OUTSIDE SCHOOL HOURS CARE
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 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 OSHC staff, for in school and out of school settings, including excursions.

- Our OSHC 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
  - staff are required to sign in the book that the Coordinator puts in the kitchen before each shift starts. If Coordinator is absent 2IC will put the book out. The book is kept in the OSHC pantry on the marked shelf.
  - requiring parents to provide an emergency management plan developed by a health professional and an EpiPen® if necessary, both of which will be maintained at the OSHC service.
  - requiring parents to provide an updated plan with new photo every 12 months
  - ensuring the OSHC 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 OSHC will ring the parent to inform them replace the EpiPen®.
  - ensuring that each child or young person at risk of an anaphylactic reaction undertake twice yearly briefings on anaphylaxis management.
  - 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.
Every child at risk will have an Anaphylaxis Management Plan; clearly displayed in the Kitchen, whiteboard and the outside book staff take with them whilst supervising outside. The plan will include:

- 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.

REFERENCES
National Regulations:
ACECQA – Australian Children’s Education and Care Quality Authority

EVALUATION
Guidelines are updated per National Regulations and ACECQA recommendations. DEECD guidelines will be cross referenced when/where applicable/required.

CERTIFICATION
This policy was adopted at the School Council Meeting held at Patterson Lakes Primary School, October 2013

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