

ANAPHYLAXIS and Allergies POLICY

Developed 2009

Reviewed September 2014.

Review 2017.

Identity Statement.

St Joseph's School is a Catholic Community in the Josephite tradition where we learn and grow in the Spirit together.

Vision Statements.

St Joseph's School strives to be an educating community:

- Where the total development of each child is nurtured.
- Where an environment of trust, respect, hope and safety is built.
- Where families and the school work in partnership sharing the responsibility to educate the child.
- Where school life is an integral part of parish and the wider community.
- Where the students learn in a challenging, enjoyable and cooperative way.
- Where the teachings of Jesus are taught, modeled and lived.

Graduate Outcomes.

St Joseph's students learn to become:

- Problem solving, inquiring, critical thinkers striving to be their best.
- Competent and ethical users of technology.
- Hope filled, independent, resourceful, creative, resilient and confident young people.
- Knowledgeable and appreciative of the Catholic faith.

- Socially adept, respectful, just, environmentally conscious and appreciative of diversity.

AIMS

We will provide support and appropriate first aid for students who are affected by Anaphylaxis when required.

We will provide annual ongoing appropriate professional development for staff and education pertaining to this for the community regarding Anaphylaxis and Allergies.

PLEASE NOTE.

This policy is based on the Department of Education and Early Childhood *Development Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian Schools.*

In the guidelines it states the following.

“It is important to note that it is not recommended that banning of food or other products is used as a risk management and prevention strategy. The reasons for this are as follows:

- It can create complacency among staff and students
- It does not eliminate the presence of hidden allergens
- It is difficult to “ban” all triggers (allergens) because these are not necessarily limited to peanuts and nuts. Triggers and common allergens can also include eggs, dairy, soy, wheat, sesame, seeds, fish and shellfish.”

Anaphylaxis Awareness

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening.

Although allergic reactions are common in children, severe life threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency that requires a rapid response.

What are the main causes?

Certain foods and insect stings are the most common causes of anaphylaxis.

Eight foods cause 90% of food allergic reactions in Australia and can be common causes of anaphylaxis. These are:

- Peanuts
- Tree nuts (hazelnuts, cashews, almonds)
- Egg
- Cow's milk
- Wheat
- Soybean

- Fish and shellfish
- Other common allergens include some insect stings, particularly bee stings, some grasses, medications, latex and anaesthesia.

Signs and Symptoms

The symptoms of a **mild to moderate allergic** reaction can include:

- Swelling of the lips, face and eyes
- Hives or welts
- Abdominal pain and/or vomiting

Symptoms of **anaphylaxis (a severe allergic reaction)** can include:

- Difficulty breathing or noisy breathing
- Swelling of the tongue
- Swelling/tightness in the throat
- Difficulty talking and/or a hoarse voice
- Wheezing or persistent coughing
- Loss of consciousness and/or collapse
- Young children may appear pale and floppy

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

PROCEDURES

How anaphylaxis is to be prevented?

School is to be advised of all students who are at risk, have a knowledge of their triggers (allergens) and minimise exposure to these.

Parents must supply at the commencement of each school year an up to date anaphylaxis/allergy management plan completed by their GP.

Students should be aware of what their allergy triggers are.

We minimize the risk of an anaphylactic episodes see Appendix 1 – Prevention Strategies (In-school settings & out-of-school settings)

How anaphylaxis is to be treated

Adrenaline given as an injection into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto injector commonly known as the EpiPen, for administration in an emergency. The EpiPen is designed so that anyone can use them in an emergency.

