



Policy Statement

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen (such as food or an insect bite). Reactions usually begin within minutes of exposure and can progress rapidly over a period of two hours or more. Anaphylaxis is potentially life threatening and always requires an emergency response. Anaphylactic reactions are uncommon and usually preventable.

As with other health conditions, St Ives North Public School provides support to assist the parent/guardian in the management of their child's health. For this support to be effective it is important that:

- It is the responsibility of the parent/guardian to notify the school that their child is at risk of an anaphylactic reaction either at the time of enrolment or if the student is enrolled, as soon after diagnosis as possible
- A partnership is established with parents and the school to share information and clarify expectations; and
- Every reasonable effort is made to minimise the exposure of risk of an allergic reaction to known allergens within the school environment.

All staff members at St Ives North Public School are responsible for implementing the Anaphylaxis Procedures where appropriate, to ensure the safety and well-being of all students.

Training of staff, including administration staff and permanent casual teachers, for relevant aspects of the Student Medical Alert Plan should be undertaken regularly where appropriate and necessary.

In an emergency, all staff members have a duty of care. Staff members are to use common sense which dictates that in an emergency, while they should not act beyond their capabilities, they are expected to do what they can to take appropriate action and thereby minimise harm.

Procedures

Where allergies are identified the following steps apply:

1) Provide parent with a copy of the form 'Students with allergies' (Appendix 1) and ask them to complete it, where the information from the parent indicates that their child has allergies, either from enrolment forms or where a parent notifies the school with an existing enrolment. Consideration should be given to any necessary adjustments for the parent's access to this information (see step 4).

2) Determine whether the information provided by the parent on the form (Appendix 1) indicates the need for further action, including discussion with the parent

Further action or discussion is required if:

- the form indicates the student has an allergy/s or the student has either been hospitalised or prescribed an adrenaline auto injector
- the form is left blank, is incomplete or not returned
- the information provided is inconsistent with any information provided by a former school.

If no further action or discussion is required, add the form to the student's records and, as necessary, manage in accordance with the school's procedures for assisting students with health conditions at school. Ask the parent to notify the principal or delegated executive staff immediately if there is a change in the student's condition, including if their child is:

- subsequently hospitalised as a consequence of a severe allergic reaction
- prescribed an adrenaline auto injector.

3) Access a copy of the student's individual health care plan and/or any other relevant health and learning and support information held by the previous school in relation to the student's anaphylaxis
Health and other relevant learning and support records from the student's previous school can inform and assist health care planning in the new school. It is important for the individual health care plan to include the current ASCIA Action Plan for Anaphylaxis signed and dated by the child's prescribing doctor.

4) Consider any barriers to communication with the parent (for example language or disability) and implement strategies to respond to those barriers. This may include providing adjustments such as having a translator and/or support person available for meetings or considering how to best explain management of health care at school and potential strategies to the parent who could have a cognitive disability.

5) Arrangement of a meeting with parent/s whose form (Appendix 1) indicated further discussion is required (see step 2)

Before the meeting, provide the parent with:

- a) 'Information for Parents and Carers of students at risk of anaphylaxis' (Appendix 2).
- b) 'Authorisation to contact doctor' (Appendix 3). The parent should be asked to complete this form and bring it with them to the meeting.
- c) 'Severe Allergies – 'Information from the doctor' (Appendix 4). The parent may be able to have the doctor complete this information and provide an ASCIA Action Plan for Anaphylaxis (Appendix 7) prior to the meeting. If not these requirements should be discussed at the meeting.

6) Develop an interim individual health care plan in consultation with the student, where practicable, parents and staff. Consideration should be given to whether reasonable adjustments need to be made for the student at this time.

7) Assess the risk of an individual student's potential exposure to known allergens in the school setting and the issues to be addressed in implementing the student's ASCIA Action Plan for Anaphylaxis. Information to assist schools in developing strategies can be found in Appendix 8 and 9. This information will also form the basis of the student's individual health care plan and should consider:

- the physical school environment
- the social/cultural environment
- any individual characteristics of the student including the full range of their learning and support needs that may impede implementation of the plan and therefore need to be explicitly addressed in the plan
- how to inform the student and other students about anaphylaxis using curriculum and other measures, for example, an address by the principal or delegated executive staff in the school assembly
- routine classroom activities, including lessons in other locations around the school
- non-routine classroom activities
- non-routine school activities
- before school, recess, lunchtime, other break or play times
- sport or other programmed out of school activities, work placement, work experience, TVET
- excursions, including overnight excursions and school camps.

