



# ST MARY'S CATHOLIC PRIMARY SCHOOL

## ANAPHYLAXIS MANAGEMENT POLICY

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Up to two per cent of the general population and up to five percent of children are at risk. The most common causes in young children are eggs, nuts, cow milk, bee or other insect stings and some medications.

A reaction can develop within minutes of exposure to the allergen, but with awareness, planning and training, a reaction can be treated effectively by using an adrenaline auto-injector called an **EpiPen®** injected into the muscle of the outer mid thigh.

St Mary's recognises that it is difficult to achieve a completely allergen free environment in a school context. St Mary's is committed to adopting and implementing a range of procedures and risk minimisation strategies:-

- to reduce the risk of a student having an anaphylactic reaction at school.
- to ensure that staff are trained to respond appropriately if a student has an anaphylactic reaction.

### RATIONALE

The purposes of this policy are: -

- To raise awareness about anaphylaxis and the School's anaphylaxis management policy.
- Through education, staff training and policy implementation to minimise the risk of a student having an anaphylactic reaction at school.
- To provide, as far as practicable, a safe & supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the School's policy & procedures to respond to an anaphylactic reaction.
- To ensure all staff members are trained to respond appropriately if a student has an anaphylactic reaction.
- To facilitate communication between the School and families to ensure the safety and wellbeing of students at risk of anaphylaxis.
- To actively involve parents/guardians of students at risk of anaphylaxis in assessing risks.
- Ensuring the location of EpiPens® are well known and in appropriate locations.

## STAFF TRAINING AND EMERGENCY RESPONSE

All staff will be briefed each semester by a staff member who has current anaphylaxis management training on:

- The school's anaphylaxis management policy.
- The causes, symptoms and treatment of anaphylaxis.
- The identities of students diagnosed at risk of anaphylaxis and the location of their medication.
- How to use an auto adrenaline injecting device.
- The School's first aid and emergency response procedures.

Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have current training in an anaphylaxis management training course.

At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, it must be ensured that there is a sufficient number of staff present who have current training in anaphylaxis management.

## DEFINITIONS

### *PLEASE NOTE THE FOLLOWING*

**Allergen:** A substance that can cause an allergic reaction.

**Allergy:** An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

**Allergic reaction:** A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and / or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (student pale or floppy), or cessation of breathing.

**Ambulance contact card:** A card that the School has completed, which contains all the information that the Ambulance Service will request when phoned on 000.

**Anaphylaxis:** A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

**Anaphylaxis Management plan:** a medical management plan prepared and signed by a registered medical practitioner in consultation with the student's parents / guardian providing the student's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode.

**Children at risk of anaphylaxis/students at risk of anaphylaxis:** those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

**EpiPen®:** A device containing a single dose of adrenaline, delivered via a spring-activated needle which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr® and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

**EpiPen® Kit:** An insulated container, for example an insulated lunch pack. The kit should contain a current EpiPen®, a copy of the student's anaphylaxis plan, and telephone contact details for the

student's parents / guardians, the doctor / medical service and the person to be notified in the event of a reaction if the parent / guardian cannot be contacted. If prescribed an antihistamine may be included in the kit. EpiPens® are stored away from direct heat.

**Nominated staff member:** A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the School. This person also checks the EpiPen® is current, the EpiPen® kit is complete and leads staff practise sessions after all staff have undertaken anaphylaxis management training.

**No food sharing:** The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent / guardian, and does not share food with, or accept food from an other person.

**Risk minimization:** A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as practicable, major sources of the allergen from the School.

**Risk minimization plan:** A plan specific to the School that specifies each student's allergies. The plan should be developed by the families of the students and the staff at the school and should be reviewed at least annually, but always upon enrolment or diagnosis of each student who is at risk of anaphylaxis.

**Treat box:** A container provided by the student's parent/guardian that contains treats, for example, foods which are safe for the child at risk of anaphylaxis and used at School when other children are having their treats (e.g. if another student brings a treat to class on their birthday to share with the class, the child at risk of anaphylaxis can have a treat from their treat box).

*\*Definitions adapted from Kindergarten Parents Victoria Anaphylaxis policy 2006 and the Anaphylaxis model policy (revised July 2008) published by the Victorian Government, Department Education and Early Childhood Development.*

## **POLICY PROCEDURES**

On display in both the staffroom. Principal and Deputy Principal Office, Office, Canteen and the Sick Bay is a generic poster called *Action plan for Anaphylaxis* and photos of the Children with Anaphylaxis.

Staff briefings and an accredited anaphylaxis management training is completed annually.

Procedures are in place for informing casual relief teachers or volunteers of:

- the students at risk of anaphylaxis;
- the symptoms of an anaphylactic reaction;
- the students' allergies; and
- the individual anaphylaxis management plans; and
- the location of the EpiPen® kits.

This confidential information is on display in the staffroom, canteen and in the teachers' folder in the classroom.

Ensure that an anaphylaxis management action plan is provided to St Mary's by parent / caregiver and has been signed by the student's registered medical practitioner. Record when the student's anaphylaxis action plan is provided. Record expiry date of the EpiPen®.

Check that a complete EpiPen® kit is supplied for the student and is stored in the sick bay that is known to all staff and easily accessible to adults.

Display an ambulance contact card by telephones.

