



Anaphylaxis POLICY

Rationale:

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 have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between Laurimar Primary School and its parent community are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an Adrenaline auto-injection device to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Aim:

Laurimar Primary School OSHC 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 the program.
- Working with the school to keep all information and practices up to date.
- Raising awareness about anaphylaxis and the school's anaphylaxis management policy in the OSHC community to engage with parents/carers of students 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 about allergies, anaphylaxis and the service's policy and procedures in responding to an anaphylactic reaction.
- Ensuring all staff engage in a yearly Anaphylaxis first aid refresher.

INDIVIDUAL ANAPHYLAXIS RISK MANGEMENT PLANS

The Nominated Supervisor will ensure that an individual *Anaphylaxis Risk Management Plan* is developed, in consultation with the child's parents, for every student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. The individual anaphylaxis risk management plan will be in place as soon as practicable after the student enrolls, and where possible before their first OSHC session.

Students' Anaphylaxis Action Plans are to be displayed on the wall in the OSHC office, as well as kept in the red Anaphylaxis folder on the bookshelf in the OSHC office.

ANAPHYLAXIS RISK MANAGEMENT PLAN

The individual anaphylaxis risk management plan will clearly 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 minimise the risk of exposure to allergens while the student is under the care or supervision of OSHC staff, for in-service and out of service settings including excursions.
- The name of the person/s responsible for implementing the strategies.
- Information on where the student's Adrenaline auto-injection device medication will be stored.
- The child's emergency contact details.
- 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 child's individual **Anaphylaxis Risk Management Plan** will be reviewed, in consultation with the student's parents / carers:

- annually, and as applicable
- if the child's condition changes
- immediately after a student has an anaphylactic reaction at within the service.

MANAGEMENT GUIDELINES

Roles and Responsibilities

Parents/Carers

- must inform the Nominated Supervisor and the Approved Provider if they believe their child has a severe allergy that may impact on their safety at OSHC.
- will meet with the service to develop the child's individual **Anaphylaxis Risk Management Plan**. (preferably prior to enrolment and transition.)
- shall provide an individual **Adrenaline auto-injection device** for their child and ensure that it has not expired. Students should have an adequate supply of appropriate medication with them at school at all times. The OSHC service will collect the child's Epi-Pen before their booked session.
- are to supply specific food requirements for excursions and special days if required.
- must inform staff of any changes to their child's condition and/or emergency contact details.

Nominated Supervisor / School 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 that parents/carers develop an individual **Anaphylaxis Risk 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 parents provide the child's **Adrenaline auto-injection device** and that it is not past its expiry date.
- ensure that staff are trained in recognising and responding to an anaphylactic reaction, including administering an **Adrenaline auto-injection device**.
- raise school community awareness about severe allergies and the school's policies.
- provide information to all staff (including specialist staff, new staff, sessional 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.
- allocate time to discuss, practise and review the school's management strategies for students at risk of anaphylaxis and provide regular practise using the trainer **Adrenaline auto-injection device** (refer to emergency action plan).
- encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
- in consultation with parents, review the student's individual **Anaphylaxis Risk Management Plan** annually or if the student's circumstances change.

OSHC staff will

- know the children who are at risk of anaphylaxis.
- understand the causes, symptoms, and treatment of anaphylaxis.
- train in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline auto-injection device (this training will be conducted formally on an annual basis).
- meet with the parents to outline the issues and decide on strategies to minimise safety concerns.

- know the service's first aid emergency procedures and what their role is in relation to responding to an anaphylactic reaction.
- plan ahead for special activities or occasions such as excursions, sport days, and parties.
- work with parents/carers to provide appropriate food for the student.
- not give food 'treats' to students in class or as rewards, as these may contain hidden allergens.
- ensure that identified students are not isolated or excluded, within reason from any activity.
- 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.
- make a reasonable effort to ensure that contact with allergens is avoided.
- communicate with parents\carers if they have concerns with the use of specific rooms and equipment.
- ensure casual relief teachers are informed of specific allergens that students have allergies to. CRT information books will contain current information.
- raise student awareness about severe allergies and the importance of their role in fostering an environment that is safe and supportive for their peers.
- encourage hand washing for staff and students on a regular basis, particularly before and after eating food.

Excursions

- Specific food requirements may need to be supplied by the parents.
- An excursion risk management plan to be completed before each excursion.

