



Anaphylaxis Policy

Aims

- A. To minimise risk for students who have identified allergies.
- B. To ensure staff are trained in the identification and management of acute allergic reaction.

Scope and Application

This policy is available on the school website and is included in the staff induction manual.

This policy applies to:

- A. Employees
- B. Students
- C. Parents
- D. Community members
- E. Visitors to the school

Definitions

- A. **Allergens** – Substances that can cause an allergic reaction
- B. **Allergy** – Is when the immune system responds to a substance in the environment (allergen) which is usually harmless e.g. Dust, insect venom, foods.
- C. **Severe Allergy** – An allergy which could result in a life-threatening situation.
- D. **Anaphylaxis** - a severe, rapidly progressive allergic reaction resulting in low blood pressure, swelling of tissues in the respiratory system, leading to difficulty breathing and possible death.
- E. **Critical Incident** - A critical incident is an incident in which there is a high likelihood of traumatic effects or evoking unusual or unexpectedly strong emotional reactions, which has the potential to interfere with the ability of the individual, group or school to function either at the time or later – *see Critical Incident Policy*.
- F. **Reportable Incident** – a subset of critical and emergency incidents that must be reported to the Director General of the Department of Education Services within 48 hours of the event occurring – *see Critical Incident Policy*.

Principles

- A. 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 their schooling. This involves identification of students at risk and the development of a health care plan for students with anaphylaxis.
- B. All teachers will be made aware of those students in their care who have severe allergies through the provision of lists to teachers and the displaying of lists in key locations. Teachers will have easy access to relevant medical records if a student requires emergency care.
- C. As severe reactions can occur unpredictably, any allergic reaction should be taken seriously and treated as a potential medical emergency requiring immediate treatment.
- D. Any medical emergency or event that evolves to a Critical Incident must be reported to the Chair of the Board and in the case of a 'Reportable Incident', the Director General of Educational Services must be informed within 48 hours of the event occurring – *see Critical Incident Policy*.
- E. Accurate and up to date medical records will be kept (collected at the point of enrolment and kept up to date) so as to identify students at risk, the known triggers for an allergic reaction, higher risk activities/events, and recognition of the student's symptoms.
- F. Awareness about allergies and anaphylaxis will be promoted throughout the school community to alert families to the strategies the school has in place (e.g. no sharing of food, washing hands after eating) and to educate students to be allergy aware and supportive of those at risk.
- G. For students who have identified severe allergies, parents will be actively involved in assessing risks, and developing risk minimisation and management strategies for the student.
- H. Staff members will have an understanding of the causes, signs and symptoms of anaphylaxis through appropriate and up-to-date training in the prevention, recognition and treatment of anaphylaxis and a clear understanding of their role in the school's emergency response procedures.
- I. Appropriate medications to respond to severe allergies will be stored on-site and regularly checked for expiry dates.
- J. Students at risk of anaphylaxis will be clearly identified to all staff.
- K. Regular review of risk minimisation strategies and management of anaphylaxis will be conducted.

Responsibilities

- A. **Board**
 - 1. Develop, update and review this policy.
 - 2. Ensure this policy is implemented.

3. Oversee reportable incident reporting to DES in conjunction with Principal and ensure that the Principal reports all reportable incidents to the Director General of DES within 48 hours.
4. Ensure all critical incident reports are provided by the Principal and are tabled at a Board meeting and reflected in the minutes.

B. Principal

1. Oversee implementation of this policy.
2. Meet with parents/guardians to develop an Individual Anaphylaxis Health Care Plan for the student.
3. Ensure that an adequate number of staff are trained in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector. This should also include regular practice using adrenaline autoinjector training devices (e.g. at least twice yearly).
4. Encourage ongoing communication between parents/guardians and staff about the current status of the student's allergies, the school's procedures/strategies and their implementation.
5. In consultation with parents/guardians, review the student's Individual Anaphylaxis Health Care Plan annually, after a severe allergic reaction or if the student's circumstances change.
6. Provide or arrange post-incident support (e.g. counselling) for students and staff, if needed or appropriate.
7. Notify the Director General of the Department of Education Services of any reportable incidents within 48 hours using the [Critical and emergency incident report form](#) – see *Critical Incident Policy*.
8. Inform the Board of all critical incidents. The Board must be provided with a report of the critical incident by the Principal, and receipt of the report needs to be documented in the Board minutes.
9. Work with staff to conduct regular reviews of risk minimisation strategies.
10. Work with staff to develop strategies to increase awareness about severe allergies amongst school staff, students and the school community.
11. Ensure the school has current medication readily available for the treatment of anaphylaxis if a student has a diagnosed severe allergy.
12. Ensure the school community has been informed and/or educated about risks to current students and how to minimise them wherever possible.
13. Make recommendations to the Board or class teachers about modifying the school environment when necessary or possible.
14. Ensure a critical incident report is completed if a student is treated for anaphylaxis.

