

# ANAPHYLAXIS MANAGEMENT POLICY AND PROCEDURES



## Rationale

Doxa School Bendigo is morally required to care for its students and as such it is intrinsically important that we provide care for students at risk of Anaphylactic reactions. Our school community is also required by government legislation (**Ministerial Order 706**) to provide a policy and procedures to support students at risk of Anaphylaxis.

## Basic Beliefs

It is the Doxa School Mission to provide an environment of peace and healing and this can only happen when community members feel safe. The provision of support and planning to manage Anaphylaxis within our community is pivotal to creating a place of peace and healing.

## Individual Anaphylaxis Management Plans. (Appendix 1)

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's Parents, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.

This plan will be an ASCIA Management Plan as per Appendix 1 of this document.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.

School Staff, with the Principal, will then implement and monitor the student's Individual Anaphylaxis Management Plan.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's Parents in all of the following circumstances:

- 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).

## Parents' Responsibilities:

- provide the ASCIA Action Plan;
- inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;

- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
- provide the School with an Adrenaline Auto-injector that is current and not expired for their child.

### **Prevention Strategies**

Doxa School will implement a range of strategies relevant in-school and out-of-school settings which include (but are not limited to) the following:

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

### Strategies used within the school include:

- Displaying the photos and details of students with Anaphylaxis in staff areas and other appropriate areas of the school
- Make Anaphylaxis Management Plans available to all staff with regard to students impacted on
- Have regular staff briefings regarding student health issues including Anaphylaxis
- Training all staff in Anaphylaxis management as directed in Ministerial Order 706
- Training in Safe Food Handling for staff involved in Kitchen area activities
- Liaising with parents and appropriate health professionals regarding Anaphylaxis management
- Safe storage and management of any potential food allergens within the school
- No sharing policy with regard to food, containers and utensils amongst students where Anaphylaxis is recognised as a risk
- Not using any potential at risk foods for any class or group activities
- Not using materials made from any material that may cause an Anaphylactic reaction in a particular student (eg: Balloons if a student is allergic to Latex)
- Establish a Communication Plan for Anaphylaxis Management that is discussed with and understood by all staff, volunteers and other appropriate school community members
- Have necessary First Aid equipment (Epipen/Anapen) in a labelled and convenient place for staff to access in an emergency
- Ensure all staff on Yard Duty are aware of students with Anaphylaxis and their individual Management Plan as well as the schools Communication and Anaphylaxis Management procedures
- Manage rubbish bins and garden areas in the yard to mitigate any issues with insects that may cause Anaphylactic reactions
- Set rules and boundaries for students prone to Anaphylactic reactions to ensure their safety, in consultation with parents and/or carers

### Additional Strategies used for Out of School Activities include:

- Planning with parents to manage student travel safely to and from school
- Liaise with external service providers regarding a range of issues relevant to keeping any Anaphylactic student safe, to mitigate any risk or seek a different service provider if appropriate
- Have First Aid equipment available to be taken from the school that contains Epipen/Anapen supplies as is appropriate
- Always include Individual ASCIA Action Plans where appropriate
- Complete appropriate Risk Assessments for all activities that students affected by Anaphylaxis might be expected to participate in
- In remote settings the following will be taken into account when planning:
- Parent Consultation will take place prior to any activity
- Risk assessments will be undertaken of any site or with any organisation responsible for conducting activities
- Food issues will be planned for and dealt with in all communication with outside service providers
- Staff attending activities in remote settings will have appropriate Anaphylaxis training as stipulated in Ministerial Order 706
- All relevant First Aid equipment ie: Epipen/Anapen etc will be provided in First Aid Kits/Bags
- Risk Management Plans for these activities will include all relevant Emergency Contact information for the area and appropriate local Emergency Management services will be contacted during planning as appropriate
- Each student's Individual Anaphylaxis Plan will be included in all planning and consultation for all external activities

### **School Management and Emergency Response**

In the event of a student having an Anaphylactic Reaction the school and staff of the school will respond to the Emergency as per the Individual Anaphylaxis Emergency Management Plan.

### **Adrenaline Auto-injectors for General Use**

The Principal will purchase Adrenaline Auto-injector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents. These will be placed in appropriate areas for staff to access if needed

### **Communication Plan**

Doxa School's Anaphylaxis Communication Plan is as follows:

Meetings will be held with Parents/Carers prior to the student commencing at the school so the School's Anaphylaxis Policy and Procedures and the families previous Management Plan (ASCIA Plan) can be shared and discussed.

