

ANAPHYLAXIS MANAGEMENT POLICY

*The Currajong School takes a zero-tolerance approach to child abuse and is fully committed to ensuring that its strategies, policies, procedures and practices meet all **Child Safe Standards as specified in Ministerial Order No. 1359 (2022)***

SCHOOL STATEMENT

The Currajong School will fully comply with Ministerial order 706 and the associated Guidelines published and amended by the Department from time to time.

In the event of an anaphylactic reaction, the school's first aid and emergency response procedures and the student's Individual Anaphylaxis Management Plan must be followed.

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 shell fish, wheat, soy, sesame and certain insect stings (particularly bee stings).

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline auto-injector such as an EpiPen® into 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/guidelines in the school community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies for the student.

- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Leadership team will ensure that an individual Anaphylaxis 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 excursions
- The name of the person 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/guardian, 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
 - ✦ 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/guardians:

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

It is the responsibility of the parent/guardian to:

- provide an ASCIA Action Plan completed by the child's medical practitioner with a current photo
- inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan with a current photo

COMMUNICATION

The Leadership team will be responsible for ensuring that a Communication Plan is developed to provide information to all staff, students and parents/guardians 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 and special event days.

Volunteers and casual relief staff 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 staff members.

The Principal is responsible for ensuring that all school staff are briefed at least twice a year by a staff member 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 auto-injecting device, including hands on practise with a trainer adrenaline auto-injecting device
- The school's first aid and emergency response procedures

STAFF TRAINING AND EMERGENCY RESPONSE

Teachers and other school staff who conduct classes with students at risk of anaphylaxis attend or give instruction to students at risk of anaphylaxis must have training in an anaphylaxis management training course.

At all other times the student is under the care or supervision of the school, including excursions, yard duty, and special event days, the Principal must ensure that there is a sufficient number of staff who have training in an anaphylaxis management training course.

Training for staff will be provided as soon as practicable.

The school's first aid procedures and student's emergency procedures plan must be followed in responding to an anaphylactic reaction.

An *Anaphylaxis Risk Management Checklist* is to be completed annually.

A spare or 'backup' adrenaline auto-injection device is part of the school first aid kit for general use.

RISK MINIMISATION AND EMERGENCY RESPONSE CONSIDERATIONS

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies.

Setting	Considerations
Classroom	<ul style="list-style-type: none"> • Display a copy of the students ASCIA Action Plan in the classroom. • Liaise with parents/guardians about food related activities ahead of time. • Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school's allergen minimisation strategies.

	<ul style="list-style-type: none"> • 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, 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. • Casual/relief teachers should be provided with a copy of the student's ASCIA Action Plan and refer to the classroom assistants who are familiar with the student. • The teacher in the classroom needs to send a second staff member (generally an assistant) to communicate that there is an anaphylactic emergency to the office and to get the child's ASCIA Action Plan and auto-injector. The teacher should remain with the child experiencing the reaction. • Staff are to follow the procedures on the child's ASCIA Action Plan. If paramedics deem that the child is to be sent to hospital, a teaching assistant should accompany the child in the ambulance, and take with them the child's medical authority form.
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Yard	<ul style="list-style-type: none"> • Students with anaphylactic responses to insects should wear shoes at all times. • Staff trained to provide an emergency response to anaphylaxis should be readily available during non class times (e.g. recess and lunch). • The adrenaline auto-injector should be stored in the designated location (on the bench under the first aid cupboard in the staffroom), where it is easily accessible from the yard • Teaching staff on duty need to send in the second staff member (generally an assistant) to communicate that there is an anaphylactic emergency to the office and to get the child's ASCIA Action Plan and auto-injector. The staff member on duty should remain with the child experiencing the reaction.
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	<ul style="list-style-type: none"> • Staff are to follow the procedures on the child's ASCIA Action Plan. If paramedics deem that the child is to be sent to hospital, a teaching assistant should accompany the child in the ambulance and take with them the child's medical authority form.
<p>On-site events (e.g. sporting events, in school activities, class parties)</p>	<ul style="list-style-type: none"> • For special occasions, class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student. • Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the schools allergen minimisation strategies. • Party balloons should not be used if a student is allergic to latex • Latex swimming caps should not be used by a student who is allergic to latex. • Staff are informed that the adrenaline auto-injectors are located in the staffroom on the bench under the first aid cupboard and are labelled with the child's name and photo. Back up auto-injectors are located in the same area. • Staff should avoid using food in activities or games.
	<ul style="list-style-type: none"> • Staff are to follow the procedures on the child's ASCIA Action Plan. If paramedics deem that the child is to be sent to hospital, a teaching assistant should accompany the child in the ambulance, and take with them the child's medical authority form.
<p>Off-site school settings - excursions, adventure days</p>	<ul style="list-style-type: none"> • The student's adrenaline auto-injector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all excursions. One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the auto-injector should accompany the student on excursions. All staff present during the excursion need to be aware if there is a student at risk of anaphylaxis. • Staff are to follow the procedures on the child's ASCIA Action Plan. If paramedics deem that the child is to be sent to hospital, a teaching assistant should accompany the child in the ambulance, and take with them the child's medical authority form. • The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required). • The adrenaline auto-injector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school's first aid kit backpack.

- Students with allergies to insect venoms should always wear closed shoes when outdoors.

EVALUATION

This policy will be reviewed as per our three-year review cycle or more often if necessary due to changes in regulations or circumstances.

Approval date:	Approved by:	Next review:
October 2021	School Board	October 2024



The Currajong School acknowledges the traditional owners of this country throughout Australia and their continuing connection to land and community. We pay our respects to them and their cultures and to the Elders past, present and emerging.