

Frankston Special Developmental School

ANAPHYLAXIS POLICY

PURPOSE

To explain to Frankston Special Developmental School (FSDS) families, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that FSDS is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

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.

POLICY

School Statement

FSDS will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure 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.

Symptoms

Sights and symptoms of a mild to moderate allergic reactions can include:

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

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

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

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

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first-aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. Anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at FSDS who are diagnosed as being at risk of suffering from an anaphylactic reaction by a medical practitioner must have an **Individual Anaphylaxis Management Plan**. When notified of an anaphylaxis diagnosis, the assistant principal of FSDS is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at FSDS and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that is not expired
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- 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
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Plans

A student's Individual Anaphylaxis 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 practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to 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.

Our 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.

Location of plans and adrenaline autoinjectors

Assistant Principal's office: In cupboard with First Aid symbol*



A copy of the student's Individual ASCIA Action Plan for Anaphylaxis is on display in Room 15, the homecrafts room, the Assistant principal's office and staffroom and the student's breakout room in the middles area. The student's adrenaline autoinjector is carried in a bumbag with the staff member who is working with him at all times. Adrenaline autoinjectors must be labelled with the student's name.

**Autoinjectors are currently unavailable for purchase. FSDS will purchase one as soon as they become available.*

Risk Minimisation Strategies

RISK MANAGEMENT FOOD ALLERGY	
CLASSROOM	<ul style="list-style-type: none"> ❖ All staff and students are reminded to regularly wash their hands. ❖ The school community is made aware of what the student is allergic to. <p>Food rewards</p> <ul style="list-style-type: none"> • Discouraged in place of non-food rewards. <p>Class parties or birthday celebrations</p> <ul style="list-style-type: none"> • Discuss events with the parents or guardians of the child with allergy well in advance. • Teacher may ask the parent to attend the party as a 'parent helper'. • Child at risk of anaphylaxis should be taught and discouraged from sharing food brought in by other children. • Child can participate in spontaneous birthday celebrations by parents supplying a 'treat box' or safe cupcakes stored in the freezer in a labelled sealed container. <p>Cooking/food technology</p> <ul style="list-style-type: none"> • Engage parents or guardians and older children in discussions prior to cooking sessions and activities using food. • Remind students not to share food including during morning tea and lunch breaks. <p>Science experiments</p> <ul style="list-style-type: none"> • Engage parents in discussion prior to experiments containing foods. <p>Art and craft classes</p> <ul style="list-style-type: none"> • Ensure containers used by students at risk of anaphylaxis do not contain allergens (e.g. egg white or yolk on an egg carton). • Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg. <p>Use of food as counters</p> <ul style="list-style-type: none"> • Non-food 'counters' such as buttons/discs may be a safer option than chocolate beans. <p>Class rotations</p> <ul style="list-style-type: none"> • All teachers will need to consider children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class.
CANTEEN	<ul style="list-style-type: none"> • Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods. • Children with food allergy should have distinguishable lunch order bags. • Restriction on who serves children with food allergy when they go to the canteen.

