ANAPHYLAXIS POLICY

Definition
- Anaphylaxis is a severe, rapid and potentially fatal allergic reaction that involve major body systems particularly the breathing and/or circulatory systems.
- An anaphylactic reaction may develop within minutes of exposure to the allergen, but a reaction can be treated effectively by using an adrenaline auto-injector.

Rationale
- Children at risk of anaphylaxis should be able to participate equally in all aspects of school life by the school providing, as far as practical, a safe and healthy environment.

Aims
- To minimise the risk of an anaphylactic reaction occurring while a child is at school
- To ensure staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an auto injector
- To raise the communities awareness of anaphylaxis and its management through education and policy implementation

Implementation:
- This policy applies when a child diagnosed as being at risk of anaphylaxis by a qualified medical practitioner is enrolled at the school.
- To comply with the Order and Guidelines on anaphylaxis management - Ministerial Order 706, April 2014
- The school will assess the risk for treatment for anaphylaxis and prepare a risk management plan to reduce the risk of a child having an anaphylactic reaction and an action plan which must be followed.
- Staff and parents will be made aware that it is not possible to achieve a completely allergen-free environment and should not have a false sense of security that any allergen has been eliminated from the environment as per current research and Department recommendations.
- All staff will undertake training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an auto injector. This will occur as per Department guidelines which is reinforced annually.

The school shall...
- As part of the enrolment procedure ensures any child who has allergies meet with the Principal to begin procedures to reduce risk of anaphylaxis.
- Develop a risk management plan for the school in consultation with staff and the families of the child which will be regularly reviewed.
• The school will purchase an auto injector.

• The school will complete an annual Risk Management checklist as provided by DEECD.

• Staff will participate in a briefing to occur twice per calendar year with the first one to be held at the beginning of the school year by a member of the school staff who has successfully completed an anaphylaxis management training course in the 12 months prior.

• Ensure parents provide an anaphylaxis action plan signed by the child’s doctor and a complete auto injector kit while the child is present at the school.

• Ensure that all staff attend anaphylaxis management training, that is reinforced annually.

• If it is not possible to have a trained auto injector person available at any time, parents will be informed of the situation.

• Ensure that no child who has been prescribed an auto injector is permitted to attend the school or its programs without that auto injector which is current.

• Ensure that relieving staff are aware of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child’s allergies, anaphylaxis action plan and auto injector kit.

• Implement strategies to identify a child at risk of anaphylaxis

• Display an Australasian Society of Clinical Immunology and Allergy (ASCIA) individual Action Plan for Anaphylaxis poster in all rooms, sick bay and main office.

• Display OPS risk minimisation and action plan in classroom, sick bay and main office

• Information given to all families requesting procedures be followed to minimise the risk of exposure to a known allergen such as class letter, flyer eg
  o Food containing major sources of allergens eg nut products, egg,
  o Food where transfer from one child to another is likely
  o Food packaging of risk foods (allergens at point 2)

• Encourage ongoing communication between parents and staff regarding the current status of the child’s allergies and this policy.

• Provide information home to the community if allergens change

• Ensure that the community is aware of this policy and provide access to it on request.

• Provide information to the community about resources and support for managing allergies and anaphylaxis

• Bullying by provoking food allergic children with foods to which they are allergic should be recognised as a risk factor and addressed through the Bullying Policy.

The parents of a child at risk of anaphylaxis shall…
• Be provided with the School policy on anaphylaxis
• Inform staff, either on enrolment or diagnosis, of their child’s allergies.
• Provide staff with an anaphylaxis action plan and written consent to use the Epipen in line with the action plan.
• Provide staff with a complete and current auto injector kit.
• Regularly check the auto injector expiry date.
• Comply with the school’s policy that no child who has been prescribed an auto injector is permitted to attend the school or its programs without that auto injector, which is current.
• Support the schools strategies to identify children at risk of anaphylaxis.
• Ensure that food and drink containers are clearly marked with their child’s name
• Provide a safe treat box for their child.
• Notify staff of any change to their child’s allergy status and provide a new anaphylaxis action plan in accordance with these changes.
• Communicate all relevant information and concerns to staff, for example any matter relating to the health of the child.
• Assist staff by offering information and answering any questions regarding their child’s allergies

The Child should…
• Only eat food that has been specifically prepared for him/her especially if doing class cooking or a shared lunch.

