



ANAPHYLAXIS MANAGEMENT POLICY

SCHOOL NAME: Taylors Lakes Secondary College

Taylors Lakes Secondary College will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

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, 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 EpiPen® or Anapen autoinjector 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 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.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The principal/school nurse 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.

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Principal and School Nurse will be responsible for implementing a range of prevention strategies that can be put in place.

- Information on where the student's medication will be stored.
- Auto injectors, Epipens or Anapens are kept in the general office and they are monitored for current use by dates in line with DEECD guidelines.
- The student's emergency contact details.
- Emergency contact details are kept with the auto injectors on their Action Plan and a copy is kept on the desk in the sickbay in the Allergy folder
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, 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 (ASCIA Action Plan).
- 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.

COMMUNICATION PLAN

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 Daily Organiser for casual teaching staff, Disabilities co-ordinator for teaching aides and school nurse for other relief staff.

Anaphylaxis Communication Plan

The school community, staff, students, parents/carers will be provided with information about severe allergies throughout the school year.

Staff including teachers, office staff, and education support staff will attend Anaphylaxis training conducted by the school nurse. Time will be allocated during the school year during staff meetings to discuss, practise and review the school's management strategies for students at risk of anaphylaxis.

Epipens/Anapens will be kept in the administration office with student's ASCIA Action Plan. Copies of the Action Plans will be kept in the Sickbay.

A poster with student's photos and the school's first aid management procedures will be displayed in the staff room.

A folder with students information and photos will be kept in the canteen so canteen staff can be familiar with students at risk.

The daily organiser will be responsible for briefing new staff about the students at risk of anaphylaxis and the school's policies and prevention strategies.

All staff will be briefed once each semester by the school nurse 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 auto adrenaline injecting 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 attends, 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 principal will identify the school staff to be trained based on a risk assessment¹.

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 parents.

The school's first aid procedures and student's emergency procedures plan (ASCI Action Plan) will be followed in responding to an anaphylactic reaction.

FIRST AID MANAGEMENT RESPONSE

- If you suspect a student is having an allergic reaction stay with the student and contact the General Office with the student's name and get a first aider to come to the student with their epipen/anapen.
- Do not leave the student.
- Lay the student down, allow to sit if it makes breathing easier but do not allow them to stand. Reassure the student
- The epipen should be administered as soon as possible by a trained staff member.
- An ambulance should be called as soon as the epipen is administered.
- The student should remain lying or sitting until an ambulance officer advises otherwise.
- Contact parents as soon as possible.
- Empty auto injector should be given to the ambulance officer and taken with the student to hospital

Policy Review

Updated 5/5/2020 review due May 2021