

Student Care: Anaphylaxis [February 2019]

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Rationale

Little Yarra Steiner School is committed to providing, as far as is practicable, a safe and supportive environment in which students at risk of anaphylaxis are able to participate equally in all aspects of their schooling.

The school is also committed to the provision of competent and prompt emergency care to ensure the health and optimum outcome of all students who may experience an anaphylactic reaction, whether on or off school premises. The key prevention of anaphylaxis in school is the knowledge of students who are at risk, awareness of triggers (allergens) and prevention of exposure to these allergens.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens are peanuts, eggs, nuts, cow's milk, fish and shellfish, wheat, soy, sesame, latex, and certain insect stings and medication. In our school community the historically most common allergen has been from the bite of 'Jumping Jacks' (*Myrmecia pilosula*).

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.

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Partnership between the school and parents is important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an EpiPen auto injector to the muscle of the outer mid-thigh is the considered an effective first aid treatment for anaphylaxis.

This document has been updated, and is annually reviewed, to ensure that the school meets all particulars with respect to Ministerial Order 706 and the guidelines related thereto.

Aims

- 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 schooling;
- to raise awareness about anaphylaxis and the school's anaphylaxis management plan in the school community;
- to engage with parents or guardians of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and the 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.

Individual Anaphylaxis Management Plans [IAMP] and EpiPens

The IAMP must include all information mentioned in section 7.1.3 of the Ministerial Order 706 (Cf Appendix).

The Education Administrator is responsible for ensuring that IAMPs are developed. IAMPs (that includes a medically completed ASCIA Action Plan for anaphylaxis) are developed in consultation with the parents of each affected student, and renewed once a year in term one, reviewed in term three, and at other times in accordance with the IAMP which is to include all circumstances specified in section 7.2 of the Ministerial Order 706 (Cf Appendix). At these times individual EpiPens, kept in each student's medical kit, are reviewed for currency and to ensure they are in date.

It is the parents' responsibility to advise the school of any medical alterations to a student's condition; to provide the school with a current completed ASCIA Action Plan (inclusive of a recent photograph of the student); and to provide the school with current EpiPen(s) (the number as specified by the student's IAMP).

Each student's Medical Kit is clearly labelled and placed on the shelf (on the left-hand side) in the First Aid room.

The Education Administrator is responsible for ensuring that spare EpiPens are purchased by the school for general use and in addition to those provided by the parents of students identified as at risk of anaphylaxis. The Education Administrator will consider the following factors:

- the number of enrolled students at risk of anaphylaxis
- the accessibility of EpiPens supplied by parents

- the availability of EpiPens for events both on and off the school property
- that EpiPens have a limited life

Spare EpiPen Adrenaline Autoinjectors are located in the First Aid room adjacent to the individual medical kits as a backup to those provided by parents. Their currency is reviewed by the designated First Aider in terms one and three at the same time as student-specific EpiPens.

Communication Plan

Briefings will be held twice a year, the first during the January Conference or as soon thereafter as practicable, by a staff member who has completed an anaphylaxis management training within the previous 12 months, and include the following:

- the school's first aid and anaphylaxis management (ie, this document);
- the causes, symptoms and treatment of anaphylaxis;
- an up to date list of students diagnosed at risk of anaphylaxis
- the location of their medical kits and the spare EpiPens;
- how to use an EpiPen; and
- emergency response procedures during both on-site activities and off-site activities

ASCIA Action Plans (that includes a recent photograph) for each student at risk of anaphylaxis are displayed in the First Aid folders located in the various locations mentioned in *Student Care: First Aid* (including students-at-risk's classrooms). Copies of a student's ASCIA and IAMPs are also stored in each student's medical kit(s). These kits, located in the First Aid room, are to be taken with the student for offsite activities and as specified in the Emergency Management Plan when activited.

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

All staff will be briefed once each semester by staff member(s) with up-to-date anaphylaxis management training) on:

- the school's anaphylaxis management policy;
- the causes, symptoms and treatment of anaphylaxis;
- the students diagnosed at risk of anaphylaxis and the location of medication;
- the correct use of the auto adrenaline injecting device;
- the school's first aid and emergency response procedures.

