



The Montessori School Kingsley Inc.

ANAPHYLAXIS MANAGEMENT POLICY

Version Management

Version	Date Published/Reviewed	Changes	Author	Date Ratified by School Council
1	2019	Separate policy created – formerly part of Child Safety Policy	Principal	April 2019

The Montessori School believes that the safety and wellbeing of students who are at risk of anaphylaxis is a responsibility of the whole school community. The School aims to provide a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of school life.

Purpose:

To ensure that staff have knowledge about allergies, anaphylaxis and the School's guidelines and procedures in responding to an anaphylactic reaction.

Definitions

Allergy:

An allergy is when the immune system reacts to substances (allergens) in the environment which are usually harmless (e.g. food proteins, pollen, dust mites). Once an allergy has developed, exposure to the particular allergen can result in symptoms that vary from mild to life threatening (anaphylaxis).

Anaphylaxis:

Anaphylaxis is a severe, rapidly progressive allergic reaction that may occur unpredictably and is potentially life threatening. It should always be regarded as a medical emergency requiring immediate treatment with adrenaline. For these reasons schools must be prepared and be able to respond appropriately. While most allergic reactions usually occur within minutes after exposure to a food, insect or medicine to which a person may already be allergic, some reactions may take up to two (2) hours between the time of contact/ingestion and signs/symptoms presenting.

Adrenaline auto-injectors, (eg EpiPen®) are designed to be given by non-medical people, such as parents, school staff, friends, passers-by or the allergic person themselves (if they are well and old enough). An adrenaline auto-injector device contains a single, fixed dose of adrenaline that works rapidly to treat anaphylaxis.

Policy:

Anaphylactic shock is a rare, severe allergic reaction which causes constriction of the airways and a sudden drop in blood pressure. Without immediate medical attention, it can be fatal. Stings from insects, reactions to certain medicines, some foods (such as eggs, nuts, shellfish and cow's milk) may trigger a reaction.

It should always be regarded as a medical emergency requiring immediate treatment with adrenaline.

The School may have students enrolled who suffer anaphylactic shock from certain foods, substances or insects. The School recognises that anaphylaxis is potentially life threatening. The key to prevention of anaphylaxis in school is knowledge of the student who has been diagnosed as at risk, awareness of allergens and prevention of exposure to those allergens.

The most effective first aid treatment for anaphylaxis is an injection of adrenaline through an auto injector into the muscle of the outer mid-thigh.

School responsibility:

- Staff training on prevention, recognition and treatment of anaphylaxis, ensuring there is regular refresher training
- Request medical information from parents/carers on all new students in the school to ensure the school is aware of all students with asthma or severe allergies
- 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 anaphylaxis management policy within the school community. (See Procedures: Appendix 2: Sample letter to Parents)
- To notify all parents of the school of the risks associated with certain foods
- To engage with the parents of each student at risk of anaphylaxis to jointly assess risks and develop risk minimisation strategies for the student
- Students must always wash their hands and not share food
- To work with the parents to establish an Anaphylaxis Action Plan (See Procedures Annexure 1) for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis

Parent Responsibility:

- For the duration of the enrolment, ensure that updated student information is supplied and recorded so as to identify who is at risk, the known triggers for an allergic reaction, higher risk activities/events and recognise the allergy/anaphylaxis symptoms
- To inform staff of any allergies
- To provide an Anaphylaxis Action Plan completed by the student's medical practitioner and with a current photograph of the child attached
- To inform staff of any changes in the student's medical condition and, if relevant, provide updated Anaphylaxis Action Plan
- To provide the necessary medication within the expiry date
- To check the medication regularly and replace as necessary
- To provide appropriate food for their child, especially during school celebrations
- Routine checking of adrenaline auto-injector and ASCIA Action Plan to ensure currency and suitability for use, including amendments and replacement adrenaline auto-injector after an anaphylactic reaction
- Ensuring their child has adequate supply of appropriate medication and that the medication is current and correctly labelled

Resources:

For a comprehensive list on minimising risk see:

[risk minimisation strategies](#) at:

http://www.allergy.org.au/images/scc/ASCIA_Risk_minimisation_strategies_table_030315.pdf

Related Documents:

- Child Protection Policy
- Student Excursion Policy
- Students Camp Policy
- Students Overseas Trip Policy
- Emergency and Critical Incident Policy
- Staff-Administration of Medication Policy and Procedures
- Self-Administration of Medication Policy and Procedures
- Asthma Management Policy and Procedures
- Anaphylaxis Management Procedure