

Anaphylaxis Policy



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, 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.

Aims

The Aims of the Anaphylaxis Policy are:

- 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 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 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.

Implementation

Individual Anaphylaxis Management Plans

The principal through delegating to the Student Wellbeing Coordinator 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 management plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school.

The individual 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).

- 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.

Prevention Strategies

It is the responsibility of all staff:

- To be aware of where the student's medication is stored at school.
- To have access to the student's emergency contact details.
- Be familiar with the individual emergency procedures plans (ASCIA Action Plan), provided by the parents.
- To take EpiPens and action plans to excursions and returning medication to the medicine cupboard upon return. (Classroom teacher)
- Take the Red folders to all excursions along with permission slips in case of an anaphylactic emergency. (Classroom teachers)
- Be aware of all the students in their class and school who are anaphylactic and be familiar with the action plans of each student from the first day of each year.

It is the responsibility of the parent to:

- Provide the emergency procedures plan (ASCIA Action Plan) to the school at the beginning of each year.
- Inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
- Provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed which 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

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.

Communication Plan

The Principal through delegating to the Student Wellbeing Leader 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 about students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Student Wellbeing Leader and the Deputy Principal.

All staff will be briefed annually by the Student Wellbeing Leader 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 adrenalin auto-injector device
- The school's first aid and emergency response procedures

Staff Training and Emergency Response

- Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.
- 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 there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course
- The Student Wellbeing Leader will identify the school staff to be trained based on a risk assessment
- All staff to be trained each year
- The school's first aid procedures and students' emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

Actions in Response to a Suspected Anaphylaxis Reaction

- Administer the EpiPen/Anapen
- Call ambulance immediately after using an adrenaline auto-injector to take the individual to hospital, for further treatment and remain under observation for at least 4 hours.
- The Parents/Carers to be notified
- The used adrenaline autoinjector to be placed in a container, labelled clearly with the time it was given and handed over to the ambulance personnel
- Transient (temporary) side effects of adrenaline such as increased heart rate, trembling and pallor are to be expected.

Further Information

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

There are two brands of adrenaline auto-injectors (EpiPen® and Anapen®) and each is available in a Junior version (EpiPen®Jr and Anapen® 150) and a higher dose device (EpiPen® and Anapen® 300).

Dosage Recommendations: EpiPen®Jr and Anapen®150 for children weighing 10-20kg and EpiPen® or Anapen® 300 for adults and children weighing more than 20kg.

Evaluation

This policy will be reviewed as part of a three-year review cycle

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Review Date: 2017

Responsibility: Student Wellbeing Leader

Appendix 1

Anaphylaxis Management Information for Parents

As of 14 July 2008 legislation requires that all schools across Victoria must have an Anaphylaxis Management Policy in place if they have a student enrolled who has been diagnosed at risk of anaphylaxis.

Schools are required to have:

- Individual management plans for each child diagnosed at risk
- A communication plan to inform staff, parents and students about anaphylaxis and the schools policy
- Procedures to ensure that appropriate staff are trained

The parent/guardian must:

- Inform the school staff of the diagnosis and its causes
- Discuss strategies with the school
- Provide copies of the emergency procedures (ASCIA action plan) for the child from the first day of school at the beginning of each year
- Ensure the ASCIA action plan is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan
- Supply an up to date photo attached to the ASCIA action plan
- Supply the school with the child's Epipen® and ensure it has not expired
- Supply the school with an updated Epipen®, before the medication expires
- Inform the school if the child's medical condition changes.