
Westgarth Primary School is a community of students, staff, friends and family working together to create a diverse, engaging and respectful learning environment.

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.
- The keys to prevention of anaphylaxis in schools is having knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and the prevention of exposure to these triggers. The partnership between Westgarth Primary School and its families is important in ensuring that certain foods or items are kept away from the student whilst he/she is at school.
- Adrenalin given through an auto injector to the muscle of the outer mid-thigh is the most effective first-aid treatment for anaphylaxis.
- Statement of compliance WPS will comply with Ministerial Order 706 and guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time.

Aims

- To make, as far as practicable, Westgarth Primary School a safe and supportive environment in which students and staff at risk of anaphylaxis can participate equally in all aspects of schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy Ministerial Order 706 in the Westgarth Primary 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 response to an anaphylactic reaction
- To clarify the respective roles and responsibilities of parents/carers and school staff.
- To ensure individual anaphylaxis management plans are in place and kept up to date by parents/ carers.

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Implementation

Individual Anaphylaxis Management Plans

The Principal/ School Nurse will ensure that an individual 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.

- Parents/Guardian will provide an individual coloured anaphylaxis management plan and an up to date adrenalin auto injector as soon as practicable after the student is enrolled and, prior to or on their first day of school each school year.

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions, the Kitchen Garden Program and Out of School Hours Program (OSHC).
- The name/s 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 (ASCIA* Red Action Plan), updated annually by the a parent/carer, that:
 - sets out the emergency procedures to be taken in the event of an allergic reaction;
 - is signed by a medical practitioner who is treating the child and includes an up-to-date photograph of the student.

The student's individual anaphylaxis management plan will be reviewed, in consultation with the student's parents/carers:

- annually
- if the student's condition changes, or
- immediately after a student has an anaphylactic reaction at school or at an offsite school activity, such as camps or excursions.

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It is the responsibility of the parent / carer to:

- Inform the school of their child's medical condition.
- Provide the emergency procedures plan (ASCIA* Red Action Plan) with a recent coloured photo.
- meet with classroom teacher to discuss student's individual management plan for school and special circumstances (i.e. OSHC, Kitchen Garden Program, camps, excursions)
- Inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA* Red Action Plan).
- Provide an up-to-date coloured photo for the emergency procedures plan (ASCIA* Red Action Plan) when the plan is provided to the school and when it is reviewed.
- Provide an in-date adrenalin auto injector (and a replacement upon notification of expiry).
- If a parent / carer does not provide an up to date (ASCIA* Red Action Plan signed by a medical practitioner or an in date auto-immune injector / medication contact will be made as follows
 - Phone call by the Principal / Assistant Principals
 - Follow up by letter requesting immediate update to both the Action Plan / Auto-immune injector and or medication outlining the parent's / carer's responsibility and possible exclusion of the student attending excursions, interschool sport or camps.

Communication Plan

- The Principal/ School Nurse will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents/carers 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 student in a classroom, in the school yard, on school excursions, on school camps and special event days.
- Casual relief staff (CRTs) who may be working with students at risk of anaphylaxis will be informed of such students and informed of their role in responding to an anaphylactic reaction by a student in their care by the Principal or School Nurse.
- All staff will be provided with regular training and updates in recognising and responding appropriately to administering an EpiPen /Anapen.
- New staff and Casual Relief Teachers [CRT] will be briefed as needed 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 adrenalin auto injector
 - the school's first aid and emergency response procedures
- All CRT lanyards will have emergency response procedures printed on the back.

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- At the beginning of each school year, an anaphylaxis awareness brochure/material will be sent home to families where there is an anaphylaxis student in their child's class.
 - Each term an anaphylaxis/health issues reminder note will be included or attached to the newsletter.
 - The Principal/School Nurse will be responsible for purchasing additional Auto injectors for general use and as a back up to those supplied by parents/carers.

Out of School Hours Care (OSHC)

All participants will be notified of the following:

- The school has identified the following foods as high risk allergens: peanut butter, nutella, other nut spreads, tahini, hummus, peanuts, other nuts, peanut oil and sesame oil. These foods will not be served within the OSHC program. .
- OSHC staff will follow Minimising the Risk guidelines as set out in the Anaphylaxis Guidelines to minimise the risk of exposure to allergens brought into OSHC by students attending the program.

Kitchen Garden Program

All participants will be notified of the following:

- The high risk allergens peanut butter, nutella, other nut spreads, tahini, hummus, peanuts, other nuts, peanut oil and sesame oil will not be served or used in the preparation of food in the Kitchen/Garden program.
- **Other allergens may exist within the Kitchen Garden** Program so teachers, students and volunteers will follow the minimising the Risk guidelines as set out in the Anaphylaxis Guidelines to minimise the risk of exposure to allergens brought into Kitchen Garden by students attending the program.
- While the School respects the rights of students with anaphylaxis to participate equitably in all aspects of school life and takes its obligations to make reasonable adjustments to accommodate students with anaphylaxis seriously it **cannot guarantee that OSHC program is a nut free environment.**

Staff Training and Emergency Response

- Teachers and other school staff who conduct classes in which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up-to-date training in an anaphylaxis management.
- At other times while the student is under the care or supervision of the school, including excursions, recess and lunchtimes, 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.

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- As mandated, training will be conducted by an accredited anaphylaxis management course and these qualifications will be valid for three years.
 - In addition to Anaphylaxis training, staff will be provided with three opportunities per year to administer a trainer immune injector.
 - The school's first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.
 - The Anaphylaxis Management DVD will be used at a staff meeting to raise awareness of anaphylaxis, remind staff of how to use an adrenalin auto injector and key management strategies to minimise risks in the school environment.

Other

- The principal/or delegate is responsible for arranging for the purchase of additional adrenalin auto injectors for general use and as a back up to those supplied by the parents/carers.
- The Anaphylaxis Guidelines accompanying this policy contain risk minimisation and prevention strategies that will put in place for all relevant in school and out of school settings also referred to as the Minimising the Risk Guidelines.

Evaluation

- This policy will be reviewed as part of the training process.
- The principal will complete an annual Risk Management Checklist to monitor their obligations, as published and amended by the Department from time to time.

Emergency Plans developed by:

*Australasian Society of clinical Immunology and Allergy Incorporated.

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