GLENDAL PRIMARY SCHOOL
SEVERE ALLERGIC REACTIONS (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 (eg 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.

Guidelines
The school will:

- 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.
- raise awareness about anaphylaxis and the school’s anaphylaxis policy in the school community.
- engage with parents/caretakers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- 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:
The school leadership with the School Nurse will establish a school management plan for implementing strategies and processes to ensure a safe and supportive environment for students at risk of anaphylaxis.

The school will:

- Actively seek information to identify students with severe life threatening allergies at enrolment
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school
- Meet with parents/caregivers to develop an Anaphylaxis Plan for the student. This includes documenting practical strategies for in school and out of school settings to minimise the risk of exposure to allergens, and nominating staff who are responsible for their implementation.
- Request that Parents provide an ASCIA Action Plan that has been signed by the student’s medical practitioner and has an up-to-date photograph of the student
- Ensure that parents provide the student’s Epipen and that it is not out of date
- Ensure that staff obtain training in how to recognise and respond to an anaphylactic reaction, including administering an Epipen
- Develop a communication plan to raise student, staff and parent awareness about severe allergies and the school’s policies
- Provide information to all staff so that they are aware of students who are at risk of anaphylaxis, the student’s allergies, the school’s management strategies and first aid procedures
- Ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response
- Discuss with our external canteen provider the implications of anaphylaxis and food handling practices
• Allocate time during staff meeting time to discuss, practise and review the school’s management strategies for students at risk of anaphylaxis. Practice using the EpiPen regularly
• Encourage ongoing communication between parents/ carers and staff about the current status of the student’s allergies, the school’s policies and their implementation
• Review the student’s Anaphylaxis Management Plan annually or if the student’s circumstances change, in consultation with the parents
• Provide ongoing education to staff and the wider community through pamphlets, newsletter articles and posters.

School Staff
School staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable.

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.
• Store the student’s EpiPen® in a known place within the classroom. Remember that the EpiPen® is designed so that anyone can administer it in an emergency.
• Ensure that the student takes his/her EpiPen to Specialist classes with them.
• 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/carers to provide appropriate food for the student.
• Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Work with parents/carers to provide appropriate treats for the student.
• 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 or 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.
The School Nurse will:

- Take a lead role in supporting principals and teachers to implement prevention and management strategies for the school.
- Keep an up to date register of students at risk of anaphylaxis.
- Ensure that students’ emergency contact details are up to date.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Check that the EpiPen® is not cloudy or out of date regularly, e.g. at the beginning or end of each term.
- Inform parents/carers a month prior in writing if the EpiPen® needs to be replaced.
- Ensure that the EpiPen® is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place, and that it is appropriately labelled.
- Provide color photographs of students at risk of anaphylaxis on a card to be kept in Yard Duty bags and to be sent to the office in the case of an emergency.
- Provide or arrange post-incident support (e.g. counselling) to students and staff, if appropriate.
- Work with staff to conduct regular reviews of prevention and management strategies.
- Work with staff to develop strategies to raise school staff, student and community awareness about severe allergies.

Parents/Carers will:

- Inform the school, either at enrolment or diagnosis, of the student’s allergies, and whether the student has been diagnosed as being at risk of anaphylaxis.
- Obtain information from the student’s medical practitioner about their condition and any medications to be administered. Inform school staff of all relevant information and concerns relating to the health of the student.
- Meet with the school to develop the student’s Anaphylaxis Management Plan.
- Provide an ASCIA Action Plan, or copies of the plan to the school that is signed by the student’s medical practitioner and has an up to date photograph.
- Provide the EpiPen® and any other medications to the school.
- Replace the EpiPen® before it expires.
- Assist school staff in planning and preparation for the student prior to school camps, field trips, excursions, or special events such as class parties or sport days.
- Supply alternative food options for the student when needed.
- Inform staff of any changes to the student’s emergency contact details.
- Participate in reviews of the student’s Anaphylaxis Management Plan, e.g. when there is a change to the student’s condition or at an annual review.

Evaluation
This policy will be reviewed as part of the school’s three year review cycle or earlier if deemed necessary.