**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. In Australia, the prevalence of food-induced anaphylaxis in school-age children is 1 in 1900.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and minimisation of exposure to these triggers. Partnerships between schools and parents are important in ensuring that accurate, up-to-date information is given to the school.

Adrenaline given through an EpiPen® or Anapen® autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

**The key reference** and support for BEPS regarding anaphylaxis is the DEECD Anaphalaxis Guidelines and ASCIA Action Plans.

**Aims:**

- To provide, as far as practicable, a safe and supportive school environment that takes into consideration the needs of all students, and 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 policy and procedures in responding to an anaphylactic reaction.

**Individual Anaphylaxis Management Plans**

The Principal and the school 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:

- information about the student’s medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School;
- 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; and
- an emergency procedures plan (ASCIA Action Plan)

Parents have the responsibility to:

- provide the ASCIA Action Plan that;
  - sets out the emergency procedures to be taken in the event of an allergic reaction;
  - is developed and signed by a medical practitioner who is treating the child on the date the practitioner signs the emergency procedures plan; and
  - includes an up to date photograph of the student.
- inform the School promptly and in writing, if their child’s medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- Provide any other medication indicated on the child’s ASCIA Action Plan and ensure that it is in date.
- Replace the child’s adrenaline autoinjector if used or out of date and provide the School with an Adrenaline Autoinjector that is current and not expired for their child.
- Educate the child about their allergies and how to minimise the risk of exposure (such as not sharing food if allergic to food, or precautions outdoors if allergic to insects).

School Staff will then:

- Undertake anaphylaxis training once each semester and maintain a register of staff who have completed training so that staff:
  - Know what anaphylaxis and allergies are.
  - Know how to recognise anaphylaxis.
  - Know how to minimise exposure to known allergens.
  - Know which students are at risk of anaphylaxis and where their medication is located.
  - Know when and how to give the adrenaline autoinjector.
  - Know that the student’s adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis are located in the staff room.
- Ensure safety in school activities, by minimising exposure to known allergens.
- Develop risk management strategies for specific activities, including school excursions.
- Review and assess management strategies at least yearly.
- Check adrenaline autoinjector expiry dates at the beginning of each semester.
- Plan ahead for special activities and carry the student’s plan and adrenaline autoinjector if leaving the school premises.
- Implement and monitor the student’s Individual Anaphylaxis Management Plan.
- Review the student’s Individual Anaphylaxis Management Plan, in consultation with the student’s Parents in all of the following circumstances:
  - annually;
  - if the student’s medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
  - as soon as practicable after the student has an anaphylactic reaction at School; and
  - when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

**Prevention Strategies**

Severe allergies to foods and insects are two of the most common causes of anaphylaxis. As students can be allergic to several foods it is not possible, nor practical, to remove all possible food allergens from schools. It is also not possible to remove all insects or ticks that students are allergic to.

Minimising exposure to known allergens is therefore a more appropriate way to reduce the risk of anaphylaxis in schools.

- BEPS will not ban certain types of food that put children at risk as it is not practicable to do so, and is not recommended by the Department of Education and Early Childhood Development or the Royal Children’s Hospital. However, the school will request that parents do not send foods that are likely to cause an anaphylactic reaction.
- Students with allergies and their peers will be educated about allergies and anaphylaxis.
- Risk minimisation strategies will be reviewed by BEPS, including when health information is collected at enrolment or when updated.
- Students will be supervised at the beginning of recess and lunch in the classroom, so as to avoid sharing food or eating utensils.
- Teachers will identify foods used in activities that contain known allergens and replace them with other suitable foods where appropriate.
- BEPS will promote good communication between parent/guardian, staff and student.
- BEPS will keep the grass well mown.
- When notified of their presence, BEPS will remove bee/wasp nests.
- Ensure students wear appropriate clothing and shoes when outdoors.
- Ask that all food that is brought to school for such things as class celebrations, fetes, Friday Markets, Twilight Market, etc have all ingredients listed.

**Supervising staff on school excursions will:**

- identify students that are at risk of anaphylaxis and the known allergens.
- Know what risk minimisation strategies are in place.
- Consider issues such as the administration of prescribed emergency medication and risk management strategies when planning an excursion.
- Have the ASCIA Action Plan for Anaphylaxis and adrenaline autoinjector (stored out of direct heat and light, but not on ice) readily available.
- Know when and how to give the adrenaline autoinjector.
School Management and Emergency Response:

BEPS Anaphylaxis Management Policy will include procedures for emergency response to anaphylactic reactions that include:

- a complete and up to date list of students (with photos) identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction will be:
  - emailed to staff,
  - placed in the yard duty folders, in the staff room, first aid room, rolls, specialist areas, OSCH and in Administration offices.
- Individual Anaphylaxis Management Plans and ASCIA Action Plans will be located in the staff room.
- Individual Anaphylaxis Management Plans and ASCIA Action Plans will be carried on school excursions and camps.

Adrenaline Autoinjectors for General Use

- BEPS will purchase 4 Adrenaline Autoinjector(s)- 2 for children less than 20 kg and 2 for children more than 20 kg. These will be for General Use and as a back up to those supplied by Parents.
- The Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and will be replaced at the School’s expense, either at the time of use or expiry, whichever is first.

Communication Plan

- 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 students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Principal/AP or student wellbeing officer.
- BEPS staff will seek information from the parent/guardian about allergies that affect their child as part of health information collected at enrolment and as part of regular health updates.
- The individual health care plan is reviewed annually by discussion between the staff and parent/guardian.
- The school’s anaphylaxis policy and procedures is communicated to all relevant stakeholders and the wider community through the BEPS web site.
- The student’s ASCIA Action Plan for Anaphylaxis will be displayed in the same location as the adrenaline autoinjector (stored unlocked and easily accessible in the staff room) and in other appropriate areas in the school.
Staff Training

- Brunswick East Primary School Staff will be appropriately trained by a Licenced trainer or member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.
- In the event that the relevant training and briefing has not occurred an interim Individual Anaphylaxis Management Plan will be developed in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction.
- Training will be provided to relevant School Staff as soon as practicable after the student enrols, and preferably before the student’s first day at School.

Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

References and Resources

Australasian Society of Clinical Immunology and Allergy (ASCIA)
ASCIA Guidelines for prevention of anaphylaxis in schools, pre-schools and childcare: 2012.

ASCIA Action Plans for Anaphylaxis and other anaphylaxis resources:
www.allergy.org.au/health-professionals/anaphylaxis-resources

Anaphylaxis Training, Guidelines, Procedures for Schools and Children's Services

Allergy & Anaphylaxis Australia (Patient support organisation)
www.allergyfacts.org.au

Allergy New Zealand (Patient support organisation)
www.allergy.org.nz

Further information on minimising exposure to high risk foods:
www.allergyfacts.org.au/caring-for-those-at-risk/schools

ASCIA dietary avoidance information sheets may also be useful:

Further information on insect and tick allergy: www.allergy.org.au/patients/insect-allergy-bites-and-stings

Evaluation:
This policy will be reviewed as part of the school’s two-year review cycle.

This policy was ratified by School Council on 25.3.14