

Rationale:

Anaphylaxis is a severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

Up to two per cent of the general population and up to five per cent (0-5years) of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, sesame, bee or other insect stings and some medications.

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.

Staff /carers and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Banning high risk foods or allergens is misleading and can give a false sense of security that an allergen has been eliminated from the environment. Instead, the school recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a student having an anaphylactic reaction. An essential step is for the anaphylactic student to develop strategies for avoidance in the wider community as well as at school.

Aim:

- 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 school's 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 anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Implementation:

- To 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.
- Parents are responsible for providing an action plan and an adrenaline auto-injection device to use in the event of an anaphylactic episode. The action plan **must be renewed annually and the adrenaline auto-injection device replaced by the parent when out of date.**

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- The adrenaline auto-injection devices are to be kept in individually marked, insulated bags hanging on individual hooks behind the entrance door to the main school office.
- It is a requirement from DET that the school supply our own EpiPen device/s (however many deemed necessary by the school) for cases of emergency. They are stored in the office in separate insulated bags and are maintained by the first aid officers.
- Adrenaline autoinjectors (EpiPen or Anapen) should ideally be stored in a cool dark place at room temperature, between 15 and 25 degrees Celsius. They must not be refrigerated, as temperatures below 15 degrees Celsius may damage the autoinjector mechanism. They should be stored in an insulated wallet if the temperature is warmer than 25 degrees Celsius or colder than 15 degrees Celsius, or if they are carried in a bag and subject to fluctuating temperatures. They must not be left in a car or bus.
- Laminated anaphylaxis alert charts with coloured photos of those students at risk will be displayed in the office, welfare officer's office, first aid room, staff room, canteen and the classroom's of students directly affected.
- All staff members will be provided with professional development days to update their training and skills in anaphylaxis management and administration of adrenaline-injection device's **every six months**.
- Posters illustrating correct procedures will be displayed in the relevant areas of the school.
- Teachers in charge of excursions or camps will ensure that students with an anaphylaxis action plan will have their adrenaline auto-injection device in the first aid bag when travelling out of the school and that there is appropriately trained staff also attending the event.
- Provoking students with food to which they are allergic should be recognised as a risk factor and addressed in the Student Engagement and Wellbeing Policy.
- In some circumstances at the schools discretion an information based letter will be sent to families in grades where a child is affected.

Evaluation:

This policy is to be reviewed in the event of any anaphylactic incident and as part of the school's policy review cycle.

Related Policies:

Policy MED002 Student Health and Medicine (#13)
 Policy OHS002 Emergency Management (#59)
 Policy WEL003 Incident Management (#62)
 Policy OHS018 Staff Injury (#64)
 Policy OHS003 Risk Management (#60)

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