8) Develop and document an individual health care plan which includes: (including Appendix 6, 7,8 and 9)

- an ASCIA Action Plan for Anaphylaxis for the student completed and signed by the doctor (Appendix 7).

This document is not to be prepared by the school but is provided by the doctor.

- strategies for minimising the student's exposure to known allergens (Appendix 8 and 9)
- medical information provided by the student's doctor, including information about other known health conditions and/or disabilities that may impact on overall management of the student's health condition at

school (Appendix 6). For example, the potential impact on a cognitive condition on a student's ability to understand and manage aspects of their own health.

- arrangements for the supply, storage and replacement of medication, including the adrenaline auto injector.
- emergency contacts.

Where practicable in view of the student's age, maturity and abilities, discussion with the student about his or her anaphylaxis and the individual health care plan that has been developed for him/ her would take place.

9) Development and implementation of a communication strategy

Including:

- communication of relevant aspects of the individual health care plan with staff
- ongoing communication through the newsletter within the school community to provide information about severe allergies and the school's procedures to staff, students and parents. Include awareness of how to respond in the event of a student suffering an anaphylactic reaction
- advising staff that they will not be legally liable for administering an auto-injector to a student who is having an anaphylactic reaction
- reminding parents on a regular basis of the need to advise the principal or their delegated executive staff if there has been a change in their child's health condition.

10) Implement a strategy that addresses the training needs of staff for relevant aspects of the student's individual health care plan

It is a mandatory requirement for all permanent, temporary and casual school based employees to complete the Department's Anaphylaxis e-learning (intranet) module. This e-learning module has been developed to provide all staff working in NSW government schools with essential information about recognising and providing an emergency response to anaphylaxis together with information about key department policies and procedures to manage and support students diagnosed as being at risk of anaphylaxis. This training is required to be completed every two years.

- Employment of a compliance officer to keep accurate records of staff training and assist in informing staff of upcoming expiry dates.
- Annual face to face anaphylaxis training incorporated in to CPR staff training organised through DoE approved registered trainers.
- Training available to - casual staff who are not already working on that day, the school canteen manager, staff from the Out of School Hours Centre associated with the school.
- Training records for the online and face to face anaphylaxis training are maintained in the Department's e-Safety system. Principal monitors their staff training records within the e-Safety system to ensure they are up to date with mandatory training requirements.

11) Review the individual health care plan at least annually through the school's learning support team

and at a specified time, for example at the beginning of the school year, and at any other time where there are changes in:

- the student's health needs, for example, if the student has had a severe allergic reaction
- other learning and support needs of the student, for example, other health related conditions, learning or behaviour difficulties
- staff, particularly class teachers, year coordinator or adviser or any staff member who has a specific role in the plan
- curriculum, for example, the student wishes to study Food Technology or there are changes to subjects conducted outdoors such as PDHPE
- medication or medical conditions, or if a new adrenaline auto injector and/or new ASCIA Action Plan for Anaphylaxis is provided by the parent.

12) Keep records

Anaphylaxis is a life threatening condition and it may be necessary to provide records in the event of an anaphylaxis related event. The school's compliance officer keeps records of such things as:

- training registers. Records for the completion of the anaphylaxis e-learning module and Recognition and Management of Anaphylaxis Training (face to face) are stored in the Department's e-Safety system (intranet). Principals monitor their staff training records within the e-Safety system to ensure they are up to date with mandatory training requirements
- risk management plans
- meetings about development of the individual health care plan and emergency response
- meetings of learning and support teams that assist in health care planning for the student
- conversations and communications with parents
- medical advice sought and provided.

Appendices can be obtained through the webpage below.

<https://education.nsw.gov.au/student-wellbeing/health-and-physical-care/health-care-procedures/conditions/anaphylaxis/anaphylaxis-procedures-for-schools2#Information0>