

WILLIAMSTOWN NORTH PRIMARY SCHOOL

No 1409

Anaphylaxis Policy & Procedures

Date: June 2016

1. Rationale

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Certain foods and insect stings are the most common causes of anaphylaxis. Allergens include peanuts, tree nuts (hazelnuts, cashews, and almonds), egg, strawberries, citrus, cow's milk, wheat, soy, fish and shellfish. Other common allergens are insect stings, latex, medications and anaesthesia.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed as being 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.

2. Aims

- 2.1 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 students schooling.
- 2.2 To raise awareness about anaphylaxis and the school's Anaphylaxis Management Policy in the school community.
- 2.3 To engage with parents/guardians of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- 2.4 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.

3. Implementation

3A Knowledge

- 3A.1 It is the parents responsibility to inform the school if their child is anaphylaxis (upon enrolment).
- 3A.2 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.
- 3A.3 An up-to-date 'Epi-pen Students' and 'Allergic Reaction Students' sheets are located in the classroom office and the CRT folder, to alert any teacher or Casual Replacement Teacher (CRT) about any child who may be at risk of having an anaphylactic reaction.
- 3A.4 All staff to familiarise themselves with the "Anaphylactic Information Emergency sheet" and '**Code Red**' and '**Code Green**' Cards.

3B Management

3B.1 All staff to be trained in Anaphylaxis Management. This training will be valid for a period of two years (online assessment or three years) provided that the school meets the requirements of Section 12 (12.2.1 a and b and 12.2.2 a to f) of Ministerial Order 706; which denotes,

12.2.1 have successfully completed

- a) a face-to-face anaphylaxis management training course in the three years prior; or
- b) an online anaphylaxis management training course in the two years prior; and

12.2.2 participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis management training course referred to in clause 12.2.1 in the two years prior, on

- a) the school's anaphylaxis management policy;
- b) the causes, symptoms and treatment of anaphylaxis;
- c) the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;
- d) how to use an adrenaline auto injector, including hands on practise with a trainer adrenaline auto injector (Epi-pen);
- e) the school's general first aid and emergency response procedures; and
- f) the location of, and access to, adrenaline auto injectors that have been provided by parents or purchased by the school for general use.

3B.2 If a child has an anaphylactic reaction and has previously not been diagnosed and therefore does not have an Epi-pen, then call a MICA Ambulance immediately and administer First Aid, accordingly to the instructions from Ambulance Victoria, until the ambulance arrives. Refer to Appendix A

3B.3 A member of the School Leadership or Administration will coordinate the allocation of responsibilities associated with the anaphylactic reaction. Refer to Appendix A.

3B.4 An individual management plan is developed prior to a child starting at Williamstown North Primary School or as soon as is practicable, after the student enrolls. In the event of an anaphylactic reaction the school's First Aid and emergency response procedures and the student's individual anaphylaxis Management Plan must be followed.

3B.5 The school will have backup adrenaline Auto Injectors.

3B.6 Procedure for Camps/Excursions/Activities off site (See Appendix B).

3B.7 Individual Student Insulated Epi-pen pack will contain items listed as per Appendix C.

3B.8 Managing an Anaphylactic Child in the classroom. (Refer to Appendix D).

3C Prevention

- 3C.1** The school discourages food containing 'nuts' being brought to school and the school Canteen does not sell food containing 'nut' products; based on the inspection of product ingredient label.
- 3C.2** A copy of all students' Individual Management Plans to be displayed in the Sickbay and a copy placed in the students individual kit.
- 3C.3** If a child is identified as being at risk of having an anaphylactic reaction the following steps must be implemented (See Appendix A).
- 3C.4** Procedure for Camps/Excursions/Activities off site (See Appendix B).
- 3C.5** Arrange for the parents of the anaphylactic child to supply a "treat box" for the child in place of foods at class parties, special lunches, theme days etc.

4. Review

The Anaphylaxis Policy will be reviewed annually and in line with Ministerial Order 706 and DET guidelines.

This Policy was ratified at School Council 22nd June 2016 .

The Principal/Designated Office will allocate the following roles: -

APPENDIX A

If a child is identified as being at risk of having an Anaphylactic reaction the following steps must be implemented: -

Person A: Contact the General Office then stay with, and manage the child.

