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. Partnership between the school and parents is important in ensuring that certain foods or items are kept away from the student while at school as well as educating the child about their condition.

Adrenaline given through an Epipen autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

This policy promotes minimisation of risk of contact with the allergens. To minimise the risk of exposure to a high risk allergen, our school should avoid the use of peanuts, peanut butter or other peanut products in curricular or extra-curricular activities. They should also review curriculum materials to make sure that they do not advocate the use of peanuts, peanut butter or other peanut products.

Aim
- 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 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 policies and procedures in responding to an anaphylactic reaction.

Guidelines for Implementation
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.

Individual Anaphylaxis Management Plans
The individual management plan will set out the following:
- Information about the diagnosis, including the type of allergy or allergies the student has based on diagnosis from a medical practitioner.
- Strategies to minimise the risk of exposure to allergens whilst the student is under the care or supervision of school staff, for in school and out of school settings including camps and excursions.
- The student’s individual management plan will be reviewed in consultation with the student’s parents / carers annually or as applicable.
**Parents**

- Parents are responsible for notifying the school that their child is at risk. (enrolment or diagnosis).
- Students to only eat foods provided by parents from home (*label lunch boxes and drink bottles*).

**Principal**

- Will ensure all staff are aware of students at risk of anaphylaxis including the emergency response plan and plan for avoidance of known allergens.
- Emergency Response Plan and poster will be displayed in the medical room, staffroom and classroom, library, canteen and casual teacher folder.
- Arrange for staff to have professional learning sessions every two years with an anaphylaxis educator from NSW Health and a refresher annually, including the use of the Epipen.
- Make staff aware of **E-training** - Anaphylaxis training accessed online. ASCIA, in conjunction with NSW Health and in consultation with the department, has developed anaphylaxis e-training for school and childcare staff. It is to be used as interim training until specialist training is conducted and as a refresher course between specialist training sessions or for any staff, including new and casual staff, who were unable to attend a scheduled specialist anaphylaxis training session. The self-paced course is completed in modules and can be accessed at [http://www.allergy.org.au/etraining/](http://www.allergy.org.au/etraining/).

**Staff**

- Staff will endeavour to minimise the exposure of children at risk of anaphylaxis to known allergens.
- New/casual teachers to be informed by Principal of student at risk of anaphylaxis and emergency response.
- New teachers to complete the online ‘anaphylaxis’ training.
- Follow the Anaphylaxis guidelines for schools set out be NSW DET.
- Staff will have the knowledge to deal with an anaphylactic reaction in a student.

**Emergency care (NSW DET Guidelines)**

Schools do not supply or administer adrenaline autoinjectors unless they have been provided by parents as part of a negotiated individual health care plan for a specific student. It is the role of the parent to provide the prescribed adrenaline autoinjector and to replace it when it expires or after it has been used in a timely way.

In an emergency which has not been anticipated in the emergency response/care section of an individual health care plan negotiated for an individual known to be at high risk of a serious emergency reaction, staff will provide a general emergency response, eg call an ambulance.

Where an emergency response requires the immediate administration of medication to prevent serious illness or injury, staff should administer the medication eg adrenaline autoinjector for a first anaphylaxis.

**Anaphylaxis Action Plans**

A student’s individual health care plan for anaphylaxis must include an emergency response plan. An Anaphylaxis Action Plan completed and signed by the student’s prescribing doctor details the emergency response. The individual is identified on this plan.