



ANAPHYLAXIS MANAGEMENT POLICY

BACKGROUND

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 stings (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/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into 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 the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy/guidelines in the school community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

INDIVIDUAL ANAPHYLAXIS HEALTH CARE PLANS

The principal will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the student's parents/guardians, 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/guardians:

- annually, and as applicable,

- if the student's condition changes,
- immediately after the student has an anaphylactic reaction.

It is the responsibility of the parent/guardian to

- provide an ASCIA Action Plan <http://www.allergyfacts.org.au/actionplans.html> completed by the child's medical practitioner with a current photo,
- inform the school if their child's medical condition changes, and if relevant, provide an updated ASCIA Action Plan.

COMMUNICATION

The principal will be responsible for providing information to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies.

Volunteers and casual relief staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

STAFF TRAINING AND EMERGENCY RESPONSE

Teachers and other school staff who have contact with the student at risk of anaphylaxis, are encouraged to undertake training in anaphylaxis management including how to respond in an emergency.

Up-to-date information should be regularly accessed at the WA Govt. Department of Health <http://www.health.wa.gov.au/anaphylaxis/home/> and Anaphylaxis Australia <http://www.allergyfacts.org.au/> websites.

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 and know how to recognise, prevent and treat anaphylaxis. Training will be provided to these staff as soon as practicable after the student enrolls.

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 student's parents/guardians.

Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.

The school's first aid procedures and student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

RISK MINIMISATION

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. Every reasonable effort will be made to minimise the risk of exposure and reactions through the following strategies.

RISK MINIMISATION STRATEGIES

SETTING	CONSIDERATIONS
ON-SITE/CLASSROOM	<ul style="list-style-type: none"> • Display a copy of the student's ASCIA Action Plan in the classroom. • Ensure that the student's EpiPen® or Anapen® is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place. • Ensure that all staff know where the student's adrenaline autoinjector and ASCIA Action Plan are located and how to access them if required. • Casual/relief teachers should be provided with a copy of the student's ASCIA Action Plan and shown the location of the student's adrenaline autoinjector and how to administer it. • Request that parents/caregivers do not give children nuts or foods containing nuts to bring to school. • Never give food from outside sources to a student who is at risk of anaphylaxis. • Request that Parents/caregivers provide drink containers and lunch boxes which are clearly labelled with the name of the child for whom they are intended. • Have regular discussions with students about the importance of washing hands. • Ensure that students are aware that there is no trading or sharing of food, food utensils and food containers. • Liaise with parents/guardians about food related activities ahead of time. • Restrict the use of food in crafts, cooking classes and science experiments, depending on the allergies of particular children. Take care with inadvertent use of artwork materials such as milk containers, egg cartons, nutshells and eggshells. • Teachers to be aware of the possibility of contaminated surfaces, books and equipment or toys that may have been used by other students
PLAYGROUND	<p>A communication strategy should be developed for the playground in the event of an anaphylactic emergency. Staff on duty need to be able to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended.</p>
CANTEEN/FOOD PREPARATION AREAS	<ul style="list-style-type: none"> • Remove items from the school canteen and any events taking place within the school grounds with peanuts/nuts in the ingredients list. This does not include products that "may contain traces of peanuts/tree nuts" or products that are "manufactured on equipment that processes peanuts/tree nuts" although these should not be served to the student known to be allergic to peanuts/tree nuts • Instruct personnel involved in food preparation about measures necessary to prevent cross contamination during the handling, preparation and serving of food. This includes the need for regular hand washing and careful cleaning of food preparation areas and utensils when preparing allergenic foods.

<p>OFF-SITE EVENTS/SCHOOL CAMPS ETC</p>	<ul style="list-style-type: none">• The student's adrenaline autoinjector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions.• The adrenaline autoinjector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. Remember, staff still have a duty of care towards the student even if they carry their own adrenaline autoinjector.• One or more staff members who have been trained in the recognition of anaphylaxis and the administration of adrenaline autoinjectors should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis.• When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers.
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