



ANAPHYLAXIS MANAGEMENT POLICY



DEFINITION:

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.

Adrenaline given through an EpiPen®/Anapen auto-injector to the muscle of the outer mid-thigh is the most effective First Aid treatment for anaphylaxis.

RATIONALE:

The key to prevention of anaphylaxis in schools is **knowledge** –

- of those students who have been diagnosed at risk of anaphylaxis
- and awareness of triggers (allergens) and the prevention/minimisation of exposure to these triggers.
- including a partnership between schools and parents to ensure that certain foods or items are kept away from the 'at-risk' students while at school.

AIMS:

1. To ensure that TVPS complies with Ministerial Order No. 706 and any guidelines as published and amended by the DEECD
2. 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 schooling.
3. To engage with parents/ carers of students 'at-risk' of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for students.
4. To ensure that each staff member has adequate knowledge and training about allergies, allergens and anaphylaxis and the school's Anaphylaxis Management and Emergency Response Policies.
5. To raise awareness in the school community about anaphylaxis and the school's management of anaphylaxis

IMPLEMENTATION:

1. The **ANAPHYLAXIS RISK MANAGEMENT CHECKLIST – Ministerial Order No. 706** will be conducted at the start of each school year by the Assistant Principal and the First Aid Co-ordinator
2. It is the responsibility of the parent to ensure that emergency medication [EpiPen®/Anapen] is WITHIN EXPIRY date and is at school when the child is at school. Parents will be asked to safely dispose of 'personal' EpiPens once expired.
3. An **Individual Anaphylaxis Management [IAM]** will be completed with the parent at the time of student enrolment.
4. The **Emergency Action Plan [ASCIA]** must be provided PRIOR to the student's first day of school.
5. The school will follow the prevention strategies detailed in the Anaphylaxis Risk Minimisation document [Appendix B]
6. The school will provide additional adrenalin auto-injectors [EpiPen®/Anapen] for 'general use' (back up). These will be stored in an insulated bag in the Sick Bay. Sufficient number will be purchased to ensure that at least one bag remains on the school premises during events such as excursions, inter-school sport etc.
7. 'General use' auto-adrenalin injectors will be current – replaced at the school's expense. This will be monitored and managed by the First Aid Co-ordinator.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN – Appendix A

- a. The Principal or nominee (eg First Aid Co-ordinator) will ensure that an **Individual Anaphylaxis Management Plan [IAMPlan]** is completed for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. The document will be completed in consultation with the student's parent/carer.
- b. The **IAMPlan** will be completed with the parent at the time of student enrolment.
- c. The school's Anaphylaxis Risk Minimisation document [Appendix B] will be used to develop the Individual Anaphylaxis Management Plan.
- d. The **IAMPlan** will be completed on the DEECD proforma from **Ministerial Order No. 706** to set out
 - i. information from a written medical diagnosis, including the student's type of allergy or allergies and their potential for an anaphylactic reaction
 - ii. strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of School staff for in and out-of school settings, including playgrounds, excursions/camps and special events conducted, organised or attended by the school
 - iii. the name/role of persons responsible for implementing the strategies
 - iv. information on storage of student's medication
 - v. emergency contact details
 - vi. an ASCIA Action Plan, provided by the parent
- e. The student's **Individual Anaphylaxis Management Plan** will be reviewed annually in consultation with the student's parents/ carers. The **IAMPlan** will be reviewed/changed if the student's condition changes, or as soon as practicable after a student has an anaphylactic reaction at school and prior to participation in an off-site school activity
- f. A separate **Individual CAMP/EXCURSION Anaphylaxis Management Plan** must be completed prior to a student attending a school Camp/Excursion [**Appendix C**]. Reference can be made to the document Strategies to Avoid Allergens at Camp [Appendix E]

INDIVIDUAL EMERGENCY ACTION PLAN [ASCIA]

- a. It is the responsibility of the parent to provide an **Emergency Action Plan [ASCIA]** prior to the child's first day at school. The Plan will –
 - i. describe the symptoms [from mild to severe]
 - ii. set out the emergency procedures in the event of an allergic reaction [mild to severe]
 - iii. be signed by the medical practitioner currently overseeing the management of the child's anaphylaxis
 - iv. include a current photograph of the child [*TVPS will provide an updated photo each year to show the child in school uniform*]
 - v. stored in the DISplan box with the student's [EpiPen®/Anapen] hanging above in an insulated container.
- b. It is the responsibility of the parent to inform the school in writing if their child's medical condition changes, and if relevant, to provide an updated **ASCIA Action Plan**

COMMUNICATION :

The Principal – or nominee - will ensure that appropriate information is provided to all staff and parents [and students, when appropriate] about anaphylaxis and the school's management of anaphylaxis, including the **Emergency Response Policy [Appendix D]**.

Relevant Policy and management documents will be included on the TVPS Web site.

STAFF TRAINING AND EMERGENCY RESPONSE:

1. School staff must successfully complete an anaphylaxis management training course every 3 years.
2. In addition, staff must participate in a briefing twice per calendar year, with the first one to be held at the beginning of the school year. The school staff member leading this update must have successfully completed an anaphylaxis management training course in the 12 months prior. The update must include -
 - a) the school's Anaphylaxis Management Policy;
 - b) the causes, symptoms and treatment of anaphylaxis;
 - c) the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;
 - d) how to use an adrenaline auto injector, including hands on practise with a trainer device;
 - e) the school's general first aid and emergency response procedures; and
 - f) the location of, and access to, adrenaline auto injectors that have been provided by parents or purchased by the school for 'general use'.
3. In the event of an anaphylactic reaction, procedures in the school's Emergency Response Policy and individual student **ASCIA Action Plans** will be followed.
4. An **Emergency Response** drill [refer **Appendix D**] will be conducted at the start of each school year and at least once more during the school year – in a classroom AND playground scenario.