



KILMORE PRIMARY SCHOOL



ANAPHYLAXIS MANAGEMENT POLICY and ANAPHYLAXIS COMMUNICATION PLAN

BACKGROUND

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 medication.

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

The most effective first aid treatment for anaphylaxis is the administration of adrenaline given through an EpiPen® Auto-Injector to the muscle of the outer mid-thigh.

PURPOSE

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimization strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

An Anaphylaxis Communication Plan and Anaphylaxis Management Policy will be developed and placed in agreed locations around the school.

Kilmore Primary School's Anaphylaxis Policy and Communication Plan will be published on the school's website and intranet site.

Individual Anaphylaxis Management Plans

The Student Wellbeing Coordinator, Office Staff and First Aid Coordinator will ensure that an individual 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.

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

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
 - Strategies to minimize the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including camps and excursions.
 - The name of the person/s responsible for implementing the strategies.
 - The student's emergency contact details.
 - Information on where the student's medication will be stored
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
 - ~ sets out the emergency procedures to be taken in the event of an allergic reaction
 - ~ is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan and
 - ~ includes an up to date photograph of the student.

The student's individual management plan will be reviewed, in consultation with the student's parents/carers:

- ~ annually, and as applicable
- ~ if the student's condition changes
- ~ immediately after a student has an anaphylactic reaction at school

It is the responsibility of the parents to:

- ~ provide the emergency procedures plan (ASCIA Action Plan)
- ~ inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan)
- ~ provide an up to date photo for the emergency procedures plan (ASCIA Action PLAN) when the plan is provided to the school and when it is reviewed.

COMMUNICATION PLAN

The principal/assistant principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

The communication plan will include information about what steps will be taken to respond to anaphylactic reaction by a student in a classroom, in the school yard, on school excursions on school camps and special event days.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the information in the CRT folders in every classroom and by the assistant principal/student wellbeing coordinator. The CRT folder will have a sticker on the front identifying that there is a student at risk of having anaphylaxis allergic reaction in the class.

All staff will be briefed once a semester by a staff member who has up to date anaphylaxis management training on:

- * The school's anaphylaxis management policy

- * The causes, symptoms and treatment of anaphylaxis
- * The identities of students diagnosed at risk of anaphylaxis and where their medication is located
- * How to use an auto adrenaline injecting device
- * The school's first aid and emergency response procedures

CLASSROOM PREVENTION STRATEGIES

Teachers should observe anaphylactic students briefly when greeting them in the morning.

If an anaphylactic child says they are unwell it should be taken seriously. An unwell anaphylactic child should not go to the toilet or office without staff supervision.

Teachers should discourage sharing of food in the classroom, and should have regular discussions with students about the importance of washing their hands and eating their own food

The parents of anaphylactic students should be notified if there is to be a class party, and encouraged to provide suitable allergen-free foods for their child

When students bring in treats for the classroom, such as lolly bags, birthday cakes etc, the teacher should ask students to take the treats home at the end of the day, rather than consume them in the classroom.

The teacher will ask parents of anaphylactic students to provide suitable treats/rewards to be stored in the classroom

Teachers are to seek permission from parents of anaphylactic students for their child to participate in any cooking activity at school.

STAFF TRAINING AND EMERGENCY RESPONSE

Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.

At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.

The principal will identify the school staff to be trained based on a risk assessment.

Training will be provided to these staff as soon as practicable after the student enrolls.

Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.

The school's first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

COMMUNICATION PLAN FOR ANAPHYLAXIS INCIDENTS

An EpiPen® for a student who may have an anaphylactic reaction is to be kept in the **main office area near the student window** where it is easily accessible should an incident occur. EpiPens® are kept in a named drawer containing the children's prescribed EpiPen® and their emergency procedures plan (ASCIA Action Plan), provided by the parent, that sets out the emergency procedures to be followed in the event of an allergic reaction.

A container for spent EpiPens® is in the First Aid Room

The EpiPen® is to accompany the student to excursions, including interschool sports and camps.

DIRECTIONS FOR USING EPIPEN®S

- Remove from protective tube (keep it close)
- Remove the grey cap
- Keep fingers away from the black tip
- Form a fist around EpiPen® and place black tip on thigh, at right angle to the leg. EpiPen® should never be injected into hands, ears, nose, buttocks or the genitals as it may result in loss of blood flow to the affected area. Ensure that the EpiPen® is kept well clear of the face.
- Press hard into thigh until Auto-Injector mechanism functions (listen for click) and hold in place for ten seconds. Can be injected through clothing (check pockets)
- Remove
- Massage site for 10 seconds
- Record the time the EpiPen® was given
- Place spent EpiPen® carefully in container supplied in First aid room to avoid needle stick injury
- Notify the ambulance immediately that the EpiPen® has been used. This is an intramuscular injection of Adrenaline.
- A staff member will be at the school gate to guide ambulance to correct location
- Notify parents.

