



# Anaphylaxis Management

## POLICY

### Rationale

The school owes a duty of care to all students who attend, including those with allergies, and recognises that severe allergies are serious and in some instances may be life threatening. Parents, carers, staff and students need to understand the processes and procedures the school has in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Cardinia Primary School is compliant with Ministerial Order 706 and the Department of Education and Training's guidelines for anaphylaxis management.

### Anaphylaxis

Anaphylaxis is a severe and potentially life-threatening condition brought about by an acute allergic reaction to an allergen. The most common allergens for school aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

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

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

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

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

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

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline auto-injector for use in an emergency. These adrenaline auto-injectors are designed so that anyone can use them in an emergency. The first aid treatment for anaphylaxis is an injection of adrenaline into the muscle of the outer mid-thigh.

### Aim

- To provide, as far as practicable, a safe and supportive school environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- 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.

## Scope

This policy applies to:

- 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.

## Implementation

- The school will comply with Ministerial Order 706 and guidelines related to anaphylaxis management in schools as published and amended by the Department of Education and Training (DET) from time to time.
- An Action Plan for Anaphylaxis, in a format approved by the Australasian Society of Clinical Immunology and Allergy (ASCIA Action Plan), must be provided to the school for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction.
- If a student has been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction, the Action Plan for Anaphylaxis must be provided to the school as soon as practicable after the student enrolls, and where possible, before the student's first day of attendance at the school.
- For any student with an Action Plan for Anaphylaxis, the school will prepare an Individual Anaphylaxis Management Plan as soon as practicable after the student enrolls, and where possible, before the student's first day of attendance at the school. The Individual Anaphylaxis Management Plan will include the following:
  - \* information about the student's medical condition that relates to allergy 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 special 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; and
  - \* an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.
- 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 is practicable after a student has an anaphylactic reaction at school;
  - \* if the student's medical condition, insofar as it relates to the allergy and the potential for anaphylactic reaction, changes;
  - \* when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

The 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.

- A copy of each student's Individual Anaphylaxis Management Plan and Action Plan for Anaphylaxis will be kept in the student's classroom and in the First Aid Room.
- Each student's adrenaline auto-injector will be stored in the classroom with the student's Individual Anaphylaxis Management Plan and Action Plan for Anaphylaxis. The adrenaline auto-injector must be clearly labelled with the student's name. If a second adrenaline auto-injector is provided for a student, it will be stored in the school office.
- It is the responsibility of the parent to:
  - \* provide a completed ASCIA Action Plan for Anaphylaxis to the school;
  - \* 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 Action Plan for Anaphylaxis;
  - \* provide the school with any medication listed on the Action Plan for Anaphylaxis for a mild to moderate allergic reaction, which must be within its expiry date; and
  - \* provide the school with an adrenaline auto-injector that is within its expiry date.
- The school will put the following risk minimisation strategies in place to reduce the possibility of a student suffering from an anaphylactic reaction at school:
  - \* informing the community about anaphylaxis via the school newsletter;
  - \* discouraging food sharing and restricting food to that approved by parents;
  - \* liaising with parents about food-related activities ahead of time;
  - \* year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays.
- The school cannot guarantee that allergens, or products with allergens, will never be present at the school or at special events outside the school environment. The school will not ban certain types of foods as it is not practicable to do so.
- Staff will endeavour to provide food at special school events that all students may enjoy. In the case of students with severe or unusual allergies, the school may require the student/family to provide appropriate lunch/snacks to ensure the student's safety.
- The school will maintain a supply of adrenaline auto-injectors for general use, as a back-up to those provided by parents/carers for specific students, and also for students who may suffer from a first time reaction at school. Adrenaline auto-injectors for general use will be stored in the school office and be labelled with "general use". The principal is responsible for determining the number of adrenaline auto-injectors required for general use by the school.
- A Communication Plan will be prepared in accordance with Ministerial Direction 706 and will form part of this Anaphylaxis Management Policy.
- In the event of a student having an anaphylactic reaction, the emergency response procedure outlined in the Communication Plan, together with the school's general first aid and emergency response procedures and the student's Individual Anaphylaxis Management Plan and Action Plan for Anaphylaxis, must be followed.
- School staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend, as well as any further school staff the Principal

identifies, will have successfully completed an anaphylaxis management training course (as defined in Ministerial Direction 706) in the three years prior.

In addition they must participate in a briefing, to occur twice per calendar year with the first one being held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis training course in the 12 months prior on:

- \* the school's Anaphylaxis Management Policy;
- \* the causes, symptoms and treatment of anaphylaxis;
- \* the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;
- \* how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector;
- \* the schools general first aid and emergency response procedures; and
- \* the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

### **References**

- Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools
- Anaphylaxis Guidelines: A Resource for Managing Severe Allergies in Victorian Schools (February 2014)
- <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

### **Evaluation**

This policy will be reviewed every year or as deemed necessary.

### **Ratified**

As this is an operational policy it is not required to be ratified by School Council.