ROLES & RESPONSIBILITIES

Principal

- Identify students with severe life threatening allergies at enrolment
- Conduct risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school

- Ensure that parents provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan, signed by the student's medical practitioner before enrolment. This plan will be renewed annually including updating the photograph of the student.
- Ensure parents provide the student's EpiPen that is in date.
- Ensure that staff obtain training in how to recognise and respond to an anaphylactic reaction, including the administration of an EpiPen. This includes an annual refresher and tri-annual training in level 2 First Aid.
- Ensure all staff, including new staff and casual relief staff, are aware of students at risk of anaphylaxis and steps required for prevention and emergency response. For all new staff the induction procedure will include the up to date information concerning students who have allergies.
- Ensure any outside food operators demonstrate satisfactory awareness in the area of anaphylaxis and its implications on food handling practices.
- Implement that the Be a Mate program from the Allergies and Anaphylaxis Australia website. <http://www.allergyfacts.org.au>

Teachers

- Know the identity of students who are at risk of anaphylaxis
- Understand the cause, symptoms and treatment of anaphylaxis
- Obtain training in how to recognise and respond to anaphylactic reaction, including administering an EpiPen.
- Keep a copy of the student's ASCIA Action Plan and follow it in the event of an allergic reaction
- Know where the student's EpiPen is kept.
- Know and follow prevention strategies in the student's Anaphylaxis Management Plan
- Plan ahead for special class activities or special occasions such as excursions, incursions, sports day, camps, parties etc. and ensuring that the EpiPen is taken.
- Provide appropriate foods for all class members
- If cooking, be aware of cross-contamination when preparing, handling and displaying food.
- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.
- Check that the EpiPen is not cloudy or out of date regularly – e.g. at the beginning or end of each term.
- Inform parents, in writing, if the EpiPen needs to be replaced
- Ensure that the EpiPen is stored properly.

Parents/Guardians

- Inform the school, either at enrolment or diagnosis, of the student's allergies and whether the student has been diagnosed as being at risk of anaphylaxis.
- Provide an ASCIA Action Plan, signed by the student's medical practitioner and an up-to-date photo of the student.
- Provide an EpiPen and any other medications to the school.
- Replace the EpiPen before it expires.
- Assist school staff in planning and preparation for the student prior to school camps, excursions, class parties, etc.
- Supply or suggest alternative food options for the student when needed.
- Inform staff of any changes to the student's emergency contact details

Anaphylaxis Management Plan

- Every student who has been diagnosed as at risk of anaphylaxis must have an individual Anaphylaxis Management Plan.

Emergency Treatment

- Follow School's EpiPen Drill.
- Administer the EpiPen (note the time you gave the EpiPen)
- Call an ambulance as soon as possible (000)
- Contact the student's emergency contacts
- Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effect of the adrenaline.
- Watch the student closely in case of a repeat reaction.
- Ask another staff member to move other students away and reassure them elsewhere.
- In the rare situation where there is not marked improvement and severe symptoms (as described in the ASCIA Action Plan) are present, a second injection may be administered after 5 to 10- minutes if available.
- A copy of the emergency procedure will be in the yard duty bag.

EVALUATION

The policy is to be evaluated annually in line with The Department of Education and Early Childhood development – Anaphylaxis guidelines.

After each Anaphylactic attack, the processes and implementation at school level is to be reviewed and assessed.

Appendix 1

Prevention Strategies

In-school settings

Regular reminders for the whole school community about the triggers and reactions for students with Anaphylaxis. This will be done through the newsletter, website, social media etc.

Classrooms

- Keep a copy of the student's ASCIA Action Plan in the classroom.
- Liaise with parents/carers about food related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class, it is recommended that parents/carers provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Treats for the other students in the class should not contain the substance to which the student is allergic.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Casual relief teachers will be informed by the CRT induction folder of students at risk of anaphylaxis, preventive strategies in place and the school's emergency procedures. Provide casual relief teachers with a procedure sheet and a copy of the student's ASCIA Action Plan.

Lunch order and "Special Lunches"

- If schools use an external canteen provider, the provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling practices.
- Food handling staff, including volunteers, should be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans.
- Liaise with parents/carers about food for the student.
- Food banning is not generally recommended - instead, a 'no sharing' approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and treenut products (e.g. hazelnuts, cashews, almonds), including nut spreads. Products that 'may contain traces of nuts' should not be served to students known to be allergic to nuts.
- Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis.
- Make sure that tables and surfaces are wiped down regularly.

