Anaphylaxis Policy

Policy Statement

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 (e.g. cashews), cow’s milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

The key to prevention of anaphylaxis in schools is knowledge of those students who are at risk, awareness of triggers (allergens) and prevention of exposure to these. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at the school.

Rationale

Croydon Hills Primary School is committed to

- providing, as far as practicable, a safe and supportive environment in which students, at risk of anaphylaxis, can participate equally in all aspects of schooling
- raising awareness about allergies and anaphylaxis in the school community
- engaging with the parents/carers of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student
- ensuring that each staff member has adequate knowledge of the school’s policy and procedures in responding to an anaphylactic reaction

Implementation

Roles and Responsibilities

Parents/Carers

- must inform the classroom teachers and the principal if they believe their child has a severe allergy that may impact on their safety at school
- provide copies of a letter from the family doctor or specialist giving authority to administer an individual child’s Autoadrenaline injecting device. The letter should outline the details of the allergy and the medical treatment to be undertaken in case of a reaction. The school requires that this advice be updated annually (at the beginning of the school year), as some children grow out of allergies
- will meet with the school to develop the child’s individual Anaphylaxis Management Plan. (Preferably prior to enrolment and transition)
- shall provide an individual Autoadrenaline injecting device for their child and ensure that it has not expired. Parents must replace Autoadrenaline injecting device when it has expired. Students should have an adequate supply of appropriate medication with them at school at all times.
- are to supply specific food requirements for camps, excursions and special days/activities if required
- must inform staff of any changes to their child’s condition and/or emergency contact details
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School Principal/Assistant Principal will

- seek information to identify students with severe life-threatening allergies at enrolment
- conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school
- ensure the canteen displays lists of ingredients
- ensure there is an Individual Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff that are responsible for the implementation
- ensure that staff are trained in recognising and responding to an anaphylactic reaction, including administering an Autoadrenaline injecting device once each semester by a staff member who has up to date anaphylaxis training
- provide information to all staff (including specialist staff, education support staff, canteen staff and office staff) so they are aware of students who are at risk of anaphylaxis, the student’s allergies, the school’s management strategies and first aid procedures
- ensure these are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response. (Specific information in class rolls and class CRT folders)
- ensure all staff complete an accredited anaphylaxis training course every three years as well as attend twice yearly briefings
- encourage ongoing communication between parents/carers and staff about the current status of the student’s allergies, the school’s policies and their implementation
- ensure the Anaphylaxis Risk Management Checklist is completed annually –See Appendix

School staff will

- know the students who are at risk of an anaphylaxis reaction throughout the school
- train in how to recognise and respond to an anaphylactic reaction, including administering an Autoadrenaline injecting device
- know the school’s first aid emergency procedures and what their role is in relation to responding to an anaphylactic reaction
- ensure individual student’s autoinjector bags are taken with them when they leave the school grounds. These bags must be signed in and out of the sick bay.
- plan ahead for special activities or occasions such as excursions, sport days, camps and parties
- work with parents/carers to provide appropriate food for the student
- be very careful of food ‘treats’ given to students in class, as these may contain hidden allergens
- ensure that identified students are not isolated or excluded, within reason from any activity. Teachers need to be aware of Anaphylactic students in Circles activities
- ensure that if known food allergens have been used in a room, then the room will be thoroughly cleaned prior to use by other groups
- communicate with parents/carers if they have concerns with the use of specific rooms and equipment.
- ensure casual relief teachers information books will contain current information regarding anaphylactic student in the class
- raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers
- All staff are to carry first aid bags with the details of anaphylactic students when on yard duty.
- Teachers must be vigilant in supervising lunch eating times

Ensuring that the following Prevention Measures are taken into account

- Good hygiene and vigilance is vital as varied food products can have traces of allergens.
- No sharing of snacks, drinks or lunches by students
- Food is not to be given as rewards to students
- Some soaps, sunscreens, play dough, cooking oil etc can contain nut traces or other food allergens
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- The anaphylactic student will not be required to pick up papers in the school ground
- Students are not to buy treats for other students from the canteen.

Camps/excursions coordinators will
- ask a parent or trusted adult to attend the school camp/excursion with the student if the food allergy is life-threatening
- ensure auto injecting devices are taken on outings and are signed in and out of the sick bay
- liaise with campsite personnel, staff and parents to ensure that adequate precautions and safety measures are instituted
- ensure all adults attending the activity have an understanding of the treatment necessary for students who may have an anaphylactic reaction
- ask parent to supply specific food if necessary

