



# Care to Learn Learn to Care

## Anaphylaxis Policy

### **Background:**

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 medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an EpiPen® auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

### **Purpose:**

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

The key reference and support for the school regarding anaphylaxis is the DEECD Anaphylaxis Guidelines

### **Individual Anaphylaxis Emergency Management Plans:**

The Principal will ensure that an individual emergency management plan is developed, in conjunction with the student's parents, and doctor to establish management procedures in the case of an allergic/anaphylactic episode for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. The principal will ensure that an individual management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual anaphylaxis emergency management plan will be in place as soon as practicable after the student enrols and where possible before their first day of school.

The individual emergency anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Information on where the student's medication will be stored.
- The name of the person/s responsible for implementing the strategies
- The student's emergency contact details.
- This plan is kept in the First Aid Room – copies will be given to the teacher responsible as needed for excursions, camps etc. A copy will also be sent to the parent for their records.

The ASCIA Action Plan for Anaphylaxis will also be displayed in the classroom and other appropriate sites around the school as an alert poster and ready reference to immediate emergency management. An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:

- sets out the emergency procedures to be taken in the event of an allergic reaction;

- is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
- includes an up to date photograph of the student.

Plans will be reviewed, in consultation with the student's parents/carers and doctor annually or:

- if the student's condition changes, or
- immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:

- provide a EpiPen® to be kept at school in the first aid room and clearly labelled
- ensure that new plans are signed immediately by the doctor and returned to school
- provide the emergency procedures plan (ASClA Action Plan).The school can provide the relevant forms for parents
- Inform the school if their child's medical condition changes and, if relevant provide an updated emergency procedures plan (ASClA Action Plan).

### **Communication Plan:**

The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

The communication plan will include

- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
- Person/s responsible for implementing the strategies.
- Information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Staff will be provided with guidelines to manage the environment to minimise the risk of anaphylaxis for identified allergies.

Food removal will only occur following the recommendation of a relevant medical specialist and the provision of documentation.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Principal.

All staff will be briefed once each semester by the Student Wellbeing Coordinator who has up to date anaphylaxis management training on:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis and where their medication is located
- how to use an auto adrenaline injecting device
- the school's first aid and emergency response procedures

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

- Teachers and other school staff, who work with students at risk of anaphylaxis, must have up to date training in an anaphylaxis management training course.
- The Principal will identify the school staff to be trained based on a risk assessment.
- Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents
- Staff should be provided with opportunities to practice the plan in different environments. Eg In the classroom, out in the playground during recess time and on an excursion.

- Staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on the school's policy, causes, symptoms, and treatment of anaphylaxis, the identities of students diagnosed at risk of anaphylaxis and where their medication is located, how to use the EpiPen, and the school's first aid and emergency response procedures.
- At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the Principal must ensure that all staff have up to date training in an anaphylaxis management training course.
- Risk assessments should be carried out for the student's activities and environments.

**References:**

- DEECD Ministerial Order 706, Anaphylaxis Guidelines for Government Schools
- ASCIA educational resources [www.etraining.allergy.org.au](http://www.etraining.allergy.org.au)

**Ratified by School Council**

**Date: 14/11/2016**

**Principal: John Barkley**

**School Council President: Stuart Horsburgh**

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