



Pickering Brook Primary School Anaphylaxis Management Policy

Background

The Pickering Brook Primary School will comply with the DoE's Student Health Policy and Student Health Care Procedures (1 January 2015) in particular with reference to Anaphylaxis.

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 and certain insect stings (particularly bee stings).

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline auto injector (such as an EpiPen[®] or Anapen[®]) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

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/guidelines in the school community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Health Care Plans

The principal will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of school.

The student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:

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

It is the responsibility of the parent/guardian to:

- provide an ASCIA Action Plan completed by the child's medical practitioner with a current photo,
- inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan.

Communication

The principal will be responsible for providing information to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies.

Volunteers and casual relief staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction. ASCIA Action Plans will be displayed prominently in classrooms.

Staff Training and Emergency Response

All Pickering Brook PS staff will take part in annual anaphylaxis management training conducted by the DoE School Nurse.

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 and know how to recognise, prevent and treat anaphylaxis. 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 student's parents/guardians.

The school's first aid procedures and student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

In cases of students having an anaphylactic reaction and needing an adrenaline auto injector the following process will be followed by PBPS staff:

- *Injectors are kept in marked name bags in the medical room in the grey steel unlocked cabinet – the exception being Kindergarten children who have their injector in the Kindergarten classroom*
- *A staff member will administer the adrenaline injector*
- *Another staff member will phone for an ambulance 000 immediately*
- *The administration will phone a family/emergency contact*
- *The staff member administering the auto injector may give another dose if there is no response after 5 minutes – if in doubt, give another adrenaline auto injector*
- *Commence CPR at any time if the child is unresponsive and not breathing normally*

Risk Minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. PBPS uses the following risk minimisation strategies:

| Setting | Considerations |
|------------------|---|
| <u>Classroom</u> | <ul style="list-style-type: none">• A copy of the students ASCIA Action Plan will be displayed in the classroom• Class Teachers will liaise with parents/guardians about food related activities ahead of time• Students will not be given food from outside sources to a student who is at risk of anaphylaxis• Teachers will be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons)• Teachers will have regular discussions with students about the importance of washing hands, eating their own food and not sharing food• Casual/relief teachers will be provided with a copy of the student's ASCIA Action Plan and made aware of the emergency process |

| Setting | Considerations |
|---|---|
| <u>Yard</u> | <ul style="list-style-type: none"> • The student with anaphylactic responses to insects should be informed by the class teacher to wear shoes at all times • The school will keep outdoor bins covered • The student should keep open drinks (e.g. drinks in cans) covered while outdoors • Staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recess and lunch) • The adrenaline auto injector will be located in the medical room in an unlocked cabinet • If an anaphylactic reaction occurs to a student in the school yard during a recess or lunch break, the following process will be followed: <ul style="list-style-type: none"> -The duty teacher will send a runner (senior student) to the staff room immediately to inform the staff -The duty teacher will stay with the child and lay the child flat on the ground or sit them on the ground – do not allow the child to stand or walk around -A staff member, trained first aid person if present in the staff room, or another staff member will collect the auto injector and inject the child concerned -Another staff member will phone for an ambulance 000 immediately -The administration will phone a family/emergency contact -The staff member administering the auto injector may give another dose if there is no response after 5 minutes – if in doubt, give another adrenaline auto injector -The trained first aid staff member shall commence CPR at any time if the child is unresponsive and not breathing normally |
| <u>On-site events (e.g. sporting events, in school activities, class parties)</u> | <ul style="list-style-type: none"> • For special occasions, class teachers will consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student • Parents/guardians of other students will be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school’s allergen minimisation strategies (see Step 4 of ‘allergy awareness’ in schools) • Staff must know where the adrenaline auto injector is located and how to access if it required • Staff will avoid using food in activities or games, including rewards • For sporting events, the student’s adrenaline auto injector must be taken to the oval. If the weather is warm, the auto injector should be stored in an esky to protect it from the heat |
| <u>Off-site school settings – field trips, excursions</u> | <ul style="list-style-type: none"> • The student’s adrenaline auto injector, ASCIA Action Plan, and means of contacting emergency assistance must be taken on all field trips/excursions • One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector must accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis • Staff will develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • The school will consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required) • Parents/guardians may wish to accompany their child on field trips and/or excursions. This will be discussed with parents/guardians as another strategy for supporting the student • Consider the potential exposure to allergens when consuming food on buses |

| Setting | Considerations |
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| <u>Off-site school settings – camps and remote settings</u> | <ul style="list-style-type: none"> • When planning school camps, a risk management plan for the student at risk of anaphylaxis will be developed in consultation with parents/guardians and camp managers • Campsites/accommodation providers and airlines will be advised in advance of any student with food allergies • Staff will liaise with parents/guardians to develop alternative menus or allow students to bring their own meals • Camp providers will avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts • Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided • The student's adrenaline auto injector and ASCIA Action Plan and a mobile phone must be taken on camp • A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector will accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis • Staff will develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction • Staff are to be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp • The adrenaline auto injector will remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It will be carried in the school first aid kit, although the school can consider allowing students to carry it in person. Remember, staff still have a duty of care towards the student even if they carry their own adrenaline auto injector • The student with allergies to insect venoms should always wear closed shoes when outdoors • Cooking and art and craft games will not involve the use of known allergens |