First aid coordinator will
- keep an up to date register of students at risk of anaphylaxis including expiry dates of Autoadrenaline injecting device.
- The students known to have severe allergic reactions are known by sight by all staff
- ensure that students’ emergency contact details are up to date.
- ensure there is training in recognising and responding to an anaphylactic reaction, including administering an Autoadrenaline injecting device for staff
- at the beginning or end of each term, check that the Autoadrenaline injecting device is not cloudy or out of date, and inform parents/carers
- complete the Anaphylaxis Risk Management checklist annually
- inform students and their families of that class, of any anaphylactic students in the class (Appendix)
- ensure that the Autoadrenaline injecting device is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and it is appropriately labelled
- ensure the school has a spare Autoadrenaline injecting device which is not out of date
- The Autoadrenaline injecting device will be kept in an individually named bag including photo of the child along with any other medicine the student requires. The bag will be kept in the First Aid Room (in a cool/easily accessible position). The bag will also contain the student’s individual Anaphylaxis Management Plan including directions for correct use of Autoadrenaline injecting device.
- An Alert Register about each student and their individual Anaphylaxis Management Plan and photo is to be kept in the Sick Bay, Staff Room, Canteen, CRT Information book, Yard Duty bags, and on each student’s class roll and on display in classroom. Specialist Teachers are to be informed.

IMPLEMENTATION
- All staff are to carry first aid bags with the details of anaphylactic students when on yard duty.
- The students known to have severe allergic reactions are known by sight by all staff.
- Letters will be sent home to parents in a class of an anaphylactic student asking them not to send their child to school with products containing food allergens eg nuts
- The school must inform the Canteen and Out of School Hours staff of the child’s allergy and the appropriate medical response.
- The teacher and parent will communicate whenever the class is planning to have special food days (eg: a barbecue). A detailed list of foods will be included in the information note.

EMERGENCY RESPONSE TO INCIDENT AT SCHOOL
- An adult is to administer an Autoadrenaline injecting device immediately.
- An adult is to stay with the child at all times
- Call the office on 9 and announce Epipen for _ room or – location if in the yard. If there is no response from the office send students to the office
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- An adult (office staff) is to ring an ambulance and ask for the MICA ambulance and contact the parents/carer.
- An adult is to meet the ambulance.
- Keep the used Autoadrenaline injecting device - noting time given – to give to the paramedics.
- The principal is to be notified.
- Keep the child lying down or semi sitting if breathing is difficult
- Keep airways clear

EMERGENCY RESPONSE TO INCIDENT ON AN EXCURSION, SPORT DAY OR CAMP

The supervising teacher is to carry the Autoadrenaline injecting device at all times. All adults are to carry an excursion card indicating the Melways reference of the excursion.

- An adult is to administer an Autoadrenaline injecting device immediately.
- An adult is to stay with the child at all times
- An adult is to ring an ambulance and ask for the MICA ambulance and contact the parents/carer and the school.
- An adult is to meet the ambulance.
- Keep the used Autoadrenaline injecting device - noting time given – to give to the paramedics.
- Keep the child lying down or semi sitting if breathing is difficult
- Keep airways clear

References

This policy has been developed in accordance to the Department of Education’s Anaphylaxis Guidelines for Victorian Government Schools (Nov 2006) and Ministerial Order 706.

Evaluation

There should be an annual review of each student’s individual Anaphylaxis Management Plan, or following an incident to ensure the information is current and that all staff are aware of how to respond to an allergic reaction. This policy will be reviewed annually.
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 Parents’ 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.

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<th>School</th>
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<tr>
<td>Student</td>
<td>Year level</td>
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Severely allergic to:

Other health conditions

Medication at school

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**EMERGENCY CONTACT DETAILS (PARENT)**

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**EMERGENCY CONTACT DETAILS (ALTERNATE)**

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Medication at school

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**Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)**

Emergency care to be provided at school
**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.

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<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
<th>Completion date?</th>
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Croydon Hills Primary School

Anaphylaxis Policy

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ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjector

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove tick.
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) ...........................................
  Dose: ...................................................................................................
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

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
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION

1. Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
2. Give EpiPen® or EpiPen® Jr
3. Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)
4. Phone family/emergency contact
5. Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.
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

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

© ASCIA 2014. This plan was developed by ASCIA.
This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences:

**Anaphylaxis Policy**

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(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; and
- 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 - Prevention Strategies of the Anaphylaxis Guidelines

<table>
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<th>Signature of parent:</th>
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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.

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<th>Signature of Principal (or nominee):</th>
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Dear Parents of

Re. ANAPHYLAXIS

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 (e.g. cashews), cow’s milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

The key to prevention of anaphylaxis in schools is knowledge of those students who are at risk, awareness of triggers (allergens) and prevention of exposure to these.

One of your child’s classmates has a severe nut allergy which can trigger an anaphylactic reaction. The allergy is so severe that even touching an item that has had contact with nuts or nut products can cause an anaphylactic reaction (even being touched by someone who has had contact with food allergens/nuts or nut products).

In accordance with the Croydon Hills Anaphylaxis Policy, we are requesting that all children from this class refrain from bringing any food items that have nuts or traces of nuts to school in particular peanut butter and Nutella.

I am sure that all parents will consider this request and act accordingly. However, if your child does bring a peanut butter or Nutella sandwich etc, to school they will be requested to

a) inform the teachis on the day for safety purposes. 

b) wash their hands immediately after eating the product and to wipe down their table.

