

Anaphylaxis Management

Policy Scope

This policy relates to the School Board of ACC Southlands Ltd.

Policy

The college will have procedures in place to manage students at risk of anaphylaxis.

The purpose of this policy is to articulate this school's approach to safeguarding the welfare of students who have a medical condition that causes the onset of an anaphylactic reaction, which is recognised as a potentially life threatening situation. This policy will be shared with all parents and staff as a means of raising awareness of this important issue and to maintain vigilance in safeguarding students by facilitating open discussion of the procedures and measures described in this policy. This policy does not seek to address a number of aspects of this wide ranging topic. Rather, the specific measures and expectations needing to be observed in an effort to safeguard students are addressed.

The school will seek to take all reasonable measures to ensure that no child in its care is exposed to circumstances that will cause a reaction. To this end, there is a need for cooperation between the school's staff, the students and their families and physicians. The school acknowledges that an anaphylactic reaction can result from the ingestion of, or contact with, certain foodstuffs (most notably edible nuts or nut products), insect stings or certain other causes. Observing this policy will minimise the risk of such reaction to students in our care.

Definition of Anaphylaxis

An acute allergic reaction to an antigen to which the body has become hypersensitive.

Procedures

How does the school become aware of a student at risk of Anaphylaxis?

Parents of students who have been diagnosed as being at risk of anaphylaxis must make this known to the school's administrator at the time of his/her application to be enrolled or, subsequent to enrolment, immediately the condition is diagnosed. The school requires documentary evidence of this medical condition from the treating physician, which must include an Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis.

What process will the school undertake once informed of a child's diagnosis?

1. Upon receipt of such advice, the school's administrator will ensure that all appropriate staff are notified and the school's database is updated, so that suitable arrangements can be made.
2. The school administrator will be responsible for ensuring that the school receives a detailed Action Plan (including a photo) from parents in accordance with this and other related school Policies.

What responsibilities do parents have?

1. The parents of at risk students are responsible for providing two in-date EpiPens to the school office.
2. Parents should ensure regular medical follow-up as recommended by the treating doctor. This may involve additional investigations. Any alterations to the list of potential allergens and/or the Action Plan should be communicated to the school office as soon as possible, to ensure that the school has a current Action Plan and up to date records.
3. Parents will be contacted by the school at least annually to review and confirm their child's medical information that is held by the school and the opportunity should be taken by parents to update, with the treating doctor, their child's Action Plan as necessary.

What training will school staff undertake?

1. Teachers and support staff are required to complete the ASCIA anaphylaxis e-training course annually. This will include training in the recognition and treatment of anaphylactic shock, including the injection of adrenalin with an EpiPen.
2. Staff will also be required to demonstrate the correct procedure for administering an EpiPen during a practical test supervised by the school administrator.
3. It is the responsibility of the school administrator to ensure such training is arranged on a regular basis and at least annually to ensure relevant new staff are trained.

What are the signs and symptoms of Anaphylaxis?

The following symptoms are not exclusive to anaphylaxis, but in this situation tend to be more rapid in onset and more severe in nature. Many sufferers experience a combination of several symptoms, but the most important relate to breathing difficulties:

The key symptoms are as follows:

- breathing difficulties / noisy breathing
- swollen tongue
- difficulty talking and a hoarse voice
- localised swelling, particularly to the eyes, lips and face
- flushed appearance
- urticaria (the itchy, welt-like lesions of hives)
- nausea, abdominal pain
- feeling faint and loss of consciousness
- feeling anxious

Other "allergic" students, such as those with hay fever, eczema and asthma, are at higher risk of an anaphylactic reaction, and this should be suspected if the symptoms are more rapid in their onset or appear more severe than usual.

What is the school's procedure in the event of an Anaphylactic Emergency?

If a staff member becomes aware that a student is experiencing an anaphylactic reaction, they should be mindful of the need to do the following:

- administer the EpiPen (which is injected into the student's thigh in the prescribed way)
- **Generally** - where possible stay with the student and place him/her in a comfortable position
- an appropriate person calls 000 (landline) for an intensive care ambulance and also notifies the school office.
- once assistance is contacted, the staff member should remain with the student until he/she is in the care of ambulance officers or other medical personnel such as hospital staff
- **Family Notification** - contact the student's parents or carers only after consultation with the Principal

How does the school minimise the possibility of exposure to nuts and other allergens?

1. As exposure to edible nuts and edible nut products remains the most significant risk in relation to anaphylactic reactions, the school has taken the following precautions, which should be clearly and frequently communicated by the Deputy Principal or the Manager of Administration to parents, carers and staff.
2. **Food Stuffs** - The school Community will be informed by the school administrator on a regular basis that peanut butter, Nutella and other nut spreads that are known to leave residue should not be brought to school. All students will be directed to not share foods with at risk students, but this cannot be prevented. Senior school students, while deemed to be sufficiently aware of their own medical condition to not accept inappropriate food; will also be directed to not share food. All at risk students will receive regular briefings from the school administrator regarding the risk of sharing food.
3. Parents, staff, students, residents and visitors must be aware that whilst the school will make every reasonable effort to ensure that students at risk do not come into contact with foodstuffs and other substances that may cause a reaction, the school cannot be considered a 'nut-free zone' or free of any other allergens that might cause

a reaction. The size and nature of the school prevents such an assurance being given.

4. All Primary school students in danger of suffering an anaphylactic reaction should only eat food at school that has been sent with them from home.
5. **Sharing of Food** - At-risk students should be instructed by parents and staff not to exchange food at school, nor ideally to eat any food not provided for them from home. In the Primary school other students should be informed frequently that they must not share foodstuffs with any at-risk student.
6. **Food from Home** - The parents of younger at risk students should provide the school with a store of suitable 'party snacks' for their child to enjoy at times of birthday and other special celebrations at school. Those students who are not at-risk are encouraged to not bring nuts or other products to school which is potentially harmful to at-risk students.
7. **Food from Outside school and Home** - Staff organising events involving food brought into the school (including pizza parties) should remain alert to the possibility of danger to at-risk students. They must do all they reasonably can to ensure that at-risk students do not partake of any suspect foodstuffs.

How will the school manage anaphylaxis during school camps and excursions?

1. Those staff organising camps, excursions and field trips involving at risk students will, as part of their risk management assessment, liaise with involved service providers to do everything reasonably possible to minimise the risk for these students. Parents should also be reminded, by letter from the Deputy Principal or Principal as well as on permission forms, about the risks to anaphylactic students and the measures they can take to assist in minimising the risk of exposure to circumstances that will cause a reaction.
2. When an at risk Primary school student participates in any camp, excursion or field trip, including 'incursions' at the school that extend beyond the immediate boundaries of the school's Academic Precinct, a copy of his/her Action Plan and his emergency kit should be taken by the accompanying staff member. If need be an at-risk student must be provided with food from home to take with him on extended excursions or camps.
3. Random checks of students' bags belonging to those participating in school camps, excursions and field trips should be carried out for their EpiPens and inappropriate food stuffs needing to be confiscated. Senior school students and their supervising Staff Member must agree the location of the student's EpiPen to ensure it is immediately accessible throughout the activity. Similarly, Senior school students at risk can be provided with food from home if previously arranged, to take with them on excursions and camps.

Management during Special Events

1. Special Events, such as fundraiser bbq's, morning teas and Language Food activities may still proceed, but in accordance with the aforementioned requirements including reminding all parents and students of the risks related to sharing food.

Policy Review

On change of legislation or at the discretion of the School Board of ACC Southlands Ltd.

Policy Version

4.0