



St Kevin's

# Anaphylaxis Policy

## Rationale:

- Anaphylaxis is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis. Australian Society of Clinical Immunology and Allergy (ASCI)
- Anaphylaxis is an acute allergic reaction to certain food items and insect stings. The condition develops in approximately 1-2% of the population. The most common allergens are nuts, eggs, cow's milk, and bee or other insect stings, and some medications.

## Aims: Goal:

- To provide a safe and healthy school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis, that fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

## Implementation:

- Anaphylaxis is a severe and potentially life-threatening condition.
- Signs and symptoms of anaphylaxis include hives/welts/rash, tingling in or around the mouth, difficulty breathing or swallowing, swelling of the tongue, swelling/tightness in the throat, difficulty talking and/or hoarse voice, wheeze or persistent cough, Persistent dizziness and/or collapse, Pale and floppy (in young children), Swelling of face, lips and/or eyes, abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy) or diarrhoea,, loss of consciousness or collapse, or cessation of breathing.
- Anaphylaxis is best prevented by knowing and avoiding the allergens.
- Our school will manage anaphylaxis by:-
  - using a Communication Plan to raise staff and student awareness, working with parents and engaging the broader school community about severe allergies and the School's Anaphylaxis Management Policy. It includes strategies advising school staff, students and parents about how to respond to an anaphylactic reaction by a student in various environments including:
    - during normal school activities including in the classroom, in the school yard, in all school buildings and sites
    - during off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the school

- The Communication Plan also includes procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.
- ensuring staff are provided with adequate training (either through face-to face or online training) regular training **AND** briefed at least twice per calendar year through an in-house school briefing, to recognise and respond appropriately to an anaphylactic reaction, including competently administering an EpiPen professional development on the identification and response to anaphylaxis and the proper use of an EpiPen.
- In addition, all staff are to participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
  - title and legal requirements as outlined in Ministerial Order 706
  - pictures of the students at your school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
  - signs and symptoms of anaphylaxis
  - ASCIA Anaphylaxis e-training
  - ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen®
  - your school's First Aid policy and emergency response procedures
  - on-going support and training.

The briefing must be conducted by a member of the school staff, preferably the person nominated as the School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the last 2 years

- ensuring that students with anaphylaxis are aware of the allergens
- identifying susceptible students and knowing their allergens
- informing the community about anaphylaxis via the newsletter and an information sheet about anaphalaxix
- Ensuring prevention strategies are used by the school to minimise the risk of an anaphylactic reaction by not allowing food sharing, and restricting food to that approved by parents
- raising awareness in the school, especially teachers discussing the topic with students in class
- keeping the lawns well mown, ensuring children always wear shoes, and not allowing drink cans at school.
- requiring parents to provide an emergency management plan developed by a health professional and an EpiPen if necessary, both of which will be maintained in the first aid room for reference as required
- Children diagnosed with Anaphylaxis will be made known to all staff at the beginning of each semester. All staff will carry photographs of these children with symptoms and planned course of action
- the purchase of 'backup' adrenaline auto-injector(s) as part of the school first aid kit(s), for general use

- The principal or nominee will ensure that an Individual Anaphylaxis 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 student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has and the signs or symptoms the student might exhibit in the event of an allergic reaction (based on a written diagnosis from a medical practitioner)
  - strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
  - the name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Plan
  - information on where the student's medication will be stored
  - the student's emergency contact details
  - an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner
- School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan as required
- The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents in all of the following circumstances:
  - annually
  - if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
  - as soon as practicable after the student has an anaphylactic reaction at school
  - when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions)
- It is the responsibility of the parents of a child with anaphylaxis to:
  - obtain the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
  - immediately inform the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant obtain an updated ASCIA Action Plan for Anaphylaxis
  - provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
  - provide the school with an adrenaline autoinjector that is current (ie the device has not expired) for their child
  - participate in annual reviews of their child's Plan
- The school will ensure: **School planning and emergency response**
  - a complete and up to date list of students identified as being at risk of anaphylaxis

- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis and where these are located within the school and during school excursions, school camps and special events conducted, organised or attended by the school
  - an outline of the storage and accessibility of adrenaline autoinjectors, including those for general use
  - appropriate communication with school staff, students and parents
  - the expiry date of adrenaline autoinjectors to be checked regularly to ensure they are ready for use
- In the event of an anaphylactic reaction, the school’s first aid and emergency management response procedures and the student’s Individual Anaphylaxis Management Plan will be followed
  - Regular review of Individual Anaphylaxis Management Plans for affected students
  - The completion of an Annual Anaphylaxis Risk Management Checklist (See Anaphylaxis Guidelines Victorian Government????)
  - The school won’t ban certain types of foods (eg: nuts) as it is not practicable to do so, and is not a strategy recommended by the Department of Education or the Royal Children’s Hospital. However, the school will request that parents do not send those items to school if at all possible. The canteen eliminate or reduce the likelihood of such allergens.
  - The principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations.

**Evaluation:**

This policy will be reviewed as part of the school’s four-year review cycle. It was reviewed by the Education Board in July 2018.

Reviewed by SDC: July 2018	Reviewed by Staff: July 2018	Ratified by Ed Board: July 2018	Next review: July 2022
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