Teachers:

• teachers in charge of students at risk of anaphylaxis will receive IAMPs and ASCIAs (that includes a photograph) for each student so identified.

CRTs:

- Copies of IAMPs and ASCIAs (that includes a photograph) are included in the folders provided to the CRTs;
- The Daily Manager will draw attention to any child at risk of anaphylaxis and inform what their role is in responding to an anaphylactic reaction by a student in their care.

Minimising exposure

• students at risk of anaphylaxis through food allergens are expected to eat their morning tea and lunch under supervision.

Staff Training

Teachers and other school staff who conduct classes with students at risk of anaphylaxis will have current (within the previous three years) training in an approved anaphylaxis management training course. The Educational Administrator will identify any other staff requiring training based on a risk assessment. An updated list of staff with First Aid and Anaphylactic Management training is appended to the Emergency Management Plan and displayed within the First Aid room.

At other times while a student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the Education Administrator, who is responsible for ensuring that school staff are trained and briefed in accordance with the Ministerial Order 706, will also ensure that there is a sufficient number of staff present who have current training in anaphylaxis management.

Prevention Strategies

Schools are encouraged to raise awareness of the risks associated with anaphylaxis and to implement practical age-appropriate strategies to minimise exposure to known allergens.

As 'Jumping Jacks' (*Myrmecia pilosula*) have historically been the most commonly identified allergen within our school community, areas identified with Jumping Jacks are sprayed with natural Pyrethrum.

Parents are encouraged to provide healthy food for their children to eat at school. We ask that parents be mindful of allergens to children who are at risk of anaphylaxis in their class level. If a class includes a student at risk of anaphylaxis, known allergens will be made known to parents of that class at a Class meeting following new information.

Where it is known that students have brought a known allergen in a class with a student at risk of anaphylaxis, the teacher will take precautions to minimise risk.

On special occasions when food is freely available, teachers will ensure that a safe environment is maintained for all students. Prior to commencing units of work that involves food, teachers will discuss the individual needs of students at risk of anaphylaxis with their parents.

Emergency Management in the event of an anaphylactic episode

Students or parents observing a possible anaphylactic episode are to report this to the nearest teacher and/or office as a matter of urgency.

If possible the student will be taken to the First Aid room where their personal auto adrenaline injecting device (Epipen) can be used.

If a decision has been made to use an Epipen, the supervising teacher and first aider will ensure that emergency services are contacted by ringing ooo for medical assistance.

In a classroom:

• the teacher in charge will ensure that contact is made with the office. A mobile phone may be used if the student is not located near the office area.

In the school playground:

- the first-aid kits used by teachers on duty in designated areas where a student at risk of anaphylaxis may be located will contain photographs of students at risk:
- in the event of an anaphylactic episode, the duty teacher will contact the office and provide the name of the student so that their personal medical kits containing their IAMPs, ASCIAs and EpiPens may be taken to the scene directly;

On excursions or camps:

- the personal medical kit containing a student's IAMP, ASCIA and EpiPen(s) will accompany students at risk of anaphylaxis on excursions and camps;
- the medical kit will be kept within close proximity of the student;
- in the event of an anaphylactic episode, the supervising teacher will administer the EpiPen;
- the supervising teacher will ensure that emergency services are contacted by ringing 000 for medical assistance;
- if the episode takes place at another school or establishment, first aid assistance will be sought
- the IAMP of any student at risk of anaphylaxis will be checked by the supervising teacher prior to the excursion or camp.

