**WPS – ANAPHYLAXIS POLICY**

For period: August 2016 – August 2017

**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 as set out in Ministerial order 706.

Adrenaline given through an EpiPen® auto-injector or Anapen® 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 an anaphylactic reaction.
- To ensure the school has policies and procedures in place to ensure that the risks associated with severe allergies are minimised, so that all students can feel safe while at school.

**Implementation:**

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<th>Guidelines</th>
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| Individual anaphylaxis management plan will be available for all students at risk of allergic reaction. | The Principal will ensure that an individual management plan is developed, in consultation with the student’s parents/carers, 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.  
Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).  
The name of the person/s responsible for implementing the strategies.  
An EpiPen®/ Anapen® that has not passed its expiry date will be provided by the parents/carers.  
Information on where the student’s medication will be stored.  
The student’s emergency contact details.  
An ASCIA Action Plan complete with the student’s photo and their medical practitioner’s signature will be provided by the parents/carers. |

The school community will work to actively reduce the risk of accidental exposure to allergens.  
Staff, in consultation with the student’s parents/carers, will conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.  
Practical strategies will be documented and implemented to reduce these risks in school and out of school including camps and excursions.  
A staff representative will be responsible for monitoring the compliance of these strategies and assisting with further education to improve compliance if required.

School staff who are responsible for the care  
Staff must:  
Be trained in how to recognise and respond to an anaphylactic reaction including
of students at risk of anaphylaxis have a duty of care to take steps to protect those students from risks of injury that are reasonably foreseeable.

administering an EpiPen®/ Anapen®.
Know the identity of students who are at risk of allergic reactions and each student’s allergen.
Understand the causes, symptoms and treatment of anaphylaxis.
Know the school’s first aid emergency procedures.
Know where the ASCIA plan and EpiPen®/ Anapen® are kept.
Follow the prevention strategies.
Plan ahead for special class activities such as excursions, sports days, etc. and liaise with parents/carers about provision of appropriate food.
Work together to develop strategies to raise the awareness of staff, students and community about severe allergies.

Ongoing communication between parents/carers and staff about the current state of the student’s allergies, the school’s policies and implementation.

Provide information to all staff (inc specialist staff, new staff, sessional and casual relief staff, ES staff and office 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.
The Principal will ensure that there are procedures in place for informing casual relief teachers of students at risk and the steps required for prevention and emergency response.
Allocate time during staff meetings to discuss, practice and review the school’s management strategies and EpiPen®/ Anapen® use.

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.

Volunteers and casual relief staff will be informed of the students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the office staff, Principal Class members or Leading Teacher.

Communication to parents about food events at school will be communicated through the school newsletter and parents of a child with allergens will be contacted individually by phone or email to arrange other safe food items.

What Staff need to know:
All staff 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
• what steps to take in responding to an anaphylactic reaction by a student in a classroom, school yard, on school excursion, camps and special event days
• their role in responding to a student at risk of anaphylaxis in their care
• the causes, symptoms and treatment of anaphylaxis
• the identities of students diagnosed at risk of anaphylaxis and where their medication is located
• how to use an EpiPen®/ Anapen® injection device
• the school’s first aid and emergency response procedures

What students need to know: (Be a Mate program)
• always take food allergies seriously
• don’t share food with friends
• wash your hands before after eating
• know what your friends are allergic to
• if a friend becomes sick, get help immediately
• be respectful of a friend’s EpiPen®/ Anapen®
• don’t pressure friends to eat food that they are allergic to
**STAFF TRAINING AND EMERGENCY RESPONSE**

All 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 ensure all school staff are to be trained based on a risk assessment.

Training will be provided to these staff as soon as practicable after the student enrols. 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.

In relation to new DET guidelines under Ministerial Order 90, Wandong Primary School has purchased a ‘back-up’ adrenaline auto-injection device to administer for general use. 000 must be called and a paramedic must approve the use of the device on a child prior to the adrenaline being administered.

**Location of EpiPen®/ Anapen®**

All EpiPen®/ Anapen® medication will be stored in the first aid room in a pouch bag. Each medical device will be identifiable and labelled with the child’s name and ASCIA action plan.

All staff will know where to access the EpiPen®/ Anapen®.

All staff are issued a copy of the Risk minimisation strategies. These strategies will be discussed with staff and be a part of anaphylaxis training twice a year.

Students with severe food allergies attend Wandong Primary School so we request that parents refrain from sending peanut and tree nut products in school lunches (eg. Peanut butter, nutella, nut bars etc). Students who have peanut or tree nut products in their lunches and are in a class with a severely allergic child, will eat their lunch (with a friend) away from the child with the allergy.

**Affiliations and Organisations**

Wandong Primary School will subscribe to an annual membership to Anaphylaxis Australia to become an Anaphylaxis aware school and participate in the ‘Be a Mate’ program which helps promote anaphylaxis awareness and education in schools. Information can be found at [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

**CERTIFICATION**

This policy was adopted at the School Council meeting held at Wandong Primary School on the 8th day of August 2016.

Signed: School Council President

Signed: School Principal