

Murrumbeena Primary School

ANAPHYLAXIS COMMUNICATION PLAN

I have read this ANAPHYLAXIS COMMUNICATION PLAN –

NAME: _____ DATE: _____

SIGNED 2019 CLASS TEACHER / SPECIALIST.....

INFORMATION FOR STAFF:

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. ***Anaphylaxis must be regarded as a medical emergency that requires a rapid response.***

Certain foods and insect stings are the most common causes of anaphylaxis. Eight foods cause 90% of food allergic reactions in Australia and can be common causes of anaphylaxis.

These eight foods are

- peanuts
- tree nuts (hazelnuts, cashews, almonds)
- egg
- cow's milk
- wheat
- soy
- fish
- shellfish

Any food containing protein can trigger anaphylaxis.

Other common allergens include some insect stings, particularly bee stings, some medications, latex and anaesthesia.

SIGNS AND SYMPTOMS:

Symptoms of a mild to moderate allergic reaction can include

- swelling of the lips, face and eyes
- hives or welts
- abdominal pain and/or vomiting



Symptoms of anaphylaxis (a severe allergic reaction) can include

- difficulty breathing or noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse throat
- wheezing or persistent coughing
- loss of consciousness and/or collapse
- young children may appear pale and floppy.



Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes, and can rapidly become life threatening.

Food allergic children who have a history of eczema and/or asthma are at a higher risk of anaphylaxis.

HOW CAN ANAPHYLAXIS BE PREVENTED IN SCHOOLS

Staff should

- know which students are at risk
- have an awareness of the triggers (allergens)
- know how to prevent exposure to these allergens

HOW CAN ANAPHYLAXIS BE TREATED:

Children diagnosed as being at risk of anaphylaxis are prescribed an **EpiPen**. The **EpiPen** is a drug delivery system with a spring-activated, concealed needle. It contains a single dose of adrenaline and provides rapid, convenient treatment in cases of severe allergic reaction.

Do not hesitate to use the EpiPen if you suspect a serious allergic reaction. You will not do any harm.

HOW TO USE AN EPIPEN:

BLUE TO THE SKY ORANGE TO THE THIGH

- The EpiPen has a blue safety release cap and orange needle end.
- The shape of the EpiPen barrel is oval (for better grip).
 - Take off the Blue safety cap
 - Check for seams and pockets on patient
 - Press the orange end against the upper thigh till you hear a click sound.
 - Leave in for 3 seconds
 - Pull the needle out



- After the EpiPen has been used, an orange needle shield automatically covers the needle, preventing accidental injury from touching the needle after use.
- Call for an Ambulance
- Give the used EpiPen to the Ambulance Officers

**ALWAYS CALL A MICA AMBULANCE AS SOON AS POSSIBLE (000)
INFORM THE OPERATOR THAT YOU ARE DEALING WITH AN
ANAPHYLACTIC EMERGENCY AND HAVE ADMINISTERED AN EPIPEN**

IF AN EPIPEN IS ADMINISTERED SCHOOLS SHOULD ALWAYS

- **Immediately** call a **MICA** ambulance by ringing 000
- **Then** contact the student's emergency contacts
- **Later** contact Emergency Services Management, Department of Education on 9589 6266.

MPS ANAPHYLAXIS MANAGEMENT POLICY:

MPS has a current policy for the management of anaphylaxis in our school which was ratified by School Council in 2016. A copy of that policy is attached on page 9 of this document.

STRATEGIES IN PLACE TO MANAGE STUDENTS AT RISK OF ANAPHYLAXIS AT MURRUMBEENA PRIMARY SCHOOL

Action & Management Plans

- Student Medical Report kept in teachers roll – identifying student and the nature of the alert
- Folders containing alert lists for all levels kept by all specialist teachers
- Anaphylactic action plan kept in classroom, staffroom, sick bay and office of all at risk students.
- Individual Anaphylaxis Management Plans are kept in the students boxes in the First Aid Room.
- Anaphylactic action plans on display in sickbay, staff room. O.H.S.C, office, canteen and in students classroom, with students colour photo included.

EpiPens:

- One generic EpiPen is in each of the yard duty bags
- One generic EpiPen available for excursions and camps
- All students' personal EpiPens kept in Sick Bay room. Each student has a red box clearly named which has their EpiPen, other medication and their ASCIA Action Plan and Individual Anaphylaxis Management Plan in it.
- These red boxes are to be taken with the student to excursions, camps and swimming pool.