	<ul style="list-style-type: none"> • Place photos of the children with food allergy in the homecrafts room. • Send home a canteen order form to family for approval and discussin (Cameron not in on Thursdays).
INCURSIONS	Prior discussion with parents if incursions/on-site activities include any food activities.
EXCURSIONS	<p>Teachers organising/attending excursions or sporting events should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylaxis occurs.</p> <p>Staff should also:</p> <ul style="list-style-type: none"> • Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other forms of emergency communication (e.g. walkie talkie). • Consider increased supervision depending on the size of the excursion/sporting event • Ban all eating on buses. • Check if excursion includes a food related activity, if so discuss with the family • Ensure that all staff are aware of the location of the emergency medical kit
SCHOOL CAMPS	<p>Invite the parent of the child at risk of anaphylaxis to attend as a parent Parents of children at risk of anaphylaxis should have a face to face meeting with school staff/camp coordinator prior to the camp to discuss the following:</p> <ul style="list-style-type: none"> • School's emergency response procedures outlining roles and responsibilities of the teachers in policing prevention strategies and their roles & responsibilities in the event of an anaphylactic reaction. • All teachers attending the camp should carry laminated emergency cards, detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life threatening allergic reaction has occurred and adrenaline is required. • Staff should demonstrate correct administration of adrenaline autoinjectors using training devices (EpiPen® and Anapen®) prior to camp. • Consider contacting local emergency services and hospital prior to camp and advise that xx children are in attendance at xx location on xx date including children at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to camp site area (e.g. consider locked gates in remote areas). • Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged. • Parents or guardians should be encouraged to provide two adrenaline autoinjectors along with the ASCIA Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp. The second adrenaline autoinjector should be returned to the parents/guardian on returning from camp. • Clear advice should be communicated to all parents or guardians prior to camp regarding what foods are not allowed. • Parents or guardians of children at risk of anaphylaxis and school staff need to communicate about food for the duration of the camp. • Parents or guardians should also communicate directly with the catering

staff and discuss food options/menu, food brands, cross contamination risks to determine the safest food choices for their child.

- Parents or guardians may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised.

Discussions by school staff and parents or guardians with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be:

- Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed (e.g. egg, milk, wheat). A decision may be made to remove pavlova as an option for dessert if an egg allergic child is attending for example.
- Awareness of cross contamination of allergens in general (e.g. during storage, preparation and serving of food).
- Discussion of the menu for the duration of the camp including morning and afternoon teas and snacks.
- Games and activities should not involve the use of peanut or tree nut products or any other known allergens.
- Camp organisers need to consider domestic activities that they assign to children on camp. It is safer to have the child with food allergy set tables, for example, rather than clear plates and clean up.

Adrenaline autoinjectors for general use

FSDS will maintain a supply of one adult adrenaline autoinjector for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline autoinjectors for general use will be stored in Assistant Principal's office and labelled "general use".

The principal is responsible for arranging the purchase of adrenaline auto-injectors for general use, and will consider:

- the number of students enrolled at risk of anaphylaxis
- the accessibility of adrenaline auto-injectors supplied by parents
- the availability of a sufficient supply of auto-adrenaline injectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline auto-injectors, and the need for general use adrenaline auto-injectors to be replaced when used or prior to expiry.

Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up to date list of students identified as being at risk of anaphylaxis is maintained by **Kris Baker** and stored in the Assistant Principal's office. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none">• Lay the person flat• Do not allow them to stand or walk• If breathing is difficult, allow them to sit• Be calm and reassuring• Do not leave them alone• Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the Assistant Principal's office.• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none">• Remove from plastic container• Form a fist around the EpiPen and pull off the blue safety release (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 3 seconds• Remove EpiPen• Note the time the EpiPen is administered• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

[Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over treatment of a mild to moderate allergic reaction. Refer to page 41 of the [Anaphylaxis Guidelines](#)].

Communication Plan

This policy will be available on FSDS' website so that families and other members of the school community can easily access information about FSDS' anaphylaxis management procedures. Families of students who are enrolled at FSDS and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Assistant Principal and first aid officers are responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and FSDS' procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy. Information about the student will be included in the ANZUK handbook.

Staff training

Staff at FSDS will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the principal identifies, must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Three staff have been trained in 22300VIC First Aid Management of Anaphylaxis: Kris Baker, Dylan Thomas and Vivien Peile.

The assistant principal will train staff on anaphylaxis management and how to use an autoinjector twice annually (May 9, 2018).

- this 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 school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at FSDS who is at risk of anaphylaxis, the assistant principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

REVIEW CYCLE AND EVALUATION

This policy was last updated May 2018 and is scheduled for review May 2019.

The principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

Links	Policy: First Aid, Medication
Author	Assistant Principal
Reviewed	May 18
School Council Approval	n/a
Next review date	May 19
References	DET Anaphylaxis