

**PURPOSE**

To explain to Western Autistic School parents, carers, staff, and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Western Autistic School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

**SCOPE**

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

**POLICY****School Statement**

Western Autistic School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

**Anaphylaxis**

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

**Symptoms**

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face, and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen but can appear within a few minutes.

***Treatment***

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline auto injector for use in an emergency. These adrenaline auto injectors are designed so that anyone can use them in an emergency.

**ASCIA Action Plans**

A copy of the ASCIA Action Plan will be:

- kept with the person's auto injector
- displayed in the person's classroom
- displayed in the first aid area.

**Individual Anaphylaxis Management Plans**

All students at Western Autistic School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal of Western Autistic School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Western Autistic School and where possible before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired. The First Aid Co-ordinator on each campus, will check the expiry date all Auto injectors kept on the campus, at the end of each school term. At least one month before the expiry date, the First Aid Co-ordinator will inform the person or the Parents/Guardians in writing that the Auto injector needs replacing.
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan (IAMP) must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised, or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner

#### *Review and updates to Individual Anaphylaxis Management Plans*

The school will then implement and monitor the person's IAMP. The person's IAMP will be reviewed, in consultation with the person or the person's Parents in all the following circumstances.

- annually
- if the person's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the person has an anaphylactic reaction at School; and
- When the person is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised, or attended by the school (e.g., class parties, elective subjects, cultural days, fetes, incursions).

#### **Location of plans and adrenaline autoinjectors**

A copy of the student's or staff's current ASCIA Action Plan will be:

- Kept with the person's auto injector
- Displayed in the person's classroom
- Displayed in the first aid area

A list of all students and staff at risk of anaphylaxis will also be displayed in the staff room and resource room.

Each Adrenaline Auto injector will be stored in an insulated bag, supplied by the school, and labelled with a photo of the person and the person's name.

- The Adrenaline Auto injector insulated bag/s will be stored in the unlocked, easily accessible, identified central office cupboard.
- All auto injectors will be signed out using the system in place, when taking the auto injector from its usual place, for example for walks, excursions, or camps.

- The auto injectors provided to the school by the Parents for their child's use, remain at the school and do not travel home in the student's bag on a daily basis or at the end of the term or year.
- When notified by the school, Parents will collect expired auto injectors from the office and will deliver the new auto injector to the school in person. Auto injectors are not to be transported to and from school, on the school buses.

### **Risk Minimisation Strategies**

#### **General**

- To minimise the risk of a first-time reaction, the school will not use any nut-based products such as peanut butter, Nutella or nut muesli bars in curriculum activities
- In a class where there is a person at risk of anaphylaxis, foods, rewards, materials etc. should not contain the substance to which the person is allergic.
- No class will supply edible treats for celebratory occasions such as Easter. Non-edible items, such as stickers or small toys, can be given instead.

#### **Mealtimes**

- Persons at risk of anaphylactic reactions to food, will eat only food supplied by their Parents at all times while at school.
- The person at risk of anaphylaxis will sit close to the other children in his/her room, but at his/her own table during mealtimes and only use cups, plates etc. designated for their use.
- All tables will be wiped after eating.
- All persons in a class with a person at risk of anaphylaxis will wash their hands after eating.
- Persons at risk of anaphylactic reactions to food, will **NOT** take part in cooking activities. Cooking activities with other persons in the class, should take place in the kitchen and not the classroom and not include the substance to which the person is allergic.

#### **Parties and Special Events**

- Parents of a person at risk of anaphylaxis, will be asked to send to school, suitable treats for their child, which will be stored in a container designated solely for that child. Staff will select treats from that container for the student if needed.

#### **Excursions**

- When going on excursion, staff will take with them the auto injector for any student at risk of anaphylaxis who is going on the excursion, signing auto injectors out and in.
- On excursion, **no** food should be purchased for a person who is at risk of anaphylaxis. The person should consume only food supplied by his/her parents.

**Travelling on the Bus**

- The bus company policy is that no food should be consumed on the bus to and from school.
- No food items originating at school, should be sent home with any student on the bus, including party lolly bags.

**School Camps**

- At least 10 days prior to a school camp, a meeting will be arranged between the Principal, the staff attending the camp and the Parents of any person at risk of anaphylaxis who is attending the camp.
- Staff will inform the Parents of proposed activities and meal arrangements. A person at risk of anaphylaxis should bring all meals and snacks pre-prepared by his/her Parents and will only eat food sent by the parents.
- Parents of a person at risk of anaphylaxis will also supply a plate, bowl, cup, and cutlery for use by their child.

**School Management and Emergency Response**

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school’s general first aid procedures, emergency response procedures and the student’s Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by nurse/first aid assistant and stored at first aid office, central office, staff room and resource room. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

<b>Step</b>	<b>Action</b>
1.	<ul style="list-style-type: none"> <li>• Lay the person flat</li> <li>• Do not allow them to stand or walk</li> <li>• If breathing is difficult, allow them to sit</li> <li>• Be calm and reassuring</li> <li>• Do not leave them alone</li> <li>• Seek assistance from another staff member or reliable student to locate the student’s adrenaline autoinjector or the school’s general use autoinjector, and the student’s Individual Anaphylaxis Management Plan, stored at the central office cupboard that is clearly identified.</li> <li>• If the student’s plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li> </ul>
2.	<p>Administer an EpiPen or EpiPen Jr</p> <ul style="list-style-type: none"> <li>• Remove from plastic container</li> <li>• Form a fist around the EpiPen and pull off the blue safety release (cap)</li> </ul>

	<ul style="list-style-type: none"> <li>Place orange end against the student’s outer mid-thigh (with or without clothing)</li> <li>Push down hard until a click is heard or felt and hold in place for 3 seconds</li> <li>Remove EpiPen</li> <li>Note the time the EpiPen is administered</li> <li>Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul> <p><b>OR</b></p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"> <li>Pull off the black needle shield</li> <li>Pull off grey safety cap (from the red button)</li> <li>Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing)</li> <li>Press red button so it clicks and hold for 10 seconds</li> <li>Remove Anapen®</li> <li>Note the time the Anapen is administered</li> <li>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</li> </ul>
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student’s emergency contacts.

