

ANAPHYLAXIS POLICY

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life-threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency requiring a rapid response.

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.

1. Rationale:

At William Ruthven Primary School we believe that the safety and wellbeing of students is a whole school responsibility and we are committed to providing as far as practicable, a safe and healthy environment for all students.

2. Aims:

- The school will fully comply with the DEECD Ministerial Order and guidelines on the management of anaphylaxis in schools.
- 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.

3. Implementation:

- On enrolment or once diagnosed, parents of a child at risk of an anaphylactic reaction will provide the school with an emergency procedures plan (ASCA Action Plan). This form is required to be completed and signed by their doctor.
- Action Plans will be required to be updated by parents in conjunction with their doctors annually.
- Parents of a child that is at risk of an anaphylactic reaction must provide the school with an adrenaline autoinjector and any other medications. These items will be placed in a container clearly marked with the student's name, photo and action plan and stored in the sick bay on a high shelf not accessible by students.
- A designated staff member will conduct regular reviews of adrenaline autoinjectors and contact parents in writing to replace the adrenaline autoinjectors before the expiry date.
- As directed by DEECD the school will purchase spare adrenaline autoinjector(s) as part of the first aid kit(s) for general use.
- The principal will ensure an individual anaphylaxis management plan in consultation with the student's parents will be in place as soon as practicable after the student enrolls and where possible before their first day of school.
- The individual anaphylaxis management plan will be reviewed in conjunction with the student's parents annually. Or if the student's condition changes or immediately after the student has an anaphylactic reaction at school.
- All staff will be advised of the students at risk of an anaphylactic reaction. Photos and information of these students will be located in the student's classrooms, specialist classrooms, staffroom, main office, sick bay, casual relief staff folders and yard duty folders.
- In the event of an anaphylactic reaction, a staff member will send a message via the walkie talkies located in the 3-6 teachers stations or other walkie talkies located in various areas around the school. (ie. portables, art room and gym) to the main office alerting staff that an adrenaline autoinjector and assistance is required. While on yard duty, staff can raise the alert by sending a message via the walkie talkies to the staffroom advising staff members that an adrenaline autoinjector and assistance is required. Alternatively the staff members can also use the emergency alert card to advise staff that an adrenaline autoinjector and assistance is required but the walkie talkies are the preferred method.
- In the event of an anaphylactic reaction the student's Individual Anaphylaxis Management Plan will be followed.
- Up to date training will be provided to school staff every three years. Staff will be briefed at least twice a year on the identities of students diagnosed as at risk of anaphylaxis. The causes, symptoms and treatment of anaphylaxis. Where their medication is located. The use of an adrenaline autoinjector including hands on practice with an adrenaline autoinjecting training device. The school's anaphylaxis management policy and the school's emergency response procedures.
- A community awareness of anaphylaxis will be encouraged by insertion of information in the school newsletter and website.
- Annual Risk Management Checklist will be completed to monitor the school's obligations.
- Children with severe food allergies will only eat snacks and lunches provided by the parents/guardian and there will be no trading and sharing of food. Food, boxes and packages which have contained nuts (including tree nuts) are not to be used in classroom and art activities. Cooking and science experiments may need to be restricted depending on allergies of particular students. Students with severe food allergies will not be required to pick up papers in the school grounds or the classroom. Routine hygiene practices will be reinforced in all classrooms.

4. Policy Evaluation and Review:

This policy will be reviewed regularly and as relevant circumstances change.

5. References:

Department Of Education and Early Childhood Development Anaphylaxis Guidelines

6. Ratification:

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