Anaphylaxis Management Policy

Policy

Our School's policy and procedures are aligned to those of the Department of Education and Department of Health. We will:

- 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;
- raise awareness about anaphylaxis and our anaphylaxis management policy in the school community;
- engage with parents/carers of each student at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for the student; and
- ensure that staff have knowledge about allergies, anaphylaxis and the School's procedures in responding to an anaphylactic reaction.

Rationale

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 venom (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® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Individual Anaphylaxis Health Care Plans

It is the responsibility of the parent/carer to:

- provide an Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan completed by the child's medical practitioner, with a current photo; and
- inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan.
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An Individual Anaphylaxis Health Care Plan needs to 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 will 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;
- immediately after the student has had an anaphylactic reaction

Communication

The principal (or delegate) is responsible for providing information to staff, students and parents/carers about anaphylaxis and development of the school's anaphylaxis management strategies.

Casual relief staff are informed of the policy and where to access information about students on Individual Anaphylaxis Health Care Plans.
Teachers and other school staff, who have contact with the student at risk of anaphylaxis, are provided training in anaphylaxis management including how to respond in an emergency.

Wherever possible, training will take place at the start of each school year.
The school's first aid procedures and student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

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Risk Minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The School will employ a range of practical prevention strategies to minimise exposure to known allergens.

Parents / carers

Parents/carers of a student at risk of anaphylaxis are encouraged to assist schools in providing a safe environment for their child. Parents should:

- Inform the school, either at enrolment or diagnosis, of their child's allergies and whether their child has been diagnosed as being at risk of anaphylaxis (e.g. provide an ASCIA Action Plan completed by their child's medical practitioner).
- Meet with the school staff to develop their child's Individual Anaphylaxis Health Care Plan. It should include an ASCIA Action Plan completed by their child's medical practitioner.
- Inform school staff of all other relevant information and concerns relating to the health of their child.
- Provide the adrenaline auto-injector in the students' bag and any other medications.
- Replace the adrenaline auto-injector and any other medications before the expiry date. It may be advisable to check expiry dates at the start of each term.
- Alert staff to the additional risks associated with non-routine events and assist in planning and preparation for the student prior to school camps, field trips, in school activities, excursions or special events such as class parties or sport days.
- Educate their child about the responsibility of carrying their own adrenaline auto-injector and the need to have their medication available at all times.
- Inform staff of any changes to their child's emergency contact details.
- Participate in annual reviews of their child's Individual Anaphylaxis Health Care Plan.
- Provide the school with an immediate update if there is a change to their child's condition.

Students

Students diagnosed with anaphylaxis are to have their prescribed adrenaline auto-injector available in their school bag at all times as well as an antihistamine on their person. They should inform the school café manager, check items sold at the café and avoid items with allergens. It is also important for students to inform relevant teachers of any allergies should cooking of foods be part of the curriculum.