

# ST MARY'S SCHOOL MANSFIELD ANAPHYLAXIS MANAGEMENT POLICY

# St. Mary's Primary School Mansfield

## Anaphylaxis Management Policy

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### Rationale

St Mary's School is committed to providing a safe environment that meets the needs of all our students, this includes students with Anaphylaxis. Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. The most common allergens in school-age children are peanuts, eggs, tree nuts, cow's milk, fish, shellfish, wheat, soy, latex, certain insect stings and some medications. At St Mary's School we follow guidelines that will minimize the potential risks for students with Anaphylactic allergies.

### 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 Policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis reactions in the school community.
- To ensure that each staff member has adequate knowledge about common allergies, including Anaphylaxis.
- To ensure that each staff member has adequate knowledge about the school's policy and procedures in responding to an anaphylactic reaction.

### Implementation

Anaphylaxis is best prevented by knowledge of the students at risk, awareness of the triggers (allergens) and prevention of exposure to these triggers.

Our school will manage Anaphylaxis by:

1. Following the steps in the Anaphylaxis Management Checklist (Appendix 1).
2. A risk assessment audit will be conducted annually or as required to determine the potential for accidental exposure to allergens while susceptible students are in the care of the school. This assessment covers both in-school and out of school activities. Children/staff at risk are also recorded in the Emergency Management Plan which is updated annually or as required.
3. Identifying susceptible students and their allergens. Children must not share food, food containers or utensils and must only have food provided from home or given with parent's permission. This is also in keeping with the school's practice of 'no food sharing'.
4. Ensuring all appropriate staff will receive training in Anaphylaxis management twice a year. One session is will be conducted during staff update of CPR, Asthma and Anaphylaxis training and the second session will be with two staff members who have completed the training to meet the requirements of the Ministerial Order No 706.
5. Requiring parents to provide an Individual Anaphylaxis Management Plan (Appendix 2) or Allergic Reactions Management Plan (Appendix 2), which includes an ASCIA (Australian Society of Clinical Immunology and Allergy Inc.), signed by a doctor which will be displayed in the First Aid room, and in each child's emergency Anaphylaxis Bag for reference as required.

6. Requiring parents to provide a CareMonkey Care profile and attach the Individual Anaphylaxis Management Plan or Allergic Reactions Management Plan to this profile.
7. Providing an accessible copy to staff of a student's ASCIA plan (paper or electronic) and follow it in the event of an allergic reaction.
8. Requiring parents to provide the EpiPen® and any other medications to the school and ensure all medication including EpiPen® is replaced before the expiry date.
9. Admin staff are responsible for notifying the parents if the EpiPen® will be expiring soon. Epi-pen details for each child are recorded in the Care Monkey Profile which is updated annually or as required.
10. Requiring parents to keep the school informed of any changes in the student's condition, emergency contact and medical details.
11. Requiring parents to update their child's Care Monkey Care profile and action plan if there are any changes.
12. Maintaining the EpiPen® in the First Aid Room.
13. Camp/Excursion Lead Teacher and Classroom teacher will ensure and check that a child's EpiPen® is included as part of the First Aid kit on school camps and excursions for children diagnosed with Anaphylaxis.
14. The school has a backup Adrenaline Auto-injector for general use and it is stored in the First Aid room. The School Camp/Excursion also has a spare EpiPen® , stored in the Camp/Excursion First Aid Kit. Administration staff are responsible to ensure that these pens are not cloudy and within their used-by date. Admin staff are responsible to order and purchase back up EpiPen® s for the school annually or as required.
15. Teachers must contact parents if treats are provided by parents to the class in relation to the ingredients, to ensure they do not contain allergens.
16. Encouraging parents of children diagnosed with Anaphylaxis to provide treats to replace party food supplied by classmates. If no treats are provided by the parent/guardian, the Anaphylactic child will go without.
17. Ensure that volunteers and casual relief staff 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; Classification by person in charge, classroom teacher's work program, staff training and emergency response. All staff will be trained in anaphylaxis management.
18. Informing the community about Anaphylaxis via the newsletter, Skoolbag app, webpage and Facebook.
19. Informing all parents in a classroom, where a class member has Anaphylaxis, of that child's particular allergen and providing them with this policy.
20. Camp/Excursion staff leader must ensure that all staff members update the Caremonkey profiles on the day of the excursion.

The school will not ban certain types of food (e.g. nuts) as it is not a strategy recommended by relevant health authorities. However, whilst there are students with severe allergies to nuts (peanut and tree nuts), the school will employ risk minimization strategies that include:

- Nut products not to be used in art/craft or science demonstrations.
- Requesting children in classes where a class member has Anaphylaxis to undergo certain minimization practices such as washing hands, cleaning tables, eating 'trigger' foods away from allergic children and a recommendation not to bring in "trigger" foods.
- School lunch providers would be made aware of and comply with this policy.

