Background
Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (cashews), cow’s milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an EpiPen auto-injector to the muscle of the outer thigh is the most effective first aid treatment for anaphylaxis.

The DEECD Anaphylaxis Guidelines has been used as a reference for the development of this policy.

Purpose
- To provide, as far as is practicable a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of a student’s schooling.
- To raise awareness about anaphylaxis and the schools anaphylaxis management policy in the school community.
- To engage with parents/ carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school’s policy and procedures in responding to an anaphylactic reaction.

Individual Management Plans

The Principal will ensure that an individual anaphylaxis management plan is developed, in consultation with the student’s parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school.

The individual anaphylaxis management plan will set out the following:
- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
- The name of the person responsible for implementing the strategies.
- Information on where the student’s medication will be stored.
- The student’s emergency contact details.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
  - Sets out the emergency procedures to be taken in the event of an allergic reaction.
  - Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
  - Includes an up to date photograph of the student.

The student’s individual management plan will be reviewed, in consultation

- with the student’s / carer’s
- annually, and as applicable
- if the student’s condition changes, or
- immediately after a student has had an anaphylactic reaction at school.

It is the responsibility of the parent to:

- provide the emergency procedures plan (ASCIA Action Plan).
- Inform the school if the child’s medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the schools anaphylaxis management policy.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

The plan is also to promote school community awareness about severe allergies and the importance of fostering a school environment that is safe and supportive by disallowing the practice of parents providing food to share or distribute among students i.e. birthday treats.

Staff will avoid the use of food treats in class or as rewards, as these may contain hidden allergens and work with parents/carers to provide appropriate treats for anaphylactic students for special events such as Easter, and Christmas.

Volunteers and casual relief staff will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by staff members.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- the schools anaphylaxis management policy
• the causes, symptoms and treatment of anaphylaxis
• the identities of students diagnosed at risk of anaphylaxis and where their medication is located
• how to use an auto-adrenaline injecting device
• the school’s first aid and emergency response procedures

Staff Training and Emergency Response

Teachers and other school staff who conduct classes with students at risk of anaphylaxis attend or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.

At all other times the student is under the care or supervision of the school, including excursions, yard duty camps, and special event days, the principal shall ensure that there is a sufficient number of staff who have had up to date training in an anaphylaxis management training course.

Training for staff will be provided as soon as practicable.

The school’s first aid procedures and student’s emergency procedures (ASCIA Action Plan) will be provided in responding to an anaphylactic reaction.

Appendix

ASCIA ACTION PLAN FOR ANAPHYLAXIS

(Attach a copy of this plan here, which parents/careers are to supply (signed by the student’s medical practitioner, with an up-to-date photo of the child).)