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 (e.g. 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® autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Purpose:

1. To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student’s schooling.
2. To raise awareness about anaphylaxis and the school’s anaphylaxis management policy in the school community.
3. To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
4. 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.

Responsibilities:

1. Role and responsibilities of school staff:
   - Know the identity of students at risk of anaphylaxis
   - Understand the causes, symptoms and treatment of anaphylaxis
   - Obtain training in recognising and responding to an anaphylactic reaction
   - Know the school’s emergency procedures and your role in that
   - Keep a copy of the student’s action plan and follow it
   - Know where the student’s epipen is kept
   - Know and follow prevention strategies in the student’s management plan
   - Plan ahead for events or special occasions, working with parents to provide appropriate food
   - Avoid the use of food treats in class or as rewards, as these may contain hidden allergies.
   - Work with parents to provide appropriate treats
   - Be aware of the possibility of hidden allergens in foods and traces of allergens when using items such as egg cartons or milk cartons in art or cooking
   - Be careful of cross-contamination when preparing, handling and displaying food
   - Make sure tables and surfaces are wiped down regularly and that students wash their hands after handling food
   - Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.
2. Role and responsibilities of first aid co-ordinators:
   - Keep an up-to-date register of students at risk of anaphylaxis
   - Ensure that students’ emergency contact details are up-to-date
   - Check that the Epipen is not cloudy or out-of-date regularly eg at beginning of each term
   - Inform parents a month prior in writing if Epipen needs to be replaced
   - Ensure Epipen is stored correctly (at room temperature and away from light in an unlocked, easily accessible place and that it is appropriately labelled
   - Provide or arrange post-incident support to students and staff if appropriate
   - Work with staff to conduct regular reviews of prevention and management strategies
   - Work with staff to develop strategies to raise school staff, student and community awareness about severe allergies.
3. Role and responsibilities of parents:
Inform the school, either at enrolment or at diagnosis, of the student’s allergies and whether the student has been diagnosed as being at risk of anaphylaxis.

Obtain information from the student’s medical practitioner about their condition and any medications to be administered. Inform school staff of all relevant information and concerns relating to the health of the student.

Meet with the school to develop the student’s Anaphylaxis Management Plan.

Provide an ASCIA Plan or copies of the plan to the school that is signed by the student’s medical practitioner and has an up-to-date photograph.

Provide the Epipen and any other medications to the school.

Replace the Epipen before it expires.

Assist school staff in planning and preparation for the student prior to school camps, field trips, incursions, excursions or special events such as class parties or sport days.

Supply alternative food options for the student when needed.

Inform staff of any changes to the student’s emergency contact details.

Participate in reviews of the student’s Anaphylaxis Management Plan eg when there is a change to the student’s condition or at an annual review.

4. Role and responsibilities of principals:

Actively seek information to identify students with severe life-threatening allergies at enrolment.

Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.

Meet with parents/carers to develop an Anaphylaxis Management Plan which includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure, and nominating staff to be responsible.

Request that parents provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan signed by the medical practitioner, and with a current photo of the student.

Ensure that parents provide the student’s Epipen that is not out-of-date.

Ensure that staff obtain training in how to recognise and respond to an anaphylactic reaction.

Develop a communication plan to raise student, staff and parent awareness about severe allergies.

Provide information to all staff (including specialist, casual, aide, office staff) so that they are aware of students who are at risk, the student’s allergies, management strategies and first aid procedures.

Determine who is responsible for implementing the strategy.

Ensure that there are procedures in place for informing casual relief teachers of students at risk and steps required for prevention and emergency response.

Ensure that external food providers can demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.

Allocate time to discuss, practise and review the school’s management strategies, including practising the use of a trainer Epipen.

Encourage ongoing communication between parents/carers and staff about the current status of the student’s allergies, the school’s policies and their implementation.

Review the student’s Anaphylaxis Management Plan annually or if the student’s circumstances change, in consultation with parents/carers.

Implementation:

1. The principal will ensure that an individual 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. An emergency procedures plan (ASCIA Action Plan), provided by the parent, sets out the emergency procedures to be taken in the event of an allergic reaction and is signed by the medical practitioner who was treating the child at that time.

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

3. 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.

4. The student’s individual management plan will be reviewed, in consultation with the student’s parents/carers annually, and as applicable, if the student’s condition changes, or immediately after a student has an anaphylactic reaction at school.
5. 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.

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

7. All staff will be briefed once each year by a community health worker who has up to date anaphylaxis management training on:
   - The school’s 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

8. At Maldon PS, the following procedures will be followed:
   - Soap dispensers will contain soap free of palm oil.
   - All students will wash their hands after eating.
   - Students will not take food out of their classrooms.
   - Students will eat food sitting at tables.
   - All students will be encouraged not to share food.
   - For celebrations, such as birthdays, involving food, parents will be notified.
   - Tables will be wiped down after any eating.
   - Specialist teachers will take students back to their classrooms for eating.
   - Families will be strongly encouraged to provide food at school that does not contain any nuts.
   - Students with anaphylaxis concerns should wash their hands before eating
   - Students who are still eating at 1pm will go to the 2/3 room and be supervised by Debbie

Note: Anaphylaxis Guidelines for Victorian Government Schools contains advice about a range of prevention strategies that can be put in place: (http://www.education.vic.gov.au/healthwellbeing/health/anaphylaxis.htm)

The Anaphylaxis Policy was endorsed by School Council in February, 2013