Anaphylaxis Policy – 2009

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Rationale:
Anaphylaxis is an acute allergic reaction to certain food items and insect stings. Anaphylaxis is a severe and potentially life-threatening condition. The condition develops in approximately 1-2% of the population. The most common allergens are nuts, eggs, cow’s milk and bee or other insect stings, and some medications.

Aim
To provide a safe and healthy school environment that takes into consideration the needs of all students and staff, including those who may suffer from anaphylaxis.

Implementation:
• Signs and symptoms of anaphylaxis include hives/rash, tingling in or around the mouth, abdominal pain, vomiting or diarrhoea, facial swelling, cough or wheeze, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing.
• Anaphylaxis is best prevented by knowing and avoiding the allergens.
• Our school will manage anaphylaxis by:-
  • Providing professional development for all staff.
  • Identifying susceptible students and staff and knowing their allergens.
  • Providing information to all staff (including specialist staff, new staff, sessional staff, casual replacement teachers, food preparation and office staff) so they are aware of students and staff who are at risk of anaphylaxis.
  • Requiring all students and staff who are at risk of anaphylaxis to provide an ASCIA Action Management Plan developed by their medical practitioner, that includes annually updated photograph of the student/staff member plus an EpiPen if necessary, both of which will be maintained in the first aid room for reference as required and taken on excursions where the student or staff member will be leaving the school.
• Meeting with the parents/carers/adult staff member to develop an Anaphylaxis Management plan. This includes documenting practical strategies for in-school and out-of-school settings to minimize the risk of exposure to allergens and nominating staff who are responsible for their implementation.

• Informing the community about anaphylaxis via the newsletter.

• Not allowing food sharing, and restricting food to that approved by parents.

• Keeping the lawns well mown, ensuring children always wear shoes, and not allowing drink cans at school.

• Ensuring staff are provided with regular professional development on the identification and response to anaphylaxis and the proper use of an EpiPen.

• In consultation with the child’s parents/carers/adult staff member, review individual anaphylaxis Management Plans annually or if the circumstances change.

• The school won’t ban certain types of foods (e.g., nuts) as it is not practicable to do so, and is not a strategy recommended by the Department of Education or the Royal Children’s Hospital. However, the school will request that parents do not send those items to school if at all possible and that the canteen eliminate or reduce the likelihood of contact with such allergens.

• The use of food in crafts, cooking classes and science experiments may need to be restricted depending on the allergies of particular children/staff members.

• On school camps, the caterers will be advised of the child/children’s/staff members allergies and requested that the problematic foods are not supplied.

**Evaluation:**

This policy will be reviewed in 2011.

This policy was ratified by School Council in ………………………………………………………………………………….