Background
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 at school is knowledge of those children who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between St. Monica’s and parents are important in ensuring that certain foods or items are kept away from the child while at school. Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Purpose
• 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 St. Monica’s anaphylaxis management policy in the school community.
• To engage with parents/carers of children 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 St. Monica’s policy and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Management Plans
The principal will ensure that an individual management plan is developed, in consultation with the child’s parents, for any child 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 child enrols, and where possible before their first day of school. The individual anaphylaxis management plan will set out the following:

• Information about the diagnosis, including the type of allergy or allergies the child has (based on a diagnosis from a medical practitioner).
• Strategies to minimise the risk of exposure to allergens while the child is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
• 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.
• An emergency procedures plan provided by the parent, that:
  - sets out the emergency procedures to be taken in the event of an allergic reaction;
  - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
  - includes an up to date photograph of the student.

Note: The red and blue ‘ASCIA Action Plan’ is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis.

The child’s individual management plan will be reviewed, in consultation with the child’s parents/ carers:
• annually, and as applicable,
• if the child’s condition changes, or
• immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:
• provide the emergency procedures plan (ASCIA Action Plan).
• inform the school if their child’s medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
• provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

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 child in a classroom, in the school yard, on school excursions, on school camps and special event days. Volunteers and casual relief staff of children at risk of anaphylaxis will be informed students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a child in their care by the duty First Aid Officer.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:
• St. Monica’s anaphylaxis management policy
• the causes, symptoms and treatment of anaphylaxis
• the identities of children diagnosed at risk of anaphylaxis and where their medication is located
• how to use an autoadrenaline injecting device
• the school’s first aid and emergency response procedures
**Staff training and emergency response**

Teachers and other school staff who conduct classes which children 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 identify the school staff to be trained based on a risk assessment.

Training will be provided to these staff as soon as practicable after the child enrols. Wherever possible, training will take place before the child’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.

Storage of EpiPen® autoinjectors are in an unlocked cupboard in the First Aid Room. They are stored either in labelled bags provided by children or labelled containers in the cupboard above the sink area. Parents may also choose to have an EpiPen® autoinjector stored in the classroom in an agreed storage area which must be out of reach of any child.

Any classroom with a student/s at risk of anaphylaxis will have information pertaining to that student/s on their noticeboard, and procedures to be followed in the event of an anaphylaxis occurrence.