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

Schools can use either the EpiPen® **and Anapen® on any student** suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

*Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction. Anaphylaxis Policy.*

**In the classroom**

- The staff with the person at that time, should notify the Teacher in Charge via telephone, that the person is having an anaphylactic reaction and the exact location of the person (e.g. classroom number, OT room).

**In the Playground**

- One staff member should stay with the person while a second staff member goes to the office to notify the Teacher in Charge that the person is having an anaphylactic reaction and the exact location of the person (e.g. bike track, playground1) and to retrieve the insulated bag containing the person's Adrenaline Auto injector.
- The Teacher – in –charge will immediately ensure that an ambulance is called using the school's mobile phone, **while at the same time**, ensuring that another office staff member takes the insulated bag containing the person's Adrenaline Auto injector, to the person's location. The call to the ambulance remains open and the mobile phone is then taken to the location of the person having the anaphylactic reaction by the Teacher-in - Charge.
- The Teacher – in –Charge will ensure that a staff member trained in the Management of Anaphylaxis is with or is called to go to the person immediately.
- Adrenaline should be administered by the person trained in the Management of Anaphylaxis, following the person's ASCIA Action Plan.
- The Teacher-in-Charge will ensure that the person's Parents/Guardians/Next of Kin and the Principal of the school are contacted.
- The Teacher-in-charge will ensure that a staff member goes to the front of the school to direct the ambulance once it arrives
- The Principal should follow DET Emergency Management Procedures.
- The person who has administered the adrenaline auto-injector will make a note of the time that the adrenaline auto-injector was administered and inform the paramedics upon their arrival.
- Ensure that the adrenaline auto-injector is available to be given to the paramedics if they request it.
- Ensure that the used adrenaline auto-injector is disposed of properly, either by removal by the paramedics or by placing it in the Biological Hazard Bio Can located in the first aid room.

**Adrenaline Auto injectors for General Use**

The Principal will purchase Auto injectors for General Use, both junior and adult pens as a backup supplied by the Parents. It will be stored in an insulated bag, which will be labelled *Spare EpiPen for General Use*. It will be located in the same place as the students' auto injector. These Auto injectors for general Use can also be used for students and/or staff that may experience a first-time reaction.

The Principal will determine the number of additional Adrenaline Auto injectors required. In doing so, the Principal will take into account the following relevant considerations:

- the number of persons enrolled at the school who have been diagnosed as being at risk of anaphylaxis;

- the accessibility of persons' Adrenaline Auto injectors;
- the availability and sufficient supply of Adrenaline Auto injectors for General Use in specified locations at the school, including in the school yard, at excursions, camps and special events conducted or organised by the School;
- Adrenaline Auto injectors for General Use have a limited life, usually 12 – 18 months and will be replaced at the school's expense, either at the time of use or expiry, whichever is first.

### **Communication Plan**

#### **Staff**

- The Principal is responsible for ensuring that all staff participate in a briefing, twice a year, once in terms 1 and 3.
- For each person at risk of anaphylaxis, a copy of their ASICA Action Plan, including photo, will be displayed in the staff room.
- To alert casual staff, a *medical alert* notice will be displayed on the classroom door where there is a person with a serious medical condition, including anaphylaxis. The ASCIA Action Plan for each person within the classroom, will be displayed inside the classroom, next to the telephone.

#### **Parents**

- Parents of persons at risk of anaphylaxis will be given a copy of the School's Anaphylaxis Management Policy and this will be discussed with them during the initial SSG meeting each year.

#### **Bus staff**

- It is the responsibility of parents of persons at risk of anaphylaxis to notify the bus staff of their child's medical condition. Bus staff will then follow the Policy and Procedures as set out by the Company.

#### **School community**

- The School's Anaphylaxis Management Policy will be published in the school's newsletter for the year and on the school's website. In addition, twice yearly, information regarding Anaphylaxis will also be published in the school's newsletter.

#### **Staff Training**

- The Principal will organise training annually, at the beginning of the school year, or when needed, to ensure that any staff, working directly with a person at risk of anaphylaxis, will be appropriately trained by a recognised provider, such as St John.
- The Principal is responsible for ensuring that all staff participate in a briefing, twice a year, once in terms 1 and 3. Each briefing will address:
  - this policy



- the causes, symptoms, and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school’s general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Western Autistic School who is at risk of anaphylaxis, the Principal will develop an interim plan in consultation with the student’s parents and ensure that appropriate staff are trained and briefed as soon as possible.

**Annual Risk Management Checklist**

- The principal will complete the Department’s Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.
- See Appendix 2

**FURTHER INFORMATION AND RESOURCES**

- School Policy and Advisory Guide:
  - [Anaphylaxis](#)
  - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children’s Hospital: [Allergy and immunology](#)

**REVIEW CYCLE AND EVALUATION**

<b>Evaluation</b>	Mandatory review cycle	1 year
<b>Date Ratified</b>	November 2022	
<b>Next review date</b>	November 2023	