Supporting students with asthma and/or at risk of anaphylaxis at school

Audience
All state schools

Purpose
This procedure outlines the measures state schools must take to manage risks in the school environment and support the first aid response for students diagnosed with asthma and/or at risk of anaphylaxis, so that all students can safely participate in all aspects of school life.

Refer to the Managing students’ health support needs at school procedure if, in addition to the action plan used under this procedure, a student also requires an Individual health plan or Emergency health plan related to a health support procedure.

Overview
Asthma and anaphylaxis are treated using standard emergency first aid responses. Minimising exposure to triggers or allergens in the school environment can reduce the risk of a student experiencing an asthma attack or anaphylaxis.

Principals have a non-delegable duty-of-care to students enrolled at and attending their school, which includes enabling students diagnosed with asthma and/or at risk of anaphylaxis to maintain their well-being and engage in learning. This requires management at the student and school level. A range of school staff and parents/carers have a role in providing a safe environment for students.

School staff and parents/carers collaborate to manage identified health risks and plan a response in a first aid emergency. Schools provide support taking into account what is safe and reasonable in an individual case, and emergency first aid when required. Students who require support at school to manage their health condition must provide the school with an action plan completed by a medical practitioner.

Responsibilities

Principals
- ensure students diagnosed with asthma and/or at risk of anaphylaxis are safe at school and have their needs met through:
- risk minimisation and individualised supports
- storing emergency medication in an unlocked location close to the student
- first aid for asthma or anaphylaxis when required
- approve Anaphylaxis risk management plans and other plans that include strategies to minimise students’ risk of exposure to triggers and known allergens
- approve students diagnosed with asthma and/or at risk of anaphylaxis to carry and administer their own emergency medication as per the requirements in the Administration of medications in schools procedure, where appropriate and in consultation with the parent/carer and the student
- ensure all relevant and supervising staff are:
  - informed of students health conditions and needs
  - trained as required in asthma and/or anaphylaxis risk management, and to provide asthma and/or anaphylaxis first aid by administering emergency medication, ensuring that sufficient staff across the school undertake the training to meet the needs of students at the school
  - aware of how to maintain student's privacy and dignity and protocols for sharing student personal information
- communicate with staff, parents/carers, students and the school community about how to reduce exposure to triggers and known allergens in the school environment
- ensure parents/carers understand that they are responsible for providing information about their child’s health condition, triggers and allergens, up-to-date action plan/s and equipment, medications and consumables for use at school
- delegate the:
  - tasks outlined in the process to one or more staff members
  - purchase of asthma medication, spacer/s and adrenaline auto-injectors for the school first aid kit/s.

Regional offices
- support the work of State Schools Registered Nurses to ensure that training is available for school staff as required.

State Schools Registered Nurses
- provide training to nominated school staff regarding health support procedures as appropriate, including asthma management and simulated practical training for school staff to use an adrenaline auto-injector
- support schools to assess and manage risks related to students’ health support needs as required.

School staff
- take reasonable measures to reduce the risk of students being exposed to their triggers and known allergens, which should reasonably be foreseen
- provide assistance to ensure that a student receives appropriate medical attention including emergency first aid when required
- support the implementation of students’ action plans.
Principals, Regional offices, State Schools Registered Nurses and School staff

- familiarise themselves with the Anaphylaxis Guidelines for Queensland State Schools and the Asthma Guidelines for Queensland Schools.

Parents/carers

- provide information to the principal about their child’s health condition/s, including up-to-date action plans and other written advice from medical practitioners
- consult with the school on ways to minimise risks to their child at school
- provide and ensure that equipment, medication and consumables are supplied, well maintained, are in-date and are labelled clearly with the student’s name, relevant instructions and dosage of medication
- provide medical alert apparel when appropriate.

Process

The principal is responsible for the overall management of students’ health support needs. One or more delegates nominated by the principal may perform identified tasks in the process, which is summarised in Flowchart 1.

