**ANAPHYLAXIS POLICY**

**Purpose**

To explain to Glenroy Specialist School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis.

**Scope**

This policy applies to:

* all staff, including causal relief staff and volunteers
* all students who have been diagnosed with anaphylaxis or who may require emergency treatment for an anaphylactic reaction and their parents and carers.

**Policy**

**School Statement**

Glenroy SS will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

**Anaphylaxis**

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school aged children are nuts, eggs, cow’s milk, fish, shellfish, what, soy, sesame, latex, certain insect stings and medications.

*Symptoms*

Sights and symptoms of a mild to moderate allergic reactions can include:

* swelling of the lips, face and eyes
* hives or welts
* tingling in the mouth

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

* difficult/noisy breathing
* swelling of tongue
* difficulty talking and/or hoarse voice
* wheeze or persistent cough
* persistent dizziness or collapse
* student appears pale or floppy
* abdominal pain and/or vomiting

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

*Treatment*

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

### **Individual Anaphylaxis Management Plans**

All students at Glenroy SS who are diagnosed as being at risk of suffering from an anaphylactic reaction by a medical practitioner must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Glenroy Specialist School is responsible for developing a plan in consultation with the student’s parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrols at Glenroy SS and where possible, before the student’s first day.

Parents and carers must:

* obtain an ASCIA Action Plan for Anaphylaxis from the student’s medical practitioner and provide a copy to the school as soon as practicable
* immediately inform the school in writing if there is a relevant change in the student’s medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
* provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
* provide the school with a current adrenaline autoinjector for the student that is not expired
* participate in annual reviews of the student’s Plan.

Each student’s Individual Anaphylaxis Management Plan must include:

* information about the student’s medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergies the student has
* information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
* strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
* the name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Plan
* information about where the student's medication will be stored
* the student's emergency contact details
* an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student’s medical practitioner.

*Review and updates to Individual Anaphylaxis Plans*

A student’s Individual Anaphylaxis Plan will be reviewed and updated on an annual basis in consultation with the student’s parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

* as soon as practicable after the student has an anaphylactic reaction at school
* if the student’s medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
* when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student’s Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student’s potential risk of exposure to allergens at school.

### **Location of plans and adrenaline autoinjectors**

Individual Management Plans will be located in the Student Information Files and the CRT file.

ASCIA plans with a photo of the student are located in all classrooms the individual student attends as well as the sub-school and main hubs.

Individual student autoinjector devices are stored on the back of their wheelchair with a copy of their ASCIA plan.

General use adrenaline autoinjector devices are located in the school medical room and the Excursion First Aid Kit.

The Anaphylaxis Emergency Communication Plan outlines clearly the procedure to be followed in case of an emergency response to Anaphylaxis.

### **Risk Minimisation Strategies**

To reduce the risk of a student suffering from an anaphylactic reaction at Glenroy SS, we have put in place the following strategies:

* All students at risk of Anaphylaxis will have individually named eating utensils. These will be washed, dried and stored separately from other students.
* Students at risk of Anaphylaxis will eat their lunch at their own class table or whilst in their individual wheelchair.
* Specialist teachers and classroom teachers will be aware of prevention strategies as specified in Individual Management Plans.
* At whole school events such as Family Fun Night, all food will be labelled clearly for contents.
* Individual Anaphylaxis Management Plans are located in Student Information Folders.
* Classroom and specialist teachers will be aware of student’s allergies and will plan science, cooking, art activities in accordance.

The school has will maintain a supply of 2 adult and 1 junior adrenaline autoinjectors for general use. One adult autoinjector will remain in the First Aid Kit. This kit will be taken on excursions and camps.

### **Adrenaline autoinjectors for general use**

Glenroy SS will maintain a supply of 2 adult and 1 junior adrenaline autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students or staff who may suffer from a first time reaction at school.

Adrenaline autoinjectors for general use will be stored:

* One adult autoinjector will remain in the First Aid Kit.
* The junior and other adult adrenaline autoinjectors will be kept in the Medical room.

