

# Anaphylactic Shock Management



## **Source of Obligation**

Under the Education and Training Reform Act 2006 (VIC), all schools must develop an anaphylaxis management policy, where the school knows or ought to reasonably know, that a student enrolled at the school has been diagnosed as being at risk of anaphylaxis.

## **The Hazard - Anaphylactic Shock**

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 and certain insect stings (particularly bee stings).

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/carers are important in helping the student avoid exposure.

Adrenaline given through an adrenaline auto-injector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

## **St Catherine's Policy**

St Catherine's is committed to providing a safe learning environment for all our students and complying with the current Ministerial Order No 706 for Anaphylaxis Management in Schools, and the Department of Education and Early Childhood Development's Anaphylaxis Guidelines. CEOSale school policy is also available.

The school recognises that it cannot achieve a completely allergen free environment. It is our policy:

- 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 each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student; and
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

## **Safe Work Practices**

St Catherine's has developed the following work practices and procedures for managing anaphylactic shock:

### 1. **Identification of Students at Risk**

Parents/carers are requested to notify the school of all medical conditions including allergies. Refer to our **Medical Records (Student) Policy**.

Students who are identified as suffering from severe allergies that may cause anaphylactic shock are considered high risk. For each of these students an Individual Management Plan should be developed and regularly reviewed and updated.

## 2. **Individual Anaphylaxis Management Plans**

Where the school has been notified, an Individual Anaphylaxis Management Plan must be developed in consultation with the student's parents/carers, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

**Individual Anaphylaxis Management Plans** must include the following:

- Information on the type of allergy the student has, information about the medical condition and the potential for anaphylactic reaction;
- Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of the school;
- Name of the person responsible for implementing the plan;
- Where the student's medication will be stored;
- Emergency contact details of the student; and
- Australian Society for Clinical Immunology and Allergy (ASCIA) Action Plan.

The Individual Anaphylaxis Management Plan should be in place as soon as practicable after the student is enrolled, and where possible before their first day of school.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents/carers:

- Annually, and as applicable;
- If the student's condition changes;
- Immediately after the student has an anaphylactic reaction; and
- When student participation in an off-site activity or special event is required.

It is the responsibility of the parent/carer to:

- Provide an ASCIA Action Plan, current within 12-18 months from date of issue (or unless otherwise specified) and completed by the child's medical practitioner with a current photo;
- Inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan; and
- Provide an adrenaline auto-injector that is current and not expired for their child.

Examples of ASCIA Action Plans are available from the **ASCIA website**.

## 3. **Adrenaline Auto-injectors for General Use**

The school also purchases additional adrenaline auto-injectors for general use, which are additional to the prescribed adrenaline auto-injectors for individuals provided by parents. These adrenaline auto-injectors are not a substitute for individuals at high risk of anaphylaxis having their own prescribed auto-injectors.

General use adrenaline auto-injectors are used when:

- A student's prescribed auto-injector does not work, is misplaced, out of date or has already been used; or
- When instructed by a medical officer after calling 000.

The number and type of adrenaline auto-injectors are purchased considering:

- The number of students enrolled who have been diagnosed as being at risk of anaphylaxis;
- The accessibility of adrenaline auto-injectors that have been provided by parents;
- The availability of a sufficient supply of adrenaline auto-injectors for general use in specified locations at the school (e.g. school yard, at excursions, camps and special events); and
- That adrenaline auto-injectors have a limited life, usually expire within 12-18 months, and will need to be replaced either at the time of use or expiry, whichever is first.

## 4. **Storage & Location of Adrenaline Auto-injectors**

All adrenaline auto-injectors and medication must be stored according to a student's ASCIA

Action Plan and checked regularly to ensure that they have not expired, become discoloured or sediment is visible.

Adrenaline auto-injectors and other medication must be stored in various locations which are easily accessible to staff but not accessible to students. A copy of the student's ASCIA Action Plan must also be stored with their medical kit.

St Catherine's maintains adrenaline auto-injectors and other relevant medication in the First Aid Room.

Whenever a student at risk of anaphylaxis participates in outside school activities such as excursions and camps, Individual Anaphylaxis Health Care Plans, ASCIA Action Plans and adrenaline auto-injectors must be taken.

5. **Communication Plan**

The Principal will be responsible for providing information to all staff, students and parents/carers about anaphylaxis and the development of the school's anaphylaxis management strategies.

Volunteers and casual relief staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

6. **Emergency Response**

Generally, the school promotes allergy awareness. Refer to our **Allergy Awareness Policy**.