Identify students with health support needs

Identify students diagnosed with asthma and/or at risk of anaphylaxis

The principal or their delegate/s will:

- gather information from parents/carers, and if appropriate the student, about student’s health support needs when the student enrols in the school and throughout schooling
- request an action plan for any student who is identified as requiring support to manage their health condition or administer their emergency medication at school.

Record student’s information

The principal or their delegate/s will:

- record the following on OneSchool (DoE employees only)
  - the student’s medical condition
  - if a student has approval to carry and self-administer their medication
  - a copy of the student's action plan
- store a copy of the student’s action plan/s with their emergency medication
Plan and minimise risk in the school environment and specific activities

Determine what supports are required for individual students

The principal or their delegate/s will:

- consult with the parent/carer and/or the student to
  - assess risk and determine the appropriate risk minimisation strategies
  - plan a response should an asthma attack or anaphylaxis occur
  - ensure medication, consumables and other equipment required for the school to provide asthma or anaphylaxis first aid for the student are provided in a timely way
  - gather evidence to support a request for the principal to authorise the student to carry and administer their emergency medication at school
  - ensure the family and student, if appropriate, agree to share relevant information about the student’s health condition (it is not required to share the student’s name in all situations) with relevant members of the school community where necessary to minimise risk (e.g. to minimise exposure to known allergens).

The principal will:

- determine if the student will be authorised to self-manage their health condition and emergency medication at school. They will
  - ensure staff are aware of students who are self-administering and self-managing their medications and health conditions
  - notify staff that even where approval to self-administer emergency medication is granted, staff should be prepared to administer it to the student as a first aid response if required. No student should be expected to be fully responsible for self-administration of their emergency medication, as their symptoms may compromise their ability to do so.

Minimise risk to students

The principal and their delegate/s will:

- develop an Anaphylaxis risk management plan for the school. They will
  - include information from parents/carers of students diagnosed at risk of anaphylaxis to ensure appropriate risk minimisation strategies have been considered and are in place
- follow the Managing first aid in the workplace procedure when completing the risk assessment

- **minimise exposure to known allergens.** They may
  - request parents and staff support the school’s efforts to reduce identified allergens within the school, for example, by asking parents not to send nut products to school in lunch boxes, or to talk to their child about not sharing their food. However, such requests cannot be enforced and must not be used as a stand-alone risk minimisation strategy.
  - determine that certain foods are not available from the school, e.g. tuckshop, through fundraising activities.
  - **not** attempt to prohibit particular food substances in schools (blanket food bans)
  - **not** make claims that the school, or any part of the school, is an allergen-free or nut-free zone. It is not possible to guarantee that there are no allergens or trace of potential allergens in a school environment
  - **not** allow students at risk of anaphylaxis to be physically separated from other students as a risk management strategy

- **inform the school community of the strategies the school has implemented to reduce risk.** They will
  - ensure staff and the school community are aware of students’ health support needs where necessary to minimise risk to students’ health (e.g. to monitor a student during physical activity for signs of asthma)

- **manage risks in school curriculum activities and special events** in collaboration with the parent/carer. They will
  - discuss proposed camps and excursions with parent/carer well ahead of the proposed event dates
  - request State Schools Nursing Service support to plan to manage a student’s complex needs during a special event if required, well ahead of the event
  - provide coordinators of camps and excursions with details of students’ risk management strategies prior to the event
  - encourage parents/carers of students with food allergy to liaise with the event food service provider
  - provide appropriate peer education about food allergy as required
  - consider how student health support needs can be safely managed when planning lockdown and evacuation procedures (e.g. ensuring a student’s emergency medication is taken with the student to the evacuation point)

- **ensure processes are in place for students to alert staff** if they are experiencing symptoms

- **provide first aid equipment.** They will
  - provide one or more **adrenaline auto-injectors for general use** and one or more **asthma reliever medication** (DoE employee only) devices and **single-use spacers** in the school first aid kit/s, and determine through a risk assessment process, the purchase of additional devices
  - **ensure** the availability and timely accessibility of a sufficient supply of asthma reliever medication and adrenaline auto-injectors for general use in specified locations at the school, including in the school grounds, and at excursions, camps and special events conducted, organised or attended by the school
  - **ensure** all staff, volunteers and students as required know where the emergency medication is stored.
- Display or store an **ASCIA Anaphylaxis Action Plan** for general use (orange) with the adrenaline auto-injector for general use in the school first aid kit/s.
- Display or store a **first aid for asthma chart** with the asthma reliever medication for general use in the school first aid kit/s.
- Replace school purchased equipment, emergency medication and consumables promptly as they are used.