The principal is responsible for arranging the purchase of adrenaline auto-injectors for general use, and will consider:

* the number of students enrolled at Glenroy Specialist School at risk of anaphylaxis
* the accessibility of adrenaline auto-injectors supplied by parents
* the availability of a sufficient supply of auto-adrenaline injectors for general use in different locations at the school, as well as at camps, excursions and events
* the limited life span of adrenaline auto-injectors, and the need for general use adrenaline auto-injectors to be replaced when used or prior to expiry.

### **Emergency Response**

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school’s general first aid procedures, emergency response procedures and the student’s Individual Anaphylaxis Management Plan.

A complete and up to date list of students identified as being at risk of anaphylaxis is maintained by the school nursing team and stored in subschools. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

|  |  |
| --- | --- |
| **Step** | **Action** |
|  | * Lay the person flat
* Do not allow them to stand or walk
* If breathing is difficult, allow them to sit
* Be calm and reassuring
* Do not leave them alone
* Seek assistance from another staff member or reliable student to locate the student’s adrenaline autoinjector or the school’s general use autoinjector, and the student’s Individual Anaphylaxis Management Plan, stored in Student Information Files and the CRT file. If the student’s plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
 |
|  | Administer an EpiPen or EpiPen Jr (if the student is under 20kg)* Remove from plastic container
* Form a fist around the EpiPen and pull of the blue safety release (cap)
* Place orange end against the student’s 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
* Note the time the EpiPen is administered
* Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
 |
|  | Call an ambulance (000) |
|  | If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available. |
|  | Contact the student’s emergency contacts. |

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

### **Communication Plan**

This policy will be available on Glenroy SS website so that parents and other members of the school community can easily access information about our anaphylaxis management procedures. The parents and carers of students who are enrolled at Glenroy SS and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The School Anaphylaxis Supervisor is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Glenroy SS procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy during the induction process.

### **Staff training**

Staff at Glenroy SS will receive appropriate training in anaphylaxis management, consistent with the Department’s *Anaphylaxis Guidelines*.

* Two staff members (Anaphylaxis Supervisors) undertake face-to-face training with ASCIA (course in Verifying the Use of the Auto- injector Devices 22300). The Anaphylaxis Supervisors will complete competency checks to assess their colleagues’ ability to use the adrenaline autoinjectors. This training is valid for three years.
* An online ASCIA e-training course is to be completed by school teachers and ES staff working in school programs. This course must be completed every two years. All staff will be checked for competency in using the adrenaline autoinjectors within three weeks of completing the course.

Twice yearly briefings ensure staff are aware of:

* the causes, symptoms and treatment of anaphylaxis,
* the students who have known allergies and the location of their ACSIA plans and medication,
* Glenroy SS school policies and processes,
* how to use the adrenaline autoinjectors,
* the location of school purchased adrenaline autoinjectors for general use,
* the Anaphylaxis Emergency Communication Plan.

All casual staff will be made aware of students who are at risk of Anaphylaxis and which staff are trained. Parents of students deemed at risk of Anaphylaxis will be consulted at least annually regarding Individual Management Plans.

In the event that the relevant training has not occurred for a member of staff who has a student at risk of Anaphylaxis in his/her class, the Principal will ensure that a staff member who has the relevant training is in class until the relevant training is undertaken.

When a new student enrols at Glenroy SS who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student’s parents and ensure that appropriate staff are trained and briefed as soon as possible.

**Further information and resources**

* School Policy and Advisory Guide:
	+ [Anaphylaxis](http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx)
	+ [Anaphylaxis management in schools](http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxisschl.aspx)
* Allergy & Anaphylaxis Australia: [Risk minimisation strategies](https://edugate.eduweb.vic.gov.au/edulibrary/Schools/teachers/health/riskminimisation.pdf)
* ASCIA Guidelines: [Schooling and childcare](https://allergyfacts.org.au/allergy-management/schooling-childcare)
* Royal Children’s Hospital: [Allergy and immunology](https://www.rch.org.au/allergy/about_us/Allergy_and_Immunology/)

**Review cycle and evaluation**

This policy was last updated on 08.08.2018 and is scheduled for review in 08/2021.

The principal will complete the Department’s Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

Ratified by School Council 15 October 2018