
Policy: Anaphylaxis Management

School: Benalla P-12 College

Section: Students 3.8

Version: Five

SECTION THREE: STUDENTS 3.8 Anaphylaxis Management

Benalla P-12 College will comply with Ministerial order No 706 and follow/implement all guidelines related to anaphylaxis management in schools as published and amended by the department

Basis Beliefs:

- 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 (eg. Cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.
- Partnerships between schools and parents are important in minimising anaphylaxis reaction
- Adrenaline given through an adrenaline auto-injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

The School will:

- 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 students schooling.
- Raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- Engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- Ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.
- Maintain a data base to ensure all medications are monitored for expiry dates.

Implementation:

- The principal will ensure that an individual management plan is developed in consultation with the student's parents/carers, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- The individual anaphylaxis management must be provided by parents/carers on diagnosis or on enrolment into the college and or where possible before the first day of school and given to the nominated first aid person at each campus.
- The individual anaphylaxis management plan will include:
 - 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.
- The name of the person/s 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, that: sets out the emergency procedures to be taken in the event of an allergic reaction and is signed by the medical practitioner who is treating the child. This should also include an up to date photograph of the student.
- If the ASCIA Action Plan has not been signed by a GP at the start of the student's commencement date at school, a basic general ASCIA Action Plan will be sent to the parents. This will be accompanied by a letter stating that this will be the emergency treatment given to the student: if the Plan has not returned.
- The student's individual management plan will be reviewed 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. When a student is to participate in an off-site activity such as camps and excursions.
- It is the responsibility of the parent/carer to:
 - Provide the emergency procedures plan (ASCIA Action Plan).
 - Inform the school if their child's medical condition in so far as it relates to allergy 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 the school with an adrenaline auto injector that is current and not expired for their child. This will be checked by the first aid officer at each campus when provided to the school.
 - Provide verbal or written confirmation to the school from a GP or qualified medical professional if the student is deemed no longer to have anaphylaxis.
- The principal 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. This 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, on school camps and special event days.
- All staff will be required to hold a current Anaphylaxis Management Training Certificate. Training will be provided through the school by an outside provider to keep the Certificate current. Staff will also be briefed annually by the adolescent health nurse/qualified teaching staff on:
 - The school's anaphylaxis management policy.
 - The students who are at risk of anaphylaxis
 - The causes, symptoms and treatment of anaphylaxis and where medication is located.
 - How to use an auto adrenaline injecting device.
 - The school's first aid and emergency response procedures.
- A copy of the student's individual anaphylaxis management plan will be available in the office, staffroom and canteen. It is each staff member's responsibility to review these individual student plans and know the first aid response to an anaphylactic episode. This includes new staff and substitute teachers who will be orientated to where these are on their first day by the First Aid Officer or daily organiser.

- Students medication for the treatment of Anaphylaxis (adrenaline auto injector), will be kept in the office unless the student has been instructed by his / her doctor to keep the adrenaline auto injector with them at all times.
- A spare adrenaline auto injector will be kept in the office and must be carried in the First Aid Kit for any excursions that include students who have a been diagnosed with anaphylaxis and are leaving the school grounds. The designated First Aid Officer on each campus will ensure that the adrenaline auto injectors are current and have not passed their expiry date.
- There will also be a spare adrenaline auto injector on each campus that can be taken on camps or excursions that do not necessarily have any diagnosed students in those groups. If a student has a severe allergic reaction but has not been previously diagnosed with the allergy or as being at risk of anaphylaxis, 000 should be called immediately. Follow any instructions given by emergency services, as well as the school's normal first aid emergency procedures.
- The school's first aid procedures and student emergency procedures will be followed in responding to an anaphylactic reaction.

ANAPHYLAXIS TRAINING REGISTER

- A data base containing the following information will be saved on our staff shared point
 - Name
 - Level of course
 - Provider details – First Aid and Anaphylaxis
 - Date of completion of course
 - Renewal updates (CPR every 12 months)
 - Expiry date of certificate
 - Date for renewal
- HR - to set up and maintain data base.
- PD Coordinator – ensure adequate funding available in program budgets for all staff to be trained at Level 2 first Aid and 12 monthly CPR updates and Anaphylaxis updates and/or training. PD Coordinator is to coordinate and organise appropriate training and updates.

Basis for discretion:

The basis for discretion lies with the Principal as an operational matter.

Date Implemented	2012
Reviewed and Amended Version One:	May, 2013
Reviewed and Amended Version Two:	June, 2013
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