



YACKANDANDAH PRIMARY SCHOOL
ANAPHYLAXIS MANAGEMENT POLICY
(Ministerial Order 706)

SCHOOL STATEMENT:

Yackandandah Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

PURPOSE:

To explain to Yackandandah Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Yackandandah Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

GUIDELINES:

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Yackandandah Primary School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Yackandandah Primary School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Yackandandah Primary School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, 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 risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Location of plans and adrenaline autoinjectors

Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and locations:

██████████	3/4LC	3/4LC Teacher's work area, First Aid Room, with epipen
██████████	3/4C	3/4C Teacher's work area, First Aid Room, with epipen
██████████████████	5/6E	5/6E Teacher's work area, First Aid Room, with epipen
██████████	3/4LC	3/4LC Teacher's work area, First Aid Room, with epipen
██████████	5/6E	5/6E Teacher's work area, First Aid Room, with epipen
██████████	FK	FK Teacher's work area, First Aid Room, with epipen
██████████	5/6E	5/6E Teacher's work area, First Aid Room, with epipen

All students' diagnosed with Anaphylaxis have their Anaphylaxis action plans displayed on the First Aid room display wall. Copies are also posted in the staff work area for teachers who have students diagnosed with anaphylaxis in their class.

A further copy of the action plan is kept with each student's adrenaline autoinjector. Individual students' autoinjectors are stored in the first aid room cupboard – in clear containers labelled by class.

Yackandandah Primary School will maintain 2 adrenaline autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline autoinjectors for general use will be stored: one in the first aid room and one in the OSHC area and labelled "general use".

The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Example School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents

- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

RISK MINIMISATION AND PREVENTION STRATEGIES:

Classrooms

1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom – or staff work area if that area is close by. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2. Liaise with parents about food-related activities ahead of time.
3. Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4. Never give food from outside sources to a student who is at risk of anaphylaxis.
5. Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.

7. Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
9. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
1. A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident i.e. seeking a trained staff member.

Hot Lunches

1. Parent helpers preparing hot lunches should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to:
 - 'Safe Food Handling' in the School Policy and Advisory Guide, available at:<http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx>
 - Helpful resources for food services:
<http://www.allergyfacts.org.au/component/virtuemart/>
2. Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls.
3. Display the student's name and photo in the canteen as a reminder to School Staff.
4. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5. Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6. Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7. Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
8. Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Yard

1. If a School has a student who is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. (**Remember that an anaphylactic reaction can occur in as little as a few minutes**).

3 Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.

4 Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.

5 For each field trip, excursion etc., a risk assessment should be undertaken that takes into consideration students attending who are at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.

All School Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.

6 Keep lawns and clover mowed and outdoor bins covered.

7 Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)

1. If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.

2. School staff should avoid using food in activities or games, including as rewards.

3. For special occasions, school staff should consult parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.

4. Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.

5. Party balloons should not be used if any student is allergic to latex.

Travel to and from School by bus

1. School staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from school on the bus. This includes the availability and administration of an Adrenaline Autoinjector. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Autoinjector on their person at school.

Field trips/excursions/sporting events

1. If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2. School staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3. School staff should avoid using food in activities or games, including as rewards.
4. The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
5. For each field trip, excursion etc, a risk assessment should be undertaken that takes into consideration students attending who are at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
6. All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
7. The School should consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required).
8. Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis.
9. Prior to the excursion taking place School Staff should consult with the student's Parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps and remote settings

1. Prior to engaging a camp owner/operator's services the School should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider.
2. The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3. Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4. Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5. School Staff should consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. **If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.**
6. If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
7. Use of substances containing allergens should be avoided where possible.
8. Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
9. The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
10. Prior to the camp taking place School Staff should consult with the student's Parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
11. School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.

12. Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.

13. Schools should consider taking an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back up device in the event of an emergency.

14. Schools should consider purchasing an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.

15. The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.

16. The Adrenaline Autoinjector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.

17. Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.

