

ANAPHYLAXIS MANAGEMENT POLICY

Definition:

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (cashews, almonds, brazil nuts, chestnuts, hazelnuts, hickory nuts, macadamia nuts, pecan, pinenuts, pistachios & walnuts), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Signs and symptoms of anaphylaxis include hives/rash, tingling in or around the mouth, abdominal pain, vomiting or diarrhoea, facial swelling, cough or wheeze, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing.

A reaction can develop within minutes of the exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injection device.

The key to preventing an anaphylactic reaction by a student is knowledge, awareness and planning.

Rationale:

To provide, as far as practicable, a well-informed, safe and supportive environment in which anaphylactic students can participate equally in all aspects of schooling.

Aims:

1. To comply with Ministerial Order 706 and associated guidelines;
2. To minimise through prevention strategies the risk of an anaphylactic reaction occurring at school, on an excursion or on camp.
3. That staff should ensure, in the event of a student suffering an anaphylactic reaction, that they follow MCS's emergency response procedures;
4. That staff should ensure that they respond appropriately to an anaphylactic reaction, including competently administering an adrenaline auto-injection device in accordance with the student's individual ASCIA Anaphylaxis Action plan;
5. To raise the school community's awareness of anaphylaxis and its management through education and policy implementation; and
6. To acknowledge that Malvern Central School is a nut aware school but cannot responsibly guarantee to be nut free.

Implementation:

7. The role of **parents** of students at risk of an anaphylactic reaction is to:
 - 7.1. Inform staff, either on enrolment or diagnosis, of their child's risk of anaphylaxis and their allergens;
 - 7.2. Provide a current and complete ASCIA Action Plan for Anaphylaxis for their child;
 - 7.3. Provide an Individual Anaphylaxis Management Plan in consultation with their child's teacher and the Principal or nominated staff member;
 - 7.4. Inform the school immediately of any changes to their child's medical condition or information provided on their child's Individual Anaphylaxis Management Plan and/or ASCIA Anaphylaxis Action Plan;

- 7.5. Provide the school with a current and prescribed adrenaline auto-injection device;
 - 7.6. Keep track of provided adrenaline auto-injection device expiry date and replace before it expires;
 - 7.7. Re-Alert teachers before excursions and camps to their child's allergies and adjust Individual Anaphylaxis Management Plan to accommodate changed environment if necessary;
 - 7.8. Provide second adrenaline auto-injection device to accompany their child on camps; and
 - 7.9. Comply with Malvern Central School policy that no child who has been prescribed an auto-injection device is permitted to attend Malvern Central School or its programs without that device.
8. The role of the **Principal** or a **nominated staff member** should be to ensure that:
- 8.1. Every student at risk of an anaphylactic reaction enrolled at MCS has an Individual Anaphylaxis Management Plan, a complete and current ASCIA Anaphylaxis Action Plan and a current adrenaline auto-immune injection device;
 - 8.2. Individual Anaphylaxis Management Plans and ASCIA Anaphylaxis Action Plans are updated and acknowledged each year or as and when required on notification of a change in the student's condition or medication;
 - 8.3. Adrenaline auto-injection devices are kept in medication boxes at the student's campus either in the Park St staffroom or the Spring Road office;
 - 8.4. Medication boxes are labelled with a current photo of the student, identified allergens, medication expiry dates and contain student's ASCIA Anaphylaxis Action Plan;
 - 8.5. Medication boxes are kept at room temperature and are readily accessible to all staff;
 - 8.6. Individual Management Plans and ASCIA Anaphylaxis Action Plans are kept on student's roles;
 - 8.7. Expiry dates of medication are followed up with parents through sending out reminder letters a month prior to the expiry of the medication.
 - 8.8. That the whole school community and staff are aware of MCS's Anaphylaxis Management Policy and make it available on the school website or on demand.
 - 8.9. An article is placed in the school newsletter at the beginning of each school year to alert the parent community to the fact that there are anaphylactic students attending our school and refer them to our Anaphylactic Management Policy;
 - 8.10. A letter is sent home at the beginning of a new school year to all students in the class of a student identified as a risk of an anaphylactic reaction, informing parents of this and making them aware of the nature of anaphylaxis and the need for their vigilance in minimizing the risk;
 - 8.11. A "Students with a Medical Alert " booklet is updated yearly and when required to include all students at risk of an anaphylactic reaction. This booklet will be included in CRT folders, displayed in all staffrooms, sick bay at Spring Road and distributed to all staff for their reference. It should also be uploaded onto the intranet for easy staff access;
 - 8.12. That staff are alerted to any changes in the "Students with a Medical Alert" booklet via a Medical Alert email;
 - 8.13. Area specific yard duty bumbags carry a red Emergency Assistance card. The Emergency Assistance card should be sent to the office at Spring Rd or the Park St staffroom or to the next nearest staff member via two students on the instruction of the yard duty teacher to get a student's adrenaline auto-injector device and put into place MCS's emergency response procedures;
 - 8.14. Complete an annual Anaphylaxis Risk Management Checklist;

