

Murrayville Community College Anaphylaxis Management Policy

Rationale

1. Values

Murrayville Community College believes that the safety and wellbeing of children at risk of anaphylaxis is a whole-of-community responsibility.

Murrayville Community College is committed to:

- Providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences.
- Raising awareness about allergies and anaphylaxis amongst the School community and children in attendance.
- Actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- Ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- Facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

2. Scope

This policy applies to children enrolled at the School, their parents/guardians, and staff. It also applies to other relevant members of the School community, such as Casual Relief Teachers, volunteers and visiting specialists.

3. Background and legislation

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. Certain foods and insect stings are the most common causes of anaphylaxis.

Eight foods cause 90% of food allergic reactions in Australia and can be common causes of anaphylaxis.

These are: peanuts, tree nuts (e.g. hazelnuts, cashews, almonds), egg, cow's milk, wheat, soybean, fish and shellfish.

Other common allergens include some insect stings, particularly bee stings, some medications, latex, and anaesthesia.

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A reaction can develop within minutes of exposure to the allergen. With planning and training, a reaction can be treated effectively by using an adrenaline auto-injector often referred to as an EpiPen®.

Adrenaline given through an EpiPen® auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

In any centre, such as a School, that is open to the general community it is not possible to achieve a completely allergen-free environment. Instead the Principal, staff, parents/guardians need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in the School.

Aims

This policy will provide guidelines to:

- Minimise the risk of an anaphylactic reaction occurring while children are in the care of Murrayville Community College.
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an auto adrenaline injection device.
- Raise the School community's awareness of anaphylaxis and its management through education and policy implementation.
- 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.
- Engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- Comply with Ministerial Order Number #90 of the Education and Training Reform Act, 2006.

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Implementation

Our School (via the Principal) will manage anaphylaxis by ensuring:

- An anaphylaxis management policy which meets legislative requirements and includes a risk assessment and communication plan is developed for each student diagnosed by a medical practitioner as being at risk of anaphylaxis.
- All parents/guardians are made aware of this policy and are provided access to the policy upon request.
- A risk assessment plan is developed for each child at Murrayville Community College diagnosed at risk, in consultation with that child's parents/guardians.
- The display of a sign, prominently, at the main entrance of the building where the child does most of their learning, stating that a child diagnosed at risk of anaphylaxis is being educated in the School.
- **All school staff – have completed the** ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor. This course is provided by ASCIA, is free for all Victorian schools and valid for 2 years.
- **AND**
- **2 staff are trained as the School Anaphylaxis Supervisors** (Natasha Mudie and Sonya Inglis) - *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC*. This course is provided by the Asthma Foundation, is free to government schools and is valid for 3 years.
- Where possible, that all Casual Relief teachers (CRTs) have undertaken relevant anaphylaxis training and when a relieving staff member is not trained in anaphylaxis management, procedures are implemented for informing the staff member who will be responsible for the administration of an adrenaline auto-injection device in an emergency.
- The Staff training register includes the dates when each staff member completed first aid, CPR and anaphylaxis e-training and was verified for their ability to administer the adrenaline auto-injector device.
- Staff members accompanying anaphylactic children on School excursions carry the fully equipped EpiPen® kit and a copy of the anaphylaxis medical management plan for those children.
- No child who has been prescribed an adrenaline auto-injection device is permitted to attend the School or undertake its programs without that device.
- The implementation of a communication strategy and encouraging ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.

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- The display of an Australasian Society of Clinical Immunology and Allergy (ASCI) generic poster called Action plan for Anaphylaxis in a key location, for example, in the child's classroom, the staff room or near the medication cabinet.
- Compliance with the procedures outlined in the Risk Assessment Plan.
- That all parents/guardians, are asked to provide information as part of the enrolment procedure prior to their child's attendance, regarding whether the child has allergies and document this information on the child's enrolment record.
- That parent/guardians of children who have allergies have provided an anaphylaxis medical management action plan signed by a doctor prior to the child's commencement at the School or upon diagnosis.
- That a copy of the child's individual anaphylaxis medical management action plan signed by the child's treating medical practitioner is inserted in to the enrolment records for each child.
- That parents/guardians provide a complete EpiPen® kit while the child is present at the School.
- That the School provides an extra EpiPen® for use in emergency situations.
- That a copy of the policy is provided to the parents/guardians of the child at risk.
- That a copy of the 'at risk' child's anaphylaxis medical management action plan is visible to all staff.
- That the School will follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- The practice of the administration of an auto adrenaline injection device using an EpiPen® trainer and "anaphylaxis scenarios" on a regular basis.
- That the EpiPen® kit is stored in a location that is known to all staff, including relief staff; easily accessible both indoors and outdoors, to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- That the EpiPen® kit (containing the child's medication and anaphylaxis medical management action plan) for each child at risk of anaphylaxis is carried by the qualified staff member accompanying the child on excursions that this child attends.
- Compliance with the procedures outlined in the Risk Assessment and Action Plan for each Anaphylactic child.
- That the School will take all reasonable steps as outlined in the Risk Assessment and Action Plan to mitigate risk to students affected by anaphylaxis. This may include, but not be limited to, developing guidelines around appropriate foods and practices for all students and staff at the School.

