



Rationale:

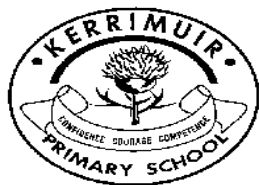
- Anaphylaxis is a severe, life threatening allergic reaction. Up to 2% of the population and 5% of children are at risk. The most common causes in young children are eggs, tree nuts, cow milk, bee or insect stings, and some medications.
- An anaphylactic reaction can develop within minutes to the allergen but with planning and training the reaction can be treated effectively by using an adrenalin auto-injector called an EpiPen®.

Aims:

- To provide, as far as practical, 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.
- To ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen®.
- To minimise the risk of an anaphylactic reaction occurring while the child is at school.

Implementation:

- No food sharing. The practise where the child at risk only eats food provided and permitted by the parent/guardian, and does not share food with or accept other food from any other person.
- Ensure a copy of the child's anaphylaxis action plan is visible to all staff.
- Follow the child's anaphylaxis action plan in the event of an allergic reaction, which may progress to anaphylaxis.
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
 - Call an ambulance immediately by dialling 000.
 - Commence first aid measures.
 - Contact the parent/guardian.
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- Practise EpiPen® administration procedures using an EpiPen® trainer and "anaphylaxis scenarios" twice a year as per Department guidelines under Ministerial Order 90.
- Ensure that a all staff are trained in how to recognise and deal with an anaphylactic reaction.



- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, whether the child has allergies and document this information on the child's enrolment record. If the child has severe allergies, ask the parents/guardians to provide a medical management action plan signed by a Registered Medical Practitioner
- Ensure that parents/guardians provide an anaphylaxis medical management action plan signed by the child's Doctor and a complete EpiPen® kit while the child is present at the school.
- Ensure that the EpiPen® kit is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat.
- Ensure that the EpiPen® kit for each child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends.
- Regularly check the EpiPen® expiry date. (The manufacturer will only guarantee the effectiveness of the EpiPen® to the end of the nominated expiry month.) Advise parents at the commencement of the month of expiry that they should procure a replacement EpiPen®.
- Classroom teacher of any child at risk of an anaphylactic reaction to ensure that classmates understand the seriousness of anaphylaxis and its possible impact.
- Provide information to the school community about resources and support for managing allergies and anaphylaxis.

Evaluation:

This policy will be reviewed as part of the school's three-year review cycle.