



"ALL CHILDREN CAN  
ACHIEVE SUCCESS"

# St Justin's Parish School

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## ANAPHYLAXIS COMMUNICATIONS POLICY

### Rationale:

Anaphylaxis is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. Adrenaline (epinephrine) is the first line treatment for anaphylaxis.

Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis.

### Aims

To communicate our policy and risk minimisation strategies for the School Community.

### Signs & symptoms

Signs and symptoms of anaphylaxis are potentially life threatening and include any one of the following:

#### Difficult or noisy breathing

- Swelling of the tongue
- Swelling or tightness in throat
- Difficulty talking or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (in young children)

In some cases, anaphylaxis is preceded by signs and symptoms of mild to moderate allergic reactions, which may include:

- Swelling of face, lips and/or eyes
- Hives or welts
- Abdominal pain and vomiting - these are signs of anaphylaxis for insect allergy

Several factors can influence the severity of an allergic reaction, which include:

- Exercise
- Heat
- Alcohol
- Amount of food eaten and how it is prepared - in food allergic people

### School Responsibility:

To ensure the welfare and safety of all students affected by Anaphylaxis, St Justin's Parish School will ensure to:

- Make this Communications Policy publicly available on the school website;
- Include ASCIA Anaphylaxis Plans & Medication Authority Form are displayed on the walls in the First Aid Room and are included with the Medication Authority Form, Individual Anaphylaxis Management Plan (IAMP) with the child's medications
- A sufficient number of staff are formally trained and accredited in Auto Injector procedures;
- All staff members are aware of the Anaphylaxis management procedures;
- Induction procedures for casual and relief staff include information about children attending the School who have been diagnosed with Anaphylaxis, and the location of their medication and action plans via the ET folders located in each classroom;
- The display of generic "Anaphylaxis Action Plan" Posters are available in key locations around the School;
- Communicate the Anaphylaxis Policy to all members of the Community via the School Newsletter on a semester basis;
- Update staff with any changes to student Triggers via email updates on an adhoc basis;
- Twice yearly Staff Anaphylaxis Management Briefings;

### Anaphylaxis Governance & Communication Responsibilities

1. Parents will be notified of the Anaphylaxis Policy on the school's website.
2. Students diagnosed with Anaphylaxis will be included on an Anaphylaxis Sheet with headshot for easy identification on display in the in the First Aid Room, Wheeler Wing, Staff Room, LOTE & Music Rooms and made available to all staff members with responsibility for the student. This includes classroom and specialist teachers, as well as casual relief teachers (CRTs).
3. General Auto-Injector's are located in the First Aid Room, Wheeler Wing, Music Room, LOTE and are carried with the school Physical Education Teacher.
4. All yard Duty Bag's have instructions for General Auto-Injector Use, Anaphylaxis Procedure and head shots of children at risk of anaphylaxis are included on a tag.
5. The school will ensure a sufficient number of staff are formally trained Anaphylaxis Management.

6. St Justin's Parish School will review individual Anaphylaxis Action Plans in consultation with the student's parents:

- a. Annually;
- b. Where the student's medical condition changes;

7. Parents are responsible for informing the School in writing of their child's medical condition and must:

- a. Provide the Anaphylaxis Action Plan signed by a registered medical practitioner;
- b. Provide the School with any updates of their child's medication prescribed or otherwise;
- c. Ensure all reliever medication is kept within the expiry date;
- d. Ensure any other medication prescribed or otherwise is kept within the expiry date;
- e. Inform the school if their child's medical condition changes and if relevant provide an updated Anaphylaxis Medical Management plan signed by a registered medical practitioner.

8. Members of the School's Leadership Team or their nominee will ensure the individual student Anaphylaxis Action Plans remains current and are clearly communicated to and understood by relevant staff members.

#### Staff Training & Emergency Response:

- Staff members and administrative personnel who conduct classes which students at risk of Anaphylaxis attend or who are required to provide First Aid support to these students are required to maintain Anaphylaxis Management accreditation. This training will include strategies for Anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practice with a training auto-injector.
- Training will be provided to all identified staff members annually, where practical, in the first preparation days of each school year before students start school. Training will be arranged for staff members who joins the school after this date at the first available opportunity.
- Staff members will be provided with a briefing annually on all students affected by Anaphylaxis. This will include all students enrolled, or recently diagnosed. This will occur at a predetermined Staff Meeting.
- Anaphylaxis plans are available to all staff. These are posted in relevant classrooms, ,specialist classrooms and in the First Aid Room.
- Parents/guardians are responsible for ensuring their children have an adequate supply of appropriate Anaphylaxis medication with them at school at all times.