18. Cooking and art and craft games should not involve the use of known allergens.

19. Consider the potential exposure to allergens when consuming food on buses and in cabins.

EMERGENCY RESPONSE PROCEDURES:

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the office manager (Sandra McKibbin) and stored on the first aid room display wall. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none">• Lay the person flat• Do not allow them to stand or walk• If breathing is difficult, allow them to sit• Be calm and reassuring• Do not leave them alone• Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the first aid room cupboard• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none">• Remove from plastic container• Form a fist around the EpiPen and pull off the blue safety release (cap)• Place orange end against the student's outer mid-thigh (with or without clothing)• Push down hard until a click is heard or felt and hold in place for 3 seconds• Remove EpiPen• Note the time the EpiPen is administered• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

[Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction. Refer to page 41 of the [Anaphylaxis Guidelines](#)].

Names of students and parent phone numbers included:

[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

COMMUNICATION PLAN:

This policy will be available on Yackandandah Primary School’s website so that parents and other members of the school community can easily access information about Yackandandah Primary School’s anaphylaxis management procedures. The parents and carers of students who are enrolled at Yackandandah Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Yackandandah Primary School’s

procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk. A list of students at risk will be available in a 'CRT Folder' that will be available for each class.

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

Staff training

The principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Yackandandah Primary School uses the following training course ASCIA e-Training course (with 22303VIC, or 22300VIC or 10313NAT).

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including [Principal) Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Yackandandah Primary School who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

The principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

Yackandandah Primary School has taken steps to ensure effective communication of students at risk of anaphylaxis.

1. Anaphylaxis action plans are located in the sick bay and include students' photos.
2. Anaphylaxis action plans including photos are located in staff work areas & class CRT folders.
3. All staff undergo regular briefings on anaphylaxis, the symptoms and emergency responses.
4. All staff with a student at risk of anaphylactic responses in their classroom, will be briefed at the beginning of the year, to ensure their awareness of the issues related to these students.
5. Parents/carers of anaphylactic students will be contacted each year to ensure we have the most up-to date anaphylactic management plan available.

Communication strategies for school communities

It is important to work with the whole school community to better understand how to provide a safe and supportive environment for all students, including students with severe allergies.

Raising staff awareness

All staff involved in the care of students at risk of anaphylaxis, including class teachers, casual relief teachers, canteen and administrative staff should know:

- the causes, symptoms and treatment of anaphylaxis
- the identities of students who are known to be at risk of anaphylaxis
- the risk minimisation strategies in place
- where adrenaline autoinjectors are kept
- the school's first aid and emergency response procedures
- their role in responding to an allergic reaction.

This will be achieved by allocating time, such as at staff meetings, to discuss, practise and review the school's management strategies for students diagnosed at risk of anaphylaxis, and providing and/or displaying copies of the student's ASCIA Action Plan for Anaphylaxis in First Aid Room and Teacher staff rooms.

Raising student awareness

Having supportive friends and class mates are important for students at risk of anaphylaxis. Staff can raise awareness of anaphylaxis in school through class activities, discussions and procedures around eating & food.

Key messages include:

- always take allergies seriously – severe allergies are no joke
- don't share your food with friends who have food allergies
- wash your hands after eating or touching food
- know what your friends are allergic to
- if a friend/student becomes sick or unwell, get help from an adult immediately

- be respectful of a student's adrenaline autoinjector
- don't pressure your friends to eat food that they are allergic to.
- At any age, students may be unable to communicate with their peers that they have come into contact with an allergen, particularly if they become too distressed or incapacitated. It is important to reinforce the message that if a student sees a peer who is unwell or distressed always notify a teacher.

- Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student at risk of anaphylaxis must be treated seriously and dealt with accordingly.

Working with parents/carers of students at risk of anaphylaxis:

Schools should be aware that the parents of a child who is at risk of anaphylaxis may experience high levels of anxiety about sending their child to school. It is important to encourage an open and cooperative relationship with parents so that they can feel confident that appropriate management strategies are in place.

Aside from implementing practical strategies to minimize risk in schools, the anxiety that parents, students and staff may feel can be considerably reduced by increased education, awareness and support from the school community.

Privacy considerations

Privacy legislation places limitations on the collection, use and disclosure of personal and health information. It may be necessary to provide medical and other information to staff in order to implement an individual health care plan. Depending on the circumstances it may sometimes be necessary to convey such information to other parents and students. Using or disclosing information for this purpose will not breach privacy legislation.

Where it is necessary to provide information to staff, other parents or students the parent and where applicable the student should be informed of this beforehand. Principals or their delegated executive staff should ensure that the persons who are provided with this information are aware of the need to deal with such as information sensitively and confidentially.

Role of the Principal

1.	Encourage ongoing communication between Parents and School Staff about the current status of the student's allergies, the school's policies and their implementation.
2.	Ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with Parents annually, when the student's medical condition changes, as soon as practicably after a student has an anaphylactic reaction at School, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the School.
3.	Ensure the Risk Management Checklist for anaphylaxis is completed annually.
4.	Arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for General Use to be part of the School's first aid kit.
5.	Ensure training of staff is up-to-date and that the requirements re anaphylaxis policy of all incursions and excursions are met.
6.	Ensure that procedures are in place to inform volunteers and CRTs of students with a medical condition.

Role and responsibilities of School Staff

All School Staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers.

To assist School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend, and others School Staff where relevant, a summary of some of the key obligations under the Order, and suggested prevention strategies, is set out below. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by School Staff when seeking to discharge their duty of care:

1.	Know and understand the School Anaphylaxis Management Policy.
2.	Know the identity of students who are at risk of anaphylaxis. Know the students by face.
3.	Understand the causes, symptoms, and treatment of anaphylaxis.
4.	Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector. Refer to Chapter 12 for more details.
5.	Know where to find a copy of each student's Individual Anaphylaxis Management Plan quickly, and follow it in the event of an allergic reaction.
6.	Know the School's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction.
7.	Know where students' Adrenaline Autoinjectors and the Adrenaline Autoinjectors for General Use are kept. (Remember that the Adrenaline Autoinjector is designed so that anyone can administer it in an emergency).
8.	Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.
9.	Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at School, or away from School. Work with Parents to provide appropriate food for their child if the food the School/class is providing may present a risk for him or her.
10.	Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies provided in this document (see Chapter 8). Work with Parents to provide appropriate treats for students at risk of anaphylaxis.
11.	Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
12.	Be aware of the risk of cross-contamination when preparing, handling and displaying food.
13.	Make sure that tables and surfaces are wiped down regularly and that students wash their

	hands after handling food.
14.	Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

Volunteers and CRTs:

Volunteers and casual relief staff assisting students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care.

Staff Training:

All staff will be briefed once each semester by a staff member who has up-to-date anaphylaxis management training (completed within the last 3 years) on:

- The school’s anaphylaxis management policy
- 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 auto adrenaline injecting device
- The school’s first aid and emergency response procedures

All staff who have students with anaphylaxis in their class will undergo the anaphylaxis management training.

The school’s first aid procedures and students emergency procedures plan (ASCIA action Plan) will be followed in responding to an anaphylactic reaction.

RESPONSIBILITY:

The Anaphylaxis Policy is the responsibility of the Principal and leadership team.

ASSOCIATED POLICIES / DOCUMENTS:

- Medications Policy
- Camps & Excursions Policy
- First Aid Policy
- Nutrition Policy
- Hot Lunch Policy

- Health Education Policy
- Drug Education Policy
- OSHC Policy Document
- Yackandandah Kindergarten Policy Document

FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

REVIEW

This policy was last updated on 31/01/2019 and is scheduled for review in January 2020.

The principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.