If the reaction happens in the building, contact the office by phone and send a child to the office with the relevant 'Code Red' or 'Code Green' card that referred to the anaphylactic child.

If the reaction happens in the playground, make contact with the office with the 'Code Red' card located in the Yard Duty Bag or via a communication device.

Person B: Collect student's individual pack from the First Aid Room and proceed to the child, to administer the epi-pen.

Any person administering an Epi-pen must have completed an 'Epi-pen training' session provided by an appropriate provider or the school Anaphylaxis supervisor (Course in verifying the correct use of adrenaline Auto Injector course #22303VIC) and two yearly school briefings.

Whenever an Epi-pen is administered an ambulance must be called.

Where a child experiences an anaphylactic reaction the child will be injected with their Epi-pen.

If a second Epi-pen, (as advised by an ambulance officer), is required, either, the school's emergency Epi-pen, or another child's Epi-pen can be administered. In the situation, where another child's Epi-pen was to be used, that child would also travel in the ambulance to the hospital.

Never administer an Epi-pen where the date has expired.

Note: If an Epi-pen is administered unnecessarily it is not life threatening. The child will simply experience racing of the heart for 15-20 minutes.

Person C: Responsible for contacting the MICA Ambulance.

The exact procedure/steps as outlined on the Emergency Ambulance sheet must be followed.

The ambulance is to always be directed to the front entrance of the school (Melbourne Road).

Contact the child's parent/s/guardian/s after the ambulance has been called.

Person D: Responsible for general 'crowd control/supervision'.

This may be a yard duty teacher or teacher from an adjoining area/classroom

Person E: Responsible for meeting the ambulance at the front entrance to the school.

Designated person to wait on the footpath adjacent to the front entrance of the school on Melbourne Road.

Accompany ambulance officer/s to the child.

The Principal/Designated Office will allocate the following roles: -

APPENDIX B

Procedure for Camps/Excursions/Activities off site.

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 cupboard in the First Aid Room).

Ensure at least one adult attending the activity, has completed the required training of how to administer an epi-pen.

In the event of an anaphylactic reaction, the same steps as per the School Management Plan be implemented.

Principal/Assistant Principal or person in charge, is responsible for allocating designated roles i.e. Person A, Person B etc.

A mobile phone must be taken on all activities away from the school site.

Where a child at risk of having an anaphylactic reaction is attending a camp, the Camp Coordinator is responsible for contacting the camp to advise them of the particular allergy/allergies, to ensure the child's food requirements are met.

Depending on the allergy some foods may need to be excluded from the camp menu.

Organisers of camps are advised to consider inviting the parent of the child at risk to attend the Camp. Refer to the Camping Policy.

Procedures are in place for children with an allergy. Specific children may have access to an 'additional' Epi-pen in the classroom based on parent request.

The school will ensure the generic Epi-pen is taken on school camps. The parents of children with anaphylaxis will also be asked to provide their Epi-pen from home to accompany them on school camp. The schools individual pack will also be taken, to ensure the child with anaphylaxis has two Epi-pens on camp.

APPENDIX C

Individual Student Insulated Epi-pen Packs will contain the following: -

- Child's Epi-pen/or medication.
- A copy of the child's Management plan.
- A copy of the letter from their Doctor.
- In the event of an anaphylactic reaction, the time of administering the epi-pen will be recorded on the child's Epi-pen box.
- A black permanent texta.

Each pack will be identified with child's photograph, name, year level and room number.

APPENDIX D

Managing an Anaphylactic Child in the classroom

It is the classroom teacher's responsibility to familiarize themselves with an anaphylactic child's Individual Management plan and to alert all Specialist teachers.

A letter is sent to all families of the class at the start of each school year/or when the child is enrolled/diagnosed, advising them of the presence of a child with an anaphylactic reaction in the class and the implications for food consumed at recess and lunchtimes, in class parties and general treats.

See sample letter (on next page).

Arrange for the parents of the anaphylactic child to supply a "treat box" for the child in place of foods at class parties, special lunches and themes days etc.

If undertaking cooking activities please double check the appropriateness of ingredients in relation to the anaphylactic child in your classroom.

Discuss with the children in your class all aspects of management of an anaphylactic child in relation to their peers i.e. not sharing food.

Request parents not to provide peanut butter sandwiches or food/product containing nuts as part of their child's snacks/lunches.