#### Anaphylaxis Risk Mitigation Strategies:

- St Justin's Parish School will ensure that Anaphylaxis Risk Minimisation Strategies are implemented to ensure the welfare and safety of all students affected by Anaphylaxis and to reduce the likelihood of an Anaphylaxis episode occurring. Anaphylaxis Risk Mitigation Strategies that the school implements include, but are not limited to ensuring:

- At least one staff member with current 10392NAT Course in Emergency Anaphylaxis Management training is accessible and on duty at all times;
- Increased the supervision of the child on special occasions such as excursions, incursions or special event days;
- Tables and bench tops are washed down regularly after eating;
- Restrict the use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergens of the particular children;
- Students are closely supervised at lunch and snack times and encouraged to consume food in specified areas. To minimise risk, children should not 'wander around' whilst eating;
- Discussing outdoor activities as a staff for a risk minimisation e.g. smoke in the air;
- With students whose Anaphylaxis is directly affected by food containing specified allergens or ingredients parents will be asked not to send food containing.

## Evaluation

- This policy will be reviewed as part of the school's two-year review cycle.

Next Review Date: **01/09/2023**





## Anaphylaxis Checklist

**There are two brands of adrenaline injectors, EpiPen® and Anapen®:**

- **EpiPen® (300 mcg) and EpiPen® Jr (150 mcg)** are available in Australia on the PBS, and New Zealand (Pharmac listed since 1 February 2023).
- **Anapen® 500, Anapen® 300 and Anapen® 150** are available in Australia on the PBS.

**Adrenaline injectors are prescribed as follows:**

- 150 mcg devices for children weighing 7.5 to 20kg.
- 300 mcg devices for children weighing over 20kg and adults, including pregnant women.
- 500 mcg or 300 mcg devices for children weighing over 50kg and adults, including pregnant women.

### 1. Prescribed adrenaline (epinephrine) injectors

- Check that the prescribed adrenaline injector dose is appropriate (see above).
- Check that the prescription is for two devices, which are rebated by the PBS in Australia and Pharmac in New Zealand. If additional adrenaline injector/s are required, these can be purchased from pharmacies, and are not rebated by PBS or Pharmac.
- Check and note expiry dates of the injector/s you purchase and consider subscribing to a reminder service.
- Ensure that an ASCIA Action Plan for Anaphylaxis (RED) has been completed by your doctor or nurse practitioner (available online at [www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis](http://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis)).
- Remember to always carry an adrenaline injector and ASCIA Action Plan.
- Store adrenaline injectors away from excessive heat or cooling. For information go to [www.allergy.org.au/hp/anaphylaxis/adrenaline-injector-storage-expiry-and-disposal](http://www.allergy.org.au/hp/anaphylaxis/adrenaline-injector-storage-expiry-and-disposal)
- Check adrenaline injector updates at [www.allergy.org.au/members/adrenaline-injector-availability](http://www.allergy.org.au/members/adrenaline-injector-availability)

### 2. Anaphylaxis and adrenaline injector education and training

- It is important to understand that adrenaline is the first line treatment for anaphylaxis and that antihistamines should not be used for the treatment for anaphylaxis. If antihistamines are used to treat mild to moderate allergic reactions, only non-sedating antihistamines should be used.
- Complete free ASCIA online anaphylaxis training for community at <https://anaphylaxis.ascia.org.au> to learn how to recognise signs and symptoms of anaphylaxis, how to give an adrenaline injector and to know that you need to phone an ambulance immediately afterwards.
- Ensure that you know how to use an adrenaline injector/s using a trainer device. Trainer devices are available from the supplier or patient support organisations.
- For further information and support consider joining a patient/carer support organisation ([Allergy & Anaphylaxis Australia](#) or [Allergy New Zealand](#)).

### 3. Other issues to consider

- Check that your asthma is well managed and see your doctor or nurse practitioner if further action is required. If you are at risk of severe allergic reactions (anaphylaxis) and have asthma that is not well controlled, you are at increased risk of fatal anaphylaxis.
- [Translated ASCIA anaphylaxis information](#) includes the ASCIA First Aid Plan for Anaphylaxis, device instructions and general information about anaphylaxis.
- If an adrenaline injector is left at school, children's education/care centre or office, ensure that you collect device before you leave for an extended time (such as school holidays, working or learning from home).

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ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand