



# Anaphylaxis Policy

Policy Code: PW-AP  
To be Reviewed:  
2020  
Ratified: Dec 2017

## **Identity Statement**

To provide a school community that draws on the traditions of the Brigidine Order, that celebrates life, reaches out to others and actively cares for our world.

## **Vision Statements**

*St Patrick's Primary School strives to:*

- Guide and support students on their faith journey through experiences of the Catholic tradition, building a strong sense of belonging, responsibility and wonder within our school, church and global communities.
- Develop an environment that builds on student resilience, self - respect, confidence and empathy – in partnership with families.
- Foster a learning environment that provides a holistic education that nurtures all learners in order for them to realise their full potential.
- Model and foster a safe and supportive environment for students and their families within the school community.
- Provide learning and teaching experiences that promote decision making.
- Conserve God's creation and recognise the traditional owners of the land.

## **Graduate Outcomes**

*We endeavour to create graduates who will:*

- Have a dynamic faith
- Be committed to social justice
- Be environmentally aware
- Develop and sustain loving relationships
- Be life-long learners
- Realise their potential
- Be creative problem-solvers
- Be resilient, confident and independent
- Be respectful
- Have courage and integrity
- Be self-aware
- Enjoy their experiences

## **Rationale**

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 venom (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 school and parents/guardians are important in helping the student avoid exposure. In the event of an anaphylactic reaction, schools must ensure that an adequate number of staff members can identify signs and symptoms and implement emergency response procedures including administering an adrenaline auto-injector. Adrenaline given through an adrenaline auto-injector (such as an EpiPen® or Anapen®) 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 their schooling.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks and developing risk minimization 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.
- To raise awareness about anaphylaxis and the school's anaphylaxis policy in the school community.

## **Responsibilities**



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## *Parents/Guardians:*

- Inform the principal of their child's allergies and provide an Anaphylaxis Action Plan for anaphylaxis completed by the child's medical practitioner with a current photo if the student is at risk of anaphylaxis.
- Provide the adrenaline auto injector and any other relevant medications (e.g. antihistamines) to the school. These can be left at the school long term or placed in the designated area of the Sick Bay.
- If left at the school it is the parent's responsibility to replace medications before expiry.
- Alert staff to the additional risks associated with non-routine events and assist in planning and preparation for the student prior to excursions, school camps, field trips, in school activities or special events such as class parties or sport days.
- Educate their child about only eating food provided from home. It is important to reinforce that their child should not share food with other students.
- Are encouraged to provide a box of safe treats for students at risk of anaphylaxis. Food from outside sources (e.g. birthday cakes) will not be given to the student (unless permission is given by the parent/guardian prior).
- Inform staff of any changes to their child's condition or emergency contact details.

## *Principal/Delegate:*

- Ensure that parents/guardians provide the student's adrenaline auto injector and other relevant medications (e.g. antihistamine). Confirm that all medical satchels can be located in the designated area of the Sick Bay.
- Ensure that there is an adequate number of staff trained in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline auto injector. This should also include regular practice using adrenaline auto injector training devices.
- Provide information to all staff (including relief teachers, specialist staff, new staff, casual staff, office staff) so that they are aware of the students who are at risk of anaphylaxis, the student's allergies, the school's risk minimisation strategies and Emergency Response Plan.
- Provide or arrange post-incident support (e.g. counseling) for students, parents and staff, if needed or appropriate.
- Work with staff to develop risk management strategies and to increase awareness about severe allergies amongst school staff, students and the school.

## *Staff:*

- Know the identity of the student's in their care that are at risk of anaphylaxis.
- Know the school's risk minimisation strategies and individual student's strategies as indicated in the Individual Anaphylaxis Care Plan.
- Understand the causes, symptoms and treatment of anaphylaxis.
- Know where the student's adrenaline auto injector and other medication are kept.
- Know that the adrenaline auto injector is designed so that anyone can administer it in an emergency.
- Undertake training on how to recognise and respond to an anaphylactic reaction, including administering an adrenaline auto injector.
- Know the school's Emergency Response Plan and their role in relation to responding to an anaphylactic reaction.
- Ensure that the Action Plan for anaphylaxis, adrenaline auto injector and other medication is taken on any excursions, field trips, sports events or camps.
- Plan ahead for special class activities or occasions such as excursions, in school activities, sport days, camps and parties. Work with parents/guardians to provide appropriate food for the student.
- School has register to notify parents of expiry dates of medication and a note and follow up call will be made to these parents
- The school has an epi pen in case of emergency

| <b>Risk Minimisation Strategies</b> |            |       |
|-------------------------------------|------------|-------|
| Setting                             | Strategies | Audit |



