Rationale

The safety and wellbeing of children who are at risk of anaphylaxis is a whole community responsibility therefore at St. Thomas Aquinas we will, as far as practicable, provide a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the school’s program.

This policy will apply to children enrolled at the school, their parents/guardians and staff.

Background

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.

Adrenaline given through an EpiPen® autoinjector or and Anapen to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Purpose

• 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.
**Individual Anaphylaxis Management Plans**

The principal or nominee will ensure that an individual management plan is developed, in consultation with the student’s parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual anaphylaxis management plan 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 set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- 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 camps and excursions.
- 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), provided by the parent, that:
  - sets out the emergency procedures to be taken in the event of an allergic reaction;
  - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
  - 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/ carers:

- annually, and as applicable,
- if the student’s condition changes, or
- immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:

- provide an Epipen or annapen and an emergency procedures plan (ASCIA Action Plan) for their child.
- inform the school if their child’s medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

**At all times a current Anaphylaxis Action Plan must be located in the container with the Epipen and other medication.**
Communication Plan
The principal or nominee will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school’s anaphylaxis management policy.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the deputy principal or adjoining classroom teacher.

All staff will be briefed once each year by the Principal, Deputy or Special Ed Coordinator who has up to date anaphylaxis management training on:
- the school’s anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis and where their medication is located
- how to use an autoadrenaline injecting device
- the school’s first aid and emergency response procedures

Staff Training And Emergency Response

All staff will have up to date Anaphylaxis response training. This will be conducted during the Level 2 First Aid Update training. This ensures that at all times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there are staff present who have up to date training in an anaphylaxis management training course.

Prevention Strategies

The classroom teacher and/or other supervising teachers are responsible for the following:

Classrooms
- Keep a copy of the student’s ASCIA Action Plan in the classroom, first aid room and child’s Action Kit.
- Liaise with parents/carers about food related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class, it is recommended that parents/carers provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
• Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).
• Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
• The principal or deputy should inform casual relief teachers of students at risk of anaphylaxis, preventive strategies in place and the school’s emergency procedures. Direct casual relief teachers to the procedure sheet and a copy of the student’s ASCIA Action Plan.

Storage And Accessibility Of Epipens®
Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto-injector commonly known as the EpiPen®. Children under 20kg are prescribed an EpiPen® Junior, which has a smaller dosage of adrenaline. The EpiPen® and EpiPen® Junior are designed so that anyone can use them in an emergency.
• If a student has been prescribed an EpiPen®, the EpiPen® must be provided by the student’s parent/carers to the school.
• EpiPens® are stored correctly and accessed quickly. Remember that in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes.
• Epipens® are stored in an unlocked, easily accessible place away from direct heat. In our school, they are stored in the Sick Bay.
• EpiPens® are clearly labelled with the student’s name.
• A copy of the student’s ASCIA Action Plan is kept with the EpiPen®.
• Each student’s EpiPen® should be distinguishable from other students’ EpiPens® and medications.
• All staff know where the EpiPen® is located.
• EpiPens® should be signed in and out when taken from its usual place, for example for camps or excursions. Sign In and Out Folder is located in Sick Bay.
• Current photos with names and details of children who have anaphylactic reaction to be placed in the yard duty folders.

Make sure the EpiPen® is not cloudy or out of date (EpiPens® should last for at least 12 months and will have an expiry date printed on them. It is the parents’ responsibility to supply their child’s EpiPen® to the school and to replace it before it expires.)

The Principal regularly checks the EpiPens®,

At least a month before its expiry date, the designated school staff member should send a written reminder to the student’s parents to replace the EpiPen®.

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