At all times while a student at risk of anaphylaxis is under the care or supervision of St Catherine's, including excursions, yard duty, camps and special event days, St Catherine's must ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis.

Teachers and other school staff who have regular contact with students at risk of anaphylaxis are encouraged to undertake training in anaphylaxis management, including how to respond in an emergency.

Wherever possible, training will take place before a student's first day at St Catherine's. Where this is not possible, an interim plan will be developed in consultation with the student's parents/carers.

The procedures set out in this policy and a student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

7. **Other Risk Minimisation Strategies**

St Catherine's may also employ some or all of the following risk minimisation strategies that are designed to identify allergens, prevent exposure to them and enhance our response in case of an anaphylactic reaction.

8. **In the Classroom**

In the classroom, teachers should:

- Ensure they are aware of the identity of any students who are considered high risk of an anaphylactic reaction;
- Be familiar with the student's ASCIA Action Plan and have it readily accessible;
- Be familiar with staff who are trained to deal with an anaphylactic reaction if they are not;
- Liaise with parents/carers about food related activities ahead of time;
- Use non-food treats where possible. If food treats are used in class, it is recommended that parents/carers provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school's Allergy Awareness Policy;
- Never give food from outside sources to a student who is at risk of anaphylaxis;

- Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons);
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food; and
- Brief casual/relief teachers and provide them with a copy of the student's ASCIA Action Plan.

9. **In the Canteen**

In the Canteen:

- In the event we use an external/contracted food service provider, the provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling;
- With permission from parents/carers, canteen staff (including volunteers), should be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans;
- With permission from parents/carers, the school may have the student's name, photo and the foods they are allergic to displayed in the canteen as a reminder to staff;
- Food banning is not recommended (refer to our Allergy Awareness Policy), however we may choose not to stock peanut and tree nut products (including nut spreads);
- Products labelled 'may contain traces of peanuts/tree nuts' should not be served to the student known to be allergic to peanuts/tree nuts;
- Staff should be aware of the potential for cross contamination when storing, preparing, handling or displaying food; and
- Staff should ensure tables and surfaces are wiped clean regularly.

10. **In the School Yard**

In the school yard:

- A student with anaphylactic responses to insects should wear shoes at all times;
- Outdoor bins should be kept covered;
- A student with anaphylactic responses should keep open drinks (e.g. drinks in cans) covered while outdoors;
- Staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recess and lunch);
- The adrenaline auto-injector should be easily accessible; and
- Staff on duty need to be able to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended.

11. **During On-site Events (e.g. sporting events, in school activities, class parties)**

During on-site events:

- Class teachers should consult parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student;
- Parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of our Allergy Awareness Policy;
- Party balloons should not be used if a student is allergic to latex;
- Latex swimming caps should not be used by a student who is allergic to latex;
- Staff must know where the adrenaline auto-injector is located and how to access it if required;
- Staff should avoid using food in activities or games, including as rewards; and
- For sporting events, it may be appropriate to take the student's adrenaline auto-injector to the event. If the weather is warm, the auto-injector should be stored in an esky to protect it from the heat.

12. **During Off-site school settings – field trips, excursions**

During field trips and day excursions:

- The student's adrenaline auto-injector, ASCIA Action Plan and means of contacting emergency assistance must be taken;

- One or more staff members who have been trained in the recognition of anaphylaxis and administration of the adrenaline auto-injector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis;
- Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction;
- Parents/carers should be consulted in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/carer to send a meal (if required);
- Parents/carers may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/carers as another strategy for supporting the student; and
- Consider the potential exposure to allergens when consuming food on buses.

### 13. **During Off-site school settings – camps and remote settings**

During school camps and overnight excursions:

- When planning school camps and overnight excursions, risk management plans for students at risk of anaphylaxis should be developed in consultation with parents/carers and camp managers;
- Camp site/accommodation providers and airlines should be advised in advance of any student at risk of anaphylactic shock;
- Staff should liaise with parents/carers to develop alternative menus or allow students to bring their own meals;
- Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts;
- Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided;
- The student's adrenaline auto-injector, ASCIA Action Plan and a mobile phone must be taken on camp;
- A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis;
- Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction;
- Staff should be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp;
- The adrenaline auto-injector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school's first aid kit, although St Catherine's can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own adrenaline auto-injector;
- Students with allergies to insect venoms should always wear closed shoes when outdoors;
- Cooking and art and craft games should not involve the use of known allergens; and
- Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.

