



## Anaphylaxis Policy

### Rationale

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

To provide a safe and healthy school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis.

### Implementation

- Anaphylaxis is a severe and potentially life-threatening condition.
- Signs and symptoms of anaphylaxis include hives/rash, tingling in or around the mouth, abdominal pain, vomiting or diarrhoea, facial swelling, cough or wheeze, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing.
- Anaphylaxis is best prevented by knowing and avoiding the allergens.
- 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 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 students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by (insert staff members name)
- For students with known allergies an Individual Management Plan will be provided by the parent/carer, 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.
- 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 the emergency procedures plan
  - inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan
  - provide an up to date photo for the emergency procedures plan when the plan is provided to the school and when it is reviewed.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"><li>• Lay the person flat</li><li>• Do not allow them to stand or walk</li><li>• If breathing is difficult, allow them to sit</li><li>• Be calm and reassuring</li><li>• Do not leave them alone</li><li>• Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the medication cupboard in the staffroom. (Clearly labelled)</li></ul>

	<ul style="list-style-type: none"> <li>If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li> </ul>
2.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <ul style="list-style-type: none"> <li>Remove from plastic container</li> <li>Form a fist around the EpiPen and pull off the blue safety release (cap)</li> <li>Place orange end against the student's outer mid-thigh (with or without clothing)</li> <li>Push down hard until a click is heard or felt and hold in place for 3 seconds</li> <li>Remove EpiPen</li> <li>Note the time the EpiPen is administered</li> <li>Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul>
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Heskett Primary School's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

- All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training/or undertake the online module 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
- \*Note: A DVD has been included in this information pack that can be used for this purpose at staff briefings.
- 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.
- 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.
- The school's first aid procedures and students emergency procedures plan will be followed in responding to an anaphylactic reaction.
- 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; that the canteen eliminate or reduce the likelihood of such allergens, and the school will reinforce the rules about not sharing and not eating foods provided from home.

### Further Information and Resources

- School Policy and Advisory Guide:
  - [Anaphylaxis](#)
  - [Anaphylaxis management in schools](#)

- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

## Evaluation

This policy was last updated on 8.4.19 and is scheduled for review in April 2020.

The principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.