Annual Risk Management Checklist

Ge	General		
1.	How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?		
2.	How many of these students carry their Adrenaline Autoinjector on their person?		
3.	Have any students ever had an allergic reaction requiring medical intervention at school?	□ Yes	□ No
	a. If Yes, how many times?		
4.	Have any students ever had an Anaphylactic Reaction at school?	☐ Yes	□ No
	a. If Yes, how many students?		
	b. If Yes, how many times		
5.	Has a staff member been required to administer an Adrenaline Autoinjector to a student?	□ Yes	□ No
	a. If Yes, how many times?		
6.	Was every incident in which a student suffered an anaphylactic reaction recorded on TASS?	☐ Yes	□ No
In	Individual Anaphylaxis Management Plans		
7.	Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	☐ Yes	□ No
8.	Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	□ Yes	□ No
9.	Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following inschool and out of class settings?		
	a. During classroom activities, including elective classes	☐ Yes	□ No
	b. In canteens or during lunch or snack times	□ Yes	□ No
	c. Before and after School, in the school yard and during breaks	□ Yes	□ No
	d. For excursions and camps	□ Yes	□ No
	e. Other	☐ Yes	□ No

10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	☐ Yes	□ No
a. Where are they kept?		
11. Does the ASCIA Action Plan include a recent photo of the student?	□ Yes	□ No
EpiPens		
12. Where are the student(s) Adrenaline Autoinjectors stored?		
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	☐ Yes	□ No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	□ Yes	□ No
15. Is the storage safe?	□ Yes	□ No
16. Is the storage accessible to School Staff at all times?	□ Yes	□ No
Comments:		
17. Are the Adrenaline Autoinjectors easy to find?	☐ Yes	□ No
Comments:		
18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?	☐ Yes	□ No
19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	☐ Yes	□ No

20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis?	☐ Yes	□ No
Who?		
21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	□ Yes	□ No
22. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	□ Yes	□ No
23. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the First Aid room?	□ Yes	□ No
24. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	□ Yes	□ No
25. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?	☐ Yes	□ No
Strategies		
26. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	☐ Yes	□ No
27. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	☐ Yes	□ No
28. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	□ Yes	□ No
29. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	□ Yes	□ No
Management and Response		
30. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	□ Yes	□ No
31. Do School Staff know when their training needs to be renewed?	□ Yes	□ No
32. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	□ Yes	□ No

a. In the class room?	□ Yes	□ No
b. In the play areas?	□ Yes	□ No
c. In all School buildings and sites, including gymnasiums and halls?	□ Yes	□ No
d. At school camps and excursions?	□ Yes	□ No
e. On special event days conducted, organised or attended by the School?	□ Yes	□ No
33. Does your plan include who will call the Ambulance?	□ Yes	□ No
34. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	□ Yes	□ No
35. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	□ Yes	□ No
a. The class room?	□ Yes	□ No
b. The school yard?	□ Yes	□ No
c. The sports field?	□ Yes	□ No
36.On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIAAction Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use?	□ Yes	□ No
37. Who will make these arrangements during excursions?		
20 Mh a rill maka thaga amar garanta during agaran?		
38. Who will make these arrangements during camps?		
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39. Who will make these arrangements during sporting activities?		
40. Is there a process for post incident support in place?	☐ Yes	□ No
41. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:		

a.	The School's Anaphylaxis Management Policy?	□ Yes	□ No
b.	The causes, symptoms and treatment of anaphylaxis?	□ Yes	□ No
c.	The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?	□ Yes	□ No
d.	How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?	□ Yes	□ No
e.	The School's general first aid and emergency response procedures for all in-school and out-of-school environments?	□ Yes	□ No
f.	Where the Adrenaline Autoinjector(s) for General Use is kept?	□ Yes	□ No
g.	Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?	□ Yes	□ No
Com	munication		
	there a Communication Plan in place to provide information out anaphylaxis and the School's policies?		
a.	To School Staff?	□ Yes	□ No
b.	To students?	□ Yes	□ No
c.	To Parents?	□ Yes	□ No
d.	To volunteers?	□ Yes	□ No
e.	To casual relief staff?	□ Yes	□ No
	there a process for distributing this information to the relevant hool Staff?	□ Yes	□ No
	What is it?		
44. Ho	ow is this information kept up to date?		

45. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	□ Yes □ No
46. What are they?	