



## ANAPHYLAXIS POLICY

### **RATIONALE**

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 adrenaline auto-injection device to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

### **GOALS**

- 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.
- To comply with Ministerial Order 706 and associated guidelines.

### **IMPLEMENTATION**

Mount Waverley Heights Primary School will effectively manage anaphylaxis by ensuring:

- All school staff to attend formal training in anaphylaxis management, at least every 3 years.
- School staff will be briefed once each semester of a school year by a staff member who has up to date anaphylaxis management training. This briefing should include:
  - The school's anaphylaxis management policy.
  - Causes, symptoms and treatment of anaphylaxis.
  - The identity of students diagnosed at risk of anaphylaxis and where medication is located.
  - How to use an adrenaline auto-injecting device.
  - The school's first aid and emergency response procedures.
- Emergency drills are conducted to confirm all staff members are aware of procedures.
- The school has a spare or back-up adrenaline auto-injection device (purchased by the school) as part of the school's first aid kit/s while a student at risk is enrolled at the school. The school will determine the appropriate number of spare devices depending on the number of students at risk.
- The school will complete the Anaphylaxis Risk Management Checklist annually to ensure all procedures and practices are up to date.
- Up to date Action Plans (including photo) of students with anaphylaxis are on display in the Sick Bay, Staffroom and Yard Duty folders/devices.
- Classrooms with students identified at risk have highly visible signs in the classroom to indicate where adrenaline auto-injection device/s are stored.

- Each child with a diagnosed risk of anaphylaxis will have their name on an alert card that is located in every teacher's yard duty folder/device, carried while on yard duty.
- The school meets with the parents/carers of students diagnosed at risk to develop an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a medical practitioner. The Management Plan will be reviewed annually, if the student's condition changes or immediately after the student has an anaphylactic reaction at school.
- All action plans are distributed to the appropriate teachers.
- Adrenaline auto-injection devices for students identified, are taken on excursions and camps and remain with the teacher/adult directly responsible for that student.
- Casual Relief Teachers are aware of students at risk in their class via CRT folders supplied to them on arrival.
- The community is informed about anaphylaxis via the school's newsletter.
- Students are informed about allergies, including anaphylaxis causes and first aid as a part of the Foundation to Level 6 curriculum.
- Food is not shared between students except for special occasions.

While the school will not ban certain types of foods that are known to trigger anaphylactic reactions, as this is not practical nor is it a strategy recommended by DET or the Royal Children's Hospital, it will request parents not to send those food items to school.

The Mount Waverley Heights Primary School parents of students who are at risk of anaphylaxis will:

- Ensure their child does not attend the school until they have supplied a current ASCIA Action Plan for Anaphylaxis developed and signed by a medical practitioner.
- Supply an adrenaline auto-injection device that is within its use by date.
- Supply a replacement adrenaline auto-injection device prior to the current one reaching its expiry date.
- Notify the school if their child's condition changes.

### ***Emergency Procedure***

In the event of an anaphylactic reaction during recess the yard duty supervisor should:

- Locate green coloured alert card and the Management Plan with the listed signs or symptoms from yard duty folder/device.
- Remain with child and send two students with the alert card to staff room to alert a staff member to bring the EpiPen/Anapen.
- **Call 000 for MICS ambulance via mobile phone.**
- Ensure a trained staff member should administer the adrenaline auto-injection device and give any other required first aid. They should remain with the child until the emergency ambulance arrives.
- Alert additional staff to support the situation in relation to crowd control.
- Office staff should contact the parents and provide the ambulance with the student's details and Anaphylaxis Management Plan.
- A staff member must man the school gate and direct the ambulance when it arrives.

**This policy will be reviewed as part of the school's cyclic review strategy.**

**Status:** Reviewed June 2015

**Ratified:** July 2015

**Next Review:** June 2018