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. Administering adrenaline can reverse potentially life threatening symptoms such as shortness of breath or swelling of the face and throat within minutes.

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 the 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 allergies, anaphylaxis and the school’s policy and procedures in responding to an anaphylactic reaction.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

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.

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 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.
• An emergency procedures plan (ASCIA Action Plan), provided by the parent, that: - sets out the emergency procedures to be taken in the event of an allergic reaction; - This is signed by a medical practitioner and includes an up to date photograph of the student.

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.

It is the responsibility of the parent to:
• provide the emergency procedures plan (ASCIA Action Plan).
• inform the school if their child’s medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
ANAPHYLAXIS MANAGEMENT POLICY

- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

Note: A template of an individual anaphylaxis management plan can be found on Page 18 Anaphylaxis Guidelines for Victorian Government Schools or the Department’s website: http://www.sofweb.vic.edu.au/wellbeing/support/anaphyl.htm

PREVENTION STRATEGIES

Classrooms
- Keep a copy of the student’s ASCIA Action Plan in the classroom.
- Liaise with parents/carers about food related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class, it is recommended that parents/carers provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Treats for the other students in the class should not contain the substance to which the student is allergic.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- A designated staff member should inform casual relief teachers of students at risk of anaphylaxis, preventive strategies in place and the school’s emergency procedures. Provide casual relief teachers with a procedure sheet and a copy of the student’s ASCIA Action Plan.

STORAGE AND ACCESSIBILITY OF EpiPens®

Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto-injector commonly known as the EpiPen®. Children under 20kg are prescribed an EpiPen® Junior, which has a smaller dosage of adrenaline. The EpiPen® and EpiPen® Junior are designed so that anyone can use them in an emergency.

- If a student has been prescribed an EpiPen®, the EpiPen® must be provided by the student’s parent/carers to the school.
- EpiPens® should be stored correctly and accessed quickly. Remember that in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes.
- EpiPens® should be stored in an unlocked, easily accessible place away from direct heat. In our school, they are stored in bum-bags on hooks in the Staff Room Sick Bay.
- EpiPens® are clearly labelled with the student’s name.
- A copy of the student’s ASCIA Action Plan is kept with the EpiPen®.
- Each student’s EpiPen® should be distinguishable from other students’ EpiPens® and medications.
- All staff should know where the EpiPen® is located.
- EpiPens® should be signed in and out when taken from its usual place, for example for camps or excursions.
- Depending on the speed of past reactions, it may be appropriate to have the EpiPen® in class or in a bumbag in the yard.

Make sure the EpiPen® is not cloudy or out of date (EpiPens® should last for at least 12 months and will have an expiry date printed on them. It is the parents’ responsibility to supply their child’s EpiPen® to the school and to replace it before it expires.)
ANAPHYLAXIS MANAGEMENT POLICY

A designated staff member, Bernice regularly checks the EpiPens®,

At least a month before its expiry date, the designated school staff member should send a written reminder to the student’s parents to replace the EpiPen®.

STAFF TRAINING AND EMERGENCY RESPONSE
All staff at St Joseph’s School undertake Anaphylaxis Management Training at the beginning of the school year. This ensures that there are sufficient numbers of trained staff to cover all in and out of class experiences including excursions, yard duty, camps and special event days.
Our school’s first aid procedures and individual student’s emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

COMMUNICATION PLAN
The principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school’s anaphylaxis management policy.

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.

General information about Anaphylaxis will be communicated to all parents via school newsletter at least twice a year.

All staff will be briefed each semester by a staff member 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 autoadrenaline injecting device
• the school’s first aid and emergency response procedures
Note: A DVD has been included in the Anaphylaxis information pack in the school library that can be used for this purpose at staff briefings.