

ANAPHYLAXIS MANAGEMENT POLICY



Edmund Rice
Camps

EDMUND RICE CAMPS INC.

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Edmund Rice Camps Inc. (“ERC”) has modelled this Anaphylaxis Policy on the Victorian Government’s Ministerial Order 706 and associated Guidelines for Victorian schools. Changes have been made where necessary to ensure relevancy to ERC’s activities and structures.

Tasks and obligations described in this Policy to be carried out by ERC are to be fulfilled by the Executive Officer or Program Co-ordinator, or the Executive Officer’s delegate.

This Policy applies principally to the camps organised by ERC but the principles in the Policy are also to be applied to any ERC-organised event.

Anaphylaxis

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 seeds, latex, certain insect stings and medications.

The keys to prevention of anaphylaxis are planning, risk minimisation, awareness and education.

Purpose of this Policy

The objective of this policy is to:

- minimise the risk of an anaphylactic reaction occurring during an ERC camp
- ensure that staff and volunteers respond appropriately in the event of an anaphylactic reaction, and
- raise awareness of anaphylaxis and its management within the ERC community.

Individual Anaphylaxis Management Plans

For any participant or volunteer who has been diagnosed by a medical practitioner as being at risk of anaphylaxis, ERC will ensure that an individual anaphylaxis management plan is developed in conjunction with the person at risk, or in the case of a child in conjunction with the child's parent/s.

The individual plan is to be in place before the person at risk attends an ERC camp, is to be known to the volunteers on that camp and is to be updated prior to attendance on any subsequent camp, if ERC is advised the person's anaphylactic situation has changed and immediately following an anaphylactic reaction while on camp.

An individual anaphylaxis management plan will include:

- information about the person's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the person has, based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known and notified allergens while the person is attending a camp
- the person's emergency contact details, and
- a copy of the person's action plan issued by a medical practitioner (ie. ASCIA Action Plan).

Parents of children at risk must:

- inform ERC staff in writing, either on enrolment or subsequent diagnosis, of their child's allergies, triggers and severity and whether the child has been diagnosed as being at risk of an anaphylactic reaction
- if one has been issued, provide ERC with an anaphylaxis action plan issued by a medical practitioner giving written consent to use an adrenaline auto-injector in line with the plan, together with all relevant information relating to the child's health and any medications to be administered
- assist ERC develop an individual anaphylaxis management plan for the child
- advise ERC in writing if, before a camp commences, their child's medical condition insofar as it relates to allergy and the potential for an anaphylactic reaction changes and/or if a new action plan has been issued by a medical practitioner
- at the commencement of a camp, provide staff / volunteers with at least one adrenaline autoinjector, ensuring that the autoinjector's expiry date is not prior to the end of the camp, and
- comply with ERC's policy that no child who has been prescribed an adrenaline autoinjector is permitted to attend a camp without such a device.

Adult participants and volunteers who themselves are at risk must:

- inform ERC in writing, either on enrolment or subsequent diagnosis, of their own allergies, triggers and severity and whether they have been diagnosed as being at risk of an anaphylactic reaction
- if one has been issued, provide staff with an anaphylaxis action plan issued by a medical practitioner giving written consent to use an adrenaline autoinjector in line with the plan, together with all relevant information relating to their health, including medications
- assist ERC develop an individual anaphylaxis management plan for them
- advise ERC in writing if, before a camp commences, their medical condition insofar as it relates to allergy and the potential for an anaphylactic reaction changes and/or if a new action plan has been issued by a medical practitioner
- bring to the camp and carry with them at all times (unless alternate arrangements are agreed by ERC) at least one adrenaline autoinjector, ensuring that the autoinjector's expiry date is not prior to the end of the camp, and
- comply with ERC's policy that no participant or volunteer who has been prescribed an adrenaline autoinjector is permitted to attend a camp without such a device.

Prevention

Through a combination of communication at the time of registration, consultation prior to attendance on a camp, staff and volunteer training and emergency response procedures, ERC will endeavour to provide, as far as practicable, a safe and supportive environment for those at risk of an anaphylactic reaction, including that each camp is nut free.

Products that 'may contain' traces of nuts may be served, but not to participants/volunteers who are known to be allergic to nuts. Similarly, products labelled 'may contain milk or egg' should not be served to those allergic to such items.

