 **COBRAM PRIMARY SCHOOL ANAPHYLAXIS POLICY**

**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 in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain food items are kept away from the student 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 the school’s anaphylaxis management policy in the school community.

To engage with parents/carers of the 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 responding to an anaphylactic reaction.

**GUIDELINES**

1. Staff will speak to their classes at the beginning of the year about Anaphylaxis, to remind all and heighten their understanding of Anaphylaxis.
2. All staff when on yard duty will carry their own mobile phone.

The order of action is:

* Access and administer Epipen as needed
* Call an ambulance
* Inform office as quickly as possible and they will contact parents
1. The Principal and first aid officer will ensure that an Individual Anaphylaxis 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. The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrols, and where possible before their first day of school. The individual ASCIA Management Plan is to be provided by the parents and signed by a medical practitioner. The Individual Anaphylaxis Management Plan will set out the following: information about the student’s medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner); The student’s Individual Anaphylaxis Management Plan will be reviewed, 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 allergy and the potential for anaphylactic reaction, changes;
* as soon as practicable after the student has an anaphylactic reaction at School; and

when the 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 (eg. class parties, elective subjects, cultural days, fetes, incursions).

If there are any changes to the child’s allergens and ASCIA management plan, an updated ASCIA plan is to be provided to the school by the parents as soon as practicable.

1. ASCIA Management plans are to be kept with each child’s medication in the sick bay. Plans are also given to each child’s teacher, placed in the child’s classroom “red bag” and in the CRT folder.
2. Both a Junior and an Adult Epi-pen will be carried in the yard duty bum bags. These pens will be provided by the school. Cobram Primary School will provide 2 adult and 2 child (green and yellow) Epipens or more if deemed necessary depending on the number of anaphylactic children at the school. These pens are also available for the use of any student or staff member in the event of an anaphylactic reaction. If any of these pens are used they will be replaced at the schools expense as soon as practicable.
3. All staff will be expected to attend an Anaphylaxis training program every 3 years and an Anaphylaxis ‘refresher’ document is circulated to all staff. Matt will also run over this information during the following staff meeting to ensure clear understanding. There will also be yearly briefings as early in the year as possible which will be ran by a qualified instructor and will adhere to the DEECD guidelines.
4. The children with Anaphylaxis are now be identified by a yellow band around their hat. This will be taken care of by their parents. The intent of this is to make the children easily identified from a distance and more apparent to any CRTs that we have in the school -this is to be arranged by the parents.
5. During terms 2 and 3 the children will be identified by having a yellow band placed around the bottom of one or both leg(s) of their trousers -this is to be arranged by the parents.
6. All children must eat in the allocated eating area which is in the quadrangle/ MPR during term 2 and 3 and under the canteen verandah (due to the heat) during the warmer months. During second break, all children eat in the quadrangle area / MPR area. This will help to keep the food spillage and food wrappers in the one area of the school. Individual eating arrangements can be made to suit each child’s needs and to ensure their safety.
7. Photos of each child together with their individual allergens and emergency contact details are given to all staff and admin areas. This is prominently displayed in the canteen.
8. Should staff come across an anaphylactic child “down” or “experiencing difficultly” in the yard – call an ambulance from your mobile phone! We have agreed that a false alarm is better than the possible consequences. When calling the ambulance you need to inform them that it is a child who suffers from Anaphylaxis – DO NOT LEAVE THE CHILD!
9. The order of “Action” is to be:
	* assess and administer Epipen if needed
	* Call for an ambulance
	* inform office as soon as possible and they will inform the parents
10. Training pens are available at the school and staff will be regularly reminded, through staff meetings, on how to administer them.
11. All classes have adapted a strict hand washing policy. All students are to wash their hands with soap and water before entering the class room including after break times under the supervision of a teacher. *The hand washing policy is now school wide regardless of whether an anaphylactic child is in the class or not. This ensures minimisation of contamination in all classrooms and shared spaces.*
12. The Anaphylaxis group will meet as needed to assess our plan. The parents of new Prep children due to commence the following year, will be invited to attend at the school to enable them to learn about the schools Anaphylaxis policy and will also be invited to future meetings so they can be introduced to the parents of other Anaphylactic students in the school.
13. The parents of an Anaphylactic child and the child’s teacher **will meet** at the beginning of the year, to discuss upcoming events. The child’s teacher will inform parents before these events to discuss individual planning. At all times parents of anaphylactic children are invited and welcome to attend these events.

 The discussion is around excellent planning, communication and keeping the child safe.

1. Information provided by the families eg Individual Action plans, will be stored in a with the child’s picture in the sick bay, plus each child’s teacher will have a full copy of all information.
2. In the CRT (emergency teacher booklet) all the children who are diagnosed with Anaphylaxis will be clearly identified. The CRT will then be directed to the office for further information.
3. An appropriate Epipen will at all times be in the child’s classroom. This will be provided by the family involved.
4. **Excursions / Camps**

The parent of children diagnosed with Anaphylaxis **will** be invited to attend all excursions that their children attend and it is the families decision as to whether or not a parent will attend. On such events, **both** the parent and class teacher **will** bring the appropriate Epipen and other medication including the individual management plan.

1. **Camps and food.**

At least a month prior to a camp, the teacher will communicate with the camp around its menu. The parent will be involved in this discussion to ensure appropriate safety measures are in place. They can be provided with a contact number for the camp to discuss the meals directly if they prefer.

1. **Food that is brought into classrooms**  At the beginning of the year, a letter will be sent home to all children in the same grade as an anaphylactic child. This letter will outline the dangers that surround Anaphylaxis and will ask for all parents to be considerate. On the occasion of class parties, the parent of the anaphylactic child will be notified and invited to attend, plus the letter will be resent out to remind families.
2. **Class Parties –** on these occasions (usually December) a note will go home to each student in the class informing them of the party and reminding them of the allergens in the class. In the case of the student having several allergens, we will consult with the parents of the child with anaphylaxis to suggest a list of “safe foods”. The parents of the child diagnosed with anaphylaxis are also invited to attend these events. If a food that is brought from home is considered far too “dangerous” eg cake with lose nuts on top in the case of peanut allergy, it is at the teachers’ discretion as to whether that food is removed from the classroom and not offered at the party.

The parents will be involved in this planning prior to the event.

1. During wet weather time tables, anaphylactic children are allowed to come to Principal’s office and eat their lunches. They can stay in there for the duration of the break and read, play games etc. Teachers in the anaphylactic child’s grade will make sure that food in their “buddy grade” is safe for the child in question.
2. Any time that an anaphylactic child shows symptoms of a “Minor Reaction” they must at NO time be left without direct adult supervision.
3. Any child that has been stung by a bee **must** remain in the sick bay under supervision for at-least 15 minutes regardless of whether they have been stung before without a reaction.
4. Individual arrangements will be made between the parent/guardian and the class teacher for specific needs pertaining to the child in their grade.

*Cobram Primary will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.*