ANAPHYLAXIS MANAGEMENT POLICY

Rationale
The key reference and support for the school regarding anaphylaxis is the Ministerial Order 706:

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 auto-injector (Epi-pen) 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 schooling
• to raise awareness about anaphylaxis and the school’s 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 managing strategies for the student
• to ensure that each staff member has adequate knowledge and the required training for anaphylaxis treatment and that they are familiar with the school’s policy and procedures in responding to an anaphylactic reaction.

Implementation
Anaphylaxis is best prevented by knowing and avoiding the allergens. In the event of an anaphylactic reaction, the school’s first aid and emergency response procedures and the student’s Individual Anaphylaxis Management Plan must be followed.

Our school will manage anaphylaxis by:
Appointing a First Aide Officer and provide copies of all First Aid related policies to them to read in the first week of school.

Individual Anaphylaxis Management Plans:
• Ensure that an individual management plan is developed and regularly reviewed for affected students, in consultation with the student’s parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
• An individual anaphylaxis management plan will be in place as soon as practicable after the student’s enrolment, and where possible before their first day of school.
• Each individual anaphylaxis management plan will be reviewed in consultation with the student’s parent/guardian annually, if the student’s condition changes or immediately after a student has an anaphylactic reaction at school.
• Placing individual anaphylaxis management plan (with student’s photo) in a prominent place – first aid room, administration office, notice board in the staff room and student’s classroom.

• The Individual Anaphylaxis Plan will set out the following:
  o Information about the student’s medical condition that relates to allergy and the potential for anaphylactic reactions, including the type of allergy/allergies the student has based on written diagnoses from a medical practitioner;
  o Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff for all in-school and out-of-school settings organised by the school;
  o The name of the person(s) responsible for implementing the strategies;
  o Information on where the student’s medication will be stored;
  o The student’s emergency contact details:
    And
  o ASCIA Action Plan for Anaphylaxis

The student’s individual management plan will be reviewed, in consultation with the student’s parents/carers:
• annually, and as applicable
• 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 an ASCIA Action Plan for each child, that has been developed in consultation with and signed by the child’s doctor, for any student that has been diagnosed by a medical practitioner as being at risk of anaphylaxis;
• Provide current, in-date, named medication for their child’s medical condition;
• Provide information at the time of enrolment about their child’s allergies and if needed an associated ASCIA Action Plan. A student’s Anaphylaxis Management Plan will then be made in consultation with the school for their child;
• Inform the school if their child’s medical condition changes
• Update emergency contact details

It is the responsibility of the classroom teacher to:
• Know students in their class or classes who are at risk and be familiar with their ASCIA Action and Student’s Anaphylaxis Management Plan;
• Know where medication for ‘at risk’ students is stored and how to use it

Communication Plan
• The school 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 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.
• 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, in the CRT folder.
• The school will raise awareness of Anaphylaxis through fact sheets and posters displayed in classrooms and through the school newsletter.
• All staff will be briefed at least twice a year by a staff member who has up to date anaphylaxis management training on:
  o 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 the auto injecting adrenaline device;
- The school’s first aid and emergency response procedures;

Prevention Strategies
- The school will not ban certain types of food (e.g. nuts) as it is not practical to do so, and is the strategy recommended by the Royal Children’s Hospital. However, the school will request that parents do not send these items to school if possible and the school will reinforce the rules about not sharing foods.
- The school will provide backup Adrenaline Auto-injectors (Epi-pens) for general use.
- The principal will ensure that the Annual Risk Management checklist is completed.
- The school has copies of the child’s ASCIA Action Plan and their Anaphylaxis Management Plan in place and review yearly, or sooner should their condition change or a reaction occur.

Staff Training
- The principal will identify the school staff to be trained based on a risk assessment.
- Brief staff on a regular basis about the:
  - School policy on Anaphylaxis Management;
  - Causes and symptoms of anaphylaxis and where their medication is located, as well as those purchased by the school for generic use;
  - How to use an auto adrenaline device (Epi-pen)
  - School’s first aid procedures
  - Prevention Strategies
  - Emergency Responses

The Principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of school staff present who have successfully completed an Anaphylaxis Management Training Course within the 3 years prior (plus annual refresher training).

Evaluation:
This policy will be reviewed annually as part of the school’s yearly review cycle.