

Anaphylaxis Management Policy



Melbourne Girls Grammar
an Anglican school

1.0 Introduction

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Up to two per cent of the general population and up to five percent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings and some medications.

A reaction can develop within minutes of exposure to the allergen, but with awareness, planning and training, a reaction can be treated effectively by using an adrenaline auto-injector called an EpiPen® injected into the muscle of the outer mid thigh.

MGGS recognises that it is difficult to achieve a completely allergen free environment in a school context. MGGS is committed to adopting and implementing a range of procedures and risk minimisation strategies:

- To reduce the risk of a student having an anaphylactic reaction at school
- To ensure that staff are trained to respond appropriately if a student has an anaphylactic reaction.

2.0 Purpose

The purposes of this policy are:

- To raise awareness about anaphylaxis and the School's anaphylaxis management policy through education, staff training and policy implementation to minimise the risk of a student having an anaphylactic reaction at school
- 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 ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the School's policy and procedures to respond to an anaphylactic reaction
- To ensure all staff members are trained to respond appropriately if a student has an anaphylactic reaction
- To facilitate communication between the School and families to ensure the safety and wellbeing of students at risk of anaphylaxis
- To actively involve parents/guardians of students at risk of anaphylaxis in assessing risks
- Ensuring the location of EpiPens® are well known and in appropriate locations.

3.0 Staff training and emergency response

All staff will be briefed each semester by a staff member who has current 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 the location of their medication
- How to use an auto adrenaline injecting device
- The School's first aid and emergency response procedures.

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 current training in an anaphylaxis management training course.

At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, it must be ensured that there is a sufficient number of staff present who have current training in anaphylaxis management.

4.0 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 (student pale or floppy), or cessation of breathing.

Ambulance contact card: A card that the School has completed, which contains all the information that the Ambulance Service will request when phoned on 000.

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

Anaphylaxis Management plan: A medical management plan prepared and signed by a registered medical practitioner in consultation with the student's parents / guardian providing the student's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. See attached action plan for Anaphylaxis from the Australian Society of Clinical Immunology and Allergy (ASCI).

Children at risk of anaphylaxis/students at risk of anaphylaxis: Those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

EpiPen®: A device containing a single dose of adrenaline, delivered via a spring-activated needle which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr® and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

EpiPen® Kit: An insulated container, for example an insulated lunch pack. The kit should contain a current EpiPen®, a copy of the student's anaphylaxis plan, and telephone contact details for the student's parents / guardians, the doctor / medical service and the person to be notified in the event of a reaction if the parent / guardian cannot be contacted. If prescribed an antihistamine may be included in the kit. EpiPens® are stored away from direct heat.

Nominated staff member: A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the School. This person also checks the EpiPen® is current, the EpiPen® kit is complete and leads staff practise sessions after all staff have undertaken anaphylaxis management training.

No food sharing: The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent / guardian, and does not share food with, or accept food from an other person.

Risk minimization: A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as practicable, major sources of the allergen from the School.

Risk minimization plan: A plan specific to the School that specifies each student's allergies. The plan should be developed by the families of the students and the staff at the school and should be reviewed at least annually, but always upon enrolment or diagnosis of each student who is at risk of anaphylaxis.

Treat box: A container provided by the student's parent/guardian that contains treats, for example, foods which are safe for the child at risk of anaphylaxis and used at School when other children are having their treats (e.g. if another student brings a treat to class on their birthday to share with the class, the child at risk of anaphylaxis can have a treat from their treat box).

**Definitions adapted from Kindergarten Parents Victoria Anaphylaxis policy 2006 and the Anaphylaxis model policy (revised July 2008) published by the Victorian Government, Department Education and Early Childhood Development.*

5.0 Policy procedures

5.1 Role of MGGS

Display an ASCIA generic poster called Action plan for Anaphylaxis in key locations throughout the School; in the staff room, tuck shop and sick bay.

Organise staff briefings and [accredited] anaphylaxis management training annually. Organise for staff to undertake the practise of EpiPen® administration annually.

