



ANAPHYLAXIS POLICY

Rationale:

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:

- 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 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 managing 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.

Implementation:

- Anaphylaxis is best prevented by knowing and avoiding the allergens.

Our school will manage anaphylaxis by:

- Training key staff members in an accredited Anaphylaxis training program annually.
- Brief staff on a regular basis about the
 - school policy on Anaphylaxis Management,
 - causes and symptoms of anaphylaxis,
 - identities of students at risk of anaphylaxis,
 - how to use an auto adrenaline device and
 - school's first aid procedures.
- 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 individual anaphylaxis management plan will be in place as soon as practicable after the student's enrolment, and where possible before their first day of school
- Each individual anaphylaxis management plan will be reviewed in consultation with the student's parent/guardian annually, if the student's condition changes or immediately after a student has an anaphylaxis reaction at school.
- Placing individual anaphylaxis management plan (with the child's photo) in a prominent place (staffroom, first aide office and student classrooms)
- The principal will identify the school staff to be trained based on a risk assessment.
- The school will not ban certain types of foods (eg nuts) as it is not practical to do so, and is not the strategy recommended by the Royal Children's Hospital. However, the school will request that parents do not send these items to school if possible; that the canteen eliminate or reduce the likelihood of such allergens and the school will reinforce the rules about not sharing foods.

It is the responsibility of the parent to:

- Provide the individual anaphylaxis management plan and emergency procedures plan
- Inform the school if their child's medical condition changes

DATE: September 2011

- Provide an up to date photo for the individual anaphylaxis management plan.

Evaluation: This policy will be reviewed as part of the school's three year review cycle.