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| <p><b>Universal</b></p>   | <ul style="list-style-type: none"> <li>The parents must provide the adrenaline autoinjector, and ASCIA action plan for anaphylaxis and any other relevant medications (e.g. antihistamines) to the school (refer to comments under parent responsibilities).</li> <li>These items will all be stored in an individual container provided by the school. The container is easily identified by the outward facing ASCIA action plan for anaphylaxis which has a photo of the student. The expiry date of medications is noted on a sticker on the front of the container. Staff will take the entire container in the event of an emergency.</li> <li>In addition to the autoinjector kept in the central location, parents may also choose to have additional adrenaline autoinjector(s) in their child's class or carried by the student or supervising staff as deemed appropriate. These requirements will be documented in the Individual Anaphylaxis Health Care Plan and communicated to all staff.</li> <li>One 'general use' adrenalin autoinjector and General Action Plan for anaphylaxis will be stored in the Staff Room. This autoinjector will not replace the prescribed adrenalin autoinjector. It is to be used if a student is experiencing anaphylaxis for the first time, if a second dose of adrenalin is required because symptoms persist after five minutes or if there is a problem with administering the student's prescribed adrenalin autoinjector.</li> <li>A copy of the student's Action Plan for anaphylaxis will also be located in the classroom, sick bay,</li> <li>The school Emergency Response Plan will be implemented in the event of an anaphylactic emergency to ensure prompt access to medication.</li> <li>The school community is made aware of anaphylaxis including risk minimisation strategies through the school newsletter, meetings and allergy awareness week.</li> </ul> |  |
| <p><b>Staff</b></p>       | <ul style="list-style-type: none"> <li>All staff will be familiar with the Anaphylaxis Policy and Emergency Response Plan.</li> <li>Staff trained to provide an emergency response to anaphylaxis will be readily available during class and non-class times (e.g. recess and lunch).</li> <li>Relief teachers will be made aware of the Anaphylaxis Policy, Emergency Response Plan when signing the visitor's book. They are also informed if they have a student at risk of anaphylaxis in their classroom.</li> </ul>  |  |
| <p><b>Classroom</b></p>   | <ul style="list-style-type: none"> <li>The classroom teacher will liaise with parents/guardians about food related activities ahead of time.</li> <li>Staff will avoid using food in activities or games, including rewards.</li> <li>Staff will be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).</li> <li>Staff will be aware that other substances containing allergens should not be used in the presence of students at risk of anaphylaxis (e.g. soaps, lotions, sunscreens, birdseed).</li> <li>Food from outside sources (e.g. birthday cakes) will not be given to students at risk of anaphylaxis (unless permission is sort from the parents/guardians).</li> <li>Teachers will have regular discussions with all students about the importance of their role in fostering a safe school environment for their peers (e.g. no sharing food, washing hands, reporting the presence of nut products).</li> </ul>   |  |
| <p><b>Lunch/Snack</b></p> | <ul style="list-style-type: none"> <li>The classroom teacher will liaise with parents/guardians about food related activities ahead of time.</li> <li>Staff will avoid using food in activities or games, including rewards.</li> <li>Staff will be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).</li> <li>Staff will be aware that other substances containing allergens should not be used in the presence of students at risk of anaphylaxis (e.g. soaps, lotions, sunscreens, birdseed).</li> <li>Food from outside sources (e.g. birthday cakes) will not be given to students at risk of anaphylaxis (unless permission is sort from the parents/guardians).</li> <li>Teachers will have regular discussions with all students about the importance of their role in fostering a safe school environment for their peers (e.g. no sharing food, washing hands, reporting the presence of nut products).</li> </ul>   |  |
| <p><b>Off Site</b></p>    | <ul style="list-style-type: none"> <li>The school will consult parents/guardians in advance to discuss issues that may arise during excursions or school camps. Parents/guardians may wish to accompany their child to provide support. Depending on the duration and location of a school camp, an emergency response plan may be developed.</li> <li>The student's adrenaline auto injector, Action Plan for anaphylaxis and a mobile phone to contact emergency assistance will be taken on all excursions and school camps.</li> </ul>   |  |

Adapted from: Anaphylaxis Management Guidelines for Western Australian Schools. Government of Western Australia. December 2009

Principal Signature: \_\_\_\_\_



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Board Member Signature: \_\_\_\_\_