C. Administration Staff

1. Ensure student health records are kept up to date and accessible.
2. Ensure that parents/guardians provide the student's adrenaline autoinjector (EpiPen), that it is stored correctly and that it is replaced before it expires.
3. Actively seek information to identify a student with severe life-threatening allergies at enrolment (e.g. ASCIA Action Plan completed by the student's medical practitioner).
4. Request that parents/guardians provide an ASCIA Action Plan that has been completed by the student's medical practitioner and has an up to date photograph of the student. Provide information to all staff (including specialist staff, new staff, sessional staff, casual/relief staff and office staff) so that they are aware of the student who is at risk of anaphylaxis, the student's allergies, the school's risk minimisation strategies and emergency response procedures. This can include providing copies or displaying the student's ASCIA Action Plan in canteens, classrooms and staff rooms (subject to parent/guardian agreement).

D. Staff

1. Have knowledge of all students in the school with severe allergies and how to minimise risks to them.
2. Understand the causes, symptoms, and treatment of anaphylaxis.
3. Understand allergens in food and the environment in order to minimise exposure to children with severe allergies.
4. Complete first aid training, and if required undertake training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector (EpiPen).
5. Complete an incident report if required to administer medication for anaphylaxis.
6. Know the school's first aid emergency procedures and their role in relation to responding to an anaphylactic reaction.
7. Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and ensure it is followed in the event of an allergic reaction.
8. Know where the student's adrenaline autoinjector is kept. Remember that the adrenaline autoinjector is designed so that anyone can administer it and it can be used on anyone in an emergency.
9. Know the risk minimisation strategies in the student's Individual Anaphylaxis Health Care Plan and ensure they are followed.
10. When on out of school programs, excursions or camps, take severe allergy medication and adrenaline autoinjector, instructions for use and a mobile phone.

E. Parents

1. Inform the school on enrolment or on diagnosis of their child's allergies and risk of anaphylaxis. Inform the school immediately if there is a change in the child's condition.
2. Meet with the school staff to develop their child's Individual Anaphylaxis Health Care Plan. It should include an ASCIA Action Plan completed by their child's medical practitioner.
3. Provide the adrenaline autoinjector to the school and other current medications. These must be replaced before the expiry dates.
4. Alert the school to additional risks associated with non-routine events and assist in planning and preparation for the student prior to camps, excursions and special events such as class parties.
5. For children with a food allergy:
 - a. Provide alternate food options for their child when needed e.g. school camp.
 - b. Educate their child about not sharing food and only eating food from home or school lunch.

F. Person with allergy

1. Be aware of their allergy, how to avoid exposure and what to do in an emergency.

G. Members of the community

1. Be aware of members of the school community with severe allergies and any ways in which they can assist to minimise risk to those people.

Related Legislation

- A. School Education Act, 1999 (WA)
- B. School Education Regulations 2000 (WA)
- C. Civil Liability Act 2002 – Health Safety and Civil Liability (Children in Schools and Child Care Services) Act 2011
- D. Occupational Health and Safety Health Act 1984 (WA)
- E. Poisons Act 1964 (WA) and Poisons Regulations 1965 (WA)
- F. Privacy Act 1988

Related Kerry Street Documentation

- A. Procedure and Forms including:
 1. Anaphylaxis Care Procedure
 2. Anaphylaxis Emergency Procedure
 3. KSCS Allergy and Illness Management and Emergency Response Plan
 4. Administration of Medication Agreement – Ongoing Arrangements

5. ASICA Action Plan for Anaphylaxis for use with EpiPen Autoinjector
 6. ASICA Action Plan for Anaphylaxis for use with a Generic Autoinjector
 7. ASICA Action Plan for Allergic Reactions where no Autoinjector is prescribed
 8. ASICA First Aid Plan for Anaphylaxis - for use with EpiPen Autoinjector
 9. ASICA First Aid Plan for Anaphylaxis - for use with a Generic Autoinjector
- B. Policies including:**
1. Enrolment Policy
 2. Duty of Care Policy
 3. Illness, First Aid and Medication Policy
 4. Asthma Care Policy
 5. Emergency Response Procedures Policy
 6. Communicable Diseases Policy
 7. Excursion and Camp Policy
 8. Curriculum Policy
 9. Food and Nutrition Policy
 10. Behaviour Guidance Policy
 11. Critical Incidents Policy
 12. Child Safety and Well-Being Policy
 13. Records Management Policy
 14. Privacy Policy
- C. Student Health Records**
- D. Enrolment Forms**
- E. Incident Reports**

More Information

- A. Australasian Society of Clinical Immunology and Allergy (ASCI) - [Information for Schools and Early Childhood Education/Care](#)
- B. WA Department of Health - [Anaphylaxis Management Guidelines for WA Schools](#)

Contact Person

Enquiries relating to this policy should be directed to the School Principal or Board Chair.

Breaches of this Policy

Any breach of this policy may result in disciplinary action up to and including termination.

Authorisation and Review

- A. This policy was read, discussed and endorsed by the staff in December 2004.
- B. It was authorised by the Kerry Street Community School Council on January 2005.
- C. Reviewed on 13/1/06 by meeting of Staff and Council.
- D. This policy was reviewed September 2012.
- E. Reviewed and approved by Council and Coordinator September 2015.
- F. Reviewed and approved by Council and Coordinator September 2016.
- G. To be reviewed September 2017.
- H. Procedures and forms updated April 2019.
- I. Reviewed May 2020
- J. To be reviewed S1 2023

Revision History

Date	Revision	Detail
April 2019	v.1	Formatting. Policy and Procedure separated.
June 2020	v.2	Renamed Anaphylaxis Policy (previously Severe Allergy Policy). Procedure updated.