



McKinnon Primary School

Anaphylaxis Policy

1. Purpose:

- 1.1. Anaphylaxis is a severe, rapid progressive allergic reaction that is potentially life threatening. The most common allergens in school-aged children are nuts, eggs, dairy, fish, wheat, soy, sesame, latex, insect stings and medication.
- 1.2. Adrenaline given through an autoadrenaline injecting device- Epipen - to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

2. Aim:

- 2.1. To provide, as far as practicable, a safe supportive environment, in which students at risk of anaphylaxis, can participate equally in all aspects of their schooling.
- 2.2. To ensure that each staff member has adequate knowledge about allergies & anaphylaxis and the school's policy and procedures is adequate in responding to an anaphylactic reaction.

3. Implementation:

The school will manage anaphylaxis in the following manner:

3.1. Management of students diagnosed as at risk of anaphylaxis

3.1.1. Individual Management Plans

- 3.1.1.1. that the principal of the school is responsible for ensuring that the Individual Anaphylaxis Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis.
- 3.1.1.2. must be in place as soon as practicable after the student enrolls, and where possible before the student's first day of attendance at the school.

3.1.2. Individual Management Plans must include the following:

- 3.1.2.1. that the principal of the school is responsible for ensuring that the Individual Anaphylaxis Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis.
- 3.1.2.2. must be in place as soon as practicable after the student enrolls, and where possible before the student's first day of attendance at the school.
- 3.1.2.3. must include the following:
 - 3.1.2.3.1. information about the medical condition that relates to the allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner);
 - 3.1.2.3.2. strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school;
 - 3.1.2.3.3. the name of the person/s responsible for implementing the strategies
 - 3.1.2.3.4. information on where the student's medication will be stored
 - 3.1.2.3.5. the student's emergency contact details;
 - 3.1.2.3.6. an action plan in a format approved by the Australasian Society of Clinical Immunology and Allergy (here after referred to as an ASCIA Action Plan), provided by the parent.
- 3.1.2.4. must be reviewed annually;
 - 3.1.2.4.1. If the student's medical condition, insofar as it related to allergy and the potential for anaphylactic reaction, changes;
 - 3.1.2.4.2. as soon as it is practicable after a student has an anaphylactic reaction at school;
 - 3.1.2.4.3. when a student is to participate in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.
- 3.1.2.5. parents must provide an ASCIA Action Plan;
 - 3.1.2.5.1. inform the school in writing if their child's medical condition, insofar as it related to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated ASCIA Action Plan
 - 3.1.2.5.2. provide an up to date photo for the ASCIA Action Plan when that plan is provided to the school and when it is reviewed;
 - 3.1.2.5.3. provide the school with an adrenaline autoinjector that is current and not expired for their child.

3.2. School management of anaphylaxis



McKinnon Primary School

Anaphylaxis Policy

3.2.1. Must have in place prevention strategies.

3.2.1.1. banning of food or other products is not a strategy recommended (by the Royal Children's Hospital or the Department) due to the possibility of encouraging complacency among staff and students, the presence of hidden allergens and the difficulty monitoring and enforcing such a ban;

3.2.2. promoting community awareness and a 'non-sharing' approach are recommended.

3.3. School management and emergency response

3.3.1. a sufficient number of staff to hold a Level 2 First Aid qualifications including CPR.

3.3.2. all staff identified by Principal will undergo Anaphylaxis training.

3.3.3. information (including photos) of students with anaphylaxis will be displayed.

3.3.4. on the wall at the exit door next to the Evacuation/Emergency Management Plan.

3.3.5. on the wall in the First Aid Room.

3.3.6. school copies are kept;

3.3.6.1. in a labelled folder 'Student Medical Conditions/Plans' on the desk in First Aid.

3.3.6.2. in the 'Emergency Response' bag.

3.3.6.3. with medication.

3.3.7. On camps copies are kept.

3.3.7.1. with confidential medical forms.

3.3.7.2. with medication.

3.4. Adrenaline autoinjectors for general use

3.4.1. the principal is responsible for arranging for the purchase of additional adrenaline autoinjector/s for general use and as a back up to those supplied by parents;

3.4.2. the principal will determine the number and type of adrenaline autoinjectors/s for general use to purchase and in doing so consider all of the following.

3.4.2.1. the number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction;

3.4.2.2. the accessibility of adrenaline autoinjectors that have been provided by parents;

3.4.2.3. the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the school, including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school;

3.4.3. that adrenaline autoinjectors have a limited life, usually expiring within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

3.5. Communication plan

3.5.1. the school 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;

3.5.2. ensure the Communication Plan includes strategies for advising school staff, students & parents about how to respond to an anaphylactic reaction:

3.5.3. during normal school activities including in the classroom, in the school yard, in all school buildings and sites including the gymnasium and learning centres;

3.5.4. during off site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school.

3.5.5. ensure there are procedures in place to inform volunteers and CRT of students with a medical condition that related to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction of a student in their care;

3.5.6. ASCIA plans are displayed on classroom walls next to exit door near evacuation/emergency management information

3.6. Staff training

3.6.1. school staff who instruct classes with students with a medical condition related to allergy and the potential for anaphylactic reaction must be trained.

3.6.2. any further school staff that the principal identifies, based on an assessment of risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.

3.6.3. school staff are required to;



McKinnon Primary School Anaphylaxis Policy

- 3.6.3.1. have successfully completed an anaphylaxis management training course in the three years prior;
- 3.6.3.2. participated in a briefing, to occur twice yearly 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.
- 3.6.3.3. be aware of the school's anaphylaxis management policy;
- 3.6.3.4. be aware of the causes, symptoms and treatment of anaphylaxis;
- 3.6.3.5. know the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction & where their medication is located;
- 3.6.3.6. know how to use an adrenaline auto injector, including hands on practice with a trainer adrenaline autoinjector
- 3.6.3.7. be aware of the school's general first aid & emergency response procedures;
- 3.6.3.8. know the location of, and access to, adrenaline autoinjectors that have been provided by parent or purchased by the school for general use.
- 3.6.3.9. if for any reason training and briefing has not yet occurred in accordance with the above, the principal must develop an interim plan in consultation with the parents of any affected student with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.

3.7. Annual risk management checklist

- 3.7.1. The school principal will complete an annual Risk Management Checklist to monitor their obligations, as published and amended by the Department from time to time.

4. Evaluation

- 4.1. This policy will be reviewed as part of the school's three-year review cycle.
Review Date: August 2019

This policy was last ratified by School Council in: August 2016