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 [eg cashews], cow’s milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Common Symptoms [mild to moderate allergic reaction]
- Tingling of the mouth
- Hives, welts or body redness
- Swelling of the face, lips, eyes
- Vomiting, abdominal pain

Severe allergic reaction
- Difficulty and/or noisy breathing
- Swelling of the tongue
- Swelling or tightness in the throat
- Difficulty talking or hoarse voice
- Wheeze or persistent cough
- Loss of consciousness and/or collapse
- Pale and floppy [young children]

The key to prevention of anaphylaxis at school is knowledge of those students who have been diagnosed at risk, awareness of triggers [allergens] and prevention of exposure to these triggers. It is vital that school and parents ensure that certain foods or items are kept away from the student while they are 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.

Although a reaction can develop within minutes after exposure to the allergen, there is usually adequate time to treat life-threatening reactions with adrenaline [Epipen].

Purpose
- The purpose of this Policy is to provide a safe and supportive environment in which students who are at risk of Anaphylaxis can participate equally in all aspects of the student’s schooling.
- To raise awareness about anaphylaxis in the school community.
- To engage with parents/guardians of students at risk of Anaphylaxis in assessing risks by developing risk minimisation strategies and management strategies for the student.
- To ensure that all staff have adequate knowledge about allergies, Anaphylaxis and the school’s Policy and procedures in responding to an anaphylactic reaction.
- The school will provide CRTs with information regarding students who suffer from Anaphylaxis.

Individual Anaphylaxis Management Plans
The Principal shall ensure that an **individual Anaphylaxis management plan** shall be developed in consultation with the student’s parents, for any student that 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 enrols, 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 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/s 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] shall be provided by the parent/guardian that sets out the emergency procedures to be taken in the event of an allergic reaction. It shall be signed by a medical practitioner and include an up-to-date photograph of the student. [This can be provided by the school].

The student’s **individual management plan** will be reviewed in consultation with the student’s parents/guardians:

- When they are re-assessed by their doctor
- Each time they obtain a new Epipen prescription
- If there are no changes in diagnosis or management, the information on the ASCIA Action Plan may not need to be updated but noted

The school will provide a current school photo every 2 years so that the student can be easily identified.

**The role and responsibilities of school staff who are responsible for the care of students at risk of Anaphylaxis**

School staff who are responsible for the care of students at risk of Anaphylaxis have a duty to take steps to protect those students from risks of injury that are reasonably foreseeable. This may include administrators, canteen staff, casual relief staff and volunteers. Staff should:

- Know the identity of students who are at risk of Anaphylaxis
- Understand the causes, symptoms and treatment of Anaphylaxis
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen
- Know the school’s first aid emergency procedures and what your role is in relation to responding to an anaphylactic reaction
- Keep a copy of the student’s ASCIA Action Plan [or know where to find one quickly] and follow it in the event of an allergic reaction
- Know where the student’s EpiPen is kept. Remember that the EpiPen is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the student’s Anaphylaxis Management Plan
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/guardians to provide appropriate food for the student.
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art of cooking classes.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that 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.

It is the responsibility of the parent/guardian to:

- Provide the **Emergency Procedures Plan** [ASCIA Action Plan]
- Assist the school in providing information required to complete the **Individual Anaphylaxis Management Plan** for their child
- Inform the school if their child’s medical condition changes and if relevant, provide an updated emergency ASCIA Action Plan.
**Communication**
The Principal is responsible for ensuring that a communication has been developed to provide information to all staff, students and parents about Anaphylaxis and the school’s Anaphylaxis Management Policy.

The communication 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 communication must include procedures to inform volunteers and casual relief staff about the students at risk and their role in responding to an anaphylactic reaction by a student in their care.

The Principal is responsible for ensuring that all staff will be briefed once a semester, by a staff member/trainer, who has up-to-date Anaphylaxis training on:

- The school’s Anaphylaxis Management Policy
- The causes, symptoms and treatment of Anaphylaxis
- The identities of students at risk of Anaphylaxis and where their medication is located
- How to use an autoadrenaline injecting device including hands on practise
- The school’s first aid procedures and staff emergency response

**Staff Training & Emergency Response**
In addition to the briefing for staff each semester, Accredited Anaphylaxis Management training course [2-3 hours], shall be conducted for adequate numbers of staff involved with first aid, camps, PE and at least 1 trained staff member per House. The Principal will ensure that a sufficient number of staff are trained who will be accompanying students at risk.

The school’s staff emergency response and the students’ emergency procedures plan [ASCIA Action Plan will be followed in responding to anaphylactic reaction.

**Duty of Care**
Under the provisions of the Occupational Health and Safety Act 2004 and the Department of Education’s duty of care obligation to students, the Department is responsible for providing first aid facilities and sufficient staff trained to an appropriate level of competency in first aid and Anaphylaxis management.

As part of the duty of care owed to students, teachers are required to administer first aid when necessary and within the limits of their skill, expertise and training. In the case of Anaphylaxis this includes following a student’s ASCIA Action Plan and administering an EpiPen if necessary. It should be noted that a teacher’s duty is greater than that of the ordinary citizen in that a teacher is obliged to assist an injured student, while the ordinary citizen may choose to do nothing.


**Responding to an incident**
Where possible, only staff with training in the administration of the EpiPen should administer the EpiPen. However, the EpiPen is designed for general use and in the event of an emergency it may be administered by any person, following the instruction in the student’s ASCIA Action Plan.

**How to administer the EpiPen**
- Remove from plastic container
- Form a fist around EpiPen and pull off blue cap
- Place red end against outer mid-thigh
- Push down hard until a click is heard or felt and hold in place for 10 seconds
- Remove EpiPen and be careful not to touch the needle
- Note the time you gave the EpiPen
- Return EpiPen to its plastic container
ALWAYS call an ambulance as soon as possible [000].

If an EpiPen is administered, schools should always:

- **Immediately:** call an ambulance [000]
- **Then:** contact the student’s emergency contacts
- **Later:** contact Emergency Services Management, Department of Education on 9589 6266 [available 24 hours a day, 7 days a week]

Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a repeat reaction. Ask another staff member to move other students away and reassure them elsewhere.

In the rare situation where there is no marked improvement and **severe symptoms** [as described in the ASCIA Action Plan] are present, a second injection [of the same dosage] may be administered after 5 to 10 minutes if available.

**School Council Endorsement Date:** 21st AUGUST 2012