

Berengarra School

Berengarra takes a zero-tolerance approach to child abuse and is fully committed to ensuring that its strategies, policies, procedures and practices meet all Child Safety Standards as specified in Ministerial Order No. 1359 (2022).

Anaphylaxis Management

This policy is to advise and guide the Principal whose responsibility it is to implement policy with appropriate procedures – See Anaphylaxis Procedures

PURPOSE

To explain to Berengarra School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Berengarra School is compliant with Ministerial Order 706¹ and the Department's Guidelines for Anaphylaxis Management².

SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

POLICY

Berengarra School Statement

Berengarra School will fully comply with Ministerial Order 1359 (2022) and the associated guidelines published by the Department of Education and Training.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

¹ Ministerial Order 706

² Departments Guidelines for Anaphylaxis Management

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis. Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline auto-injector for use in an emergency. These adrenaline auto-injectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Berengarra School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal of Berengarra School is responsible for developing a plan in consultation with the student's parents/carers. Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Berengarra School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline auto-injector for the student that has not expired
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has

- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

The Principal will ensure that the school staff are appropriately trained in anaphylaxis management. Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years.

FURTHER INFORMATION AND RESOURCES

1. Policy Advisory Library (PAL) on Department website
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
2. Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
3. ASCIA Guidelines: [Schooling and childcare](#)
4. Royal Children's Hospital: [Allergy and immunology](#)
5. Royal Children's Hospital: [Allergy and immunology](#)
6. Royal Children's Hospital: [Allergy and immunology](#)

REVIEW AND EVALUATION

The Principal will complete the Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

Refer to Berengarra School policies and procedures including:

- *Anaphylaxis Annual Risk Management Checklist - policy*
- *Anaphylaxis Communication Plan - policy*
- *Anaphylaxis Procedures found in Staff Handbook*

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