### **Implementation should an event occur**

1. Calling an ambulance and recording the time the EpiPen® was given in the event of an anaphylactic reaction by a child diagnosed with Anaphylaxis. Following all directions provided by trained medical staff.
2. One staff member is to remain as observer/recorder of all actions, including the times that such events took place. This information will be made available to the medical team attending.
3. If access to trained medical staff is not available then the relevant staff will implement the child's anaphylaxis plan according to their training and the information included on the child's plan. Then replacing the safety cap on the EpiPen® and sending the pen to the hospital with the patient.
4. In the event of an anaphylactic reaction the mother/father or guardian are to be contacted as soon as possible.
5. If a second or third staff member/volunteer they will be responsible for recording observations and any other relevant details to be provided to relevant medical staff.

### **Evaluation**

This policy will be reviewed in accordance with the School Improvement Plan and policy timeline.

St Mary's School will be vigilant in implementing this policy however it is not possible to guarantee that the school environment will be completely free of potential hazards.

### **References**

ASCIS (Australian Society of Clinical Immunology and Allergy Inc) Guidelines for prevention of food Anaphylactic reactions in schools.

<http://www.allergy.org.au/pospapers/Anaphylaxis.htm>

Anaphylaxis Guidelines. A resource for managing severe allergies in Victorian Government Schools.

[www.sofweb.vic.gov.au/wellbeing/support/anaphyl.htm](http://www.sofweb.vic.gov.au/wellbeing/support/anaphyl.htm)

Royal Children's Hospital Anaphylaxis Education Package for Schools

## Appendix 1 – Anaphylaxis Management Checklist

- Proactively seek information about severe allergies from parents/carers.
- If a student has been diagnosed as being at risk of Anaphylaxis, meet with parents/carers to obtain information about student's allergies and prevention strategies.
- Conduct risk assessment.
- Develop individual Anaphylaxis Management Plan.
- Parents to provide copies of ASCIA Action Plan with up to date photo. Photos stored in the First Aid room, Photocopier room, Canteen and all First Aid Kits.
- Parents to complete a CareMonkey profile and attach the ASCIA Action Plan.
- Parents to provide the student's EpiPen® or other medication.
- Develop a communication plan for staff, students and parents/carers to raise awareness about severe allergies and the school's policies.
- Implement preventative strategies in management plan.
- Arrange staff training twice a year.
- Make sure EpiPen® is correctly stored, that staff know where it is and can access it quickly (under 5 minutes).
- Regularly check EpiPen® to make sure it is not cloudy or out of date.
- Ensure EpiPen® and Action Plans are taken whenever the student participates in off-site activities (e.g. camps, excursions, field trips, sport days).

# Appendix 2 - Action Plan for Anaphylaxis



australian society of clinical immunology and allergy  
www.allergy.org.au

## ACTION PLAN FOR Anaphylaxis

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

**For use with adrenaline (epinephrine) autoinjectors**



Confirmed allergens:

Family/emergency contact name(s):  
\_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by medical or nurse practitioner:  
\_\_\_\_\_

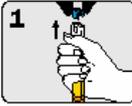
I hereby authorise medications specified on this plan to be administered according to the plan

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Action Plan due for review - date: \_\_\_\_\_

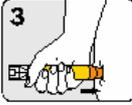
**How to give EpiPen® adrenaline (epinephrine) autoinjectors**



**1** Form fist around EpiPen® and PULL OFF BLUE CAP - EASY RELEASE



**2** Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



**3** PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

### SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- 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  seek medical help or  freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- 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
- Difficulty talking and/or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling/tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

### 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 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

**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

Asthma reliever medication prescribed:  Y  N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2018 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and can not be altered without their permission

# Appendix 3 - Action Plan for Allergic Reactions



ascia  
australian society of clinical immunology and allergy  
www.allergy.org.au

## ACTION PLAN FOR Allergic Reactions

Name: \_\_\_\_\_  
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 – date:  
\_\_\_\_\_

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are red ASCIA Action Plans for Anaphylaxis (brand specific or generic versions) for use with adrenaline (epinephrine) autoinjectors.

Instructions are on the device label.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 10-20kg.

### 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  seek medical help or  freeze tick and let it drop off
- Stay with person and call for help
- Give other medications (if prescribed).....
- 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 adrenaline (epinephrine) autoinjector if available**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 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**

**ALWAYS give adrenaline autoinjector FIRST if available, 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.

Asthma reliever medication prescribed:  Y  N

- if adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

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