

Anaphylaxis Management Policy

This policy addresses issues in relation to:

Safe and Supportive Environment – Student Welfare 3.6.2

(See also Policies on Medical Care and Duty of Care)

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 shellfish, 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 the school and parents/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

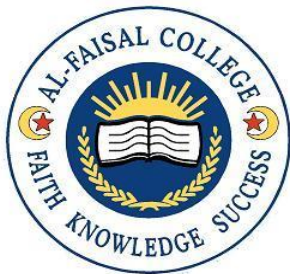
Al-Faisal College is a Nut Aware school and it acknowledges that due to food processing practices, it is difficult to eliminate nuts or nut products entirely. Nevertheless, effort will be taken by the College to minimise the exposure of allergens to students.

Purpose

- 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.
- raise awareness about anaphylaxis and the school's anaphylaxis management policy/guidelines in the school community.
- engage with parents/guardians of each student at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for the student.
- ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

Management

- It is the responsibility of the parent/guardian to notify the school and canteen that their child is at risk of an anaphylactic reaction either at the time of enrolment, or if the student is enrolled, as soon after diagnosis as possible.



- If written information provided by the parent confirms that their child has been assessed as being at risk of anaphylaxis, **an individual health care plan will be formulated by the principal/school nurse in consultation with the parent and staff**. The individual health care plan will incorporate an emergency response plan and a plan for the avoidance of known allergens, based on advice from the student's parent and medical practitioner.
- The plan will be reviewed annually, as and when the student's medical condition changes or after the student suffers an anaphylactic reaction at school. The plan should outline:
 - i. information about the student's diagnosis;
 - ii. strategies that the school should take to minimise risk (and the person responsible for implementing these);
 - iii. the location of the student's medication; and
 - iv. emergency contact details and an emergency response plan signed by the student's doctor.
- The College will educate the students about anaphylaxis and encourage the exclusion of all nuts and nut products.
- Staff are provided with relevant and regular training annually.
- The auto-injectors provided by parents will be stored in the front office for easy access. The auto-injectors are stored with the student's emergency response plan, any other medication, and a recent photograph of the student. The school nurse will regularly check the expiry date on auto-injectors and give parents notice when the student's auto-injector is due to expire.
- In an emergency the first aid procedures and the student's emergency response plan will be followed

Role of School Nurse in Consultation with Principal or Principal's Delegate

- a) seek information from parents about allergies that affect their child as part of health information at enrolment or as part of regular health updates;
- b) where the information from the parent indicates that their child has allergies, provide a copy of the Medical Alert form to the parents for completion in consultation with their child's medical practitioner;
- c) determine whether the information provided by the parent on the Medical Alert form indicates the need for further discussion with the parents. If the form indicates the student has an allergy/s or has either been hospitalised or prescribed an EpiPen, a meeting should be organised with the parents.
- d) meet with parents and seek written permission to contact the medical practitioner and to share information about the student's condition with staff
- e) provide staff with information about the individual student's severe allergy as agreed with the parent;

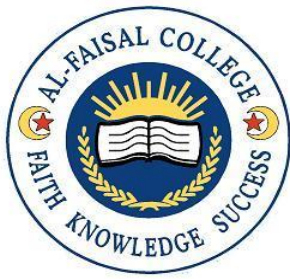


- f) conduct an assessment of potential exposure to allergens in the student's routine and identify issues to be addressed in implementing an emergency response plan.

Consider:

- i. routine classroom activities, including lessons in other locations around the school;
 - ii. non-routine classroom activities;
 - iii. non-routine school activities;
 - iv. before school, recess, lunchtime, other break or play times;
 - v. sport or other programmed out of school activities; and
 - vi. excursions, including overnight excursions and school camps;
- g) develop an individual health care plan in consultation with relevant staff, the parent and student to incorporate:
- i. strategies for avoiding the student's exposure to allergens
 - ii. medical information provided by the child's medical practitioner; and
 - iii. emergency contacts;
- h) develop an implementation strategy that addresses the training needs of staff and communication strategies for relevant aspects of the individual health care plan, including with other parents and students;
- i) implement the strategy;
- j) review the individual health care plan annually at a specified time (e.g. beginning of the school year) and at any other time where there are changes in:
- i. the student's health needs;
 - ii. staff, particularly class teacher, year/faculty coordinator or adviser or any staff member who has a specific role in the plan;
 - iii. other factors that affect the plan, for example, when an allergic reaction or anaphylactic event occurs.

Note: Severe allergic reactions or anaphylaxis can occur when there is no history of known allergies. This situation should be treated like any other emergency. An ambulance should be called and first aid provided until expert help arrives.



Promotion

The policy will be promoted by:

- Parents and caregivers being informed via the Newsletter, school app and information evening.
- Staff being informed and provided with training opportunities.
- Students being informed via teachers, signs and assemblies.

Date of Policy:
January 2018

Proposed review date of
policy: January 2020
*or earlier where amendments in
legislation require immediate policy
reviews*