Nominated Supervisor and/or Assistant Co-ordinator will

- keep an up to date register of students at risk of anaphylaxis.
- ensure that students' emergency contact details are up to date.
- obtain training in recognising and responding to an anaphylactic reaction, including administering an **Adrenaline auto-injection device**
- at the beginning of each month and/or term, check that the **Adrenaline auto-injection device** is not cloudy or out of date, and inform parents/carers if the **Adrenaline auto-injection device** needs to be replaced.
- Ensure that the **auto-injection device kit** along with a copy of the anaphylaxis risk management plan and action plan is carried by a staff member accompanying the child at risk when the child is removed from the service (eg. Excursions).
- ensure that the **Adrenaline auto-injection device** is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place (OSHC office), and it is appropriately labelled.
- Keep records of when Adrenaline auto-injection devices are checked.

IMPLEMENTATION

- The students known to have severe allergic reactions are known by sight by all staff.
- The parents/carers of the student must inform the Out of School Hours staff of their child's allergy and the appropriate medical response.
- Educators are responsible for ensuring that the **Adrenaline auto-injection devices** go on all excursions.
- Staff who prepare fruit platters must wash their hands and clean the work surfaces, especially the chopping boards prior to beginning. This is in line with common hygiene practice.
- The **Adrenaline auto-injection device** will be kept in an individually named basket, along with any other medicine the student requires. All **Adrenaline auto-injection device kits** will be kept in a reserved space in the OSHC office (in a cool / easily accessible position).
- Spare **Adrenaline auto-injection devices** (both junior and senior) will be kept in the OSHC office.
- Spare **Adrenaline auto-injection devices** (both junior and senior) will be kept in individually labelled 'Outside' and 'Gym' baskets (when supply allows so), along with any other medicine the student requires. Current tags with the names and photos of relevant children will be attached to all spare **Adrenaline auto-injection devices**, to clearly identify which students require which device (junior and senior devices).
- Each student's Individual Anaphylaxis Risk Management Plan and Action Plan is displayed on the OSHC office noticeboard, kept behind their enrolment record and medical information folder.
- An annual note, 'Important Information Regarding Anaphylaxis' will be sent home to all families.

- The Nominated Supervisor and parent will communicate whenever the service is planning to have special food days (eg. Multicultural lunches).

PREVENTING ALLERGIC REACTIONS - ‘TIME IS CRITICAL’

- Good hygiene and vigilance is vital as other food products can have nut traces or are not easily identified as being related to the nut family.
- Effective communication between the service and family are essential.
- Not using boxes or packages that state that the product ‘may contain traces of nuts’ or egg cartons.
- Be aware that some soap, sunscreens, play-dough, cooking oil etc., contain nut products.
- Be aware that eggs and dairy foods may also be a problem for some students.
- Bee, wasp or insect stings may be a problem for some students.

EMERGENCY ACTION PLAN FOR ANAPHYLACTIC REACTIONS

Symptoms:

(Watch for anyone of the following signs):

- | | | |
|---|---|---------------------------------------|
| • Chest and / or throat tightness | > | |
| • Extreme difficulty in breathing | > | Give Adrenaline auto-injection device |
| • Facial swelling and puffiness | > | |
| • Swelling of the tongue | | |
| • Abdominal pain, vomiting (signs of a severe allergic reaction to insects) | | |
| • Tingling mouth | | |
| • Hives or welts | | |
| • Persistent dizziness or collapse | | |
| • Turning blue | > | |
| • Loss of consciousness | > | |
| • Difficulty talking and / or hoarse voice. | > | |
| • Wheeze or persistent cough | > | |
| • Pale and floppy (young children) | > | |
| • Be aware that the above symptoms can occur in any order and loss of consciousness can occur in <u>3 to 5</u> minutes of contact with allergen. | | |
| • One (1) adult is to stay with the child at all times. | | |

EMERGENCY RESPONSE TO INCIDENT

- Lay child flat, do not stand or walk. If breathing is difficult, allow to sit, but do not stand.
- An adult is to administer a relevant (junior or senior) **spare OSHC Adrenaline auto-injection device** immediately, not the child’s individual Adrenaline auto-injection device.
- Current tags with the names and photos of relevant children will be attached to the **OSHC Adrenaline auto-injection device** (both junior and senior devices).
- Call for the individual child’s **Adrenaline auto-injection device** kept in the OSHC office.
- The individual child’s **Adrenaline auto-injection device** and a spare device are to be taken into the yard when called for.
- Administer back up **Adrenaline auto-injection device** if no response after FIVE minutes.

- An adult is to get help via the walkie-talkie (in the yard) or phoning the General Office / First Aid officer.
- An adult is to ring an ambulance (000) and ask for the MICA ambulance and contact the parents or carer.
- An adult is to meet the ambulance - (Corner of Armidale Road & Painted Hills Rd.)
- Keep the used **Adrenaline auto-injection device** - noticing time given - to give to the ambulance officers.
- The First Aid officer needs to be informed that the student has had a reaction.
- The Principal will be notified.
- If practicable, someone to be documenting list of events and the time they take place.

