PROGRAM: ANAPHYLAXIS MANAGEMENT

DATE: September 2014

PURPOSE
1. To provide, as far as practicable, a safe school environment in which students at risk of anaphylaxis can participate equally in all aspects of their schooling.
2. To educate the school community about this potentially life threatening condition, including the school’s anaphylaxis management policy.
3. To provide school risk minimization processes in the care of anaphylactic students which are easily understood by students, teachers and parents.
4. To provide each staff member with adequate knowledge about allergies, anaphylaxis and the school’s policy and procedures in responding to an anaphylactic reaction.

BACKGROUND
1. Anaphylaxis is a severe, rapidly progressing allergic reaction that is potentially life threatening. It should be regarded as a medical emergency.
2. Main causes: The most common causes in school age children are ingestion, inhalation, absorption or injection of peanuts, eggs, fish and shellfish, latex, tree nuts, wheat, soy, sesame, nuts, cows’ milk, bee or other insect stings and some drugs. The reaction may progress very quickly. A swift response is necessary.
3. The key to the prevention of anaphylaxis in schools is knowledge of those students at risk, awareness of allergens and prevention of exposure to those allergens. Partnerships between schools and parents are crucial in ensuring that exposure to allergens is minimised.
4. Adrenaline given through an adrenaline auto-injector to the muscle of the outer thigh is the most effective first aid treatment and an ambulance must be called following an anaphylactic reaction. The two most common brands of Adrenaline auto-injectors available in Australia are EpiPen® and Anapen®300

GUIDELINES
2. Individual Anaphylaxis Management Plans
   Every student identified by parents and their medical practitioner at risk of anaphylaxis attending the school has an individual written management plan compiled by parents in conjunction with the student’s doctor and school which includes:
   • information about the student’s medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
   • prevention strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings 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 strategies;
   • information on where the student's medication will be stored;
   • the student's emergency contact details; and
an ASCIA Action Plan.

Management plans are placed in
- student’s personal file in Administration
- Anaphylaxis folder in Sick Bay
- On display with photograph in staffroom
- Accompanying medication on site
- Local and other excursion First Aid packs when student attends an excursion
- Camp First Aid packs when student attends a camp

The management plan will be in place as soon as practicable after the students enrol.

3. Management of students with anaphylaxis is a joint responsibility of parents and the school staff.

4. Parents must keep the school fully informed, in writing, of current medical issues related to their child and participate in the development of the Individual Anaphylaxis Management Plan which will include an individual Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis

5. The school recognises and acts on its responsibility for informing the school community of the condition and seeking co-operation from parents and students in minimising the risk to these students.

IMPLEMENTATION

1. The College will:
   1. purchase two adrenaline autoinjectors for general use, have a system in place to check expiry dates and replace as appropriate
   2. complete an annual risk management checklist
   3. identify prevention strategies to minimise the risk of an anaphylactic reaction
   4. develop first aid and emergency response procedures that can be followed when responding to an anaphylactic reaction
   5. develop and review individual anaphylaxis management plans
   6. develop a communication plan that ensures that all school staff, including volunteers and casual staff, students and parents are provided with information about anaphylaxis and the schools Anaphylaxis Management Policy
   7. ensure that all staff will be trained and receive regular briefings as established in Ministerial Order 706.

2. Responsibility
   a) It is the responsibility of the Assistant Principal and First Aid Officer to ensure that each management plan is reviewed at the beginning of each year or as required, in consultation with the student’s parents, teachers, and administration staff. It must be reviewed immediately after a student has an anaphylactic reaction at school. Parents must inform the school if their child has an anaphylactic reaction outside school hours.
   b) Parents must provide the school with one current EpiPen
   c) Parents must alert teachers about the allergy before excursions & camps, via the usual school permission and medical forms
   c) Information regarding each student & their individual plan is then given to ALL STAFF at Level and staff meetings. A briefing on these students occurs as part of the Student Welfare update at the beginning of each year.
3. Communication Plans

1. The College will conduct a twice yearly briefing for relevant school staff on its anaphylaxis management policy and other specified anaphylaxis issues.
2. The College will complete an annual risk management checklist. Actions plans for students are located in the staffroom, alongside auto-injectors for individual students.
3. Yard Duty bags include information for teachers; identifying students with anaphylaxis and cards outlining procedures for responding to an anaphylactic incident.
4. Volunteers and Casual Relief Teachers will be made aware of the anaphylaxis response procedures and shown the board in the staffroom.
5. Staff will be given regular briefings on procedures for responding to an anaphylactic reaction, and advised of updates to students’ Individual Management Plans as required.

Resources


The ASCIA Action Plan for Anaphylaxis’ is the recognised form for emergency procedure plans that is provided by Medical Practitioners to Parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found in Appendix 3 of the Anaphylaxis Guidelines or downloaded from http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisssl.aspx

Royal Children’s Hospital Advisory Line on 1300 725 911

| Date approved by School Council | 2014 |
| Date reviewed                  | Sept 2, 2014 |
| Next review date               | 2016 |
APPENDIX A
ELWOOD COLLEGE
EMERGENCY RESPONSE – ANAPHYLAXIS
KNOWN ANAPHYLACTIC STUDENT

MILD SYMPTOMS

- Escort student to First Aid
- Administer oral anti-histamine as per Action Plan
- Call parent/s and observe student until parent arrives

(Anti-histamines, Action Plan & phone numbers are stored together in First Aid office)

MODERATE - SEVERE SYMPTOMS

- Stay with student and send runner with patient’s name clearly written on paper or flip card from duty bag to First Aid & Admin Office to
  - get First Aid officer to collect anti-histamine & Epi-pen
  - admin to call – Ambulance
    - Parents
    - Assistant Principal
- Administer Epi-pen as per Action Plan
- Do not allow student to sit up or walk after delivery of Epi-Pen
- Observe & reassure student until Ambulance & Parent arrives

AMBULANCE MUST BE CALLED WHENEVER EPI-PEN IS ADMINISTERED
GIVE USED EPI-PEN TO PARAMEDICS

(Epi-Pen, Action Plan & phone numbers are stored together in Staff Room)