CLASSROOM MEDICAL CRISIS

- Staff member to stay with the child in crisis at all times
- A student to take Urgent Help Required (pink card) to the office for immediate staff assistance and to alert that area of the medical crisis
- Classroom teacher or nearest staff member to ring the office from classroom phone for help or dial 555 to alert urgent help is required and the location
- A different staff member will remove remaining students out of the classroom to another class to be supervised.
- Classroom teacher or teacher engaged in initial response to stay with the child and receive support from additional staff member/s

Staff member attending to the child

- Keep child in classroom to remain still and calm.
- Contact the office as specified above, request an ambulance
- Follow first aid training procedures- DRABCD (see Appendix 1)
- Follow child's Anaphylaxis Action Plan, administer prescribed EpiPen®
- Check with a staff member that an ambulance has been called and the child's parents have been notified.
- Completion of an Incident / Accident Report form including full details of the event and what occurred

YARD MEDICAL CRISIS

- Staff member to stay with the child in crisis at all times
- A student to take Urgent Help Required (red card) to the office for immediate staff assistance and to alert that area of the medical crisis
- Yard duty teacher to ring the office from classroom phone for help or dial 555 to alert urgent help is required and the location
- A different staff member (other than the yard duty teacher) will remove remaining students from the yard to another area to be supervised.
- Yard duty teacher engaged in initial response to stay with the child and receive support from additional staff member/s

Staff member attending to the child

- Keep child and remain in the area of the yard
- Contact the office as specified above, request an ambulance
- Follow first aid training procedures- DRABCD (see Appendix 1)
- Follow child's Anaphylaxis Action Plan, administer prescribed EpiPen®
- Check with a staff member that an ambulance has been called and the child's parents have been notified.
- Completion of an Incident / Accident Report form including full details of the event and what occurred

MEDICAL CRISIS ON EXCURSION, CAMP OR SPORTS DAY

Child who may suffer from an anaphylactic reaction is to be with own classroom teacher when away from school. In the camp situation, the child is to be in their classroom teacher's group at all times. When away from school due to interschool sport or sports days, the child's EpiPen® is carried by a teacher, possibly their classroom teacher or sports teacher who is travelling with the child to the sport location.

EpiPens® must accompany the student whenever they leave the school for an excursion or camp. The EpiPen® will be carried by the student's classroom teacher or teacher responsible for the student.

All EpiPens® that are removed from the First Aid room due to an excursion or camp must be returned upon arrival at school.

- Staff members to stay with the child in crisis at all times
- A different staff member or parent helper will remove remaining students from the location to another area to be supervised.
- Teacher to stay with the child and receive support from an additional staff member or parent helper.
- Notify excursion or camp supervision about the anaphylactic reaction and the need for an ambulance.

Staff member attending to the child

- Keep child and remain in the area
- Follow first aid training procedures- DRABCD (see Appendix 1)
- Follow child's Anaphylaxis Action Plan, administer prescribed EpiPen®
- Call ambulance
- Call child's parents to notify them of the situation
- Contact school office to notify them of the situation
- Completion of an Incident / Accident Report form including full details of the event and what occurred

Ratified by School Council:	Review Date:
25 th March 2014	As per Schedule
<i>Denise Barker</i> (Principal)	Date: 28/3/2014

APPENDIX 1

D check for DANGER

- to you
- to others
- to casualty

R check for RESPONSE

- is casualty conscious?
- is casualty unconscious?

A check AIRWAY

- is airway clear of objects?
- is airway open?

B check for BREATHING

- is chest rising and falling?
- can you hear or feel air from mouth or nose?
- if no breathing, give 2 initial breaths

C give CPR

- if no signs of life—unconscious, not breathing and not moving, start CPR
- CPR involves giving 30 compressions at a rate of approximately 100 compressions per minute followed by 2 breaths

D apply a DEFIBRILLATOR (if available) - follow voice prompts

APPENDIX 2

DELIVERING THE EPIPEN

Form a fist around EpiPen and inject into upper outer thigh -Can be injected through clothing! (check pockets)

- ☑ Listen for click!
- ☑ Hold in place for 10 seconds
- ☑ Remove
- ☑ Massage site for 10 seconds



Do not touch needle!
Use one hand to
replace EpiPen in
protective tube then
recap tube.

