



Anaphylaxis Policy

Date of Policy:

Date of last major review:

Date of next major review:

CONTENTS:

- 1. School Statement, Rationale, Aims, Implementation,**
- 2. Implementation Cont.**
- 3. School Management & Emergency Response, Staff Training**
- 4. Staff Training Cont. Annual Risk Management Checklist, Evaluation**

School Statement

- Cudgee Primary School will fully comply with Ministerial Order 706 and 870 and the associated Guidelines published and amended by the Department from time to time.

Rationale:

- Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen. The most common allergens in children are eggs, peanuts, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, certain insect stings and medications.

Aims:

- To provide a safe and healthy school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis.

Implementation:

- Anaphylaxis is a severe and potentially life-threatening condition.
- Signs and symptoms of anaphylaxis include hives/rash, tingling in or around the mouth, abdominal pain, vomiting or diarrhoea, facial swelling, cough or wheeze, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing.
- Anaphylaxis is best prevented by knowing and avoiding the allergens.
- Cudgee Primary School will manage anaphylaxis by:-
 - providing professional development for all staff
 - identifying susceptible students and knowing their allergens
 - informing the community about anaphylaxis via the newsletter
 - not allowing food sharing, and restricting food to that approved by parents
 - keeping the lawns well mown, ensuring children always wear shoes, and not allowing drink cans at school.
 - requiring parents to provide an ASCIA action plan developed by a health professional and an EpiPen if necessary, both of which will be maintained in the first aid room for reference as required
 - ensuring staff are provided with regular professional development on the identification and response to anaphylaxis and the proper use of an EpiPen.
- The school won't ban certain types of foods (eg: nuts) as it is not practicable to do so, and is not a strategy recommended by the

Department of Education or the Royal Children's Hospital. However, the school will request that parents do not send those items to school if at all possible; that the lunch order provider eliminate or reduce the likelihood of such allergens, and the school will reinforce the rules about not sharing and not eating foods provided from home.

- 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 student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
 - strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School;
 - the name of the person(s) responsible for implementing the strategies;
 - information on where the student's medication will be stored;
 - the student's emergency contact details; and
 - an ASCIA Action Plan.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's Parents in all of the following circumstances:

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

It is the parents' responsibility to:

- provide the ASCIA Action Plan;
- inform the School in writing if their child's medical condition, insofar as it relates to allergy and the

potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;

- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
- provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

School Management and Emergency Response

The school must provide:

- complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these can be located including:
 - in a classroom;
 - in the school yard;
 - in all school buildings and sites including gymnasiums and halls;
 - on school excursions;
 - on school camps; and
 - at special events conducted, organised or attended by the School.
- an outline of the storage and accessibility of Adrenaline Autoinjectors, including those for general use; and how communication with School Staff, students and Parents is to occur.

Staff Training

The following School Staff will be appropriately trained:

- School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any further School Staff that are determined by the Principal.

The identified School Staff will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior; and
- participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:

- the School's Anaphylaxis Management Policy;
- the causes, symptoms and treatment of anaphylaxis;
- the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
- how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Auto injector device;
- the School's general first aid and emergency response procedures; and
- the location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.

The briefing must be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.

The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

Evaluation:

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