

# ANAPHYLACTIC SHOCK MANAGEMENT

Created: Feb 2020  
Reviewed: Feb 2020;  
Last Updated: Feb 2020



LAUNCESTON  
CHRISTIAN  
SCHOOL

## **The Hazard - Anaphylactic Shock**

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).

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

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

## **LCS's Policy**

LCS is committed to providing a safe learning environment for all our students.

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

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate in all aspects of the student's schooling;
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community;
- To engage with parents/carers of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student; and
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

## **Safe Work Practices**

LCS has developed the following work practices and procedures for managing anaphylactic shock:

### ***Identification of Students at Risk***

Parents/carers are requested to notify the school of all medical conditions including allergies.

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

### ***Individual Anaphylaxis Health Care Plans***

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

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

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

- Annually, and as applicable;
- If the student's condition changes; and
- Immediately after the student has an anaphylactic reaction.

It is the responsibility of the parent/carer to:

- Provide an Australian Society for Clinical Immunology and Allergy (ASCIA) Action Plan completed by the child's medical practitioner;
  - With a current photo;
  - With as much detailed information as possible. For example if a student is allergic to nuts, the types of nuts must be listed and/or if a student is allergic to eggs:raw/cooked/the yolk?; and
- Inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan.

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

### ***Internal Communications***

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

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

### ***Staff Training and Emergency Response***

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

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

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

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

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

### ***Medication Storage and Location***

All adrenaline auto-injectors and medication must be stored according to a student's ASCIA Action Plan and checked regularly to ensure that it has not expired, become discoloured or sediment is visible.

Adrenaline auto-injectors and other medication must be stored in locations which are easily accessible to staff (but not easily accessible to students). A copy of the student's ASCIA Action Plan must also be stored in the same location.

LCS maintains adrenaline auto-injectors and other relevant medication in the First Aid Room located at the Office.

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

### ***Other Risk Minimisation Strategies***

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

#### **In the classroom**

In the classroom, teachers should:

- Ensure they are aware of the identity of any students who are considered high risk of an anaphylactic reaction;
- Be familiar with the student's ASCIA Action Plan and have it readily accessible;
- Be familiar with staff who are trained to deal with an anaphylactic reaction if they are not;
- Liaise with parents/carers about food related activities ahead of time;
- Use non-food treats where possible. If food treats are used in class, it is recommended that parents/carers provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school's Allergy Awareness Policy;
- Never give food from outside sources to a student who is at risk of anaphylaxis;
- Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons);
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food; and
- Brief casual/relief teachers and provide them with a copy of the student's ASCIA Action Plan.

### **In the Canteen**

In the canteen:

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

### **In the school yard**

In the school yard:

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

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

During on-site events:

- Class teachers should consult parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student;
- Parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of our Allergy Awareness Policy;
- Party balloons should not be used if a student is allergic to latex;
- Latex swimming caps and goggles should not be used by a student who is allergic to latex;
- Staff must know where the adrenaline auto-injector is located and how to access it if required;

- Staff should take care when using food in activities or games, including as rewards; and
- For sporting events, it may be appropriate to take the student's adrenaline auto-injector to the event. Ensure that the auto-injector is stored in accordance with prescribed temperatures and conditions.

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

During field trips and day excursions:

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

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

During school camps and overnight excursions:

- When planning school camps and overnight excursions, risk management plans for students at risk of anaphylaxis should be developed in consultation with parents/carers and camp managers;
- Camp site/accommodation providers and airlines should be advised in advance of any student at risk of anaphylactic shock;
- Staff should liaise with parents/carers to develop alternative menus or allow students to bring their own meals;
- Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts;
- Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided;
- The student's adrenaline auto-injector, Emergency Action Plan and a mobile phone must be taken on camp;
- A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis;

- Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction;
- Staff should be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp;
- The adrenaline auto-injector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school's first aid kit, although LCS can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own adrenaline auto-injector;
- Students with allergies to insect venoms should always wear closed shoes when outdoors;
- Cooking and art and craft games should not involve the use of known allergens; and
- Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.

### **Signage**

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

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