



ANAPHYLAXIS

1.0 PURPOSE

- 1.1 Anaphylaxis is an acute allergic reaction to certain food items and insect stings. The condition develops in approximately 1-2% of the population. The most common allergens are nuts (both peanuts and tree nuts), eggs, cow's milk and bee or other insect stings, and some medications.
- 1.2 Anaphylaxis is a severe and potentially life-threatening condition.
- 1.3 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.
- 1.4 Anaphylaxis is best prevented by knowing and avoiding the allergens.
- 1.5 The aims of this policy are:
 - To minimise the risk of an anaphylactic reaction occurring while the child is in the care of Kallista Primary School.
 - To ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen[®] if needed.
 - To raise the service community's awareness of anaphylaxis and its management through education and policy implementation.

2.0 GUIDELINES

- 2.1 The principal 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.
- 2.2 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.
- 2.3 The plan will include an emergency procedures plan ([ASCIA Action Plan](#)), provided by the parent, that is signed by the medical practitioner, and sets out the emergency procedures to be taken in the event of an allergic reaction.
- 2.4 The individual anaphylaxis management plan will also 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.
- 2.5 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.
- 2.6 It is the responsibility of the parent to:
 - provide the emergency procedures plan ([ASCIA Action Plan](#)).
 - 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.
 - Provide an EpiPen, Anapen or similar as described in ASCIA Plan.
- 2.7 The principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents (*including the Kitchen Garden program and After School program areas*) about anaphylaxis and the school's anaphylaxis management procedures. The communication plan will be reviewed by staff at the commencement of each semester.



- 2.8 The principal is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.
- 2.9 Strategies include:
- Provision of the KPS Anaphylaxis Emergency Procedure and KPS Allergy/Anaphylaxis Handover Report, included in this Anaphylaxis Policy. These documents, posted in first aid room, staffroom, and all classrooms where there is a child with an Action Plan for Anaphylaxis, provide guidance to all school staff, including visiting teachers, volunteers, and Casual Relief Teachers, about how to respond to an incident where a child with an Action Plan for Anaphylaxis has an allergic reaction, or an anaphylactic reaction.
 - These documents are kept next to the Epipens and Action Plans for Anaphylaxis.
 - Student's Epipens and Action Plans are always taken on excursions and camps. Copies of the KPS Anaphylaxis Emergency Procedure and KPS Allergy/Anaphylaxis Handover Report should also be taken on camps and excursions to ensure due process is followed.
 - The Operations Manual, Induction Manual and Casual Relief Teaching information also contain reference to the KPS Anaphylaxis Emergency Procedure and KPS Allergy/Anaphylaxis Handover Report.
- 2.10 Where there are incursions, excursions, camps, class parties and special events, the class teacher has the responsibility of communicating the child's allergy triggers to:
- All school camps will be peanut/ tree nut free. The Officer-in-charge of a School Camp will ensure that Camp Management is informed of students with allergies.
 - Those responsible for care of the child in learning and recreation activities (eg supervising teachers and parents, camp teachers responsible for recreation activities where students may be exposed to insect bites, etc.).
 - Those responsible for making food (for example, camp managers and cooks/kitchen staff, parents on camp, etc).
- 2.11 Casual Relief staff are informed of students with a medical condition that relates to allergy and the potential for anaphylactic reaction through:
- CRT organiser or Level Team Coordinator informing new CRTs of children with risk of allergies and anaphylaxis, and showing where epipens and ASCIA plans are located in classroom and general areas.
 - Medical Alerts posted in classrooms, on staffroom wall, and in first aid room.
 - Individual class information is also available in the class roll folders, outlining individual students medical alerts and other wellbeing issues
- 2.12 The principal must ensure that the following school staff are trained in managing anaphylaxis,:
- School staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend; and
 - Any further school staff that the principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.
- 2.13 The principal must also ensure that staff participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis management training course in the 12 months prior, on:
- The school's anaphylaxis management policy;
 - The causes, symptoms and treatment of anaphylaxis;
 - The identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;



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- How to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector;
 - The school's general first aid and emergency response procedures; and
 - The location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.
- 2.14 The community will be informed of anaphylaxis *on enrolment and on a regular basis throughout the year. The information will* explain the need to minimise exposure to potential allergens by simple whole school rules such as not allowing food sharing, and restricting food to that approved by parents, keeping the lawns well mown, ensuring children always wear shoes, and not allowing drink cans at school.
- 2.15 The school will not ban certain types of foods (eg: tree nuts or peanuts) as it is not practicable to do so, and is not a strategy recommended by the Department of Education or the Royal Children's Hospital. However, the school will request that parents do not send those items to school.
- 2.16 One on One supervision of the child by a suitably qualified staff member is maintained throughout the anaphylactic event, and that includes after the administration of antihistamines or epipen/s.
- 2.17 Once a child has had an anaphylactic reaction *they must not*, under any circumstances be left alone. Wait with the child until the ambulance or parent arrives.
- 2.18 If the initial staff member must leave there is a handover to the replacement staff member, including a written record of what has happened to the point of their departure.

RATIFIED by School Council – May 2016

YEAR OF NEXT REVIEW: 2017