



Scarborough Primary  
School  
An Independent Public School

# 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 (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 schools 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.

## 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 raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks and developing risk minimisation 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.

## Individual Anaphylaxis Health Care Plans

- The principal will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of school.
- The student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:
  - annually, and as applicable;
  - if the student's condition changes;
  - immediately after the student has had an anaphylactic reaction.
- It is the responsibility of the parent/guardian to:
  - provide an Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plan completed by the child's medical practitioner with a current photo;
  - inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan.

## Communication

The principal will be responsible for providing information to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management

strategies. Volunteers and casual relief staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

### **Staff training and emergency response**

While a student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal will ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis.

Training will be provided to key staff as soon as practicable after a student enrolls. Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the student's parents/guardians.

The school's first aid procedures and student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

### **Risk minimisation**

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school will employ a range of practical prevention strategies, on a case by case basis, to minimise exposure to known allergens. Further information on this range of strategies can be obtained by contacting the principal.

Endorsed by School Board: June 2021

Proposed review date: May 2024