Staff Training:

- All staff trained annually by Total First Aid Training in CPR and HTL.003 First Aid
- Updates held by First Aid Officer Bi-Annually during the year, especially prior to excursions and camps.
- Online Training for Anaphylaxis for all staff and verification by First Aid Officer

Classrooms:

- Treat boxes held in classrooms for special occasions, other student's birthday, etc, as identified in students management plan.
- Anaphylaxis Action Plans are displayed in classrooms

School Notification:

At the start of each term parents will be notified if there is an anaphylactic student in their child's classroom. This notification seeks parents' cooperation in refraining from packing lunches containing peanut butter or loose nuts.

Playground:

- Staff on yard duty to familiarise themselves of students at risk, in their playground.
- Staff on duty to carry a mobile phone at all times to telephone a MICA ambulance, or school office in an emergency

Extra-curriculum activities:

- Staff to be aware of the possibility of hidden allergens in ingredients used for cooking, science and art classes.
- No product containers or boxes to be used that contain offending products e.g. nut-based cereal boxes, egg cartons, milk cartons.

Out of school settings – Excursions and Camps:

- Staff must adhere to guidelines kept in each anaphylactic student's Management Plan.
- Copies of the guidelines for Excursions and Camps can be found in pages 7 and 8 of this document.

RAISING STUDENT AWARENESS:

Class teachers can discuss a few key messages:

- Always take food allergies seriously
- Don't share your food with friends
- Wash your hands after eating
- Know what your friends are allergic to
- If a schoolmate becomes sick, get help immediately
- Never pressure your friends to eat food that they are allergic to

Any attempt to harm a student at risk of anaphylaxis with an allergen must be treated as a serious and dangerous incident and treated accordingly.

M.P.S RESPONSE TO YARD DUTY ANAPHYLAXIS EMERGENCY:

1. If the yard duty teacher believes that a child is having an anaphylactic emergency (as described in the Signs and Symptoms section) whether or not they are an identified "High alert student", the teacher should administer the EpiPen which is located in the yard duty bag.
The staff member must remain with the student.
2. Staff member to use their mobile phone to telephone for a MICA Ambulance – **000** – advising that a student has experienced anaphylaxis / severe allergic reaction and that an EpiPen has been administered.
3. Send two students to the school office with the RED EMERGENCY CARD inside the Yard Duty Folder. State the nature of the Emergency, name of Student and your location in the yard.
4. Send appropriate 'Yard Duty Alert' card (in first aid Folder) to the office as a back up.
5. Office / Leadership team will handle emergency procedures.
 - One person to child – FIRST AID Officer
 - One person to direct the Ambulance
 - One person to contact parents of child

YARD DUTY ALERT CARDS ARE AS FOLLOWS:

Red card - Emergency Bring EpiPen.

Purple card - Diabetic Emergency

Yellow card – Emergency in playground

As part of the duty of care owed to students, teachers are required to administer first aid when necessary and within the limits of their skill, expertise and training. In case of anaphylaxis, this includes following a student's ASCIA Action Plan and administering an EpiPen if necessary.

M.P.S RESPONSE TO CLASSROOM / SPORT / SPECIALIST ANAPHYLAXIS EMERGENCY:

1. Appropriate alert card to be sent to the office immediately – these cards are located next to the door of each room in the school and indicate which room or location in the school the emergency is in.
2. **Staff member must always stay with the student.**
3. Wait for office assistance.
4. Office / Leadership team will handle emergency procedures
 - One person to child with the Office generic EpiPen and student's EpiPen – First Aid Officer

- One person to telephone MICA Ambulance – 000 – advising that a student has experienced anaphylaxis / severe allergic reaction and that an EpiPen has been administered
- One person to direct Ambulance
- One person to contact parents of child

CLASSROOM ALERT CARDS ARE AS FOLLOWS

Red card - Emergency Bring EpiPen.

Purple Card – Emergency Diabetic Low

If Emergency is in the SAKG Kitchen

1. If the SAKG teacher believes that the student is having an anaphylactic emergency (as described in the Signs and Symptoms section), the teacher should administer the EpiPen which the student has bought with them to kitchen or the Emergency Spare EpiPen kept near the door of the Learning Centre.
2. Get the teacher to call the Office with appropriate information stating name of student, location of where you are and ask for First Aid Officer and an ambulance.
3. Office / Leadership team will handle emergency procedures
 - One person to telephone MICA Ambulance – 000 – advising that a student has experienced anaphylaxis / severe allergic reaction and that an EpiPen has been administered
 - One person to direct Ambulance
 - One person to contact parents of child

The staff member must remain with the student.