Ensure that procedures are in place for informing casual relief teachers or volunteers of:

- the students at risk of anaphylaxis
- the symptoms of an anaphylactic reaction;
- the students' allergies
- the individual anaphylaxis management plans
- the location of the EpiPen® kits.

If reasonably practicable, ensure that casual relief teachers undertake relevant anaphylaxis training.

Inform parents at information sessions of the MGGS Anaphylaxis

Management Policy and requirements for anaphylaxis action plans. Make parents aware of the MGGS Anaphylaxis Management Policy and requirements for anaphylaxis action plans. Provide access to the policy on request.

Ensure that an anaphylaxis management action plan is provided to the School by parent / caregiver and has been signed by the student's registered medical practitioner. Record when the student's anaphylaxis action plan is provided. Record expiry date of the EpiPen®.

Check that a complete EpiPen® kit is supplied for the student and is stored in a location (away from direct sources of heat) that is known to all staff and easily accessible to adults [but inaccessible to children].

Display an ambulance contact card by telephones.

Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the School, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide an anaphylaxis action plan signed by a registered medical practitioner.

Ensure that a student's individual anaphylaxis action plan signed by a registered medical practitioner is inserted into the enrolment records for that student. This will outline the allergies and describe the prescribed medication for that student and the circumstances in which it should be used.

5.2 Role of staff responsible for the student at risk of anaphylaxis

Ensure that a copy of the student's anaphylaxis action plan is visible to all staff.

Regularly check and record the EpiPen® expiry date.

Check that a copy of the student's anaphylaxis management plan is also stored with the EpiPen® kit.

Follow the student's anaphylaxis action plan in the event of an allergic reaction.

Where a student 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
- Contact the parent / guardian or person to be notified in the event of illness if parent / guardian cannot be contacted.

Encourage no food sharing: The practice where the student at risk of anaphylaxis eats only that food that is supplied or permitted by the parent / guardian, and does not share food with, or accept other food from any other person.

Ensure that the student's treat box is clearly labelled as belonging to the student. Use the student's treat box to provide 'treats' to the student, as appropriate.

Ensure that the EpiPen® kit for each student at risk of anaphylaxis is carried by a trained adult on excursions that this student attends.

5.3 Role of Parent / Caregiver

Inform Principal and Head of School in writing that their child is at risk of Anaphylaxis [on enrolment or on diagnosis of their child's condition.]

Read and be familiar with the School's Anaphylaxis Management Policy.

Notify the School in writing of any advice from medical practitioner.

Provide the School with an anaphylaxis action plan signed by a registered medical practitioner giving written consent to use the EpiPen® in line with this action plan.

Provide a complete EpiPen® kit to School.

Ensure EpiPen® is clearly labelled with student's name and not out of date.

Replace EpiPen® when it expires or upon being informed by staff that it has been used.

Notify staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.

Assist staff by offering information and answering any questions regarding their child's allergies.

Communicate all relevant information and concerns to staff, for example, any matter relating to the health of their child.

Provide a safe treat box for their child (which is clearly labelled with the child's name) and replenish treat box promptly on request by staff.

Encourage their child to have a "no food sharing" approach i.e. the practice where the student at risk of anaphylaxis eats only that food that is supplied or permitted by the parent / guardian, and does not share food with, or accept other food from any other person.

6.0 Evaluation

If a child has an anaphylactic reaction, review the adequacy of the response of the School and consider the need for additional training and other corrective action.

7.0 Appendices

Anaphylaxis Management Plan

8.0 References and acknowledgements

Anaphylaxis Australia Inc

Royal Children's Hospital

Ministerial Order 90 Anaphylaxis Management in Schools

www.sofweb.vic.gov.au

Department of Human Services

The Department of Education and Early Childhood Development

Kindergarten Parents Victoria

10.0 Implementation of the policy

Staff to be taken through details of MGGS Anaphylaxis Management Policy annually and participate in

Anaphylaxis® training each semester.

MGGS Anaphylaxis Management Policy to be distributed to parents / caregivers and available on the School website.

The School will take all reasonable steps to implement this Anaphylaxis Management Policy.

Current at May 2009. This document is subject to regular review.



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