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 (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 auto-injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Aims:
• 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 the anaphylactic reaction.

Implementation:
Individual Anaphylaxis Management Plans:
• 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:
  1. Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
  2. 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.
  3. The name of the person responsible for implementing the strategies.
  4. Information regarding where the child’s medication will be stored.
  5. An emergency procedures plan, provided by the parent, that:
     a. Sets out the emergency procedures to be taken in the event of an allergic reaction.
     b. Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan, and;
     c. Includes an up to date photograph of the student.
• A copy of each student’s individual management plan will be kept with their EpiPen.
• All students’ individual management plans will be displayed prominently in appropriate areas throughout the school eg. the sick bay, the classroom and Room 19.
• The student’s individual management plan will be reviewed, in consultation with the student’s parents/carers:
  1. Annually.
  2. If the student’s condition changes, or
  3. Immediately after a student has an anaphylactic reaction at school.
• It is the responsibility of the parent to:
  1. Provide the emergency procedures plan.
2. Inform the school if their child’s medical condition changes, and if relevant, provide an updated emergency procedures plan.
3. Provide an up to date photograph for the emergency procedures plan when the plan is provided to the school and when it is reviewed.

Communication:
• The Principal will be responsible for ensuring that information is provided to all staff, students and parents about anaphylaxis and the schools’ anaphylaxis policy.
• Volunteers and casual relief staff of students at risk of anaphylaxis will be informed and their role in responding to an anaphylactic reaction of a student in their care by the daily organiser.
• All staff will be briefed once each semester by a staff member who has up to date training about anaphylaxis management regarding:
  1. The school’s anaphylaxis policy
  2. The causes, symptoms and treatment of anaphylaxis
  3. The identities of students diagnosed at risk of anaphylaxis and where their medication is stored.
  4. How to use an auto-adrenaline injecting device.
  5. The school’s first aid emergency response procedures

Staff Training and Emergency Response:
• Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to, must have up to date training in an anaphylaxis management training course.
• Training will be provided to these staff as soon as practicable after the student enrols.
• Wherever possible, training will take place before the students 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 student emergency procedures plan will be followed in responding to an anaphylactic reaction.
• At other times, while the student is under the care or supervision of the school, including, excursions, yard duty, camps and specific 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.

Prevention Strategies:
• Prevention strategies are listed in the Anaphylaxis Guidelines: A Resource for Managing Severe Allergies in Victorian Government Schools. This document can be found on the following website:

EpiPens:
• Individually named EpiPens will be stored in the First Aid Room and Room 19 in a clearly marked, easily accessible case mounted on the wall.
• EpiPens will be monitored by First Aid Officer at the beginning of each term to ensure that they are not cloudy or out-of-date.
• One month prior to the expiry date of each EpiPen, First Aid Officer will send a written reminder to the student’s parent to request a replacement EpiPen.

Approved by School Council- 16 May 2011