As part of the duty of care owed to students, teachers are required to administer first aid when necessary and within the limits of their skill, expertise and training. In case of anaphylaxis, this includes following a student's ASCIA Action Plan and administering an EpiPen if necessary.

ANAPHYLAXIS COMMUNICATION PLAN

GUIDELINES TO STAFF FOR OUT OF SCHOOL SETTINGS EXCURSIONS

Out-of-school settings

The class teacher will bring the student's auto-injector pen to the event. If another teacher is supervising the student, the class teacher will be responsible for briefing the supervising teacher and delivering the auto-injector pen to the supervising teacher. If the child is not provided with an auto-injector pen then they will not be able to attend sport or excursions.

Plan for appropriate supervision of students at risk of anaphylaxis at all times. Ensure that:

- there are sufficient school staff attending the excursion who have been trained

- there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food
- there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available
- staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

Field trips/excursions/sporting events	
1.	School staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2.	A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3.	School staff should avoid using food in activities or games, including as rewards.
4.	The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
5.	For each field trip, excursion etc., a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
6.	The school should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents provide a meal (if required).
7.	Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
8.	Prior to the excursion taking place school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

No food is to be consumed on buses.

As part of the duty of care owed to students, teachers are required to administer first aid when necessary and within the limits of their skill, expertise and training. In case of anaphylaxis, this includes following a student's ASCIA Action Plan and administering an EpiPen if necessary.

ANAPHYLAXIS COMMUNICATION PLAN

GUIDELINES TO STAFF FOR OUT OF SCHOOL SETTINGS **CAMPS**

Camps and remote settings

Prior to engaging a camp owner/operator's services the school will make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the school will consider using an alternative service provider.

The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.

The school will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.

The school will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.

School staff will consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.

If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it will also consider alternative means for providing food for those students.

Use of substances containing allergens will be avoided where possible.

Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.

The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.

Prior to the camp taking place school staff will consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.

<p>School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.</p>
<p>Identify local emergency services and hospitals well prior to the camp and record address and contact details in the camp risk management plan. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.</p>
<p>The school will take an Adrenaline Autoinjector for general use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.</p>
<p>The school has an Adrenaline Autoinjector for general use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.</p>
<p>The Adrenaline Autoinjector should remain close to the student and school staff must be aware of its location at all times.</p>
<p>The Adrenaline Autoinjector should be carried in the school first aid kit.</p>
<p>Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.</p>
<p>Cooking and art and craft games should not involve the use of known allergens.</p>
<p>No food will be consumed on buses and in cabins as there is a potential exposure to allergens for students with allergies.</p>

As part of the duty of care owed to students, teachers are required to administer first aid when necessary and within the limits of their skill, expertise and training. In case of anaphylaxis, this includes following a student's ASCIA Action Plan and administering an EpiPen if necessary.

ANAPHYLAXIS MANAGEMENT

BACKGROUND

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, latex, certain insect stings and medication. 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. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school. Adrenaline given through an autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis and an ambulance must be called following an anaphylactic reaction.

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 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 in assessing risks, developing risk minimisation strategies and 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.
- To comply with Ministerial Order 706 and its guidelines which are integrated into this policy.

GUIDELINES

- An individual management plan must be developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- Management of students with anaphylaxis is a joint responsibility of parents and the school staff.
- Parents must keep the school fully informed, in writing, of current medical issues related to their child and participate in the development of the individual management plan.
- The school recognises and acts on its responsibility for informing the school community of the condition and seeking co-operation from parents and students in minimising the risk to these students.
- Staff training and briefings are undertaken as required by Ministerial Order 706 regulations.

IMPLEMENTATION

1. Prevention Strategies
2. Individual Anaphylaxis Management Plans: APPENDIX ONE
3. Communication Plan Steps: APPENDIX TWO
4. Staff Training: APPENDIX THREE
5. Anaphylaxis Response Plan: APPENDIX FOUR
6. Annual Risk Management Checklist: APPENDIX FIVE