ANAPHYLAXIS POLICY
Clifton Hill Primary School
May 2012

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

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 qualified 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), provided by the parent, 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,
• 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).
• 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.

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.

The communication plan will ensure that:
• ASCIA Action Plans are on display in:
  o The First – aid room
  o Above the desk of students’ classroom teachers
  o Any satchel containing individual students’ medication or an adrenaline injector
• Photos of students at risk of anaphylaxis are on display in the staff room
• Individual Management Plans are provided to and discussed with students’ classroom teachers
• Laminated photographs of students at risk of anaphylaxis are displayed in each first-aid satchel
• Students at risk of anaphylaxis have their names highlighted on the classroom attendance roll in red ink, with the word ANAPHYLAXIS written next to it.

Casual relief staff will be informed about students at risk of anaphylaxis through CRT Folders. These teachers are responsible for familiarizing themselves with the information in these folders.

All staff members (including specialists and integration aides) 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 (referring to photographs) and where their medication is located
• how to use an auto adrenaline injecting device
• the school’s first aid and emergency response procedures
• specialists and integration aides will be briefed

**ADRENALINE AUTOINJECTORS AT SCHOOL AND AT THE PARK (DARLING GARDENS)**
All students at risk of anaphylaxis whose ASCIA Action Plan includes use of an adrenaline autoinjector must have their own adrenaline autoinjector and ASCIA Action Plan stored in an individual satchel (with other personal medication) in the first-aid room. This medical satchel may only leave the first-aid room when being carried by a supervising teacher on a camp or excursion, or to be used in the school grounds.

The school also has supplies of ‘back up’ adrenaline autoinjectors. Two of the back up adrenaline autoinjectors, along with a general ASCIA Action Plan for Anaphylaxis, are taken to the local park (Darling Gardens) for activities such as physical education, sports days and play time instead of the child’s individual medical satchel. The supervising teacher at the park carries a mobile phone at all times. If symptoms of anaphylaxis occur at the park to a child diagnosed with anaphylaxis, a ‘back up’ autoinjector will be administered to the child at the park and an ambulance called, as per the general ASCIA Action Plan for Anaphylaxis.

**ADRENALINE INJECTORS ON EXCURSIONS AND CAMPS**
On any excursion or camp, the student’s supervising teacher will carry that student’s school-based medical satchel. In addition, the supervising teacher will also carry with them one ‘back up’ autoinjector (from the school’s supplies).
In the event that a student on a camp or excursion will be separated from their teacher (for example, year 5/6 Interschool sport where teachers may be coaching a game away from their sports team), the student at-risk needs to carry their home-based medical satchel in their bag at all times. The child's home-based medical satchel must be clearly labelled and contain the child's autoinjector, ASCIA Action Plan and any other medications that may be needed. In addition, the supervising teacher will carry the child's school-based medical satchel during the camp/excursion.

Students who do not bring their home-based medical satchel for a camp or excursion (when requested to do so by the school) will not be able to attend the event.

The school will meet with parents of children at risk of anaphylaxis in advance of any school camps to discuss in detail the management of the child's allergies while on camp, and ensure an emergency response plan is formulated.

**STAFF TRAINING AND EMERGENCY RESPONSE**

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.

The principal will identify the school staff to be trained based on a risk assessment.

Training will be provided to these staff as soon as practicable after the student enrolls. 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 (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

**NUT PRODUCTS**

To assist Clifton Hill Primary School to, wherever possible, prevent incidents of anaphylaxis, the school requests and advises that for the safety of all students the following products not be brought to school (either as part of school lunches, snacks or for any other reason):

- Raw or cooked nuts of any type (peanuts, almonds, cashews, pistachios, macadamia nuts, etc.)
- Nut spreads of any type (e.g. peanut butter, Nutella, etc.)
- Products which contain nuts and are labelled as containing nuts (e.g. chocolate bars with nuts, stir fry lunches with nuts, almond cakes, etc.).

The school canteen and before and after school care programs do not provide nut products to students.
NUT PRODUCTS AND COMMUNICATION
The school acknowledges that despite these preventative procedures being in place, the school cannot guarantee a “nut-free” environment. Whilst procedures exist to minimise risks, advertising that the school is “nut-free” may lead to an inaccurate sense of security. All preventative procedures in this document should enhance and maintain vigilance, rather than simply providing comfort. The Principal will communicate with the school community that the school requests and advises that these products not be brought to school.

PRODUCTS LABELLED AS “MAY CONTAIN TRACES OF NUTS” (OR SIMILAR)
- It is acceptable to bring these products to school for consumption in student lunches or snacks (or for educational purposes).
- Where a student’s ACSIA Action Plan or Individual Management Plan informs the school that these products represent a risk of triggering an allergic reaction in this student, staff will follow procedures in Individual Management Plans to prevent exposure to these triggers. This includes food supplied to share communally (for example, for student birthdays and class celebrations).
- Any student’s Action Plan may explicitly state that the student is allowed to consume the above products.

APPENDICES:
A) Sample ASCIA Action Plan
B) Sample Anaphylaxis Individual Management Plan
C) Anaphylaxis Risk Management Checklist

Review: 2015