ACTION PLAN FOR ALLERGIC REACTIONS:

Symptoms:

- Hives or skin rash.
- Sneezing.
- Watery eyes
- Tingling lips
- Nausea
- Mild asthma symptoms

Procedure:

- Stay with the child and send for help.
- Inform parents/carer.
- If mild asthma symptoms are present, administer Ventolin via spacer.
- If parents/carer have consented and provided oral antihistamines, administer.
- Observe student closely in Welfare Room until child is transferred to the ambulance.

*** Please Note:**

An **Adrenaline auto-injection device** is not to be administered unless a student has an individual management plan and risk management plan.

STAFF TRAINING AND EMERGENCY RESPONSE

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

- the service's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis
- where their medication is located
- how to use an Adrenaline auto-injection device
- the service's first aid and emergency response procedures

The services's first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction. Laurimar Primary School will ensure all new staff are trained.

MINIMISING THE RISK

Starting school is an exciting time for many families, but for some it can be particularly stressful, especially for those who have children with life-threatening allergies or anaphylaxis. Anaphylaxis is a generalised allergic reaction which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal, cardiovascular).

The school, and thus informing the OSHC service, has received advice from a number of sources on the best way to manage severe allergies. They suggest that the safest practice for any child at risk is to make the individual child responsible for, and fully aware that they must not eat any other food other than that provided from home. The school sees the wisdom of this advice for the long-term management of such a health risk. However, we also understand that young children can make mistakes and behave impulsively.

In order to provide a safe environment at school for all children, particularly those at risk from severe food allergies, the school has formalised a management plan. The philosophy behind the plan is to minimise the risk of a severe allergic reaction. Notices will be sent home to families with children requesting that food containing substances dangerous to the child (peanuts and nuts will cause the most severe reaction) not be sent to school in lunches or snacks. Please note - this is not a total ban of such products. We also understand the situation of parents who have children who like to eat peanut butter or Nutella sandwiches. We are simply asking that consideration be given to limiting the number of times such foods are brought to school. This applies not only to the junior grades, but across the whole school. By reducing the presence of such foods in the school, we will be reducing the likelihood of the child coming into contact with them. By working together we can effectively manage such problems. If your child suffers from allergic reactions or has any other health concern, please inform the school.

The school will aim to communicate through Compass, school website and general notices, information related to risk minimization strategies and other relevant information to ensure members of the school community are educated in the awareness of all children with allergic reactions.

See the **Laurimar Primary School OSHC Individual Anaphylaxis Risk Management Plan** (see attached).

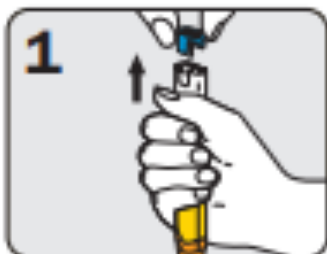
Note: This policy has been developed in accordance to the Department of Education's *Anaphylaxis Guidelines for Victorian Government Schools* (November 2006), and *Anaphylaxis model policy* (Updated January 2011).

Supporting Documentation

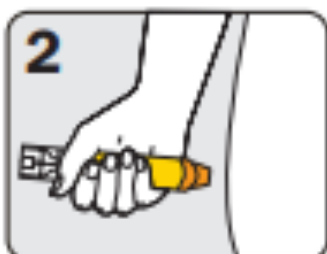
- Acceptance and Refusal of Authorisations Policy
- Administration of Medication Policy
- Medical Conditions Policy
- Nutrition Policy

For EpiPen® adrenaline (epinephrine) autoinjectors

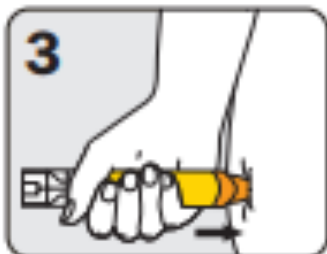
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and 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 3 seconds
REMOVE EpiPen®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy • flick out sting if visible
- For tick allergy • freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally
EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

ALWAYS give adrenaline autoinjector **FIRST**, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

ACTION PLAN FOR Anaphylaxis

Name: _____ For EpiPen® adrenaline (epinephrine) autoinjectors

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____

Date: _____

Action Plan due for review: _____

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- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed) _____
- Phone family/emergency contact

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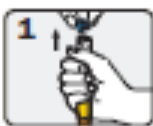
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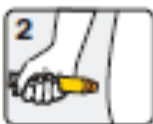
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if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N