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## **ANAPHYLAXIS MANAGEMENT POLICY**

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(April 2019)

To live and learn in harmony,  
Caring for each other;  
Treating everybody as a sister and a brother;  
Reflecting Christ's actions and His message too,  
By striving for excellence in all that we do.

## **ANAPHYLAXIS MANAGEMENT POLICY**

### **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 (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 those triggers. Partnership between school and parents is important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline administered through an Epipen or its equivalent to the muscle of the outer thigh is the most effective first aid treatment of 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 schooling
- to raise awareness about anaphylaxis and the school's anaphylaxis management plan in the school community
- to engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and the 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 Headteacher will ensure that parents of students, who have been diagnosed by a medical practitioner as being at risk of anaphylaxis, understand that their medical practitioner must provide an up-to-date individual anaphylaxis management plan to the school as early as possible.

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls, and if possible, prior to the student starting school.

The individual anaphylaxis management plan will set out the following:

- information about the diagnosis, including the type of allergy or allergies 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

- information on where the student's medication will be stored
- contact details for the student
- the procedure for managing an emergency (ASCIA Action Plan), which is provided by the parent.
- Each student's individual management plan will be reviewed, in consultation with 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 the emergency procedure plan to the school
- inform the school if their child's medical condition changes, and if relevant, provide an updated emergency procedure plan
- provide an up-to-date photo for the emergency procedure plan when the plan is provided to the school and when it is reviewed.

## **COMMUNICATION PLAN**

The Headteacher 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/plan.

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

The Designated First Aider will ensure all staff are informed of students at risk and what their role is in responding to an anaphylactic reaction by a student in their care.

This includes:

- being alerted to the relevant anaphylaxis information in class rolls, and
- if replacing a specialist teacher, having access to the specialist timetable, which identifies classes with anaphylactic students.

All staff will be briefed once each term by a staff member with up-to-date anaphylaxis management training on

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the students diagnosed at risk of anaphylaxis and the location of medication
- the correct use of the auto adrenaline 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 will have up-to-date training in an anaphylaxis management training course.

At other times while a student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the Headteacher will ensure that there is a sufficient number of staff present who have up-to-date training in an anaphylaxis management.

## **GENERAL**

- Epipens labelled with the student's name and instructions for use are stored in the class First Aid bag and in the school office if possible;
- each student's ASCIA plan is located in the main office in the pupils file and readily accessible;
- the names of each individual student at risk is displayed in the school staff room/ each classroom has a record of anaphylactic children on the teacher's 3sys system.
- the designated first aid officer is responsible for checking the expiry dates of the auto adrenaline injecting devices and will notifying parents prior to expiry;
- each student's action plan is updated annually by the student's medical practitioner;
- each classroom register has a copy of information of each student at risk of anaphylaxis;
- in the event of a suspected anaphylactic emergency, an ambulance will be called;
- the school will liaise with parents/carers about food related activities;
- on school excursions and sporting events, the auto adrenaline injecting device will remain close to the student. Consideration is given in planning ahead for food and meals for students at risk of anaphylaxis;
- all students at risk of anaphylaxis must provide an auto adrenaline injecting device and ASCIA action plan;
- staff are routinely briefed about students at risk of anaphylaxis.

## **ANAPHYLAXIS COMMUNICATION PLAN**

The Ursuline Prep School has taken steps to ensure effective communication of students at risk of anaphylaxis.

1. Anaphylaxis action plans are located in the staff room and include students' names.
2. All staff undergo regular briefings on anaphylaxis, the symptoms and emergency responses.
4. All staff with a student at risk of anaphylactic responses in their classroom, will be briefed at the beginning of the year, to ensure their awareness of the issues related to these students.
5. Parents/carers of anaphylactic students will be contacted each year to ensure we have the most up-to-date anaphylactic management plan available.

## **EMERGENCY MANAGEMENT**

In the event of an anaphylactic episode in the classroom:

- the teacher in charge will contact the office. When it is decided to use the Epipen; 999 will be rung immediately. A mobile phone will be used if the child is not located in the office area.

In the school playground:

- in the event of an anaphylactic episode, the class duty teacher will contact the office and will provide the name of the student so their personal auto adrenaline injecting device can be taken to the scene directly.
- after contacting the office, the office staff will call 999 for ambulance/emergency advice;

At excursions/sports:

- the School will inform the organisation of any students with anaphylaxis to ensure that appropriate arrangements are made for students.
- the auto adrenaline injecting device will accompany students at risk of anaphylaxis to all excursions and sports events
- the injecting device will be kept within close proximity of the student
- in the event of an anaphylactic episode, the supervising teacher will administer the auto

adrenaline injection

- the supervising teacher will ring 999 for medical assistance
- if the episode takes place at another school or establishment, first aid assistance will be sought
- for residential trips: Parents will be fully informed of the relevant considerations such as:
  - the remoteness of the trip (distance to nearest hospital)
  - mobile telephone coverage. (In some locations, coverage is not reliable)

### **Anaphylaxis communication/management**

Classroom including specialists,

- every teacher will receive individual anaphylactic management plans (including photographs) for all anaphylactic children in their grade level.
- specialists will have the names of all children who have Anaphylaxis.

### **EMERGENCY RESPONSE INSTRUCTIONS**

During break times and lunch times

Anaphylactic episode

1. Identify the student and verify they have an individual anaphylactic management plan.
  2. Contact the office immediately and if feasible take the child to the sick room and locate the management plan.
  3. If the child cannot be moved from the playground, collect the epipen from the First Aid bag and administer treatment there whilst contacting 999 by a mobile phone for emergency medical assistance
- clearly explain that this child is suffering a suspected anaphylactic reaction

During instruction time (in classrooms or specialists)

Anaphylactic episode

1. Identify the student and verify they have an individual anaphylactic management plan.  
See classroom roll or display if in specialist room
2. Get assistance from classroom teacher next door as help is sought from the office.  
Move child to the office if possible, and then undertake emergency response management
3. The office will ring 300 for emergency medical assistance and notify relevant staff to provide support as soon as practicable.