Yard

- Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. Schools should liaise with parents/carers to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors. Consideration should be given to plants and sources of water in the playground so that the student can avoid them without being unfairly limited. Keep lawns and clover mowed and outdoor bins covered.
- The student should keep drinks and food covered while outdoors.
- If a school has a student who is at risk of anaphylaxis, sufficient staff on yard duty must be trained in the administration of the EpiPen® to be able to respond quickly if needed.
- The EpiPen® should be easily accessible from the yard (remember that an anaphylactic reaction can occur in as little as five minutes).
- Staff on yard duty should carry a communication device to notify the general office/first aid team of an anaphylactic reaction in the yard. Teachers should not leave a student who is experiencing an anaphylactic reaction unattended – the teacher must direct another person to bring the EpiPen®.

Special events e.g. sporting events, incursions, class parties, etc

- For special occasions, class teachers should consult parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student.
- Parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and requested to avoid them in treats brought from home.
- Party balloons should not be used if a student is allergic to latex.
- Swimming caps should not be used if a student is allergic to latex.
- Staff must know where the EpiPen® is located and how to access it if required.

Out - of school settings

Field trips, excursions

- The student's EpiPen®, ASCIA Action Plan and a mobile phone must be taken on all field trips/excursions.
- A staff member or team of staff who have been trained in the recognition of anaphylaxis and the administration of the EpiPen® must accompany the student on field trips or excursions. All staff present during the field trip or excursion needs to be aware if there is a student at risk of anaphylaxis.
- Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- The school should consult parents/carers in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/carer to send a meal (if required).
- Parents/carers may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/carers as another strategy for supporting the student.
- Consider the potential exposure to allergens when consuming food on buses.

Camps and remote settings

- Schools must have in a place a risk management strategy for students at risk of anaphylaxis for school camps, developed in consultation with the student's parents/carers.
- Camps must be advised in advance of any students with food allergies.
- Staff should liaise with parents/carers to develop alternative menus or allow students to bring their own meals.
- Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
- Use of other substances containing allergens should be avoided where possible.

- The student's EpiPen®, ASCIA Action Plan and a mobile phone must be taken on camp.
- A team of staff who have been trained in the recognition of anaphylaxis and the administration of the EpiPen® must accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis.
- Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- Be aware of local emergency services are in the area and how to access them. Liaise with them before the camp.
- The EpiPen® should remain close to the student (and other students if appropriate) and staff must be aware of its location at all times.
- The EpiPen® should be carried in the school first aid kit, although schools can consider allowing students, particularly adolescents, to carry their own EpiPen® on camp. Remember that staff still have a duty of care towards the student even if they do carry their own EpiPen®.
- Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
- Cooking and art and craft games should not involve the use of known allergens. Consider the potential exposure to allergens when consuming food on buses and in cabins.

Appendix 2

Anaphylaxis Management Plan

This Plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner provided by the parent/guardian

School:

Phone:

Student's name:

Date of birth:

Year level:

Severely allergic to:

Other health conditions:

Medication at school:

Parent/carer contact:

Parent/carer information (1)

Parent/carer information (2)

Name:

Name:

Relationship:

Relationship:

Home phone:

Home phone:

Work phone:

Work phone:

Mobile:

Mobile:

Address:

Address:

Other emergency contacts (if parent/carer not available):

Medical practitioner contact:

Emergency care to be provided at school:

EpiPen® storage:

The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on

..... (insert date of proposed review).

Signature of parent:

Date:

Signature of principal (or nominee):

Date:

Student's name:

Date of birth:

Year level:

Severe allergies:

Other known allergies:

Risk

Strategy

Who?

Risk

Strategy

Who?

Risk

Strategy

Who?

Strategies To Avoid Allergens ACTION PLAN FOR ANAPHYLAXIS – A.S.C.I.A.

This form is to be completed by the student's medical practitioner and signed by him/her. It must include an upto-date photo and to be displayed in a prominent position.

http://www.allergy.org.au/images/stories/anaphylaxis/Action_Plan_anaphylaxis_personal.pdf