Please be advised that the child is aware of their condition and is well schooled in taking all necessary precautions as a matter of routine. Combined with the safeguards outlined above, we believe this to be the best course of action in dealing with anaphylaxis at our school.

If you have any concerns please contact me on 97251206

Yours Sincerely,
Carol Wyatt
Assistant Principal
Anaphylaxis Risk Management Checklist

School Name:

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<tr>
<th>School Name:</th>
<th>Primary / Secondary (Please Circle):</th>
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<th>Secondary</th>
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Date of Review:  

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<th>Time:</th>
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School Contract Person: Name:  
(Who provided information collected)

Position:

Review given to: Name:  
(if different from above)

Position:

Comments:

1. How many current students have been prescribed (and carry) an adrenaline auto injector?

2. Have any students ever had an allergic reaction requiring medical intervention at school?  
   If Yes, how many times?
   If Yes, how many students?

3. Have any students ever had an Anaphylactic Reaction at school?  
   If Yes, how many students?

4. Has a staff member been required to administer an adrenaline auto injector to a student?  
   If Yes, how many times?

SECTION 1: Anaphylaxis Management Plans and ASCIA Action Plans

1. Does every student who carries an adrenaline auto injector (either for allergic reaction or anaphylaxis) have an individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis (Emergency Action Plan for individuals at risk of anaphylaxis, completed and signed by a prescribed medical practitioner)?  
   Yes | No

2. Are all individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?  
   Yes | No

3. Do the Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for in-school and out of class settings?  
   During classroom activities, including elective classes  
   Yes | No
In canteens or during lunch or snack times    Yes ☐  No ☐

Before and after school, in the school yard and during breaks   Yes ☐  No ☐

For special events, such as sports days, class parties and extra-curricular activities   Yes ☐  No ☐

For excursions and camps   Yes ☐  No ☐

Other

4. Do all students who carry an adrenaline auto injector have a copy of their ASCIA Emergency Action Plan for anaphylaxis kept at school (provided by the parent)?    Yes ☐  No ☐

Where are they kept?

5. Does the ASCIA Emergency Action Plan for anaphylaxis have a recent photo of the student with them?    Yes ☐  No ☐

SECTION 2: Storage and Accessibility of adrenaline auto injectors

1. Where are the students adrenaline auto injectors stored?

2. Do all staff know where the school’s general autoinjectors are stored. Are the adrenaline auto injectors stored at room temperature?

3. Is the storage safe (not refrigerated)?    Yes ☐  No ☐

Is the storage unlocked and accessible to staff at all times?    Yes ☐  No ☐

Comments

Are the adrenaline auto injectors easy to find?    Yes ☐  No ☐

Comments

4. Is a copy of students’ ASCIA Emergency Action Plan for anaphylaxis kept together with their student’s adrenaline auto injector?    Yes ☐  No ☐

Comments

5. Are the adrenaline auto injectors and ASCIA Emergency Action Plans for anaphylaxis clearly labelled with students’ names?    Yes ☐  No ☐

Comments

6. Has someone been designated to check the adrenaline auto injector expiry dates on a regular basis?    Yes ☐  No ☐

Who?
Comments

7. Has the school signed up to EpiClub or Ana-alert (free reminder services)? Yes ☑ No ☐

8. Do all staff know where the adrenaline auto injector and ASCIA Emergency Action Plan for anaphylaxis are stored? Yes ☑ No ☐

Comments

9. Is there an adrenaline auto injector for general use in the school’s first aid kit? Yes ☑ No ☐
   If Yes, where is it located?

10. Is this device clearly labelled as the ‘General Use’ adrenaline auto injector? Yes ☑ No ☐

SECTION 3: Prevention Strategies

1. Have you done a risk assessment to identify potential accidental exposure to allergens for a student with anaphylaxis? Yes ☑ No ☐

2. Have you implemented any of the prevention strategies (in Appendix 2 of the Guidelines)? Yes ☑ No ☐

3. Are there always sufficient staff members on yard duty with current training in anaphylaxis emergency management? Yes ☑ No ☐

SECTION 4: School’s First Aid and Emergency Response Procedure for when an allergic reaction occurs

1. Is the school’s Communication Plan for when an allergic reaction occurs for all in-school and all out-of-school scenarios clearly documented in the School’s Communication Plan and distributed to all staff? Have all staff responsible for students with anaphylaxis received training and attended a twice yearly briefing? Yes ☑ No ☐

2. Do staff know when their training needs to be renewed? Have you developed a School’s First Aid and Emergency Response Plan for when an allergic reaction occurs?
   - In the class room? Yes ☑ No ☐
   - In the school yard? Yes ☑ No ☐
   - At school camps and excursions? Yes ☑ No ☐
   - On special event days, such as sports days? Yes ☑ No ☐
   - Does your plan include who will call the Ambulance? Yes ☑ No ☐

3. Is there a designated person who will be sent to collect the student’s adrenaline auto injector and ASCIA Emergency Action Plan for Anaphylaxis? Yes ☑ No ☐