- follow the **Administration of medications in schools** procedure and the Guidelines for the administration of medications in schools for specific storage requirements of emergency medication.

### Provide training and support for school staff

The principal or their delegate/s will:

- **plan training** for school staff who are responsible for students diagnosed with asthma and/or at risk of anaphylaxis as per Flowchart 2 with the State Schools Nursing Service or other provider
- **determine** the appropriate number of staff to complete anaphylaxis training based on an assessment of risk, at no less than the ratio of 1:25 (trained officer to staff, students and visitors) for or 1:10 for schools that do not have timely access to medical and ambulance services
- **arrange for school staff to complete** as required:
  - the online **ASCIA anaphylaxis e-training for Queensland schools**
  - a practical, simulated training session using an adrenaline auto-injector training device
  - an approved asthma management course
- **maintain a register** of staff who have completed training and when refresher training is due.

### Provide and review support

#### Support students

The principal or their delegate/s will:

- **implement action plans.** They will
  - ensure all relevant staff, including relief and specialist staff, who are responsible for supervising the student have reviewed the student’s action plan
  - allow students with a health support need to wear medical alert apparel
- **provide support** for students experiencing an asthma attack or anaphylaxis as required, following student action plan/s or the general action plan/s or first aid chart, including the instructions for calling an ambulance on triple zero (000) as needed
- in any situation an ambulance has been called
  - contact the student’s parent/carer as soon as possible
  - record the contact made with the parent on OneSchool
  - record the incident and all first aid rendered in MyHR WHS (DoE employees only)
- **ensure** that student’s equipment, emergency medication and consumables used at school are
- readily accessible at all times. Do not lock away emergency medication
- labelled clearly with the student’s name, and a pharmacy label as required
- stored according to the manufacturer’s recommendations
- available for use by the student for school activities held out-of-school hours (e.g. camps, dances).

### Review plans and support

The principal or their delegate/s will:

- **update records in OneSchool**, based on advice received from parents/carers
- regularly **monitor the student’s equipment, emergency medication and consumables** and inform the parent/carer when these require servicing, resupply or are close to expiry date
- **review the Anaphylaxis risk management plan** and monitor the success of the implemented controls at least annually and when the information that informs the plan changes e.g. a student’s confirmed allergens change, exposure to an allergen occurs
- **review the need for staff training** to ensure students can receive timely support through an appropriate distribution of staff across the school campus during class times, break times, and special events.

### Definitions

<table>
<thead>
<tr>
<th>Term</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Anaphylaxis</strong></td>
<td>A potentially life threatening, severe allergic reaction. Anaphylaxis must always be treated as a medical emergency. Anaphylaxis occurs after exposure to an allergen that a person is allergic to. Not all people with allergies are at risk of anaphylaxis.</td>
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<tr>
<td><strong>Anaphylaxis risk management plan</strong></td>
<td>A document used by a school to assess the risk of anaphylaxis across a school, or campus of a school, and identify and coordinate the strategies that will be used to reduce the risk of anaphylaxis occurring. While the plan includes information about individual students’ needs, it is intended for whole-of-school planning.</td>
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<tr>
<td><strong>Asthma</strong></td>
<td>A common inflammatory disease of the airways. People with asthma have sensitive airways that react to triggers in the environment, leading to an asthma attack (also known as an asthma flare-up). During an asthma attack, changes happen in the airway making it difficult to breathe.</td>
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<tr>
<td><strong>Allergen</strong></td>
<td>A substance that causes an allergic reaction.</td>
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<td><strong>Allergy</strong></td>
<td>When a person's immune system reacts to substances in the environment that are harmless for most people. When a person who is allergic to a particular allergen comes into contact with it, an allergic reaction occurs. Allergies are also a common cause of asthma symptoms.</td>
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<td><strong>Trigger</strong></td>
<td>A trigger is a cause of asthma symptoms that does not involve an allergic reaction of the immune system. Examples include exposure to cigarette smoke, air pollution, respiratory illness (cold or flu), weather conditions and exercise.</td>
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| **Health support need** | A student requires routine/daily health procedures, infrequent emergency procedures or has a medical status that may require an emergency response to a potentially life-
threatening crisis. The health conditions associated with a health support need may include asthma, diabetes, anaphylaxis, epilepsy, cystic fibrosis, dysphagia (swallowing difficulties), incontinence (bladder or bowel), or other health needs requiring health plans.

