



MONASH Special Developmental School

ANAPHYLAXIS MANAGEMENT POLICY AND PROCEDURES

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 the school.

Adrenaline given through an EpiPen® auto injector to 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 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.

The key reference and support for the college regarding anaphylaxis is the [DEECD Anaphylaxis Guidelines](#)

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

Note: A template of an individual anaphylaxis management plan can be found on Page 26 [DEECD Anaphylaxis Guidelines](#)

The school nurse will ensure that an individual management plan is 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.

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls and where possible before their first day at the school.

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.

Note: Appendix 2 of the Anaphylaxis Guidelines contains advice about a range of prevention strategies that can be put in place.

- The name of the person/s responsible for implementing the strategies.
- Information on where the student's medication will be stored.
- The student's emergency contact details.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
 - sets out the emergency procedures to be taken in the event of an allergic reaction;
 - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
 - includes an up-to-date photograph of the student.

Note: The red and blue 'ASCIA Action Plan' is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. *Download from [DEECD Health Support Planning Policy](#)*

The student's individual management plan will be reviewed, in consultation with the student's parents/ carers:

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

It is the responsibility of the parent to:

- provide the emergency procedures plan (ASCIA Action Plan).
 - inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
 - provide two EpiPens for school use
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COMMUNICATION PLAN

Note: the Anaphylaxis Guidelines provides advice about strategies to raise staff and student awareness (where able), working with parents/carers and engaging the broader school community. The school nurse / leadership will be responsible for ensuring that a communication plan is developed to provide information to all staff and parents about anaphylaxis and the school's anaphylaxis management policy.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Volunteers and casual relief staff of students at risk of anaphylaxis 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 the classroom staff or the assistant principal. This information can also be found in the 'Individual Student Information and CRT Folder'. This information is also displayed in sick bay and should be transported with students at risk whenever they go outside the school during school hours.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis and where their medication is located
- how to use an auto adrenaline injecting device
- the school's first aid and emergency response procedures

STAFF TRAINING AND EMERGENCY RESPONSE

Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course. Relevant school staff who are subject to training requirements must;

- have successfully completed an Anaphylaxis Management Training Course in the previous years
 - also participate in a briefing, to occur twice each calendar year, with the first briefing to be held at the beginning of the school year on;
 1. The School's Anaphylaxis Management Policy
 2. Causes, symptoms and treatment of anaphylaxis
 3. The identities of students diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction and where their medication is located
 4. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector
 5. The school's general first aid and emergency response procedures
 6. The location of and access to Adrenaline Autoinjectors that have been provided by parents or purchased by the school for general use.
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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 has up to date training in an anaphylaxis management training course. In addition to these staff there is also a trained nurse on duty from 9.30 – 2.30.

STAFF RESPONSIBILITIES

- Staff must be aware of the students in their class that have Anaphylaxis
- Students Action Plan must be clearly displayed in the classroom
- Staff to check that students have 2 EpiPens at school and that they are stored correctly
- Staff need to be aware of the expiry date of the EpiPens
- Staff need to make sure the EpiPen is on the student if they leave the school grounds or go on school camp. If leaving school grounds the EpiPen from the bag is to be taken. Staff to ensure it is returned to the bag.
- If an anaphylactic reaction occurs, staff need to follow the Timeline for Anaphylaxis Reaction.

NURSE RESPONSIBILITIES

- Nurses must be aware of all students that have Anaphylaxis
- Nurses must have all Anaphylactic Action Plans clearly displayed in sick bay
- Nurses need to be aware of where each students’ EpiPen is kept and the expiry date
- Nurses must keep a spare EpiPen and Epipen Jnr in the sickbay at all times
- Nurse to check that each student has 2 EpiPens at school and that they are correctly stored
- If an anaphylactic reaction occurs, the nurse needs to follow the Timeline for Anaphylaxis Reaction.

Appendices :

- Anaphylaxis Risk Management Checklist
- Anaphylaxis Management Plan

References :

- [DEECD Anaphylaxis Policy](#)
- [DEECD Health Support Planning Policy](#)

Date Implemented	2014
Author	Lois Mitchell
Approved By	School Council
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Date Reviewed	Tm 2 2014
Responsible for Review	Assistant Principal
Review Date	2016
References	<ul style="list-style-type: none"> • DEECD Anaphylaxis Policy • DEECD Health Support Planning Policy

ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

School Name

Address:

Date of Review:

Time:

School Contact Person: Name:

(Who provided information collected)

Position:

Review given to: Name:

(If different from above)

Position:

Comments:

- | | | |
|---|---------------------------|--------------------------|
| 1. How many current students are diagnosed with anaphylaxis? | YES <input type="radio"/> | NO <input type="radio"/> |
| 2. Have any students ever had an allergic reaction while at school?
If Yes, how many times? | YES <input type="radio"/> | NO <input type="radio"/> |
| 3. Have any students had an Anaphylactic Reaction at school?
If Yes, how many times? | YES <input type="radio"/> | NO <input type="radio"/> |
| 4. Has a staff member been required to administer an EpiPen® to a student?
If yes, how many times? | YES <input type="radio"/> | NO <input type="radio"/> |