The class teacher of the child shall…
• Follow the child’s anaphylaxis plan in the event of an allergic reaction, which may progress to anaphylaxis.
• Management guidelines will be kept Accident notification folder in the Fist Aid room and reviewed annually or after an incident.
• Ensure the auto injector kit is stored in a location away from direct sources of heat and that is known to all staff and is easily accessible to adults but inaccessible to children.
• Ensure that the auto injector kit for each child at risk of anaphylaxis is carried by a trained adult on excursions/outings that this child attends.
• Regularly check the auto injector expiry date.
• Be able to recognise an allergic reaction.
• Practice auto injector administration procedures using and auto injector trainer and “anaphylaxis scenarios” on a regular basis. (see Resource Manual – Ambulance Victoria)
Ensure thorough planning and risk minimisation at excursions.

Discuss the use of foods in such activities with parents of the child and these foods should be consistent with the risk management plan.

Ensure the following procedures for reducing allergen contact are implemented:

- Hygiene procedures and practices are used to reduce the risk of contamination of surfaces and containers by food allergens.
- Ensure table tops are washed down after eating.
- Ensure all children are closely supervised at meal and snack time and consume food in specified areas.
- A location is chosen and used where consumption of food by the child is safe while ensuring the child is not socially isolated.
- In some circumstances, it may be appropriate that highly allergic child does not sit at the same table when the others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- The child consumes food prepared specifically for him/her.
- There is no food trading or sharing amongst children.
- Children wash hands before entering school and before and after eating.
- Teaching strategies are used to raise the awareness of all children about anaphylaxis.
- All food for the child should be in accordance with the risk minimisation plan.

Inform parents of children in the class not to send food containing specified allergens or ingredients as determined in the risk management plan.

The school encourages healthy food consumption and provides funds for non-food rewards for all children. Staff should not use food rewards, however, when special occasions occur (e.g., birthday celebrations, class cooking etc) the parents should provide an allergy free alternative.

All Staff shall:

- Know each child’s risk management plan, understand and use it.
- Know who will administer the auto injector and stay with the child.
- Know who will telephone the ambulance and contact parents.
- Know who will ensure supervision of other children.
- Know who will lead ambulance officers into the school and take them to the child.

Resources and Support

- Australasian society of Clinical Immunology ad Allergy (ASCIA) [www.allergy.org.au](http://www.allergy.org.au)
- Anaphylaxis Australia Inc [www.allergyfacts.org.au](http://www.allergyfacts.org.au)
- Royal Children’s Hospital, Department of Allergy. [www.rch.org.au](http://www.rch.org.au)
- Anaphylaxis Resource Manual - Ambulance Victoria
- DEECD – Anaphylaxis policy, Ministerial order 706

Evaluation
• Evaluation of this policy will involve the families of the children at risk.
• Annually
• Upon enrolment of each at risk child
• After any incident or accidental exposure

This policy was last ratified by School Council in… Draft
GUIDELINES for Anaphylaxis Incident

Inside
* Large poster made by child in room with allergies listed
* Lanyard to be warn by child when attending specialist (hang on You Can do It hooks once in room)
* On sign of reaction to allergen
  o Ring office with code yellow
    ▪ which child and
    ▪ location
    ▪ Epipen given or not
    ▪ Ambulance required or not
  • Office staff to ring and meet ambulance at front gate
  o Have child take code yellow card to nearby teacher who will gather rest of class
  o Await ambulance

Outside
* On sign of reaction to allergen
  o Send code yellow card to staff room with child who can tell location of incident
    ▪ Yellow Anaphylaxis kit to be taken to yard duty teacher by staff member
    ▪ If Epipen administered second staff member to return to office and ring ambulance
      and meet ambulance at the gate
    ▪ Management of children in yard by staff eg bell to come inside, more staff on duty etc

CRT
* Person who greets CRT to alert them via First Aid Room, yellow folder and Co worker
* CRT to be shown poster in room and introduce to the child
* Specialist CRT people to be alerted via First Aid room and lanyard