ANAPHYLAXIS GUIDELINES

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 EpiPen® autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

AIM
▪ 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 and training about allergies, anaphylaxis and the school’s policy and procedures in responding to an anaphylactic reaction.

IMPLEMENTATION
▪ Anaphylaxis is best prevented by knowing and avoiding the allergens.
Signs and symptoms of anaphylaxis include hives/rash, tingling in or around the mouth, abdominal pain, vomiting or diarrhoea, facial swelling, cough or wheeze, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing.
▪ The School Risk Assessment Plan will:
  1. be reviewed annually, for in school and out of school settings, which may include camps, excursions/incursions classrooms, yard duty, specialist settings.
  2. set out 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 camp and excursions.
▪ Our school will manage anaphylaxis by:-
  ▪ providing professional development for all staff and an update on the use of an EpiPen® twice a year, ensuring that key staff know how to respond to an anaphylaxis reaction and the proper use of an EpiPen®.
  ▪ identifying susceptible students and knowing their allergens
  ▪ informing the community about anaphylaxis via the newsletter
  ▪ ratification of an Anaphylaxis Policy on an annual basis, via School Council
  ▪ requiring parents to provide an emergency management plan developed by a health professional and an EpiPen® if necessary, both of which will be maintained in the first aid room for reference as required (see below).
  ▪ immediately contacting the parent/carer if the child attends school without their prescribed, up to date, EpiPen®. The child cannot return to class without this being rectified.
  ▪ ensuring the First Aid coordinator checks the expiry date of each child’s EpiPen® (and the schools generic EpiPen®) to ensure it lasts for at least 12 months, at the commencement of the school year. At least a month before its expiry date, the First Aid leader will send a written reminder to the student’s parents to replace the EpiPen®.
  ▪ in an extreme emergency case and under the instruction of the Emergency services, a ‘generic’ EpiPen® autoinjector will be used. This will be when anaphylactic symptoms return after the initial EpiPen® is given, or under extreme circumstances, e.g. if the EpiPen® was misused or incorrectly administered.
not allowing food sharing, and restricting food to that approved by parents, with particular reference to class celebrations and parties.

our First Aid Officer will sit down at the beginning of Term 1 with students who have Anaphylaxis and discuss the importance of making people around them aware of their life threatening allergies, the importance of not sharing food at school and just a general discussion on each students allergies.

keeping the lawns well mown, ensuring children always wear shoes, and not allowing drink cans at school.

All food related fund raising events will be notified through the schools newsletter, providing information to parents/guardians of any potential risks in relation to allergies.

ensuring that staff of every child or young person at risk of an anaphylactic reaction take that child’s EpiPen® and medication on any camp or excursion.

ensuring the teacher/s in charge will be responsible for taking and securing each child’s EpiPen whilst on excursions, outings and camps. Patterson Lakes Primary School will also supply one spare adult and one spare junior EpiPen per outing/camp/excision in the event that a student misplaces or used his/ her EpiPen, but also gives aid and reassurance to any new potential person(s).

providing or arranging post-incident support (e.g. counselling) to students and staff, if appropriate.

Every child at risk will have an Anaphylaxis Management Plan; clearly displayed in the classroom, specialist rooms, First Aid room, predominant Administration areas and Yard Duty packs. The Plan will include:

- The name of the person/s responsible for implementing the strategies.
- Information on where the student’s medication will be stored.
- The student’s emergency contact details.
- An emergency procedures plan (ASCIA Action Plan-Appendix A), provided by the parent, that:
  1. sets out the emergency procedures to be taken in the event of an allergic reaction;
  2. is signed by a medical practitioner who was treating the child on the date (updated annually); and
  3. 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:
  - annually (or more often if deemed necessary), and as applicable,
  - if the student’s condition changes, or
  - immediately after a student has an anaphylactic reaction at school.

- The school will not ban certain types of foods (eg: nuts) as it is not practicable to do so, and is not a strategy recommended by the Royal Children’s Hospital. However, the school will request that parents do not send those items to school if at all possible (Appendix B); that the canteen eliminate or reduce the likelihood of such allergens, and the school will reinforce the rules about not sharing food.

Guidelines are updated annually and/or as per DEECD recommendations.

CERTIFICATION
This policy was ratified at the School Council Meeting held at Patterson Lakes Primary School, September 2013

Signed………………………………………………… Signed……………………………………………
School Council President Principal

Last Updated: September 2013
Appendix B

Dear Parents,

We have a number of children in the school with severe allergies to food. In this classroom we have a student(s) with allergies to ________________.

It would be greatly appreciated if you could consider this when packing your child’s lunch and provide your child with an alternative. This will be of enormous help in ensuring that this/these child(ren) will be kept safe at all times.

Please ask your child’s teacher any questions arising with this matter, particularly if you are supplying treats for birthdays, class parties, etc.

Thank you for your support,

Class teacher