Section 1 Anaphylaxis management Plans and ASCIA Action Plans

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|--|---------------------------|--------------------------|
| 1. Does every student who has been diagnosed at risk of anaphylaxis have an individual Anaphylaxis Management Plan in place? (see Section 4.1 and Appendix 1, Anaphylaxis Guidelines)? | YES <input type="radio"/> | NO <input type="radio"/> |
| 2. Are all Anaphylaxis Management Plans reviewed regularly with parents (at least annually)? | YES <input type="radio"/> | NO <input type="radio"/> |
| 3. Do they set out strategies to minimise the risk of exposure to allergens for in-school and out of class settings? | YES <input type="radio"/> | NO <input type="radio"/> |
| During classroom activities, including elective classes | YES <input type="radio"/> | NO <input type="radio"/> |
| In canteens or during lunch or snack times | YES <input type="radio"/> | NO <input type="radio"/> |
| Before and after school, in the school yard and during breaks | YES <input type="radio"/> | NO <input type="radio"/> |
| For special events, such as excursions, sport days, class parties and extra curricular activities? | YES <input type="radio"/> | NO <input type="radio"/> |
| For excursions and camps | | |
| Other | | |

Where are they kept?

4. Do the anaphylaxis action plans have a recent photo of the student with them? YES NO

Comments

Section 2 Storage and accessibility of the EpiPen

1. Where are the students EpiPen's® Stored?

2. How are the EpiPens® stored?

3. Is the storage safe (out of reach of students)? YES NO
4. Is the storage unlocked and accessible to staff at all times? YES NO

Comments

5. Is the EpiPen® easy to find? YES NO

Comments

6. Is a copy of students' ASCIA Action Plans kept together with their EpiPen®? YES NO

Comments

7. Are EpiPen's® and Action Plans clearly labelled with students' names? YES NO

Comments

8. Has someone been designated to check the EpiPen's® expiry dates on regular basis? YES NO
Who?

Comments

9. Has the school signed up to EpiClub (a free reminder service)? YES NO
10. Do all staff know where the EpiPens® and Action Plans are Stored? YES NO
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Comments

11. Is there a spare EpiPen®?
If Yes, what Type? YES NO
12. Where is it stored?
13. Is it clearly labelled as the 'backup EpiPen®'? YES NO
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Section 3 Prevention Strategies

1. Have you done a risk assessment of the potential for accidental exposure to allergens for a student with anaphylaxis? YES NO
2. Has the school implemented any of the prevention strategies (in Appendix 2 of the Guidelines)? YES NO
3. Which ones?

4. Others:

5. Is there always a trained staff member on yard duty? YES NO
6. How many staff have completed training?

Section 4 Training and Emergency Response

1. Have all staff responsible for the care of students with anaphylaxis been trained? YES NO
 2. When does their training need to be renewed?
 3. Do all staff have an understanding of the causes, signs and symptoms of anaphylaxis and of their role in the school's first aid and emergency response procedures? YES NO
 4. Have you planned how the alarm will be raised if an allergic reaction occurs?
In the class room? YES NO
How? YES NO

In the school yard? YES NO
How?

At school camps and excursions? YES NO
How?

On special event days, such as sports days? YES NO
How?
 5. Does your plan include who will call the Ambulance? YES NO
How?
 6. In an emergency is there a plan for who will be sent to collect the EpiPen® and Action Plan? YES NO
Who will this be when in the class room?

Who will this be when in the school yard?

Who will this be at sporting activities?
 7. Have you checked how long will it take to get to the EpiPen® and Action Plan to a YES NO
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student from various areas of the school?
How long?

When in the class room? YES NO
How long?

When in the school yard? YES NO
How long?

When at sports fields? YES NO
How long?

8. On excursions or other out of school event is there a plan for who will look after the EpiPen® and Action Plan? YES NO
Who will do this on excursions?

Who will do this on camps?

Who will do this on sporting activities?

9. Is there a process for post incident support in place? YES NO

10. Have all staff been briefed on: YES NO

• the school's Anaphylaxis Management Policy? YES NO

• the causes, symptoms and treatments of anaphylaxis? YES NO

• the identities of students diagnosed at risk of anaphylaxis and where their medication is located? YES NO

• how to use an adrenaline auto-injecting device, including hands on practice with a trainer adrenaline auto-injecting device YES NO

• the school's first aid and emergency response procedures

Section 5: Communicating with staff, students and parents / carers

1. Is there a communication plan in place to provide information about anaphylaxis and the school's policies to staff, students and parents/ carers? YES NO

2. Are there procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response? YES NO

Comments:

3. Do all staff know which students suffer from anaphylaxis? YES NO

Comments:

How this information is kept up to date?

4. Are there strategies in place to increase awareness about severe allergies among students? YES NO

Comments:

Anaphylaxis Management Plan

Cover Sheet

This Plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner provided by the parent/carer

SCHOOL		
Phone Number		
Student's name:		
Date of birth:	Year level:	
Severely allergic to:		
Other health conditions:		
Medication at school:		
Parent/carer contact:	Parent/carer information (1)	Parent/carer information (2)
	Name:	Name:
	Relationship:	Relationship:
	Home phone:	Home phone:
	Work phone:	Work phone:
	Mobile:	Mobile:
	Address:	Address:

Other emergency contacts (if parent/carer not available):	
Medical practitioner contact:	
Emergency care to be provided at school:	
EpiPen® storage:	
The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on	
Signature of parent:	Date:
Signature of principal (or nominee):	Date:
