Allergy (Anaphylaxis) Management Plan:
A school policy to help cater for and deal with students who have anaphylactic
reactions to some allergens.

Purpose:
Students enrolled at our school who suffer from significant health problems require
an environment supportive and flexible to their individual needs. The purpose of this
policy is to minimise the foreseeable risk of an anaphylactic reaction and to make
staff and parents/caregivers aware of the school based procedures that may be put
in place to manage such reactions.

EQ Policy:
It is Education Queensland policy that State Schools cannot implement blanket food
bans or attempt to prohibit entry of any particular food substance to the school. It is
impossible to guarantee that any school is ‘nut free’ and stating as such may lead to
a false sense of security about exposure to allergens. It is for this reason that we
must take other measures to minimise the students’ exposure to potential allergens
in the school environment.

What is Anaphylaxis?

Definition:
Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person
is exposed to an allergen to which they are sensitive. The most common
allergens or trigger substances that may cause anaphylaxis in school-aged
children are peanuts, tree nuts, fish, shellfish, egg, cow’s milk, sesame, soy,
insect stings, latex and certain medications.

Anaphylaxis is potentially life threatening and always requires an
emergency response.

Signs and Symptoms of Anaphylaxis
The signs and symptoms, usually but not always, occur within the first 20
minutes after exposure but in some cases can be delayed up to two hours or
more.

Signs and symptoms of anaphylaxis (a severe allergic reaction) may include
one or more of the following:
• Difficulty talking and/or hoarse voice
• Difficult/noisy breathing
• Swelling of the tongue
• Swelling or tightness in the throat, difficulty swallowing
• Confusion
• Pale and floppy
• Shortness of breath, repetitive coughing and/or wheezing
• Chest tightness
• Faint, rapid pulse, low blood pressure (may have cool sweaty skin)
• Loss of consciousness and/or collapse
Signs and symptoms of a mild to moderate allergic reaction may include one or more of the following:

- Tingling of the mouth
- Hives, welts or body rashes
- Flushing and/or swelling of the face, lips, eyes
- Vomiting, abdominal pain (except in an insect bite where this indicates an anaphylactic reaction).

**Emergency Treatment Procedures – Immediate Action Required**

For students WITH an Action Plan for Anaphylaxis

- Do not allow the student to stand or walk – provide treatment where the student is located.
- Follow the emergency steps as outlined in the Action Plan
- If the Action Plan indicates use of an adrenaline auto injector, trained staff, if possible, should administer it.
- Seek urgent medical assistance – call an ambulance (tell the dispatcher that the medical condition appears to be anaphylaxis).
- If unconscious or no pulse evident, commence CPR and continue until the ambulance arrives.
- Contact parents
- Maintain airway, breathing and circulation at all times
- Provide the following details to ambulance officers
  * Time anaphylaxis reaction commenced, if known
  * Time adrenaline auto-injector administered, including all doses given
  * Specific allergies.

For students WITHOUT an Action Plan for Anaphylaxis

- Follow the steps of an Action Plan
- Administer the school's adrenaline auto-injector for general use
- Call an ambulance and inform the dispatcher that the medical condition could be anaphylaxis
- If the student is dizzy or seems confused or has a reduced level of consciousness, lay the student flat and elevate the legs (should this make it difficult for the person to breathe, sit the student up).
- Ensure the student does not walk or stand.
- Take any treatment to the student and wait for emergency treatment to come to the student
- Follow standard CPR measures.

1 School management guidelines
This section of the school guidelines is designed to help minimise foreseeable risks.

1.1 Responsibilities of the parents/caregivers of a child with anaphylaxis

1) The parents/caregivers of the child must inform the School Principal, in writing, of their child’s medical diagnosis of anaphylaxis.

2) The parents/caregivers of the child must notify the school, in writing, of any specific requests/guidelines from a medical practitioner’s annual review, regarding the management of their child’s medical condition.

3) The parents/caregivers of the child are required to meet with their child’s class teacher/s at the beginning of each year to discuss the child’s action plan and arrange EpiPen placements and policies.

4) The parents/caregivers of the child should provide a signed copy of their child’s anaphylaxis action plan to both the office staff and their child’s class teacher/s. This action plan must be reviewed by the child’s doctor every year.

5) Parents must provide the equipment and medication specified in the child’s Action Plan for Anaphylaxis.

6) The parents/caregivers of the child should supply at least one EpiPen or Anapen to the office staff. If possible, an additional EpiPen or Anapen can also be supplied to the class teacher/s. Parents/caregivers are also expected to replace these medications if they are used or are past their use by date. It is not school staff’s responsibility to ensure that medications are current.

7) The parents/caregivers of the child must ensure that the office and the class teacher/s have up to date phone number/s of the parents in case of emergency.

8) If the child is attending OSHC, parents must inform the OSHC manager about the child’s medical condition and appropriate action plan. (The school has no jurisdiction in this area.)

9) Parents must fill out medical forms attached to any excursion that are outside the class excursion (eg sport, gifted and talented, camps etc)

10) Parents must provide a bum bag or equivalent, if the child’s action plan states that medication and an EpiPen must be carried with him/her at all times.

1.2 Responsibilities of the school administration
1) School administration should ensure that class teachers, specialist teachers and substitute teachers are aware (and have written information) if they have anaphylactic students in their class.

2) School administration should ensure that a range of class teachers, specialist teachers, teacher aides and other school support staff receive practical training in administering the EpiPen or Anapen and managing anaphylactic cases through annual First Aide training. School administration will keep a register of staff who participate in this training.

3) School administration must ensure that summary action plans for anaphylactic students are displayed in the first aid room office in case of an emergency and in folders provided to supply teachers.

4) School administration must ensure that the EpiPen or Anapen is stored in the bottom draw of the front office counter (See EpiPen packaging for storage details). The draw will be clearly labelled “EPIPENS HERE”. Admin must also ensure that teachers are aware of the specific location, alongside the action plan. If the EpiPen or Anapen is stored in the office, it will be located in the strong room. If the EpiPen is stored in the classroom, it will be located in the teacher’s top desk drawer in the medication container.

5) School administration must ensure that parents are aware that the school has anaphylaxis management guidelines and provides access to a copy of the guidelines through handouts.

6) School administration must ensure that anaphylactic emergencies are taken into account when preparing and signing off on ‘variation of school routine’ forms (excursions etc). They must ensure teachers have used the medical form in obtaining permission for excursions.

7) School administration must ensure that relief teachers and permanent/contract teachers are supplied with a copy of these guidelines and a copy of summary anaphylactic action plans for students that they may encounter.

8) Administrative Officers will review each child’s Action Plan for Anaphylaxis and medication at the beginning of each semester and at any other time where there are changes in a student’s health needs or factors that affect the plan. Action Plans must be reviewed with parents at the beginning of each school year with the class teacher.

10) School Administration will provide classroom teachers with a medical container and Nikko pen in which to hold medication outlined in the action plan, along with a red medical emergency card.

11) School Administration will provide a medical kit containing Epipens and other general medical resources such as asthma puffers, bandages etc to be retrieved by Administrators in medical emergencies.
13) Administration will promote a “No food sharing” policy.

1.3 Responsibilities of all teaching staff

1) Through negotiation, a range of teachers must undertake First Aide, that includes Anaphylaxis Awareness and Management training. The training package is available for all staff to complete enabling them to develop an awareness of anaphylaxis and an understanding of how to manage anaphylaxis in the school setting.

2) Teachers may make parents in their class aware of any students in their class that may have anaphylactic reactions and what particular allergen/s they may react to. Teachers must seek parental consent from the child’s parent/caregiver to provide this information.

3) Teachers must meet with parents of a child with anaphylaxis at the beginning of each school year to run through the action plan, negotiate the location the Epipen will be stored and that current medication and EpiPen is provided.

4) Teachers must ensure that, if it is negotiated that the EpiPen is to be located in the classroom, that it is always kept in their top desk drawer in the medication container provided by the school office and that a Nikko pen is always kept in this container.

5) Teachers must ensure that action plans for anaphylactic students are located with the EpiPen in case of an emergency.

6) A teacher must attach a student medical consent note to any excursion or sporting permission form which is not one in which they take their own class (eg sports, gifted and talented, leadership activities), so as other staff are aware of the action plan for diagnosed students.

7) Teachers must ensure that, on school excursions/off campus activities, EpiPen or Anapen is collected and taken on the excursion/activity. Further if attending a camp or excursion where food is provided, teachers must advise the caterer that a student with anaphylaxis is attending and which products must be avoided completely when preparing foods.

8) Teachers should ensure that the students in their class are adequately educated about anaphylaxis and the symptoms that an anaphylactic person may incur. This should be done in a thoughtful manner so the affected child does not feel excluded or different and that matters of privacy are not compromised. Teachers should also monitor the behaviour of peers to ensure no mismanagement of process or resources needed to support the affected child.
9) Class teachers should remind children that (if included in the child’s action plan/parents have instructed) EpiPen or Anapen is taken by the child in a bum bag to specialist lessons (if away from class room) and that the specialist is aware that the student is anaphylactic.

10) All teachers must read the school’s Anaphylaxis Management Plan and be aware of the students in the school who have an Anaphylaxis Action Plan.

11) When organising interschool sport the organising PE must ensure medical forms are attached to permission forms for all sporting activities. Sports coaches will then be aware of anaphylactic students and will be able to follow procedures regarding medication and the student’s Action Plan.

12) Teachers must keep the Red Medical Emergency card located in their top desk drawer at all times, so as it is readily accessible for an emergency situation.

13) Teachers will promote a “No food Sharing” policy.

2 Action Plan

This section outlines for all school staff the procedure for handling an anaphylactic reaction.

2.1 Child experiences anaphylactic reaction in the classroom

1) Assess case in accordance with action plans and medical advice.

2) If case is assessed as requiring EpiPen or Anapen., Teacher (A) accesses the EpiPen or Anapen located in the classroom and administers it to the child. Teacher (A) then seeks assistance from office staff by sending the red medical emergency card with the student’s name written in Nikko. If the class teacher has not been supplied with an EpiPen or Anapen by the parents of the child, then the office staff (B) must immediately bring the EpiPen or Anapen to the classroom or the medical emergency kit and assist in administering the medication. Teacher (A) must stay with the patient and keep him/her as calm as possible.

3) Office staff (C) or other available adult will then phone an ambulance service for immediate assistance. Office staff should clearly specify directions to the school and classroom.

4) Office staff (B) or other available adult (if not already at the classroom) should then travel to the classroom to assist Teacher (A) with the patient and the rest of the class.

5) Office staff (C) or other available adult will then inform the principal (or
deputy) and report that emergency services have been alerted.

6) Principal (D) (or deputy /designated staff member) then contacts the parents/caregivers of the child, informs them of the issue and waits for ambulance.

7) When the emergency service arrives, office staff (C) informs Principal (D) who proceeds to classroom with ambulance crew.

8) If parents have not arrived by the time the ambulance needs to depart, the class teacher or principal (or deputy /designated staff member) should travel with the child to the hospital.

9) Staff and principal (or deputy /designated staff member) debrief after incident and activate support as deemed reasonable and appropriate.

10) Teacher debriefs with students in class.

2.2 Child experiences anaphylactic reaction in the playground

1) Assess case in accordance with action plans and medical advice.

2) The staff member (A) on playground duty calls office staff for assistance by mobile phone or by sending a red medical emergency card (which has area written on the card) located in the playground Bum Bag to the office.

3) Office staff (B) or other available adult must be informed of which section of the playground the incident is and that an EpiPen or medication is required (if possible).

3) Office staff (B) informs Administrator (C) who immediately proceeds to the playground with the Emergency Medical Kit and mobile phone, or child’s EpiPen from office if informed of this information and assists in administering the medication and playground duty during the incident.

4) Office staff (B) or other available adult contacts an ambulance service for immediate assistance. Office staff should clearly specify directions to the school and playground area.

5) Office staff (B) or other available adult will then inform the principal (or deputy) and report that emergency services have been alerted and that Administrator (C) is out in playground with Emergency Medical Kit.

6) Administrator (C) rings the office on the mobile phone to explain the situation and what medication has been administered and if further personnel is required for playground duty.

6) Principal (or deputy /designated staff member) (D) then contacts the
parents/caregivers of the child, informs them of the issue and waits for ambulance crew.

7) When the emergency service arrives, office staff (B) informs Principal (D) and proceeds to the appropriate playground area with ambulance crew.

8) If parents have not arrived by the time emergency services need to depart, the teacher or principal (or deputy /designated staff member) should travel with the child to the hospital.

9) Staff and principal (or deputy /designated staff member) debrief after incident and activate support as deemed reasonable and appropriate.

10) Students are debriefed by teachers and principal (or deputy /designated staff member).

2.3 Child experiences anaphylactic reaction on an off campus activity

1) Assess case in accordance with action plans and medical advice.

2) EpiPen or Anapen. is taken personally by the classroom teacher to the activity (eg school camp, excursion, sport etc), or classroom teacher arranges for the supervising teacher to take EpiPen or Anapen. to the activity. A mobile phone must be taken to any off school campus activities attended by the anaphylactic student. Supervising staff should provide the office with a mobile phone number on file in case of an emergency.

3) EpiPen or Anapen can be taken by the child to the various individual activities by way of bum bag or equivalent (supplied by parent) if required.

4) In the event of an anaphylactic episode during the activity, the EpiPen or Anapen should be administered by the supervising teacher (A). Another teacher (B) is required to contact emergency services immediately via mobile phone and then contact the school office.

5) Office staff (C) will then inform the principal (or deputy /designated staff member) and report that emergency services has been called.

6) Principal (or deputy /designated staff member) (D) then contacts the parents/caregivers of the child, informs them of the issue and travels to the off campus incident to provide teachers and students with support.

7) If parents have not arrived by the time emergency services needs to depart, the teacher or principal (or deputy /designated staff member) should travel with the child to the hospital.

8) Staff and principal (or deputy /designated staff member) debrief after incident and activate support as deemed reasonable and appropriate.
9) Students are debriefed by teachers and principal (or deputy/designated staff member).

*Dr. Ray Bloxham*

PRINCIPAL