- 8.15. Purchase and maintain back up adrenaline auto-injection devices for general use in the event that a student needs a second adrenaline auto-injection 5 minutes after their own adrenaline auto injection device has been used;
- 8.16. Staff and CRTs hold an approved and current certificate in anaphylaxis management as per the guidelines in Ministerial Order 706.
- 8.17. That there is a review of a student's Individual Anaphylaxis Management Plan after an anaphylactic reaction;
- 8.18. That twice a year staff are briefed on:
 - 8.18.1. The Anaphylaxis Management Policy;
 - 8.18.2. The first aid and emergency response procedures;
 - 8.18.3. How to use an adrenaline auto-injecting device;
 - 8.18.4. The causes, symptoms and treatment of anaphylaxis; and
 - 8.18.5. The identities of students diagnosed at risk of anaphylaxis and where their medication is located.
9. The role of **staff** should be to ensure that:
 - 9.1. They are familiar with all anaphylactic students attending MCS via the "Students with a Medical Alert" booklet;
 - 9.2. They keep the child's Individual Anaphylaxis Management Plan and ASCIA Anaphylaxis Action Plan on their role;
 - 9.3. They practice risk minimisation strategies in their learning spaces where there are anaphylactic students and liaise with parents before excursions/camps re risks associated with changed environments;
 - 9.4. Ensure that medication boxes accompany the child on camp/excursions and when the child is required to attend classes at an alternate campus from where their medication box is stored. Medication boxes do not need to be taken for PE lessons when they are conducted in the park;
 - 9.5. Ensure medication boxes are transferred across campuses during whole school morning teas; medication boxes are to be stored in the offices on these occasions;
 - 9.6. Educate students in their classes on the nature of anaphylaxis;
 - 9.7. Ensure they are able to recognise and respond appropriately to an anaphylactic reaction including competently administering an adrenaline auto-injection device; and
 - 9.8. Be familiar with the Anaphylaxis Management Policy and MCS's emergency response procedures.
10. The role of **Admin staff** should be to ensure that:
 - 10.1. They are familiar with MCS's emergency response procedures;
 - 10.2. They are familiar with MCS's Anaphylaxis Management Policy;
 - 10.3. They are acquainted with all students at risk of anaphylaxis via the "Students with a Medical Alert" booklet;
 - 10.4. They alert CRTs to any anaphylactic students in their classes via the "Students with a Medical Alert" booklet in CRT books; and
 - 10.5. They alert the **nominated staff** member to any changes to student's medical information
11. An **Individual Anaphylaxis Management Plan** should include:
 - 11.1. An ASCIA Anaphylaxis Management Plan;
 - 11.2. The student's name, current year level and class;
 - 11.3. A current photograph of the student in their MCS uniform;
 - 11.4. The name, address and phone numbers of the student's parents and doctor; and
 - 11.5. Strategies if appropriate to minimize the risk of exposure to allergens at school or on excursions/camps.

12. **Individual Anaphylaxis Management Plans** should be included in:

- 12.1. the student's class roll;
- 12.2. the student's medication box; and
- 12.3. in a folder in the First Aid Room, Spring Rd and Park St staffroom.

13. The line of responsibility for when a student suffers an anaphylactic reaction should allow for 4 staff members to:

- a. collect student's adrenaline auto-injection device;
- b. administer student's adrenaline auto-injection device;
- c. phone for ambulance;
- d. contact parents; and
- e. direct ambulance to student.

Legislation:

- Ministerial Order 706 and associated guidelines.

Resources:

<http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxischools.aspx>

Retrieved 18/11/14

<http://www.education.vic.gov.au/Documents/school/teachers/health/ministerialorderword.docx>

Retrieved 18/11/14

<http://www.education.vic.gov.au/Documents/school/teachers/health/anaphylaxisfactsheet.pdf>

Retrieved 18/11/14

<http://www.education.vic.gov.au/Documents/school/teachers/health/anaphylaxisqanda2014.pdf>

Retrieved 18/11/14

<http://www.education.vic.gov.au/Documents/school/teachers/health/anaphylaxisguidelines14.docx.docx>

Retrieved 18/11/14

<http://www.education.vic.gov.au/Documents/school/teachers/health/anaphylaxismanagementplan.docx>

Retrieved 18/11/14

<http://www.education.vic.gov.au/Documents/school/teachers/health/RiskChecklistTemplate.docx>

Retrieved 18/11/14

http://www.rch.org.au/allergy/advisory/Anaphylaxis_Support_Advisory_Line/

Retrieved 18/11/14

<http://www.allergy.org.au/health-professionals/anaphylaxis-resources>

Retrieved 18/11/14

<https://edugate.eduweb.vic.gov.au/edulibrary/Schools/teachers/health/riskminimisation.pdf>

Retrieved 18/11/14

Evaluation:

This policy will be reviewed as part of the school's three-year review cycle.

Review Date: 2017

This policy was last ratified by School Council in: **November 2014**