All Teachers are made aware of possible reactions children can have from a range of products, including the following;

- some paints and glues contain 'egg' factors,
- avoid cereal boxes where the contents have included nuts in box construction activities,
- do not use egg cartons for children allergic to eggs,
- some shaving cream contain peanut oils as a base,
- do not use peanut oil to make play dough.

SAMPLE LETTER

WILLIAMSTOWN NORTH PRIMARY SCHOOL – 1409

**IMPORTANT PARENT INFORMATION FOR
ANAPHYLAXIS/EGG/NUT ALLERGY**

Dear Parents/Guardians,

This letter is to advise you that a child/ren in your child's class suffers from Anaphylaxis or an Allergic Reaction. Essentially this means that they have severe reaction to egg, nuts and nut products, sesame, dairy or seafood. They cannot eat any food containing egg, nuts such as peanuts, peanut butter or nutella etc.

Children can have mild reactions to eating egg/nuts/dairy/seafood or they can have a reaction which can become life-threatening and it may progress very quickly. Please note that these reactions can be triggered by these foods in either a raw, processed or baked form.

There are 35 children across the school who are allergic.

Our school does not sell nut products or make peanut butter sandwiches or rolls in our canteen. We request that you do not send eggs or nuts in your child's lunch or snacks. We understand that at times you may prepare or bake foods that have traces of nuts or eggs and we ask that you try to minimise the presence of these foods in lunchboxes. If you are sending along food for your child to share with his/her class please ensure that the food does not contain egg/nut products whatsoever i.e. cake. If you are uncertain about sending an item to school for the children to share, then by all means check with us at school beforehand.

All children in the class are made aware of this issue and actively discouraged from sharing food items. All teachers undertake regular training in this area and are aware of the appropriate response to a child who may have a reaction.

Thank you for your attention to this matter.

Regards

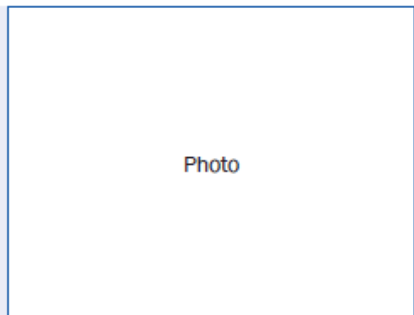
Jim Cahill
Principal
Williamstown North Primary School

ACTION PLAN FOR Anaphylaxis



Name: _____

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

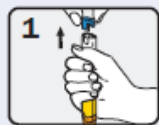
Plan prepared by:

Dr _____

Signed _____

Date: _____

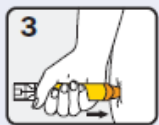
How to give EpiPen® or EpiPen® Jr



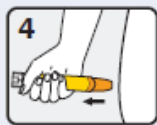
1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



2 PLACE ORANGE END against outer mid-thigh (with or without clothing).



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



4 REMOVE EpiPen®. Massage injection site for 10 seconds.

© ASCIA 2011. This plan was developed by ASCIA

for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors (with blue safety release and orange needle end)

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
- Give medications (if prescribed)
Dose:
- Locate EpiPen® or EpiPen® Jr
- Contact 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
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)

ACTION

- 1 Lay person flat, do not stand or walk. If breathing is difficult allow to sit
- 2 Give EpiPen® or EpiPen® Jr
- 3 Phone ambulance*- 000 (AU), 111 (NZ), 112 (mobile)
- 4 Contact 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 EpiPen® or EpiPen® Jr

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

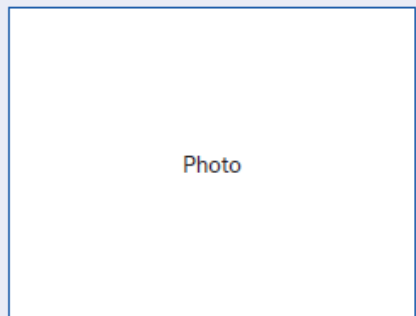
Additional information

ACTION PLAN FOR Allergic Reactions



Name: _____

Date of birth: _____



Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by: _____

Dr _____

Signed _____

Date _____

Note: The ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens. For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline autoinjector instructions.

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 dose:
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ACTION

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- 2 Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)**
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Additional information _____

