

George Street Primary School

Anaphylaxis Policy

1. PHILOSOPHICAL BASIS

George Street Primary School (GSPS) is committed to providing a safe and healthy environment in which children at risk of Anaphylaxis can participate equally in all aspects of schooling. This policy aims to minimise the risk of an anaphylactic reaction occurring whilst the child is in the care of GSPS and ensure that staff members respond appropriately to an anaphylactic reaction. GSPS recognises that the key to prevention and management of anaphylaxis in schools is knowledge, awareness and planning.

This policy applies when a child diagnosed as being at risk of anaphylaxis by a qualified medical practitioner is enrolled at George Street Primary School.

2. LEGISLATIVE REQUIREMENTS

2.1 This policy ensures that George Street Primary School adheres to the following relevant legislation and guidelines:

DEECD Guidelines

Children's Services and Education Legislation (Anaphylaxis Management) Amendment Act 2008

Children's Services Act 1996

Children's Services Regulations 1998

Health Act 1958

Health Records Act 2001

Occupational Health and Safety Act 2004

2.2 This policy should be read in conjunction with the Anaphylaxis Guidelines for Victorian Government Schools.

3. GUIDELINES

3.1 RESPONSIBILITIES

3.1.1 It is the responsibility of the parent/guardian of the child with anaphylaxis to inform the school upon enrolment or diagnosis of the condition.

3.1.2 It is the responsibility of George Street Primary School to communicate information regarding children with anaphylaxis to relevant staff as soon as practicable once informed of the diagnosis.

3.1.3 As per DEECD regulations, schools with a child or young person at risk of anaphylaxis are required to conduct twice yearly briefings on anaphylaxis management. George Street Primary School Staff at these briefings will practise with the trainer adrenaline auto-injectors that have been provided to the school.

3.2 PLANNING / PREVENTION / MANAGEMENT

3.2.1 All George Street Primary School staff are required to be familiar with this policy and the Anaphylaxis Guidelines for Victorian Government Schools
3.2.2 It is expected that parents of children with anaphylaxis will provide to the school:

3.2.1.1 Written instruction in the form of an anaphylaxis action plan, detailing substances the child is allergic to and measures to be taken should a reaction occur.

3.2.1.2 An Epipen or other medication (within use by date) necessary for the emergency management of anaphylaxis for their child.

3.2.3 Anaphylaxis management plans will be displayed in prominent staff areas and provided to the child's teachers.

3.2.4 Medication required for the emergency management of Anaphylaxis will be stored under the following conditions:

3.2.1.3 In a central, unlocked area accessible to all staff

3.2.1.4 Clearly labelled with the child's name

3.2.1.5 With a copy of the child's anaphylaxis plan

3.2.5 Where deemed necessary in consultation with the parents, arrangements may be made to store a second Epipen in the child's classroom.

3.2.6 Appropriate medication, eg Epipens, will be taken on all excursions from the school. It is the responsibility of the child's classroom teacher to ensure that this occurs.

3.2.7 Risk minimisation strategies will be discussed and implemented in consultation with the parents, school health staff, the student and classroom teacher to plan specific risk minimisation for the individual child.

3.3. EMERGENCIES

3.3.1 In any event that a child with known anaphylaxis is suspected to be having a reaction, the anaphylaxis plan will be followed in accordance with the Anaphylaxis Guidelines for Victorian Government Schools.

3.3.2 In the event that a child not known to be anaphylactic is suspected to be having a reaction, an ambulance should be called immediately.

3.3.3 No child will be treated with an **Epipen not specifically allocated to them, with the exception of under explicit instructions from the Ambulance Service, in which the backup epipen may be used.**

3.3.4 Where an anaphylaxis has occurred, and the provided medication has been used, the child must not return to school until a replacement Epipen is made available by the parents.

This policy was last ratified by the School Council on: July 2014