

Anaphylaxis Policy

Rationale:

This school believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. The school is committed to:

- providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences.
- raising awareness about allergies and anaphylaxis amongst the school community and children in attendance.
- actively involving the parents of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Aims:

- To minimise the risk of an anaphylactic reaction occurring while the child is at school or on excursions and camps.
- To ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen®.
- To raise the school community's awareness of anaphylaxis and its management through education and policy implementation.

Definitions

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

Anaphylaxis: Treated as a medical emergency. A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

Intolerance: Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

Procedures/Implementations:

The school shall:

- ensure there is an anaphylaxis management policy in place.
- ensure that staff undertake training in the administration of the adrenaline auto-injection device such as an EpiPen[®] and record this in the staff records.
- develop a risk minimisation plan in consultation with staff and the families of the child/children.
- ensure that any child who has been prescribed an adrenaline auto-injection device, such as an EpiPen[®] is not permitted to attend school or its programs without that device.
- ensure parents of the child diagnosed at risk of anaphylaxis are provided with a copy of the policy.
- display an *Action plan for Anaphylaxis* poster in a key location, eg, in the child's classroom, the staff room or near the medication cabinet.
- ensure that a child's individual anaphylaxis medical management action plan signed by a registered medical practitioner is inserted in to the enrolment records for each child. This will outline the allergies and describe the prescribed medication for that child and the circumstances in which it should be used.
- ensure that all staff know the location of the anaphylaxis medical management plan and that a copy is kept with the EpiPen.
- ensure that staff accompanying children outside the school carry the anaphylaxis medication and a copy of the anaphylaxis medical management action plan in the EpiPen kit.

Staff responsible for the child at risk of anaphylaxis shall:

- ensure a copy of the child's anaphylaxis medical management action plan is visible to all staff.
- follow the child's anaphylaxis medical management action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- in the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction: call an ambulance immediately by dialling 000; commence first aid measures, and contact the parents.
- ensure that parents provide an anaphylaxis medical management action plan signed by the child's Registered Medical Practitioner and a complete EpiPen kit.
- ensure that the EpiPen kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat .
- ensure that the EpiPen kit containing a copy of the anaphylaxis medical management action plan for each child at risk of anaphylaxis is carried by a staff member accompanying the child when the child is removed from the service e.g. on excursions that this child attends.
- First Aid staff to regularly check the EpiPen expiry date.

Parents of the child shall:

- inform staff, either on enrolment or on diagnosis, of their child's allergies.
- develop an anaphylaxis risk minimisation plan with staff.
- provide staff with an anaphylaxis medical management action plan signed by the registered medical practitioner giving written consent to use the EpiPen[®] in line with this action plan.
- provide staff with a complete EpiPen[®] kit.
- regularly check the adrenaline auto-injection device (EpiPen[®]) expiry date.
- assist staff by offering information and answering any questions regarding their child's allergies.
- notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- comply with the school's policy that no child who has been prescribed an adrenaline auto-injection device such as an EpiPen[®] is permitted to attend the school or its programs without that device.

Training

Access the DEECD website for information about free training for staff members in services where there is a child diagnosed at risk of anaphylaxis enrolled at: www.education.vic.gov.au/anaphylaxis. There are a range of providers offering anaphylaxis training, including Royal Children's Hospital Department of Allergy, first aid providers and Registered Training Organisations. Ensure that where there is a child diagnosed at risk of anaphylaxis enrolled in the service the anaphylaxis management training undertaken is accredited.

Evaluation

The school shall:

- discuss with staff their knowledge of issues following staff participation in anaphylaxis management training.
- selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete.
- discuss this policy and its implementation with parents of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child.
- respond to complaints.
- review the adequacy of the response if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

The staff shall nominate a staff member to:

- conduct 'anaphylaxis scenarios' and supervise practise sessions in EpiPen administration procedures to determine the levels of staff competence and confidence in locating and using the EpiPen kit.
- routinely (e.g. monthly) review each EpiPen kit to ensure that it is complete and the EpiPen is not expired.

Parents shall:

- read and be familiar with the policy.
- identify and liaise with the nominated staff member.
- bring relevant issues to the attention of both staff and licensee.

Schedule 1: Risk minimisation plan

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to food allergens:

- The child should only eat food that has been specifically prepared for him/her. Where the school is preparing food for the child, ensure that it has been prepared according to the parent's instructions. Some parents will choose to provide all food for their child.
- All food for the child should be checked and approved by the child's parent and be in accordance with the risk minimisation plan.
- Bottles, other drinks and lunch boxes, including any treats, provided by the parents for this child should be clearly labelled with the child's name.
- There should be no trading or sharing of food, utensils and containers with the child.
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Parents should provide a safe treat box for the child.
- Increase supervision of the child on special occasions such as excursions & incursions.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Staff should discuss the use of foods in such activities with parents of this child and these foods should be consistent with the risk minimisation plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas.
- Staff should use non-food rewards, for example stickers, for all children.
- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.

Schedule 2: Enrolment Checklist for Children at Risk of Anaphylaxis

- A risk minimisation plan is completed in consultation with parents, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented
- Parents of a child diagnosed at risk of anaphylaxis have been provided a copy of the school's Anaphylaxis management policy
- All parents are made aware of the Anaphylaxis management policy
- Anaphylaxis medical management action plan for the child is signed by the child's Registered Medical Practitioner and is visible to all staff. A copy of the anaphylaxis medical management action plan is included in the child's EpiPen kit.
- An EpiPen[®] (within expiry date) is available for use at any time the child is in the care of the school
- An EpiPen[®] Kit is in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat
- All staff, including relief staff, are aware of each EpiPen[®] kit location and the location of the anaphylaxis medical management action plan

- Staff responsible for the child/ren diagnosed at risk of anaphylaxis undertake accredited anaphylaxis management training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practise with an EpiPen[®] trainer, and is reinforced and recorded annually
- The service's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan
- A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis
- Parent's current contact details are available
- If food is prepared at school, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis

This policy was last ratified by School Council in 2014