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Parents/guardians are responsible for:

- Complying with the procedures outlined in the policy and the Risk Assessment plan for each anaphylactic child.
- Bringing relevant issues to the attention of relevant staff

Parents/guardians of a child at risk of anaphylaxis are responsible for:

- Informing staff, either on enrolment or on diagnosis, of their child's allergies.
- Assisting in developing an anaphylaxis risk minimisation plan.
- Providing the School with an anaphylaxis medical management action plan signed by a registered medical practitioner and written consent to use any prescribed medication in line with this action plan.
- Providing the School with a complete EpiPen® kit.
- Regularly checking the adrenaline auto-injection device expiry date.
- Assisting staff by offering information and answering any questions regarding their child's allergies.
- Notifying the staff of any changes to their child's allergy status and providing a new anaphylaxis medical management action plan in accordance with these changes.
- Communicating all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- Complying with the School's policy that no child who has been prescribed an adrenaline auto injection-device is permitted to attend the School or its programs without that device.
- Complying with the procedures outlined in the anaphylaxis risk management plan

Evaluation

When First Approved: 18th June 2012

When Reviewed / Modified : 19th March 2018

APPENDIX 1

Enrolment checklist for children at risk of anaphylaxis

- Risk minimisation and communication plan (see below for template) is completed in consultation with parent/guardian, prior to the attendance of the child at the School, which includes strategies to address the particular needs of each child at risk of anaphylaxis and this plan is implemented.
- Parents/guardians of a child at risk of anaphylaxis have been provided a copy of the School's Anaphylaxis management policy.
- All parents/guardians are made aware of the Anaphylaxis management policy.
- Anaphylaxis medical management action plan for the child is signed by the child's doctor and is visible to all staff.
- A copy of the child's anaphylaxis medical management action plan is included in the child's EpiPen® kit
- Adrenaline auto-injection device (within expiry date) is available for use at any time the child is in the care of the service
- Adrenaline auto-injection device is stored in an insulated container in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat.
- All staff, including relief staff, are aware of each EpiPen® kit location and the location of the child's anaphylaxis medical management action plan.
- All staff have undertaken accredited anaphylaxis management training which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment; and practise with an EpiPen® trainer quarterly which is recorded annually in the staff records.
- The School's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan.
- Parents/guardians current contact details are available.
- Information regarding any other medications or medical conditions (for example asthma) is available to staff.
- If food is prepared at the School, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis.

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APPENDIX 2

2018 Communication Plan – Anaphylaxis

	Staff	Students	Parents & School Community
Term 1	Anaphylaxis briefing & training updates as required – invite CRT's to train & attend	Principal Anaphylaxis briefing at assembly & reminders about Nut Aware / Allergy Friendly - Video	Newsletter Article about being Nut Aware / Allergy Friendly
	Policy Reviewed & published on website	Policy Reviewed & published on website	Policy Reviewed & published on website
Term 2		Student Messages about Anaphylaxis reinforced by Form teachers	
Term3	Anaphylaxis briefing – invite CRT's to attend	Student Messages about Anaphylaxis reinforced by Form teachers	Visual reminder in Newsletter about Nut Aware / Allergy Friendly
Term 4		Student Messages about Anaphylaxis reinforced by Form teachers	Annual Anaphylaxis Risk Management Checklist
Ongoing	Anaphylaxis aware posters at entrances, canteen & visitors book	Anaphylaxis aware posters at entrances, canteen & visitors book	Anaphylaxis aware posters at entrances, canteen & visitors book
	Communicate allergies and Anaphylaxis of new students to staff	Communicate allergies and Anaphylaxis of new students to students	Ask about Anaphylaxis for new enrolments
	Plan minimise risks for Anaphylaxis & allergies when organising camps, excursions & special events.	Plan minimise risks for Anaphylaxis & allergies when organising special events.	

Student messages about anaphylaxis

1.	Always take food allergies seriously – severe allergies are no joke
2.	Don't share your food with friends who have food allergies
3.	Wash your hands after eating
4.	Know what your friends are allergic to
5.	If a school friend becomes sick, get help immediately even if the friend does not want you to
6.	Be respectful of a school friend's adrenaline autoinjector
7.	Don't pressure your friends to eat food that they are allergic to

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APPENDIX 3

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.

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			

EMERGENCY CONTACT DETAILS (PARENT)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

EMERGENCY CONTACT DETAILS (ALTERNATE)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

Medical practitioner contact	Name	
	Phone	

Emergency care to be provided at school	
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Storage location for adrenaline autoinjector (device specific) (EpiPen®)	
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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. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?



www.allergy.org.au

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 or NP: _____

I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____

Date: _____

Action Plan due for review: _____

For EpiPen® adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

<ul style="list-style-type: none"> Difficult/noisy breathing Swelling of tongue Swelling/tightness in throat Wheeze or persistent cough 	<ul style="list-style-type: none"> Difficulty talking and/or hoarse voice Persistent dizziness or collapse Pale and floppy (young children)
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ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit





- 2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector**
- 3 Phone ambulance* - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes**
- 6 Transfer* person to hospital for at least 4 hours of observation**

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

How to give EpiPen®



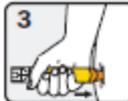
1

Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2

Hold leg still and 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

REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

© ASCIA 2016 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission

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This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- 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 the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of principal (or nominee):	
Date:	