

Pakenham Hills PS Anaphylaxis Policy.

RATIONALE

Anaphylaxis is an acute allergic reaction to certain food items and insect stings. The condition develops in approximately 1-2% of the population. Anaphylaxis is a severe and potentially life-threatening condition and is best prevented by knowing and avoiding the allergens. Signs and symptoms of anaphylaxis include hives/rash, tingling in or around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing. The most common allergens are nuts, eggs, cow's milk, bee or other insect stings, and some medications. It is not possible nor practical, to guarantee complete removal of allergens such as nuts, regardless of policies.

AIM

To provide a safe and healthy school environment that takes into consideration the needs of all students, including those diagnosed with anaphylaxis.

IMPLEMENTATION

1. Compliance with Ministerial Order 706
2. School to purchase adrenalin auto-injectors for general use to be stored in a visible and appropriately accessible location in the First Aid Room.
3. Conduct biannual briefings for all school staff, regarding the school's Anaphylaxis Policy, emergency procedures and other specified anaphylaxis issues.
4. First Aid Officers and at least 2 other first aid trained members of staff will maintain competency in all Anaphylaxis training required for verifying the correct use of adrenaline auto injector devices. This includes e-training and courses in 22300VIC Provide First Aid Management of Anaphylaxis and 22303VIC Course in Verifying the Correct Use of Adrenaline Auto injector Devices.
5. All staff to complete ASCIA Anaphylaxis e-Training every two years including practical demonstration in the administration of an auto-injector.
6. Principal or nominee to complete an annual Risk Management Checklist.

Our school will manage individual anaphylaxis needs by:

1. Identifying susceptible students and knowing and minimising their risk/exposure to associated allergens.
2. Implementing and reviewing all Anaphylaxis Individual Management Plans annually, when student participates in off-site activities or as soon as practicable should an anaphylactic reaction occur.
3. Providing staff with updated anaphylaxis information each term, at staff meetings or via email.
4. Making sure all new staff are given anaphylaxis training as part of their induction program.
5. Making all staff aware of the Emergency Response procedures should an anaphylactic reaction occur, either onsite or off-site.
6. Not allowing any child presenting with signs of allergies or an anaphylactic reaction to stand or be moved, unless in further danger.

7. Not allowing food sharing between children and maintain awareness of possible food triggers present.
8. Maintaining awareness of, and eliminating cross contamination of foods during class parties.
9. Ensuring cleaning processes occur after class parties.
10. Keeping the lawns well mown, ensuring children always wear shoes at school, and not allowing drink cans at school (minimising the risk of insects entering drinks).
11. Requiring parents of 'at risk' children to provide an ASCIA Emergency Management Plan developed by a health professional and an adrenaline auto-injector to the school.
12. Ensuring a copy of the ASCIA Emergency Management Plan is displayed on the Medical Alerts wall in classrooms, and supplied in the First Aid Room and in CRT Folders.
13. Storing student adrenaline auto-injectors and Individual Management Plans safely in classrooms or sick bay.
14. Ensuring generic adrenaline auto-injectors are stored in the First Aid Room and are taken on all camps and excursions.
15. The school will ensure that two generic epi-pens are taken on excursions and camps for back-up and emergency anaphylaxis needs.
16. Ensuring staff are provided with regular professional development on the identification of and response to anaphylaxis, and the proper use of an adrenaline auto-injector.
17. Maintaining awareness within the school community about anaphylaxis. For example, via the newsletter.

Our school will manage safety and risk requirements as follows:

- Request that parents assist the school and support the education of all students regarding the risks of food sharing and students with allergies/anaphylaxis.
- Reinforce rules about not sharing and eating foods not provided by parents/carers.
- Maintaining awareness for potential cross contamination of foods during class parties.
- Where staff or students are known to have serious life threatening reactions the school will move to ensure risk minimisations, specific to the individual, are adhered to across the school, including during excursions and camps.
- As per ASCIA recommendations, the school will implement age appropriate, whole school and individual risk minimisation strategies and consider students with severe allergies when planning activities.
- Provide relevant and ongoing information, via newsletters etc., to assist in understanding the risks surrounding allergies and anaphylaxis.

EVALUATION

Pakenham Hills Primary School is committed to ensuring this policy is publicised and implemented, and will monitor and review its effectiveness.

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

This policy does not require School Council Approval.

Dale Hendrick
Principal

Version	Date	Modification	Modified By
1	30.04.2018	Moved Implementation point 2 into Rationale. Revision of Implementation points to clarify meaning.	Gail Butterworth
2	21/03/2019	Updated format	Dale Hendrick
3.	May 2020	Updated implementation, managements of individual needs and manage safety and risk requirements to reflect removal of food bans.	Trish Hermann
4.	February 2021	Updated dot point 15 to remove parent requirement for two personal epi-pens on cams or school excursions.	Dale Hendrick