### **Staff Training**

All staff should:

- participate in anaphylaxis briefings. Briefings occur twice per year, with the first to be held at the beginning of the school year.
- complete the *ASCIA Anaphylaxis e-training for Victorian Schools* (every 2 years)
- be verified by the School Anaphylaxis Supervisor within 30 days of completing the ASCIA e-training as being able to use the adrenaline autoinjector (trainer) devices correctly to complete their certification.

Accredited anaphylaxis training courses are:

- Course in First Aid Management of Anaphylaxis 22099VIC; and

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- Course in Anaphylaxis Awareness 10313NAT.

Alternatively, St John Ambulance Victoria can be contacted on (03) 8588 8391 to organise training for staff in anaphylaxis management.

Anaphylaxis briefings are conducted by a staff member who has successfully completed a School Anaphylaxis Supervisor Course in the last 12 months and covers:

- Our Anaphylactic Shock Management Policy;
- The causes, symptoms and treatment of anaphylaxis;
- The identities of students with an allergy at risk of an anaphylactic reaction, and where their medication is located;
- How to use an adrenaline auto-injector, including hands on practice with a trainer adrenaline auto-injector;
- Our general first aid and emergency response procedures; and
- The location of, and access to, adrenaline auto-injectors provided by parents or purchased by the school for general use.

Also refer to the following documents for the briefing:

- **Facilitator Guide for Anaphylaxis Management;** and
- **Anaphylaxis Management Briefing Presentation.**

An interim plan must be developed with parents of any affected student with an allergy at risk of an anaphylactic reaction, if training and briefing has yet to occur. Training must occur as soon as possible thereafter.

### **School Anaphylaxis Supervisor**

It is a requirement that a minimum of two staff members from St Catherine's School have completed face-to-face training to skill them in providing competency checks to assess their colleagues' ability to use an autoinjector (eg EpiPen) and become a School Anaphylaxis Supervisor.

Responsibilities of a School Anaphylaxis Supervisor include:

- Ensuring currency in the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 2230VIC* (every 3 years) and the *ASCIA Anaphylaxis e-training for Victorian Schools* (every 2 years)
- Ensuring that the Principal is provided with documentary evidence of currency in the above courses
- Assessing and confirming the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the *ASCIA Anaphylaxis e-training for Victorian Schools*.
- Sending periodic reminders to staff or information to new staff about anaphylaxis training requirements
- Providing access to the adrenaline autoinjector (trainer) device for practice use by school staff
- Providing regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required
- Liaising with parents or guardians (and, where appropriate, the student) to manage and implement Individual Anaphylaxis Management Plans
- Liaising with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school
- Leading twice-yearly Anaphylaxis School Briefing
- Developing school-specific scenarios to be discussed at the twice-yearly briefing and when demonstrating the correct use of the adrenaline autoinjector to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment

### **Risk Management Checklist**

The Principal completes an annual **Risk Management Checklist** included in the Anaphylaxis Guidelines for Victorian Schools, to monitor our obligations.

We regularly check the Department of Education and Early Childhood Development's **Anaphylaxis Management in Schools page** to ensure the latest version of the **Risk Management Checklist** is used.

### **Employees' Responsibility**

All employees must follow the anaphylactic shock management guidelines set out in this policy.

### **Signage**

ASCIA Action Plans are posted in the staffroom with first aid procedures.

With permission from parents/carers, it may be appropriate to have a student's name, photo and the foods they are allergic to, displayed in other locations around the school.

### **Implementation**

This policy is implemented through a combination of:

- St Catherine's premises inspections (to identify wasp and bee hives);
- Staff training and supervision;
- Maintenance of medical records;
- Effective incident notification procedures;
- Effective communication procedures with the student's parents/carers; and
- Initiation of corrective actions where necessary.

### **Discipline for Breach of Policy**

Where a staff member breaches this policy St Catherine's may take disciplinary action.

### **Related Policies**

- *Allergy Awareness Policy*
- *Bites & Stings Policy*
- *Emergency Management Response Policy*
- *First Aid Policy*
- *Medication Administration Policy*
- *Needles & Syringes Policy*
- *Medical Records (Student) Policy*

### **Related Documents**

- **Individual Anaphylaxis Management Plan Template**
- **Facilitator Guide for Anaphylaxis Management**
- **Anaphylaxis Management Briefing Presentation**
- **Risk Management Checklist**

### **Key Reference**

This policy has been developed having regard to the **Anaphylaxis Guidelines for Victorian Schools**.

**Implementation Date:** October 2016

**Review Date:** September 2021