All parents/guardians as part of the enrolment procedure, prior to their child's attendance at the School, are asked whether the child has allergies and this information is documented on the child's enrolment record.

If the child has severe allergies, the parents/guardians are asked to provide an anaphylaxis action plan signed by a registered medical practitioner.

Ensure that a student's individual anaphylaxis action plan signed by a registered medical practitioner is inserted into the enrolment records for that student. This will outline the allergies and describe the prescribed medication for that student and the circumstances in which it should be used.

### **Role of staff responsible for the student at risk of anaphylaxis**

A copy of the student's anaphylaxis action plan is displayed in the staffroom and around the school and is visible to all staff.

EpiPen® expiry dates are checked at the commencement of each year.

A copy of the student's anaphylaxis management plan is also stored with the EpiPen® kit.

The student's anaphylaxis action plan in the event of an allergic reaction is followed.

Where a student who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction the process is to; -

- Call an ambulance immediately by dialling 000.
- Commence first aid measures.
- Contact the parent/guardian or person to be notified in the event of illness if parent/guardian cannot be contacted.

Food sharing is not encouraged: The practice where the student at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

Ensure that the student's treat box is clearly labelled as belonging to the student. Use the student's treat box to provide 'treats' to the student, as appropriate.

Ensure that the EpiPen® kit for each student at risk of anaphylaxis is carried by a trained adult on excursions that this student attends.

### **Role of Parent/Caregiver**

- Inform Principal and Head of School in writing that their child is at risk of Anaphylaxis [on enrolment or on diagnosis of their child's condition.]
- Read and be familiar with the School's Anaphylaxis Management Policy.
- Notify the School in writing of any advice from medical practitioner.
- Provide the School with an anaphylaxis action plan signed by a registered medical practitioner giving written consent to use the EpiPen® in line with this action plan.
  - Provide a complete EpiPen® kit to School.
  - Ensure EpiPen® is clearly labelled with student's name and not out of date.

Replace EpiPen® when it expires or upon being informed by staff that it has been used.

- Notify staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- Assist staff by offering information and answering any questions regarding their child's allergies.
- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of their child.
- Provide a safe treat box for their child (which is clearly labelled with the child's name) and replenish treat box promptly on request by staff.
- Encourage their child to have a "no food sharing" approach i.e. the practice where the student at risk of anaphylaxis eats only that food that is supplied or permitted by the parent / guardian, and does not share food with, or accept other food from any other person.

## **EVALUATION**

If a child has an anaphylactic reaction, review the adequacy of the response of the School and consider the need for additional training and other corrective action.



## ANAPHYLAXIS MANAGEMENT PLAN

# ST MARY'S CATHOLIC PRIMARY SCHOOL ANAPHYLAXIS MANAGEMENT PLAN

### Cover Sheet

This Plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner provided by the parent/carer.

School:		
Phone:		
Student's name:		
Date of birth:		Year level:
Severely allergic to:		
Other health conditions:		
Medication at school:		
Parent/carer contact:	Parent/carer information (1)	Parent/carer information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
	Address:	Address:
Other emergency contacts (if parent/carer not available):		
Medical practitioner contact:		
Emergency care to be provided at school:		
EpiPen® storage:		
The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on .....		
Signature of parent:		Date:
Signature of principal (or nominee):		Date:



# ACTION PLAN FOR Anaphylaxis

Name: \_\_\_\_\_ for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors

Date of birth: \_\_\_\_\_



Allergens to be avoided: \_\_\_\_\_

\_\_\_\_\_

Family/carer name(s): \_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

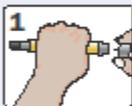
Plan prepared by: \_\_\_\_\_

Dr \_\_\_\_\_

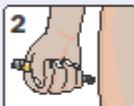
Signed \_\_\_\_\_

Date \_\_\_\_\_

## How to give EpiPen® or EpiPen® Jr



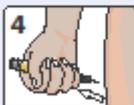
**1** Form fist around EpiPen® and PULL OFF GREY SAFETY CAP.



**2** PLACE BLACK 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® and DO NOT touch needle. Massage injection site for 10 seconds.

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### MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth, abdominal pain, vomiting

### ACTION

- stay with person and call for help
- give medications (if prescribed) .....
- locate EpiPen® or EpiPen® Jr
- contact family/carer



**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
- loss of consciousness and/or collapse
- pale and floppy (young children)

### ACTION

- 1 Give EpiPen® or EpiPen® Jr**
- 2 Call ambulance\*- telephone 000 (Aus) or 111 (NZ)**
- 3 Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand**
- 4 Contact family/carer**
- 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 \_\_\_\_\_

## **REFERENCES AND ACKNOWLEDGEMENTS**

Anaphylaxis Australia Inc

Royal Children's Hospital

Ministerial Order 90 Anaphylaxis Management in Schools

[www.sofweb.vic.gov.au](http://www.sofweb.vic.gov.au)

Department of Human Services

The Department of Education and Early Childhood Development

Kindergarten Parents Victoria

## **IMPLEMENTATION OF THE POLICY**

Staff to be taken through details of Anaphylaxis Management Policy annually and participate in Anaphylaxis® training each semester.

MGGS Anaphylaxis Management Policy to be distributed to parents / caregivers and available on the School website.

The School will take all reasonable steps to implement this Anaphylaxis Management Policy.