACT DETAILS (ALTERNATE)**

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Medical practitioner contact

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Emergency care to be provided at school

Storage for Adrenaline Autoinjector (device specific) (EpiPen®/Anapen®)

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**ENVIRONMENT**

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g.

References: Department of Education & Training: Anaphylaxis Management in Schools
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<thead>
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<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
<th>Completion date?</th>
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References: Department of Education & Training: Anaphylaxis Management in Schools
Appendix 2

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline AutoInjectors

MILD TO MODERATE ALLERGIC REACTION

• Swelling of lips, face, eyes
• Hives or welts
• Tingling mouth
• Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

• For insect allergy, flick out sting if visible. Do not remove ticks.
• Stay with person and call for help
• Locate EpiPen® or EpiPen® Jr
• Give other medications (if prescribed) ...........................................
  Dose: ..................................................................................................
• Phone family/emergency contact

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

1 Lay person flat. Do not allow them to stand or walk.
   If breathing is difficult allow them to sit.
2 Give EpiPen® or EpiPen® Jr
3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
4 Phone family/emergency contact
5 Further adrenaline doses may be given if no response after
   5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.
If uncertain whether it is anaphylaxis, give adrenaline autoinjector FIRST, then
asthma reliever.
EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

Note: This is a medical document that can only be completed and signed by the patient’s
treating medical doctor and cannot be altered without their permission.

References: Department of Education & Training: Anaphylaxis Management in Schools
Appendix 3

ACTION PLAN FOR Anaphylaxis

For use with Anapen® Adrenaline Autoinectors

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed) ...........................................
- Dose: ....................................................................................................
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

1 Lay person flat. Do not allow them to stand or walk.
   If breathing is difficult allow them to sit.
2 Give Anapen® 300 or Anapen® 150
3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
4 Phone family/emergency contact
5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector
Commence CPR at any time if person is unresponsive and not breathing normally.
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.
Anapen® 300 is generally prescribed for adults and children over 5 years.
Anapen® 150 is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

References: Department of Education & Training: Anaphylaxis Management in Schools

© ASCIA 2014. This plan was developed by ASCIA

Photo

Confirmed allergens:

Asthma  Yes ☐  No ☐

Family/emergency contact name(s):

Work Ph: ____________________________
Home Ph: ____________________________
Mobile Ph: ____________________________

Plan prepared by: ____________________________
Dr: ____________________________
Signed: ____________________________
Date: ____________________________

How to give Anapen®:

1 Pull off black needle shield
2 Pull off grey safety cap from red button
3 Place needle end firmly against bone and thigh at 90° angle with or without clothing
4 Press red button to 4 clicks and hold for 10 seconds
5 Remove Anapen® and DO NOT touch needle. Massage injection site for 10 seconds

Instructions are also on the device label and at: www.allergy.org.au/anaphylaxis