Rationale
The school owes a duty of care to all students who attend, including those with allergies, and recognises that severe allergies are serious and in some instances may be life threatening. The school will encourage all families to understand the needs of children with severe allergies, while promoting inclusiveness and respecting privacy. Students with severe allergies need to feel safe and accepted as normal, not singled out as different.

Definition
Anaphylaxis is a severe and potentially life-threatening condition brought about by an acute allergic reaction to one or more allergens. The most common allergens are foods (i.e., peanuts, tree nuts, eggs, cow’s milk and shellfish), insect bites or stings and some medications. Signs and symptoms of anaphylaxis include hives/welts, tingling in or around the mouth, abdominal pain, vomiting, facial swelling, coughing or wheezing, difficulty breathing or swallowing, persistent dizziness, loss of consciousness or collapse and/or cessation of breathing.

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

Implementation
- The school will comply with Ministerial Order 706 and guidelines related to anaphylaxis management in schools as published and amended by the Department of Education and Early Childhood from time to time.
- An Action Plan for Anaphylaxis, in a format approved by the Australasian Society of Clinical Immunology and Allergy (ASCIA Action Plan), must be provided to the school for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction (where the school has been notified of that diagnosis).
- If a student has been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction, the Action Plan for Anaphylaxis must be provided to the school as soon as practicable after the student enrolls, and where possible, before the student’s first day of attendance at the school.
- For any student with an Action Plan for Anaphylaxis, the school will prepare an Individual Anaphylaxis Management Plan as soon as practicable after the student enrolls. The Individual Anaphylaxis Management Plan will include the following:
  * information about the medical condition, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner);
  * strategies to minimise the exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out of school settings 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 strategies;
* information on where the student’s medication will be stored;
* the student’s emergency contact details; and
* an Action Plan for Anaphylaxis provided by the parent.

- The school will review a student’s Individual Anaphylaxis Management Plan and Action Plan for Anaphylaxis in consultation with the student’s parents in all of the following circumstances:
  * annually;
  * if the student’s medical condition, insofar as it relates to the allergy and the potential for anaphylactic reaction, changes;
  * as soon as is practicable after a student has an anaphylactic reaction at school;
  * when a student is to participate in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.

- A copy of the student’s Individual Anaphylaxis Management Plan and Action Plan for Anaphylaxis will be kept in the student’s classroom and in the First Aid Room. In addition, a copy of the student’s Action Plan for Anaphylaxis will be kept in all classrooms in the school, as well as with the student’s adrenaline autoinjector.

- It is the responsibility of the parent to:
  * provide a completed Action Plan for Anaphylaxis to the school;
  * inform the school in writing if their child’s medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated Action Plan for Anaphylaxis;
  * provide the school with any medication listed on the Action Plan for Anaphylaxis that is within its expiry date; and
  * provide the school with an adrenaline autoinjector that is current and not expired for their child.

- The school will manage anaphylaxis by:
  * informing the community about anaphylaxis via the school newsletter;
  * discouraging food sharing and restricting food to that approved by parents; and
  * ensuring staff are provided with annual professional development on the identification and response to anaphylaxis and the proper use of an adrenaline autoinjector.

- The school will not ban certain types of foods as it is not practicable to do so and is not a strategy recommended by the Department of Education and Early Childhood Development or the Royal Children’s Hospital. The school will request that parents do not send those items to school if at all possible and will discourage students from sharing food.

- Staff will endeavour to provide food at special school events that all students may enjoy. In the case of students with severe or unusual allergies, the school may require the student/family to provide appropriate lunch/snacks to ensure the student’s safety.

- The school cannot guarantee that allergens, or products with allergens, will never be present at the school or at special events outside the school environment.

- Adrenaline autoinjectors for general use will be kept at school (in the Office in a clearly labelled container) and in excursion First Aid Kits for treatment of an anaphylactic response.
A Communication Plan will be prepared in accordance with Ministerial Direction No. 706 and will form part of this Anaphylaxis Management Policy.

In the event of a student having an anaphylactic reaction, the emergency response procedure outlined in the Communication Plan, together with the school’s general first aid and emergency response procedures and the student’s Action Plan for Anaphylaxis, must be followed.

School staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend, as well as any further school staff the Principal identifies, will have successfully completed an anaphylaxis management training course (as defined in Ministerial Direction No. 706) in the three years prior. In addition they must participate in a briefing, to occur twice per calendar year with the first one being held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis training course in the 12 months prior on:

* the school’s Anaphylaxis Management Policy;
* the causes, symptoms and treatment of anaphylaxis;
* the identities of students with a medical condition that relates to allergy 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; and
* the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

**References**

- Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools
- Anaphylaxis Guidelines: A Resource for Managing Severe Allergies in Victorian Schools (February 2014)

**Evaluation**

This policy will be reviewed every three (3) years or as deemed necessary.