All relevant information regarding the individual student will be discussed with all staff and the ASCIA Plan will be shared and a School Based Individual Management Plan drawn up by the Principal, teacher and Student Support worker responsible for the individual student. This will then be communicated and discussed with the Parent/Carer.

The specific details of off-site Management of the student will be discussed with the parent as activities are planned and appropriate steps included in any Risk Management Plan.

The Principal in conjunction with the student's Teacher and Student Support Worker will coordinate the Communication Plan

### **Staff Training**

All staff at Doxa School Bendigo will

- Undertake an Anaphylaxis Management Training Course each three years
- Participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
  - o the School's Anaphylaxis Management Policy;
  - o the causes, symptoms and treatment of anaphylaxis;
  - o the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
  - o how to use an Adrenaline Auto-injector, including hands on practise with a trainer Adrenaline Auto-injector device;
  - o the School's general first aid and emergency response procedures; and
  - o the location of, and access to, Adrenaline Auto-injector that have been provided by Parents or purchased by the School for general use.

The briefing will be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

If the Training has not occurred the Principal will enact an alternative plan for staff briefings.

### **Annual Risk Management Checklist**

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

### **Relevant Resource Documents:**

Ministerial Order 706 – Anaphylaxis Management in Schools  
DEECD Anaphylaxis Guidelines: February 2014

# 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.

<b>School</b>		<b>Phone</b>	
<b>Student</b>			
<b>DOB</b>		<b>Year level</b>	
<b>Severely allergic to:</b>			
<b>Other health conditions</b>			
<b>Medication at school</b>			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>EMERGENCY CONTACT DETAILS (ALTERNATE)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>Medical practitioner contact</b>	<b>Name</b>		
	<b>Phone</b>		

<b>Emergency care to be provided at school</b>	
<b>Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)</b>	

**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.

**Name of environment/area:**

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

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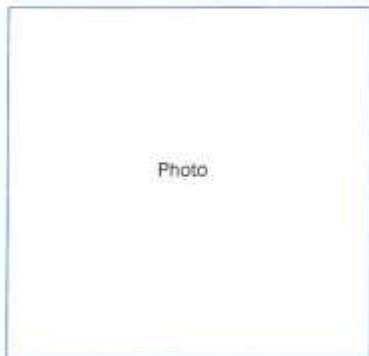
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<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

(Continues on next page)

For use with EpiPen® Adrenaline Autoinjectors

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



Confirmed allergens: \_\_\_\_\_

Asthma Yes  No

Family/emergency contact name(s): \_\_\_\_\_

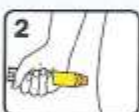
Work Ph: \_\_\_\_\_  
 Home Ph: \_\_\_\_\_  
 Mobile Ph: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_  
 Dr: \_\_\_\_\_  
 Signed: \_\_\_\_\_  
 Date: \_\_\_\_\_

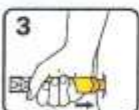
### How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



PLACE ORANGE END against outer mid-thigh (with or without clothing).



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.

REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at: [www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

## 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 ticks.**
- 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.

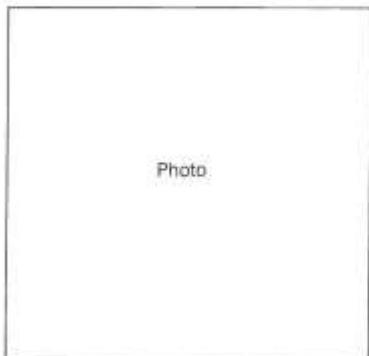
Additional information \_\_\_\_\_

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.



For use with Anapen® Adrenaline Autoinjectors

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



Confirmed allergens: \_\_\_\_\_

Asthma Yes  No

Family/emergency contact name(s): \_\_\_\_\_

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

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

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

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

Dr: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

### How to give Anapen®



PULL OFF BLACK NEEDLE SHIELD



PULL OFF GREY SAFETY CAP from red button.



PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing).



PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen® and DO NOT touch needle. Massage injection site for 30 seconds.

Instructions are also on the device label and at: [www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

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- 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 ticks.**
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed) .....
- Dose: .....
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede anaphylaxis**

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### ACTION

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- 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.**

Anapen® 300 is generally prescribed for adults and children over 5 years.

Anapen® 150 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.

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (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

Signature of parent:

Date:

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.

Signature of Principal (or nominee):

Date: