

anaphylaxis

guidelines

A resource for
managing
severe allergies
in Victorian
government schools



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Anaphylaxis Guidelines

A resource for managing severe allergies in Victorian government schools

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Introduction

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 medications.

The Department of Education & Training is committed to:

- Providing, 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
- Raising awareness about allergies and anaphylaxis in the school community
- Actively involving the parents/carers of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student
- Ensuring that each staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures.

Effective schools have policies and procedures in place that ensure that the risks associated with severe allergies are minimised so that all students can feel safe while at school.

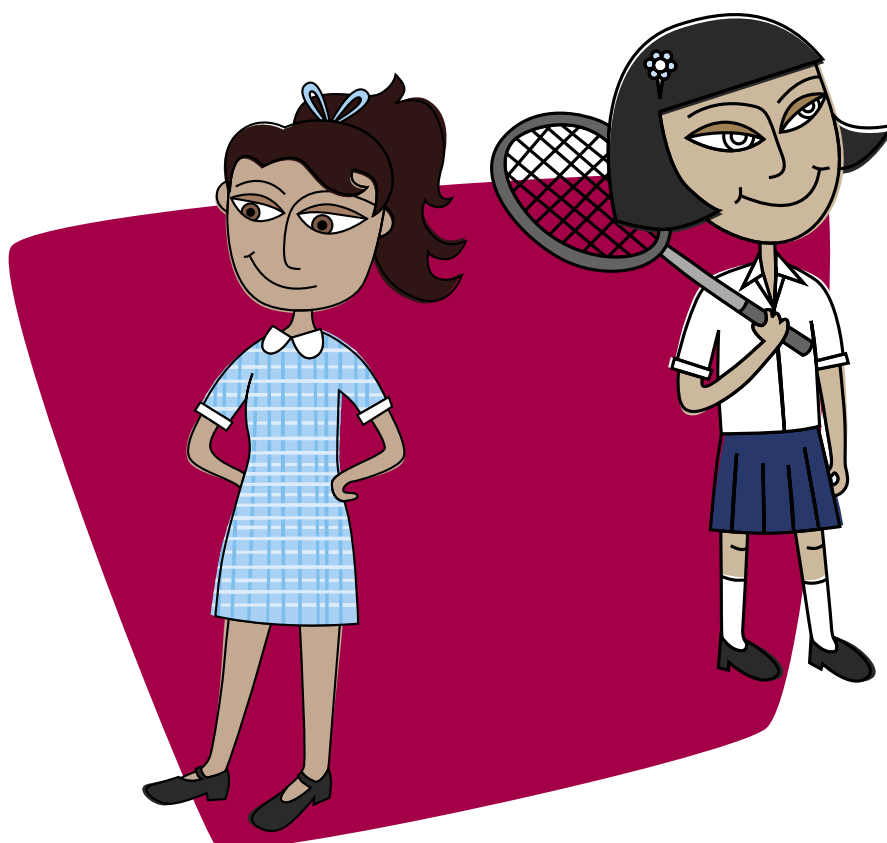


*Adapted from Sammons, Hillman and Mortimore (1995) www.sofweb.vic.edu.au/blueprint/es/default.asp

This resource has been developed to assist schools in planning for and supporting students with severe allergies. It is divided into five sections: the Department of Education & Training's policy; facts about anaphylaxis; the respective roles and responsibilities of principals, school staff and parents/carers; management strategies; and communicating with staff, students and parents/carers. It also includes a range of supplementary resources including a factsheet, case studies and a questions and answers section.

The key to prevention of anaphylaxis in schools is knowledge, awareness and planning. Schools are required to use these resources to assess and review their current management practices

This resource is available to download from the Department of Education & Training's website, at: www.sofweb.vic.gov.au/wellbeing/support/anaphyl.htm



Schools have a duty of care towards students which includes protecting a student under the school's charge from risks of injury that the teacher should reasonably have foreseen.

Any school that has a student or students at risk of anaphylaxis must have the following in place:

1. An Anaphylaxis Management Plan for the student, developed in consultation with the student's parents/ carers and medical practitioner.
2. Prevention strategies for in-school and out-of-school settings.
3. A communication plan to raise staff, student and school community awareness about severe allergies and the school's policies.
4. Regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen®.

Schools should work in partnership with parents/carers and the student to support students to feel safe at school.

Training

Teachers and other school staff who are responsible for the care of students at risk of anaphylaxis should receive training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.

Information about current training providers is available from the Department's website:
www.sofweb.vic.edu.au/wellbeing/support/anaphyl.htm

2.1 What is anaphylaxis?

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening.

Although allergic reactions are common in children, severe life threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency that requires a rapid response.

2.2 What are the main causes?

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 are:

- peanuts
- tree nuts (e.g. hazelnuts, cashews, almonds)
- egg
- cow's milk
- wheat
- soybean
- fish and shellfish.

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

2.3 Signs and symptoms

The 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 voice
- 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.

2.4 How can anaphylaxis be prevented?

The key to prevention of anaphylaxis in schools is knowledge of those students who are at risk, awareness of triggers (allergens) and prevention of exposure to these.

Schools need to work with parents and students to ensure that certain foods or items are kept away from the student while at school.

Appendix 2 of this resource provides examples of a range of preventive strategies that schools can implement for in-school and out-of-school settings.

2.5 How can anaphylaxis be treated?

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

Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto-injector commonly known as the EpiPen®, for administration in an emergency. Children under 20kg are prescribed an EpiPen® Junior, which has a smaller dosage of adrenaline. The EpiPen® and EpiPen® Junior are designed so that anyone can use them in an emergency.

Eight foods cause 90% of food allergic reactions in Australia and can be common causes of anaphylaxis.

These are:

- peanuts
- tree nuts (e.g. hazelnuts, cashews, almonds)
- egg
- cow's milk
- wheat
- soybean
- fish and shellfish.



Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

3.1 The role and responsibilities of school principals

School principals have overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis.

Principals should:

- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Meet with parents/carers to develop an Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation (see Appendix 1 & 2).
- Request that parents provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the student's medical practitioner and has an up to date photograph of the student (see Appendix 1).
- Ensure that parents provide the student's EpiPen® and that it is not out of date.
- Ensure that staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Develop a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies.
- Provide information to all staff (including specialist staff, new staff, sessional staff, canteen staff and office staff) so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures. This can include providing copies or displaying the student's ASCIA Action Plan in canteens, classrooms and staff rooms (see Section 5.5 regarding privacy considerations).
- Ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response.
- If schools use an external canteen provider, ensure that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.
- Allocate time, such as during staff meetings, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis. Practise using the trainer EpiPen® regularly.
- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
- Review the student's Anaphylaxis Management Plan annually or if the student's circumstances change, in consultation with parents.

3.2 The role and responsibilities of all school staff who are responsible for the care of students at risk of anaphylaxis

School staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff, and volunteers. Staff should:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Know the school's first aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction.
- Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
- Know where the student's EpiPen® is kept. Remember that the EpiPen® is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the student's Anaphylaxis Management Plan.
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/carers to provide appropriate food for the student.
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies provided in this document (see Appendix 2). Work with parents/carers to provide appropriate treats for the student.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

School staff who are who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable.



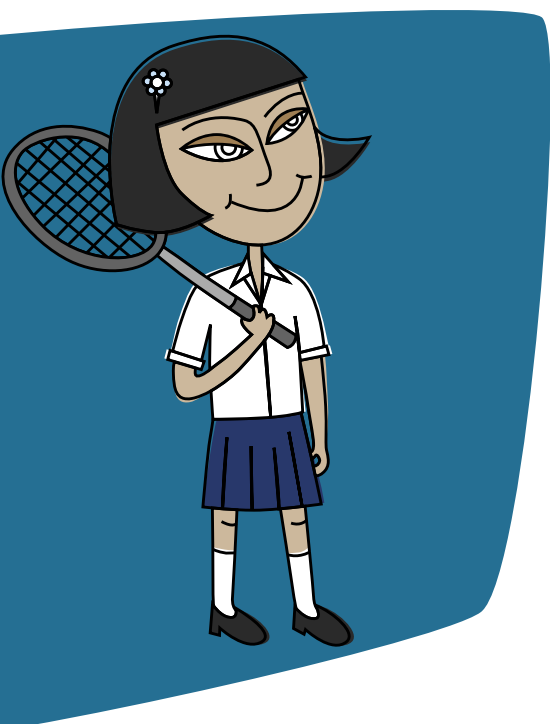
3.3 The role and responsibilities of first aid coordinators/ school nurses

First aid coordinators or school nurses should take a lead role in supporting principals and teachers to implement prevention and management strategies for the school.

- Keep an up to date register of students at risk of anaphylaxis.
- Ensure that students' emergency contact details are up to date.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Check that the EpiPen® is not cloudy or out of date regularly, e.g. at the beginning or end of each term.
- Inform parents/carers a month prior in writing if the EpiPen® needs to be replaced.
- Ensure that the EpiPen® is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that it is appropriately labelled.
- Provide or arrange post-incident support (e.g. counselling) to students and staff, if appropriate.
- Work with staff to conduct regular reviews of prevention and management strategies.
- Work with staff to develop strategies to raise school staff, student and community awareness about severe allergies.

3.4 The role and responsibilities of parents/carers of a student at risk of anaphylaxis

- Inform the school, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis.
- Obtain information from the student's medical practitioner about their condition and any medications to be administered. Inform school staff of all relevant information and concerns relating to the health of the student.
- Meet with the school to develop the student's Anaphylaxis Management Plan.
- Provide an ASCIA Action Plan, or copies of the plan to the school that is signed by the student's medical practitioner and has an up to date photograph.
- Provide the EpiPen® and any other medications to the school.
- Replace the EpiPen® before it expires.
- Assist school staff in planning and preparation for the student prior to school camps, field trips, incursions, excursions or special events such as class parties or sport days.
- Supply alternative food options for the student when needed.
- Inform staff of any changes to the student's emergency contact details.
- Participate in reviews of the student's Anaphylaxis Management Plan, e.g. when there is a change to the student's condition or at an annual review.



4.1 Anaphylaxis Management Plans

Every student who has been diagnosed as at risk of anaphylaxis must have an individual Anaphylaxis Management Plan.

The student's Anaphylaxis Management Plan should clearly set out:

- the type of allergy or allergies.
- the student's emergency contact details.
- practical strategies to minimise the risk of exposure to allergens for in-school and out of class settings, including:
 - » during classroom activities
 - » in canteens or during lunch or snack times
 - » before and after school, in the yard and during breaks
 - » for special events such as incursions, sport days or class parties
 - » for excursions and camps.
- the name of the person/s responsible for implementing the strategies.
- information on where the EpiPen® will be stored.

The Anaphylaxis Management Plan should also include an ASCIA Action Plan, which sets out the emergency procedures to be taken in the event of an allergic reaction. (ASCIA, the Australasian Society of Clinical Immunology and Allergy, is the peak body of immunologists and allergists in Australia).

It is the responsibility of parents/carers to complete an ASCIA Action Plan, in consultation with their child's medical practitioner, and provide a copy to the school. The ASCIA Action Plan must be signed by the student's medical practitioner, and have an up to date photograph of the student.

A copy of the student's ASCIA Action Plan should be kept in various locations around the school, such as in the student's classroom, the canteen, the sick bay and the school office. It should be visible and/or easily accessible by staff in the event of an incident. (See Section 5.5) in relation to privacy considerations.

An example of an Anaphylaxis Management Plan is at Appendix 1. This template can be downloaded from the Department's website: www.sofweb.vic.edu.au/wellbeing/support/anaphyl.htm

Keep information up to date

As a student's allergies may change with time, it is important for schools to ensure that the student's Anaphylaxis Management Plan and ASCIA Action Plan are kept current and reviewed annually with the student's parents/carers. When reviewed, parents should also provide an updated photo of the child for the ASCIA Action Plan.

4

Anaphylaxis Management continued

4.2 Storage and Accessibility of EpiPens®

Adrenaline given through an auto-injector such as the EpiPen® to the outer mid-thigh muscle is the most effective treatment for anaphylaxis. Administering adrenaline can reverse potentially life threatening symptoms such as shortness of breath or swelling of the face and throat within minutes.

Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto-injector commonly known as the EpiPen®. Children under 20kg are prescribed an EpiPen® Junior, which has a smaller dosage of adrenaline. The EpiPen® and EpiPen® Junior are designed so that anyone can use them in an emergency.

If a student has been prescribed an EpiPen®, the EpiPen® must be provided by the student's parent/carers to the school.

EpiPens® should be stored correctly and accessed quickly. Remember that in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes.

- EpiPens® should be stored in an unlocked, easily accessible place away from direct heat. They should not be stored in the refrigerator or freezer.
- EpiPens® should be clearly labelled with the student's name.
- A copy of the student's ASCIA Action Plan should be kept with the EpiPen®.
- Each student's EpiPen® should be distinguishable from other students' EpiPens® and medications.
- All staff should know where the EpiPen® is located.
- EpiPens® should be signed in and out when taken from its usual place, for example for camps or excursions.
- Depending on the speed of past reactions, it may be appropriate to have the EpiPen® in class or in a bumbag in the yard.
- It is important that **trainer EpiPens®** (which do not contain adrenaline) are kept in a separate location from students' EpiPens®.

Schools may consider purchasing a generic EpiPen® as a 'backup', particularly if there is no single, central, easily accessible location on the site. The dosage of a backup EpiPen® should be 0.3ml of adrenaline, which can be given to any student who weighs over 20kg. It should be clearly labelled as the backup EpiPen®.

Make sure the EpiPen® is not cloudy or out of date

EpiPens® should not be cloudy or out of date. EpiPens® should last for at least 12 months and will have an expiry date printed on them. It is the parents' responsibility to supply their child's EpiPen® to the school and to replace it before it expires. However, a designated staff member, such as the school nurse or first aid coordinator, should regularly check the EpiPen®, e.g. at the beginning or end of each term.

At least a month before its expiry date, the designated school staff member should send a written reminder to the student's parents to replace the EpiPen®.

EpiClub is a free service that sends a reminder by email, SMS or standard mail prior to the expiry date of an EpiPen®. Schools can register with EpiClub at: www.epiclub.com.au

4.3 Prevention Strategies

The key to prevention of anaphylaxis is the identification of triggers (allergens) and prevention of exposure to these. For students who have been diagnosed with a severe allergy, there is a range of practical prevention strategies that schools can put in place to minimise exposure to known allergens.

Assess the potential for accidental exposure to allergens

When considering appropriate prevention strategies, schools should take into account factors such as the allergen involved, the age of the student and the severity of the allergy (based on information provided by the student's parent/carers from their child's medical practitioner).

Schools should undertake a risk assessment based on the student's usual routine, as well as plan for special circumstances such as class parties, sports days, camps, incursions or excursions. It is useful to discuss and establish emergency procedures for various scenarios, e.g. if an anaphylactic reaction occurs in the classroom, while on yard duty or after school, and practise these to assess how effective they are.



Be aware that the research shows that students in the 10 to 18 year age group are at a higher risk of suffering a fatal anaphylactic reaction.

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What about food bans?

Banning of food or other products is not recommended due to the possibility of encouraging complacency among staff and students, the presence of hidden allergens and the difficulty of monitoring and enforcing a ban. It is better for school communities to become aware of the risks associated with anaphylaxis, and to implement practical, age-appropriate strategies to minimise exposure to known allergens.

Nut bans

A ban on peanut and nut products within a school is not recommended but may be agreed to by a school and its community. If a school does decide to ban peanut or nut products it should not however claim to be 'peanut or nut free'. Evidence from experts indicates that this type of claim is not reliable and may lead to a false sense of security about exposure to peanuts and nuts.

Statistics show that nuts are the most common trigger for an anaphylactic reaction. To minimize the risk of a first-time reaction to nuts, schools should not use peanuts, nuts, peanut butter or other peanut or nut products in curricular or extra-curricular activities. Remember that school activities should never place pressure on any students to try foods known to contain common food allergens such as peanuts.

More information about nut banning can be found in the *ASICA Guidelines for Prevention of Food Anaphylactic Reactions in Schools* which can be downloaded from the ASCIA website: www.allergy.org.au.

Specific Strategies

Specific strategies should be put in place for in-school and out of school settings, including:

- during classroom activities
- in canteens or during lunch or snack times
- before and after school, in the yard and during breaks
- for special events such as incursions, sport days or class parties
- for excursions and camps.

A range of practical strategies for in-school and out of school settings are set out in Appendix 2.

4

Anaphylaxis Management continued

4.4 Training and Emergency Response

Duty of care

Under the provisions of the *Occupational Health and Safety Act 2004* and the Department of Education & Training's duty of care obligation to students, the Department is responsible for providing first aid facilities and sufficient staff trained to an appropriate level of competency in first aid.

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 the case of anaphylaxis, this includes following a student's ASCIA Action Plan and administering an EpiPen® if necessary. It should be noted that a teacher's duty is greater than that of the ordinary citizen in that a teacher is obliged to assist an injured student, while the ordinary citizen may choose to do nothing.

Please refer to section 4.5.1 of the Victorian Government Schools Reference Guide, 'Student Health – First Aid Training'.
www.eduweb.vic.gov.au/referenceguide

Staff training

Teachers and other school staff who are responsible for the care of students at risk of anaphylaxis, should obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®. This may include administrators, canteen staff, casual staff and volunteers.

It is important for schools to have in place first aid and emergency response procedures that allow staff to react quickly if an anaphylactic reaction occurs, for in-school and out of school settings.

All school staff, including volunteers, casual relief teachers, canteen staff and administrative staff, should 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.

Information about current training providers is available from the Department's website:

www.sofweb.vic.gov.au/wellbeing/support/anaphyl.htm

Self-administration of the EpiPen®

The decision whether a student can carry their own EpiPen® should be made when developing the student's Anaphylaxis Management Plan, in consultation with the student, the student's parents/carers and the student's medical practitioner.

It is important to note that students have the right to self-administer if they are able to at the time, but even an 18 year old may not physically be able to self-administer due to the effects of a reaction. Staff still have a duty of care to administer an EpiPen® for students who carry their own EpiPens®.

If a student self-administers an EpiPen®, they must immediately report to a staff member and 000 must be called. Note: If a student carries their own EpiPen®, a second EpiPen® (provided by the parent) should be kept on site in an easily accessible, unlocked location that is known to all staff.

Responding to an incident

Where possible, only staff with training in the administration of the EpiPen® should administer the EpiPen®. However, the EpiPen® is designed for general use and in the event of an emergency it may be administered by any person, following the instruction in the student's ASCIA Action Plan.

How to administer the EpiPen®:

1. Remove from plastic container
2. Form a fist around EpiPen® and pull off **grey** cap
3. Place **black** end against outer mid-thigh
4. Push down hard until a click is heard or felt and hold in place for 10 seconds
5. Remove EpiPen® and be careful not to touch the needle
6. Note the time you gave the EpiPen®
7. Return EpiPen® to its plastic container.

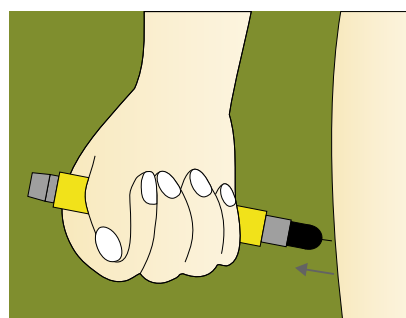
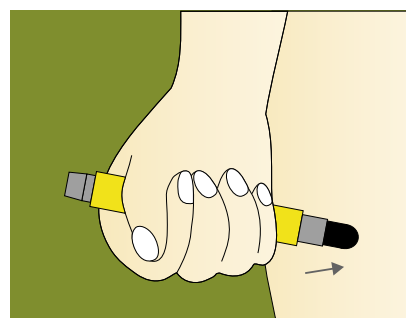
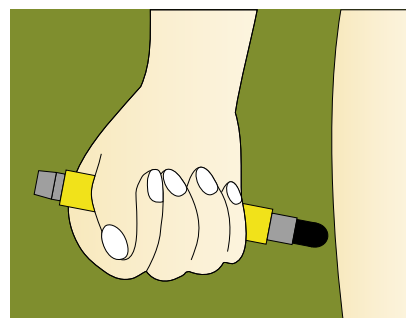
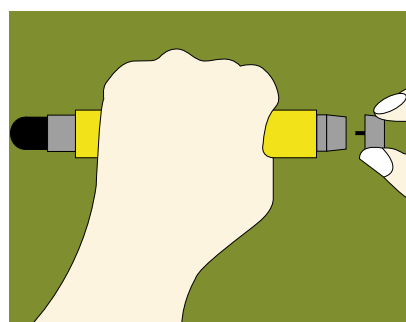
Always call an ambulance as soon as possible (000).

If an EpiPen® is administered, schools should always:

- **Immediately:** call an ambulance (000)
- **Then:** contact the student's emergency contacts
- **Later:** contact Emergency Services Management, Department of Education & Training on 9589 6266 (available 24 hours a day, 7 hours a week).

Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a repeat reaction. Ask another staff member to move other students away and reassure them elsewhere.

In the rare situation where there is no marked improvement and **severe symptoms** (as described in the ASCIA Action Plan) are present, a second injection (of the same dosage) may be administered after 5 to 10 minutes if available.



4

Anaphylaxis Management continued

4.4 Training and Emergency Response

First time reactions

If a student has a severe allergic reaction but has not been previously diagnosed with the allergy or as being at risk of anaphylaxis, 000 should be called immediately. Follow any instructions given by emergency services, as well as the school's normal first aid emergency procedures.

Post-incident support

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and parents/carers. In the event of an anaphylactic reaction, students and staff may benefit from post-incident counselling, provided, for example, by the school nurse, guidance officer, student welfare coordinator or school psychologist.

Review management processes

If there has been an anaphylactic reaction:

- The EpiPen® must be replaced by the parent before the student returns to school
- The school should review the student's Anaphylaxis Management Plan and ASCIA Action Plan with the student, student's parents/carers and medical practitioner
- Appropriate steps should be taken to reassure the student and parents. This may include closer monitoring of the student by school staff, having the student carry the EpiPen® at all times, and updated training for staff.



If a student has a severe allergic reaction but has not been previously diagnosed with the allergy or as being at risk of anaphylaxis, 000 should be called immediately. Follow any instructions given by emergency services and the school's normal first aid emergency procedures.

It is important to work with the whole school community to better understand how to provide a safe and supporting environment for all students, including students with severe allergies.

Principals should develop a communication plan in order to provide information about severe allergies and the school's policies to staff, students and parents/carers.

5.1 Raising staff awareness

All staff involved in the care of students at risk of anaphylaxis, including class teachers, office staff, casual relief teachers, canteen staff, administrative and other office staff, should know:

- the causes, symptoms and treatment of anaphylaxis
- the identities of students who are at risk of anaphylaxis
- the preventative strategies in place
- where EpiPens® are kept
- the school's first aid and emergency response procedures
- their role in responding to a severe allergic reaction.

Some ways to achieve this include allocating time, such as at staff meetings, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis, and providing and/or displaying copies of the student's ASCIA Action Plan in canteens, classrooms and staff rooms.

It is particularly important to ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response.

A designated staff member, such as the daily organiser or school operations manager, should have responsibility for briefing new staff (including canteen staff, volunteers or casual relief staff) about students at risk of anaphylaxis, the school's policies and prevention strategies.

5.2 Raising student awareness

Peer support is an important element of support for students at risk of anaphylaxis. Staff can raise awareness in school through fact sheets or posters displayed in hallways, canteens and classrooms.

Class teachers can discuss the topic with students in class, with a few simple key messages:

- always take food allergies seriously
 - severe allergies are no joke
- don't share your food with friends who have food allergies
- wash your hands after eating
- know what your friends are allergic to
- if schoolmate becomes sick, get help immediately
- be respectful of a schoolmate's EpiPen®
- don't pressure your friends to eat food that they are allergic to.¹

It is important to be aware that some students at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a anaphylactic student with an allergen must be treated as a serious and dangerous incident and treated accordingly. Schools can refer to the *Safe Schools are Effective Schools* anti-bullying resource for ideas and strategies for dealing with bullying situations:

www.sofweb.vic.edu.au/wellbeing/safeschools/bullying/index.htm

¹ From the 'Be a Mate' resource developed by Anaphylaxis Australia

5

Communicating with staff, students and parents/carers continued

5.3 Work with parents/carers of students at risk of anaphylaxis

Schools should be aware that parents/carers of a child who is at risk of anaphylaxis may experience high levels of anxiety about sending their child to school. It is important to encourage an open and cooperative relationship with parents/carers so that they can feel confident that appropriate management strategies are in place.

Aside from implementing practical prevention strategies in schools, the anxiety that parents/carers and students may feel can be considerably reduced by increased education, awareness and support from the school community.

5.4 Engage the broader school community

Schools can raise awareness about anaphylaxis in the school community through education campaigns, so that parents/carers of all students have an increased understanding of the condition.

Posters, fact sheets and brochures can be downloaded from the Department's Student Wellbeing website at www.sofweb.vic.edu.au/wellbeing/support/anaphyl.htm and used to promote greater awareness of severe allergies in the school community.

5.5 Privacy considerations

Schools should be aware that some parents/carers or students may not wish the identity of the student to be disclosed to the wider school community. This should be discussed with the student's parents/carers and written consent obtained to display the student's name, photograph and relevant treatment details in staff areas, canteens or other common areas.

appendices



A1

Appendix 1 Anaphylaxis Management Plan²

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

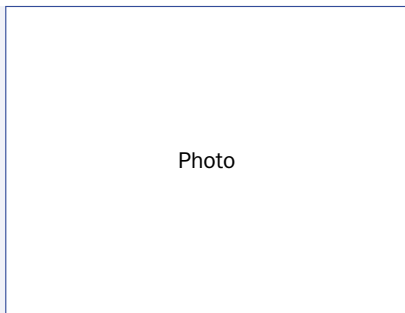
School:				
Phone:				
Student's name:				
Date of birth:	Year level:			
Severely allergic to:				
Other health conditions:				
Medication at school:				
Parent/carer contact:	Parent/carer information (1)		Parent/carer information (2)	
	Name:		Name:	
	Relationship:		Relationship:	
	Home phone:		Home 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 (insert date of proposed review).				
Signature of parent:			Date:	
Signature of principal (or nominee):			Date:	

² Adapted with permission from the New South Wales Department of Education

Action plan for Anaphylaxis

Name: _____

Date of birth: _____



Known severe allergies: _____

Parent/carer name(s) _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

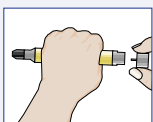
Plan prepared by: _____

Dr. _____

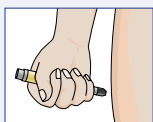
Signed _____

Date _____

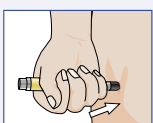
How to give EpiPen® or EpiPen® Jr



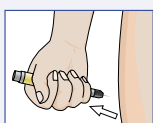
1. Form fist around EpiPen® and pull off grey cap.



2. Place black end against outer mid-thigh.



3. Push down **HARD** until a click is heard or felt and hold in place for 10 seconds.



4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

MILD TO MODERATE ALLERGIC REACTION

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

ACTION

- stay with child and call for help
- give medications (if prescribed)
- locate EpiPen® or EpiPen® Jr
- contact parent/carer



watch for signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficulty/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- 1 Give EpiPen® or EpiPen® Jr**
- 2 Call ambulance. Telephone 000**
- 3 Contact parent/carer**

If in doubt, give EpiPen® or EpiPen® Jr

Additional Instructions _____

© ASCIA 2003. This plan was developed by

ascia

australasian society of clinical immunology and allergy inc.

www.allergy.org.au

In-school settings

Classrooms

- Keep a copy of the student's ASCIA Action Plan in the classroom.
- Liaise with parents/carers about food related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class, it is recommended that parents/carers provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Treats for the other students in the class should not contain the substance to which the student is allergic.
- 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.
- A designated staff member should inform casual relief teachers of students at risk of anaphylaxis, preventive strategies in place and the school's emergency procedures. Provide casual relief teachers with a procedure sheet and a copy of the student's ASCIA Action Plan.

Canteens

- If schools use an external canteen provider, the provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.
- 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. Some schools have the student's name and photo displayed in the canteen as a reminder to staff.
- Liaise with parents/carers about food for the student.
- Food banning is not generally recommended - instead, a 'no sharing' approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and treenut products (e.g. hazelnuts, cashews, almonds), including nut spreads.
- Products that 'may contain traces of nuts' should not be served to students known to be allergic to nuts.
- Canteens should provide a range of healthy meals/products that are designed not to include peanut or other nut products.
- Physical isolation of students at risk of anaphylaxis is not recommended. Nut-free tables or nut-free zones may be appropriate for younger children.
- Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis.
- Make sure that tables and surfaces are wiped down regularly.
- Refer to section 4.4.6.11 of the Victorian Government Schools Reference Guide, '*Food safety in schools and food handling regulations*'.
www.eduweb.vic.gov.au/referenceguide

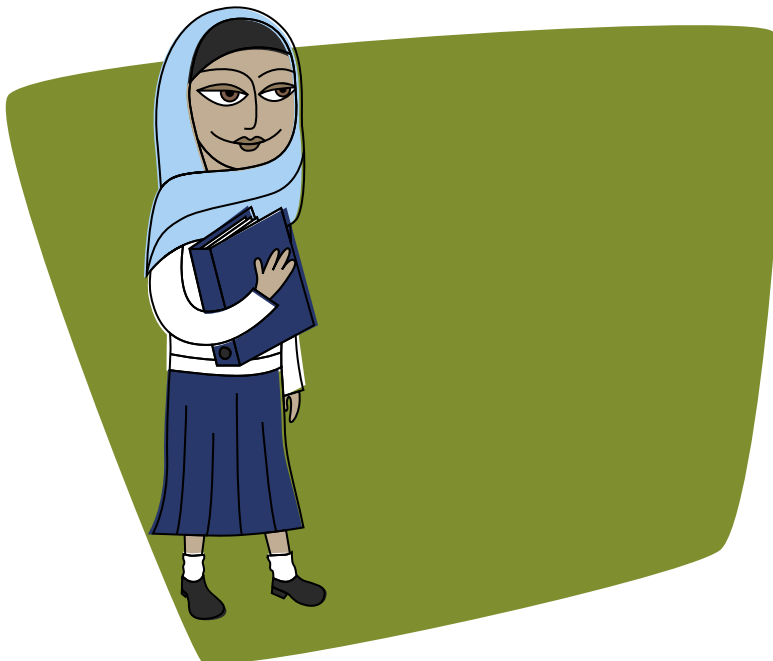
A2 Appendix 2 Prevention Strategies continued

Yard

- Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. Schools should liaise with parents/carers to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
- Consideration should be given to plants and sources of water in the playground so that the student can avoid them without being unfairly limited. Keep lawns and clover mowed and outdoor bins covered.
- The student should keep drinks and food covered while outdoors.
- If a school has a student who is at risk of anaphylaxis, sufficient staff on yard duty must be trained in the administration of the EpiPen® to be able to respond quickly if needed.
- The EpiPen® should be easily accessible from the yard (remember that an anaphylactic reaction can occur in as little as five minutes).
- Staff on yard duty should carry a communication device to notify the general office/first aid team of an anaphylactic reaction in the yard. Teachers should not leave a student who is experiencing an anaphylactic reaction unattended – the teacher must direct another person to bring the EpiPen®.

Special events e.g. sporting events, incursions, class parties, etc

- For special occasions, 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 and requested to avoid them in treats brought from home.
- Party balloons should not be used if a student is allergic to latex.
- Swimming caps should not be used if a student is allergic to latex.
- Staff must know where the EpiPen® is located and how to access it if required.
- Staff should avoid using food in activities or games, including as rewards.



Out-of-school settings

Field trips, excursions

- The student's EpiPen®, ASCIA Action Plan and a mobile phone must be taken on all field trips/excursions.
- A staff member or team of staff who have been trained in the recognition of anaphylaxis and the administration of the EpiPen® must accompany the student on field trips or excursions. All staff present during the field trip or excursion needs to be aware if there is a student at risk of anaphylaxis.
- Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- The school should consult parents/carers 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.
- Consider the potential exposure to allergens when consuming food on buses.

Camps and remote settings

- Schools must have in a place a risk management strategy for students at risk of anaphylaxis for school camps, developed in consultation with the student's parents/carers.
- Camps must be advised in advance of any students with food allergies.
- Staff should liaise with parents/carers to develop alternative menus or allow students to bring their own meals.
- 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.
- Use of other substances containing allergens should be avoided where possible.
- The student's EpiPen®, 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 EpiPen® must accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis.
- Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- Be aware of local emergency services are in the area and how to access them. Liaise with them before the camp.
- The EpiPen® should remain close to the student (and other students if appropriate) and staff must be aware of its location at all times.
- The EpiPen® should be carried in the school first aid kit, although schools can consider allowing students, particularly adolescents, to carry their own EpiPen® on camp. Remember that staff still have a duty of care towards the student even if they do carry their own EpiPen®. Schools can consider purchasing a backup EpiPen® to be kept in the first aid kit.
- 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.
- Cooking and art and craft games should not involve the use of known allergens. Consider the potential exposure to allergens when consuming food on buses and in cabins.
- Refer to section 4.4.2 of the Victorian Government Schools Reference Guide, 'School excursions'.
www.eduweb.vic.gov.au/referenceguide

A3 Appendix 3 Anaphylaxis Questions and Answers

1. What is the difference between an allergy and anaphylaxis?

Not everyone with allergies will have anaphylaxis. In fact, it is estimated that anaphylaxis only affects a very small percentage of the population. During an anaphylactic reaction, a person may have breathing difficulties, swelling of the tongue, tightness in the throat, difficulty talking, a wheeze or persistent cough, and may even lose consciousness or collapse. Hives, welts, vomiting, diarrhoea and swelling by themselves are not symptoms of anaphylaxis but can be early warning signs.

2. How do I know if it is anaphylaxis and not asthma?

Unlike asthma, anaphylaxis can affect more than one system in the body. This means that, during a reaction, you may see one or more of the following symptoms: swelling or welts on the skin, stomach pain, vomiting or diarrhoea, in addition to breathing difficulties and increased heart rate or altered consciousness. If you mistakenly treat asthma as anaphylaxis and give the EpiPen® according to the student's ASCIA Action plan, no harm will be done. If in doubt, it is better to give the EpiPen®.

3. What if I think its anaphylaxis, administer the EpiPen® and it turns out to be something else?

The EpiPen® contains adrenaline, which is a natural hormone. If it is given to a student who does not have anaphylaxis, the student will have a raised heart rate and become pale and sweaty. They will feel anxious and shaky. These are common side-effects of adrenaline and the student should be fine. You must call an ambulance immediately to treat the other medical symptoms. Make sure you advise the ambulance services that you have administered the EpiPen® and also give them the time of the dose.

4. What are my legal rights if I make a mistake?

In the unlikely situation where a staff member administers and EpiPen® and is then sued for negligence, the Department of Education & Training will defend the action at no expense to the staff member except in the most exceptional circumstances, and payment of any damages will be made by the State of Victoria. Please refer to section 6.16.2 of the Victorian Government Schools Reference Guide for more information.

www.eduweb.vic.gov.au/referenceguide

5. Can I give an EpiPen® if it has expired?

The EpiPen® may only be given if the fluid inside is clear. If the fluid is a rust colour or cloudy, do not give it. Instead, call an ambulance immediately. If your school has a backup EpiPen®, be prepared to administer it. Remember, the key to effective management is preparation – do not allow yourself to be in a situation where you have a student with anaphylaxis in your care and the EpiPen® has expired.

6. What happens to the student once I give them the EpiPen®?

You will soon see a reversal of the more serious symptoms of the child's reactions. They will breathe more easily as the swelling and tightness in their throat will recede. However, they may feel very anxious and shaky. This is a side-effect of adrenaline. Reassure the child and closely watch them in case of a repeat reaction.

7. Can I give a second dose of the EpiPen®?

Watch the student closely in case of a repeat reaction. In the rare situation where there is no marked improvement and **severe symptoms** (as described in the ASCIA Action Plan) are present, a second injection (of the same dosage) may be administered after 5 to 10 minutes.

8. What happens if I accidentally inject myself?

Call the ambulance immediately, as you will need to go to hospital. If a student is having a reaction, ask another staff member to take over. If the school has a backup EpiPen®, ask someone to retrieve it to give to the student.

9. If a student does not have an EpiPen® and appears to be having a reaction, can I administer another student's EpiPen® to them?

No – the trigger that set off the first student's reaction could be the same allergen that causes a reaction in another student. Instead, call an ambulance. Ask someone else to remove the student diagnosed with anaphylaxis to another area and to closely observe them in case they react to the same trigger. If your school has a generic backup EpiPen®, this can be administered for students weighing more than 20kg.

10. What should I do if the parents/carers haven't replaced their child's EpiPen® after it has expired?

Contact the parents/carers immediately and request them to replace the EpiPen®. If the school has a backup EpiPen®, be prepared to use it in the interim and make sure that all staff members know where it is stored.

11. What if the parents/carers haven't told us about their child's condition, but the child mentions it in class?

Contact the student's parents/carers immediately to verify if their student has anaphylaxis. If they do, ask the parents to obtain an EpiPen® for the school as soon as possible. Immediately begin the process of developing an Anaphylaxis Management Plan with the parents/carers, the student's doctor (through the parents/carers) and the student (where appropriate).

12. Can we ask parents/carers to not send nut products to school? What happens if they refuse?

Before you make this request of parents, ask yourself why you are doing this and if there are other actions that you could take instead. It may be more appropriate, for example, to provide better education and awareness to the classmates of the student with anaphylaxis about minimising risks during certain times like lunch.

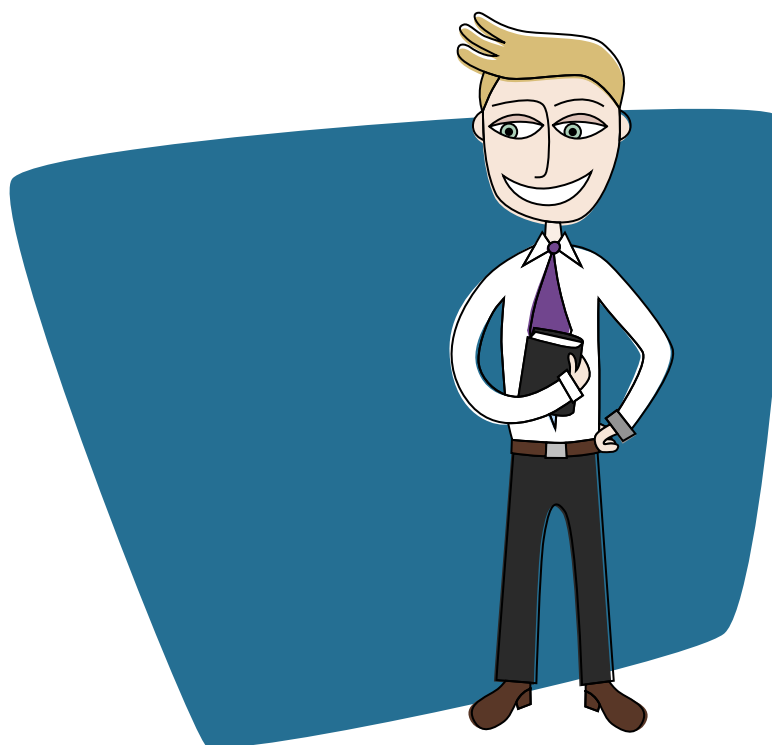
You can request parents not to send nut products to school but it is important to realise that this does not mean that your school is "nut free". While most parents/carers will be happy to comply, there may be a small group who disagree. In those situations it is best to work with them. Educate them about how severe anaphylaxis can be by using the fact sheets provided in this resource and visiting the recommended online resources. Help them to develop alternative nutritious food options for their children.

13. What can I do to keep a student with anaphylaxis safe in my class?

Be well prepared. Minimise their exposure to the allergen by planning ahead and thinking about alternatives for certain activities when necessary. Consult with the student and their parents/carers when any food is to be consumed in class and keep a separate treats jar that only the student can touch. Be familiar with the student's ASCIA Action Plan and know where the EpiPen® is and how to administer it. Consult with the student's parents/carers about potential hidden allergens in foods or other substances (e.g. soaps or lotions).

14. If we follow all the policies and recommendations, will we prevent anaphylactic reactions in our school?

You will certainly minimise the risk of a reaction and be well equipped to manage one should it occur. However, there is no guarantee that you will prevent one. Remember that advance planning and good preparation for all school settings is the best way to minimise risk and effectively manage anaphylaxis.



A4 Appendix 4 Case Studies

These case studies are included to illustrate examples of management strategies in schools.

Case study 1

Primary school in the south-western suburbs of Melbourne

There are six students at risk of anaphylaxis out of a total student population of 585.

There are three girls and three boys between six years and twelve years old.

Allergens: Tree nuts, peanuts, eggs

Reactions to date at school: None

EpiPen® storage and expiry:

There are six EpiPens® in the school. The EpiPens® are located in the sick bay cupboard. Each student has an individual bag with their photo, name, grade and other relevant details. The bag includes the student's ASCIA Action Plans, their EpiPen® (also labelled), and a felt pen to record time and dose. The bags are visually distinctive and spaced on two shelves. All staff members have access to the sick bay, which is kept unlocked. A designated first aid teacher checks and records the expiry dates of the EpiPens® at the start of every year. The expiry dates are re-checked at the start and end of every term. Parents are contacted a month in advance and advised to replace the EpiPens®.

Training: The school has received training from the Royal Children's Hospital, St John Ambulance and Ambulance Victoria First Aid.

Action Plans: Each student's ASCIA Action Plan is updated annually by the student's medical practitioner. The plan is distributed to specialist teachers and classroom teachers, and is also located in the general office, sick bay, class rolls and in specialist classrooms.

School community awareness:

All staff are briefed annually at staff meetings. A welfare committee has been established and meets fortnightly to discuss management of students with any medical conditions. The canteen has been briefed and a letter has been sent home to classmates' parents. New parents are informed about anaphylaxis at information sessions.

The photographs of students at risk of anaphylaxis are at every phone point in the school. Also located there are forms to be used when an ambulance is called. These forms are used for all medical emergencies but were initially developed for anaphylaxis. The do's and don'ts of EpiPen® administration and the five rights of medication – right person, right drug, right route, right dose, right date – are also listed near the phones.

Managing anaphylaxis in various school settings:

When there is to be a class party or event, a letter is sent to classmates' parents requesting that they send no nut products to the party. The student's parents are also asked to send a 'party pack' for their child.

On excursions or sports events, teachers need to sign the EpiPen® in and out from the sick bay.

Yard duty bags include information on students who are at risk of anaphylaxis and contain red alert cards. In an emergency, the red alert card (which denotes area in the yard) is sent to the office and immediately prioritised. The school is presently thinking of purchasing mobile phones or some sort of mobile device for teachers to take on yard duty.

Case Study 2

Primary school in western Victoria

There are two students at risk of anaphylaxis out of a total student population of 235. There is one girl and one boy who are ten years and eleven years old.

Allergens: Peanuts and dairy

Reactions to date at school: None

EpiPen® storage and expiry:

The EpiPens® are hanging in a blue pencil case on the staff room noticeboard next to the each child's ASCIA Action Plan. The staff room is unlocked and easily accessible. It is the first aid coordinator's responsibility to check the expiry date and notify parents when to replace.

Training: The school has received training from Ambulance Victoria First Aid.

Action Plans: Each student has an ASCIA Action Plan. Copies of the plan are located in the staff room and the sick bay, and kept with relevant classroom teachers.

School community awareness:

Staff members are briefed once a year. When a student moves a grade, a special folder is passed onto the new class teacher and special mention is made of the student's condition. All casual relief teachers (CRTs) know of the student's condition, as it is a small community and they tend to use the same CRTs. The classroom teacher has talked to the class about the student's condition – the student even brought in a video on anaphylaxis from home.

Managing anaphylaxis in various school settings:

All medical emergencies during yard duty are a Code Blue. When this occurs, staff may use their own mobile phones to call the office or send a student to the office. The office then issues a Code Blue over the PA system and designated first aid staff in the school report to the yard.

Students with severe food allergies bring food prepared at home for special occasions/treats, although some students do bring non-allergic products to the class for them. The class teacher also does advance planning with the students and parents and requests lists of appropriate foods.

The EpiPen® is taken on camps and field trips. Often a parent also accompanies the class. On camp, the EpiPen® is stored with the designated first aid teacher, the teacher in charge or the parent, depending on the activities being undertaken and who has responsibility for the student. The students also carry separate food on camp, although the camp also provides a special menu for them.

A4

Appendix 4 Case Studies continued

Case Study 3

P-12 school in south-east Melbourne

There are two students at risk of anaphylaxis out of a total student population of 850. There is one girl and one boy who are nine years and eleven years old.

Allergens: Nuts

Reactions to date at school: None

EpiPen® storage and expiry:

There are four EpiPens® in the school. Two are kept in a medicine bag that also contains the students' ASCIA Action Plans. The medicine bags are kept in an unlocked cupboard in a locked first aid room, which all staff members can access. Another medicine bag is also stored in the student's school bag, which is distinguished from other bags by a ribbon. These school bags are stored separately from classmates' bags. The first aid coordinator checks the expiry dates on the EpiPens® at the beginning of the year and regularly during the year and returns all medications to the student's parents at the end of the year. It is the parent's responsibility to return it the following year with up to date medication and information.

Training: The school has received training from Ambulance Victoria First Aid.

Action Plans: Individual Anaphylaxis Management Plans have been developed by the first aid coordinator. The plan is an A4 sheet with the student's photograph, name, grade, date of birth, allergens, signs and symptoms of a reaction and medication to be administered, with instructions on how to administer an EpiPen® and instructions for noting the time and date of administration. The plan also has emergency contact numbers for the student's parents, medical practitioner and other guardians.

Copies of the plan are given to parents and are located in the sick bay and on the school database.

School community awareness:

Class teachers, adjacent room class teachers, year level coordinators and specialist teachers are made aware by the first aid coordinator. They are provided with class listings and relevant information on children with medical conditions.

Managing anaphylaxis in various school settings:

Students are required to wash their hands before and after handling food. No food swapping is allowed and only the student who is at risk of anaphylaxis can touch their own lunch.

On special events/occasions, food from home is sent for the student. Special care is taken during art and cooking classes to ensure supplies are nut free. The canteen only sells products that are pre-approved by parents and a cautionary note is attached to the lunch order bag when an at risk student buys food from the canteen.

Teachers perform yard duty in pairs. In case of an emergency, basic first aid is to be performed while another teacher/aide goes to the general office or the child's school bag (whichever is closer) to bring the medicine bag.

What are allergies?

Allergies occur when the immune system produces antibodies against substances in the environment (allergens) that are usually harmless. Once allergy has developed, exposure to the particular allergen can result in symptoms that vary from mild to life threatening (anaphylaxis).³

What is anaphylaxis?

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening.

Although allergic reactions are common in children, severe life threatening reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency.

What are the main causes?

Food allergies are the most common triggers for an anaphylactic reaction. Eight foods cause 90% of food allergic reactions in Australia and can be common causes of anaphylaxis. These are:

- peanuts
- tree nuts (e.g. hazelnuts, cashews, almonds)
- egg
- cow's milk
- wheat
- soybean
- fish and shellfish.

Other triggers include:

- insect stings, particularly bee stings
- medications
- latex
- anaesthesia.

Signs and symptoms of anaphylaxis

The 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 voice
- wheezing or persistent coughing
- loss of consciousness and/or collapse
- young children may appear pale and floppy.

Why is it important to know about anaphylaxis?

The most important aspect of the management of children with anaphylaxis is avoidance of any known triggers. Schools need to work with parents and students to ensure that certain foods or items are kept away from the student, to prevent exposure to known triggers while at school. Knowledge of severe allergies will assist staff to better understand how to help students who have this problem.

How can anaphylaxis be treated?

Adrenaline given as an injection into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis. Children at risk of recurrent anaphylaxis are advised by their medical practitioners to carry adrenaline in an auto-injector, e.g. EpiPen®, for administration in an emergency. Children under 20kg are prescribed an EpiPen® Junior, which has a smaller dosage of adrenaline.

Parents should provide schools with the child's EpiPen®, which should be kept in an accessible, unlocked location. If a student is treated with adrenaline (an EpiPen®) for anaphylaxis, an ambulance must be called and the student should be taken immediately to a hospital.

³ Adapted from NSW Health Factsheet – Anaphylaxis
www.health.nsw.gov.au/pubs/factsheet/pdf/anaphylaxis_allergic_fs.pdf

How can anaphylaxis be prevented?

The key to prevention of anaphylaxis in schools is knowledge of those students who are at risk, awareness of triggers (allergens) and prevention of exposure to these triggers.

Some children wear a medical warning bracelet to indicate allergies.

Anaphylaxis at school

When a child is at school and is at risk of anaphylaxis, parents must:

- inform school staff of the diagnosis and its cause
- discuss prevention strategies with the school
- work with school staff to develop an Anaphylaxis Management Plan in consultation with the child's medical practitioner
- provide copies of an ASICA Action Plan for the child, with up to date photographs
- supply the student's EpiPen® and ensure it has not expired
- attend the school's training session, where possible.

Staff involved should:

- know the identity of students who are at risk of anaphylaxis
- liaise regularly with parents
- follow information contained in the student's Anaphylaxis Management Plan
- obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®
- ensure the EpiPen® is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place
- Know where the EpiPen® is located
- In the event of a reaction, follow the procedures in the student's ASICA Action Plan.

Summary of important points

- Anaphylaxis is a medical emergency that requires a rapid response.
- Certain foods and insect stings are the most common causes of anaphylaxis.
- The key to prevention of anaphylaxis is identification of triggers and prevention of exposure to these triggers. Schools need to develop prevention strategies in consultation with the student and the student's parents.
- Adrenaline given through an EpiPen® autoinjector is the treatment of choice for anaphylaxis. The EpiPen® is designed so anyone can use it in an emergency.
- School staff who are responsible for the care of students at risk of anaphylaxis should obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.

Further information

Australasian Society of Clinical Immunology and Allergy:
www.allergy.org.au

Royal Children's Hospital Allergy and Immunology Department:
www.rch.org.au/allergy/index.cfm?doc_id=7219

Anaphylaxis Australia: www.allergyfacts.org.au

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Appendix 6 Anaphylaxis Management Checklist

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| <input type="checkbox"/> | Proactively seek information about severe allergies from parents/carers. |
| <input type="checkbox"/> | If a student has been diagnosed as being at risk of anaphylaxis, meet with parents/carers to obtain information about student's allergies and prevention strategies. |
| <input type="checkbox"/> | Conduct risk assessment. |
| <input type="checkbox"/> | Develop individual anaphylaxis management plan. |
| <input type="checkbox"/> | Parents to provide copies of ASCIA Action Plan with up to date photo. |
| <input type="checkbox"/> | Parents to provide the student's EpiPen® or other medication. |
| <input type="checkbox"/> | Develop communication plan for staff, students and parents/ carers to raise awareness about severe allergies and the school's policies. |
| <input type="checkbox"/> | Implement preventative strategies in management plan. |
| <input type="checkbox"/> | Arrange staff training. |
| <input type="checkbox"/> | Make sure EpiPen® is correctly stored, that staff know where it is and can access it quickly (under 5 minutes). |
| <input type="checkbox"/> | Regularly check EpiPen® to make sure it is not cloudy or out of date. |
| <input type="checkbox"/> | Ensure EpiPens® and Action Plans are taken whenever the student participates in off-site activities (e.g. camps, excursions, field trips, sport days). |
| <input type="checkbox"/> | Regularly review school management strategies and practise scenarios for responding to an emergency. |
| <input type="checkbox"/> | Review student's anaphylaxis management plan annually or if the student's situation changes. |
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Appendix 7 Further Resources

The Department of Education & Training, Student Wellbeing Branch
www.sofweb.vic.edu.au/wellbeing/support/anaphyl.htm

Anaphylaxis Australia Inc.
www.allergyfacts.org.au

The Allergy Department, Royal Children's Hospital
www.rch.org.au

The Australasian Society of Clinical Immunology and Allergy (ASCIA)
www.allergy.org.au

The Department of Human Services Children's Services Policy
www.office-for-children.vic.gov.au

The Victorian Government Schools Reference Guide
www.eduweb.vic.gov.au/referenceguide/

ASCIA Guidelines for the Prevention of Food Anaphylactic Reactions in Schools, Preschools and Childcare Centres:
www.allergy.org.au <<http://www.allergy.org.au/>>

Safe Schools Are Effective Schools: A Resource for Developing Safe and Supportive School Environments:
www.sofweb.vic.edu.au/wellbeing/safeschools/bullying/index.htm



