TYRRELL COLLEGE
Your opportunity to succeed

Rationale:
- Anaphylaxis is an acute allergic reaction to certain food items and insect stings. The condition develops in approximately 1-2% of the population. The most common allergens are nuts, eggs, cow's milk and bee or other insect stings, and some medications. It can be life threatening and research indicates it is becoming more prevalent. This policy also ensures Tyrrell College is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

Aims:
- 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:
- Anaphylaxis is a severe and potentially life-threatening reaction to various foods or insect stings.
- Signs and symptoms of anaphylaxis include hives/rash, tingling in or around the mouth, abdominal pain, vomiting or diarrhoea, facial swelling, cough or wheeze, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing.
- Anaphylaxis is best prevented by knowing and avoiding the allergens.
- Our school will manage anaphylaxis by:-
    - **All school staff** - *ASCIA Anaphylaxis e-training for Victorian Schools* followed by a competency check by the School Anaphylaxis Supervisor. (This course is provided by ASCIA, is free for all Victorian schools and valid for 2 years.)

        AND

        2 staff (School Anaphylaxis Supervisor) - *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC*. This course is provided by the Asthma Foundation, is free to government schools and is valid for 3 years
- briefings twice yearly on anaphylaxis including the administering of an adrenaline auto-injector such as an EpiPen or an Anapen
- purchase a spare or 'backup' adrenaline auto-injection device(s) as part of school   first aid kit(s) for general use.
- complete the *Anaphylaxis Risk Management Checklist* on an annual basis for each child at risk of anaphylaxis: http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxisschools.aspx

- meet annually with the parents/carers of each student diagnosed as at risk, to develop an Individual Anaphylaxis Management Plan, which includes an ASCIA Action Plan for Anaphylaxis, completed and signed by a medical practitioner.
- Ensure EpiPen or Anapen are easily accessable in a central secure spot (eg office)
- Ensure appropriate first aid resources accompany every allergic student when outside school.
- informing the community about anaphylaxis via the newsletter
- informing students about allergies, including anaphylaxis causes and first aid, as part of the prep-6 curriculum.
- not allowing food sharing, and restricting food to that approved by parents
- keeping the lawns well mown, ensuring children always wear shoes .
- identifying susceptible students and knowing their allergens. Having this information including student photo on display in office, first aid area and staffroom.
- requiring parents to provide an emergency management plan developed by a health professional and an auto-injector if necessary, both of which will be maintained in the first aid room for reference as required. The First Aid Officer will contact parents if the Use-By date of the injector is close to expiration.
- All ASCIA Anaphylaxis Action Response Posters will be displayed in the first aid room as appropriate.
- We will maintain open communication with parents.
- The school will encourage parents to be aware of the allergen issues around peanuts etc and encourage parents to not include these in their child's food. That the canteen eliminate or reduce the likelihood of such allergens, and the school will reinforce the rules about not sharing food, and not eating foods that parents have not provided or consented to.

Evaluation:
This policy will be reviewed as part of the school's one year review cycle.

Date Implemented	March 2016
Author	
Approved By	School Council February 2022
Responsible for Review	Principal
Review Date	February 2023
References	