**Health plan**
An overarching term describing documents completed by medical or health professionals that provide the school with directions or guidelines to manage student’s health support needs. Health plans include action plans, emergency health plans and individual health plans.

**Action plan**
A document developed by a medical professional to provide guidelines to safely manage a student’s health support need/s, for example anaphylaxis or asthma.

**Medical practitioner**
A doctor registered with the Medical Board of Australia, through the Australian Health Practitioner Regulation Agency (AHPRA). In some cases, this could include a nurse practitioner endorsed and registered with AHPRA.

**Health professional**
A qualified health professional with the relevant skills and knowledge to assess, plan and evaluate care. This can be the student’s treating team, registered nurse or allied health professional. Health professionals are registered with AHPRA or eligible for membership with the relevant national professional body.

**State Schools Registered Nurses (SSRNs)**
Registered nurses employed by the Department of Education to work in state schools. SSRNs assist school personnel to safely manage the health needs of students with health support needs, supporting their participation in schooling.

**School**
For the purpose of this procedure, is a state school or education centre, including state outdoor and environmental educational centres and state school operated residential boarding facilities. School may include locations used for school-related activities such as sporting fields and excursion sites.

**Special event**
Extra-curricular activities and any variation to the school routine including camps, excursions, sports days, cultural events, emergency drills.

**Legislation**
- *Education (General Provisions) Act 2006 (Qld)* Chapter 1, Parts 3 and 4; and Chapter 19, Part 3, s.426
- *Work Health and Safety Act 2011 (Qld)* Part 2, Divisions 1, 2 and 4
- *Anti-Discrimination Act 1991 (Qld)* Chapter 2, Part 4, Division 3
- *Disability Discrimination Act 1992 (Cwth)* Part 1; Part 2, Division 2, s.22
- *Disability Standards for Education 2005 (Cwth)* Part 3, s.3.3
- *Information Privacy Act 2009 (Qld)*

**Delegations/Authorisations**
- Nil
Related policies

- Nil

Related procedures

- Managing student’s health support needs at school
- Administration of medication in schools
- Health, safety and wellbeing incident management
- Managing first aid in the workplace
- Managing risks in school curriculum activities
- School excursions and international school study tours

Guidelines

- Anaphylaxis guidelines for Queensland state schools
- Asthma guidelines for Queensland state schools
- Guidelines for the administration of medications in schools

Supporting information/websites

Forms

- Anaphylaxis risk management plan

Supporting documents

- Flowchart 1: Managing student health support needs at school
- Flowchart 2: Staff training for student’s health support needs at school

Online materials

- Anaphylaxis management
- Asthma management (DoE employees only)
- Australasian Society of Clinical Immunology and Allergy (ASCIA) Anaphylaxis e-training course
- ASCIA Guidelines - Prevention of Anaphylaxis in Schools, Preschools and Childcare: 2015 update

Contact

For further information, please contact your closest regional office.

Review date

23/01/2021
Superseded versions

Previous seven years shown. Minor version updates not included.

1.0  Management of Students with Specialised Health Needs
1.0  Supporting students with asthma and/or at risk of anaphylaxis at school

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