Training and Emergency Response

ERC will ensure:

- the Executive Officer, Program Co-ordinator and an appropriate pool of volunteers have successfully completed Government-approved anaphylaxis management training in the prior three years
- a sufficient number of trained volunteers are in attendance throughout each camp, given the number of volunteers and participants diagnosed at risk of an anaphylactic reaction. At a minimum there will be four such trained volunteers on each camp
- all staff and volunteers on all camps will attend an anaphylaxis briefing before the participants arrive (regardless of whether a person diagnosed at risk of anaphylaxis is participating on the camp) including:
 - ERC's Anaphylaxis Management Policy
 - the causes, symptoms and treatment of anaphylaxis
 - the participants and volunteers attending the camp who have a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located
 - how to use an adrenaline autoinjector, including hands-on practise with a trainer autoinjector
 - ERC's emergency response procedures, and
 - the location of, and access to, individual management plans, action plans issued by a medical practitioner, the adrenaline autoinjectors provided by parents or volunteers and those purchased by ERC for general use.

The briefing must be conducted by someone who has successfully completed Government-approved anaphylaxis management training within the previous 12 months.

Each Executive Leader's camp folder is to contain the most efficient method of vehicle transport to the nearest 24hr emergency hospital and its contact details. This will include the nearest 24hr emergency hospital to the camp's base as well as an alternative hospital if an offsite activity is significantly closer to an alternative hospital.

In the event of an actual or potential anaphylactic reaction, Group Leaders, anaphylaxis-trained First Aiders and Camp Coaches will:

- in the case where the person has an anaphylaxis management action plan, follow that plan
- in the case where a person has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
 - call an ambulance immediately by dialling 000
 - commence first aid measures, including those advised by 000
- contact the Program Co-ordinator or Executive Officer who will contact the parent / guardian / next of kin.

Individual Adrenaline Autoinjectors

The following are responsible for carrying the individual anaphylaxis medical management plans, action plans issued by a medical practitioner and the autoinjection devices belonging to individuals:

- in the case of a non-Family camp, the child's Group Leader is to carry the plans and autoinjection device in their back pack for all activities and is to be in proximity of the child at all times
- in the case of a child on a Family camp, their parent/guardian is to carry the plans and autoinjection device for all activities where they are together with the child, else those items are to be carried by the Camp Coach, who is to be in proximity of the child at all times, and
- adult participants and volunteer at risk of an anaphylactic reaction retain possession of their own plans and autoinjection devices.

If a Group Leader is not participating with an at-risk child in an activity then a Camp Coach will carry the plans and autoinjection device and is to be in proximity of the child at all times.

Adrenaline Autoinjectors for general use

ERC will keep a stock of adrenaline autoinjectors as a back up to those supplied by participants and volunteers and ensure they are replaced prior to their expiry date.

Each camp will be provided with sufficient general use autoinjectors, taking into account matters including the:

- number of participants and volunteers attending the camp who have been diagnosed as being at risk of anaphylaxis, their severity and anaphylaxis history,
- accessibility of adrenaline autoinjectors provided by volunteers or parents, and
- the location of the base campsite and offsite activities relative to hospital services.

Camp Coaches are to ensure the general use autoinjectors are known to all volunteers, including relief volunteers, easily accessible to volunteers (not locked away), inaccessible to children, and stored in an appropriate environment.

Communication Plan

This Policy will be introduced in all new leader training sessions, in each pre-camp training session and a copy will be provided on ERC's website.

In addition, prior to the commencement of camp a copy will be provided to the parents of each child, each adult participant and each volunteer who is diagnosed at risk of anaphylaxis.

ERC will also provide general information to the ERC community about resources and support for managing allergies and anaphylaxis, including further information which can be obtained from:

- Australasian Society of Clinical Immunology and Allergy (ASCI) www.allergy.org.au, who provide information on allergies.
- Anaphylaxis Australia Inc., at www.allergyfacts.org.au, a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, auto-injection device trainers are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc. provides a telephone support line for information and support to help manage anaphylaxis - 1300 728 000.

- Department of Education and Early Childhood Development's website www.education.vic.gov.au/ which provides information related to anaphylaxis, including frequently asked questions related to anaphylaxis training

Annual Risk Management Checklist

The Executive Officer will complete an annual risk management review to monitor compliance with this Policy and in the event of an actual or potential anaphylactic reaction, review the adequacy of the policy and procedures set out in this Policy.

Authorisation

This policy was reviewed and adopted by Edmund Rice Camps on [date].

Review date

This policy shall be reviewed in light of any material change to Government Policy and at a minimum every two years.