ANAPHYLAXIS POLICY

- Newtown Primary School -

Help for non-English speakers

If you need help to understand the information in this policy please contact the school office (Ph: 5229 9730).

Purpose

To explain to Newtown Primary School parents, carers, 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 Newtown Primary School 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

Newtown Primary School 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 medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction 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. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Newtown Primary School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Newtown Primary School 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 enrols at Newtown Primary School 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 has 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 allergies 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 Management Plans

A student's Individual Anaphylaxis Management 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

Depending on the age of the students in our school community who are at risk of anaphylaxis, the severity of their allergies and the content of their plan, some students may keep their adrenaline autoinjector on their person, rather than in a designated location. It may also be appropriate to keep copies of the plans in various locations around the school so that the plan is easily accessible by school staff in the event of an incident. Appropriate locations may include the student's classroom, sick bay, the school office or in the materials provided to staff on yard duty.

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the First Aid Room and Teacher's excursion folder. Whilst some students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name at the First Aid Room, together with adrenaline autoinjectors for general use.

Risk Minimisation Strategies

Risk Minimisation and Prevention Strategies that our School will put in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following are:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in lunch eating areas;
- during recess and lunchtimes;
- before and after school (including bus travellers); and
- special events including incursions, sports, cultural days, fetes or class celebrations, excursions and camps.

See: Appendix 1- Risk Minimisation Strategies

Adrenaline autoinjectors for general use

Newtown Primary School will maintain a supply of adrenaline autoinjectors 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 the First Aid Room and labelled "general use".

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

- the number of students enrolled at Newtown Primary School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors 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 the First Aid Officer and stored in the First Aid Room. 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 1:

- 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 First Aid Room
- If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5

Step 2:

Administer an EpiPen or EpiPen Jr (if the student is **under 20kg**)

- 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

OR

Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.

- Pull off the black needle shield

- Pull off grey safety cap (from the red button)
- Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)
- Press red button so it clicks and hold for 10 seconds
- Remove Anapen®
- Note the time the Anapen is administered
- Retain the used Anapen to be handed to ambulance paramedics along with the time of administration

Step 3:
Call an ambulance (000)

Step 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.

Step 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.

Schools can use either the EpiPen® and Anapen® on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

Communication Plan

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

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Newtown Primary School's 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, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.
The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines.*

Staff Training

	The principal will ensure that the following school staff are appropriately trained in anaphylaxis management: · School staff who conduct classes attended by students who are at risk of anaphylaxis · any other member of school staff as required by the principal based on a risk assessment. Staff who are required to undertake training 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. Newtown Primary School typically uses ASCIA eTraining courses [Note, for details about approved staff training modules, see page 13 of the Anaphylaxis Guidelines] Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years. Each briefing will address: · this policy · the causes, symptoms and treatment of anaphylaxis · the identities of students with a medical condition that relates to allergies 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 enrols at Newtown Primary School who is at risk of anaphylaxis, the 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. The principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.
Further information and resources	· Policy and Advisory Library ○ Anaphylaxis ○ Anaphylaxis management in schools · Allergy & Anaphylaxis Australia: Risk minimisation strategies · ASCIA Guidelines: Schooling and childcare · Royal Children's Hospital: Allergy and immunology ● Health Care Needs Policy ● Asthma Policy ● Medication Policy

Review cycle and evaluation	This policy was last updated in July 2022 and is scheduled for review in February 2023. 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.

Appendix 1 – Risk Minimisation Strategies

Considerations when you have a child at risk of anaphylaxis in your care

Food brought to school	• Consider sending out an information sheet to the parent community on severe allergy and the risk of anaphylaxis. • Alert parents to strategies that the school has in place and the need for their child to not share food and to wash hands after eating.
School fundraising/ special events/cultural days	• Consider children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc. Notices may need to be sent home.
Food rewards	• Food is not to be used as a reward.
Class parties / Birthday celebrations	• Discuss these activities with parents of allergic child well in advance • Parents are informed that students are not to bring food items to celebrate birthdays.
Cooking	• Engage parents in discussion prior to cooking sessions and activities using food. • Remind all children to not share food they have cooked with others at school.
Science experiments	• Engage parents in discussion prior to experiments containing foods.
Students picking up papers	• Students at risk of food or insect sting anaphylaxis should be excused from this duty. Non rubbish collecting duties are encouraged. • Gloves may be worn or tongs used by students when picking up rubbish.
Art and craft classes	• 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. • Care to be taken with play dough etc. Check that nut oils have not been used in manufacture. Discuss options with parent of wheat allergic child.

Canteen	• **Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods said to be 'safe'** • **Child having distinguishable lunch order bag** • **Restriction on who serves the child when they go to the canteen** • **Discuss possibility of photos of the children at risk of anaphylaxis being placed in the canteen/children's service kitchen** • **Encourage parents of child to visit canteen/Children's Service kitchen to view products available** • **See Anaphylaxis Australia's School Canteen poster, Preschool/Playgroup posters and School Canteen Discussion Guide. www.allergyfacts.org.au**
Hand washing	• **Classmates encouraged to wash their hands after eating**
CRTs and Specialist teachers	**These educators need to know the identities of children at risk of anaphylaxis and should be aware of the school's management plans, which includes minimisation strategies initiated by the school community.**