Newport Lakes Primary School

Policy Name: Anaphylaxis Management Policy
Date Adopted: November 2012
Review Date: November 2014
Referred Documents:

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 minimise the risk of children experiencing an anaphylaxis event at school or on a school organised activity.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school’s guidelines and procedures in responding to an anaphylactic reaction.

Communication
The principal or nominated staff member will be responsible for providing information to all staff and school families about anaphylaxis and development of the school’s anaphylaxis management strategies.

Casual relief staff will be informed, via the CRT folder, 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.

At the beginning of each school year the principal or nominated staff member will ensure that a letter/reminder notice is sent home to all parents informing them that a child in the class suffers from anaphylaxis.

A notice in reference to anaphylaxis will be placed in the newsletter at the beginning of each school year.
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.

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 commences school. The child’s classroom teacher will receive anaphylaxis training within four weeks (if not, sooner), if training has not been accessed before.

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

*Under no circumstances will another child’s autoinjector be administered in an emergency, unless specifically instructed by Ambulance Victoria officer.

Emergency procedure to be followed at school

1. Send to school office for child’s autoinjector (such as an EpiPen® or Anapen®)
2. Dial 000 and ask for an ambulance
3. Contact child’s parent as soon as is practicable

Parent responsibilities

It is the responsibility of the parent/guardian to:

- Provide an ASCIA Action Plan 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.
- Replace out of date autoinjectors in a clearly labelled sturdy container (see online reminder service - epiclub.com.au).
- To minimise the risk of anaphylactic reaction occurring while the child is in the school or involved in school activities.
- Provide a supply of alternative clearly marked and labelled snacks in a sealed container for classroom use, for special occasions when food is being shared, such as student birthdays.

*If a child experiences anaphylactic symptoms and an ambulance is called, parents will incur the cost, therefore we advise that ambulance membership is kept up to date.
Risk Minimisation
The table below provides examples of risk minimisation strategies.

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<th>Setting</th>
<th>Considerations</th>
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| Classroom                    | • Display a copy of the students ASCIA Action Plan in the front of classroom roll.  
• Food from outside sources should not be given to a student who is at risk of anaphylaxis.  
• Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).  
• Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. |
| Staffroom                    | • Display a copy of the students ASCIA Action Plan in the staffroom.                                                                         |
| Sickbay                      | • Display the students ASCIA Action Plan in the sickbay.  
• Stock only non-latex gloves in sickbay and first aid kits.  
• Autoinjectors are to be stored in sick bay in clearly marked container in anaphylaxis/epipen cabinet. |
| Yard                         | • Copy of ASCIA Action Plans to be kept in yard duty folders, which accompany teachers on yard duty (to be collected from staffroom).  
• Bins with lids are provided.  
• Staff trained to provide an emergency response to anaphylaxis should be readily available during non class times (e.g. recess and lunch).  
• The adrenaline autoinjector should be easily accessible from the yard.  
• There is a communication strategy for the yard 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. |
| Off-site school settings –   | • The student’s adrenaline autoinjector, a copy of the ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions.  
• One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the student on camps or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis.  
• The staff member in charge of Excursion/Camp should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction, for a particular event.  
• The staff member in charge of Excursion/Camp should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required).  
• The staff member in charge of Excursion/Camp be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp. |