

**ANAPHYLAXIS POLICY**

**RATIONALE**

Anaphylaxis is an acute allergic reaction to certain food items and insect stings. The condition develops in approximately 1-2% of the population. The most common allergens are nuts, eggs, cow’s milk and bee or other insect stings, and some 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.
* 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 schoolyard, on school excursions, on school camps and special event days.
* Volunteers and casual relief staff of students at risk of anaphylaxis will be informed students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by Principal class staff, Grade Level Leader or administration staff.
* For students with known allergies an Individual Management Plan will be provided by the parent/carer, that:
	+ sets out the emergency procedures to be taken in the event of an allergic reaction;
	+ is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; 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, orimmediately after a student has an anaphylactic reaction at school.
* It is the responsibility of the parent to:
	+ provide the emergency procedures plan
	+ inform the school if their child’s medical condition changes, and if relevant provide an updated emergency procedures plan
	+ provide an up to date photo for the emergency procedures plan when the plan is provided to the school and when it is reviewed.
* All staff will be briefed once 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 auto adrenaline injecting device
* the school’s first aid and emergency response procedures

\*Note: A DVD has been included in this information pack that can be used for this purpose at staff briefings.

* Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.
* At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.
* Wherever possible, training will take place before the student’s first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.
* The school’s first aid procedures and students emergency procedures plan will be followed in responding to an anaphylactic reaction.
* The school won’t ban certain types of foods (e.g. 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. The school will reinforce the rules about not sharing foods and not eating foods unless provided from home.

**REVIEW CYCLE**

This policy will be reviewed annually as part of the school’s review cycle.

This policy was last ratified by School Council in February 2020 and will be reviewed in 2021.

