St Brendan’s Primary School

Anaphylaxis Management 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 foods or items are kept away from the student while at school.

Adrenaline given through an EpiPen® auto injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Anaphylactic reactions are usually preventable by implementing strategies for avoiding allergens.

Common allergens are:-
- Foods (e.g. peanuts and tree nuts, eggs, cow’s milk, shellfish and fish)
- Insect bites (e.g. bees, wasps, jumper ants)
- Medications (e.g. antibiotics, aspirin)
- Latex (e.g. rubber gloves, balloons, swimming caps).

A number of factors including exercise, hot weather and in the case of food, the amount eaten, can influence the severity of an anaphylactic reaction. In the case of severe food allergies, an anaphylactic reaction can be triggered by ingestion, touch, or smell of the food.

Purpose
- To adopt a Risk Minimisation approach with regard to foods which are likely to cause anaphylaxis for students at risk. We do not endorse the implementation of blanket food bans.
- 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 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. Staff will be given training on the use of the EpiPen.

Individual Anaphylaxis Management Plans
The principal will ensure that an individual management plan is developed (refer to Appendix A) in consultation with the student’s parents, for any student who has been diagnosed by a doctor or specialist as being at risk of anaphylaxis.

The individual anaphylaxis management plan will be in place as soon as the student enrolls. A child with anaphylaxis cannot start school without the individual management plan. It is the principal’s responsibility to pass on information to the teacher about a child with anaphylaxis in that grade.

The individual anaphylaxis management plan will set out the following:
- Information about the diagnosis, including the type of allergy or allergies the student
has (based on a diagnosis from a medical practitioner).

- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
- 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.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
  1. sets out the emergency procedures to be taken in the event of an allergic reaction;
  2. is signed by a doctor or specialist who was treating the child on the date the practitioner signs the emergency procedures plan; and
  3. includes an up to date photograph of the student.

The student’s individual management plan will be reviewed, in consultation with the student’s parents/carer:
- annually, and as applicable,
- if the student’s condition changes, or
- immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:
- provide the emergency procedures plan (ASCIA Action Plan).
- inform the school if their child’s medical condition changes and, if relevant, provide an updated emergency procedures plan (ASCIA Action Plan).
- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.
- supply the school with an EpiPen® and replace this as required.

It is the responsibility of the school to:
- Have an anaphylaxis policy in place
- Work with parents to develop individual Anaphylaxis Management Plans for students at risk
- Liaise regularly with parents
- Follow information contained in the school’s Anaphylaxis Management Policy
- Be trained in how to recognise and respond to an anaphylactic reaction
- Follow the procedures in the ASCIA Action Plan in the event of a reaction

**Communication Plan**

The principal will be responsible for ensuring that a Communication Plan is developed to provide information to all staff, students and parents about anaphylaxis and the school’s Anaphylaxis Management Policy.

The Communication Plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days. Volunteers and casual relief staff will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the principal/classroom teacher. All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- the school’s Anaphylaxis Management Policy
- the causes, symptoms and treatment of anaphylaxis
✓ the identities of students diagnosed at risk of anaphylaxis and where their medication is located
✓ how to use an auto adrenaline injecting device (EpiPen)
✓ the school’s first aid and emergency response procedures

**Staff Training and Emergency Response**
Admin staff, support staff, class teachers and specialist staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.
At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the Principal must ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.
Training will be provided to these staff as soon as practicable after the student enrolls. Wherever possible, training will take place before the student’s first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents. The school’s first aid procedures and student’s emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

**Practices**
1. Students identified at risk are to have an “Action Plan for Anaphylaxis” (ASCIA Action Plan), completed by the parents, in consultation with the student’s doctor or specialist. Action Plans, additional medication and EpiPen® with instructions clearly displayed are to be kept in the First Aid Cabinet in the General Office.
2. As a general rule, students with a food allergy will not be physically isolated from other students.
3. Students with severe food allergies must only eat food that has been prepared at home or provided by the parent. These students are discouraged from purchasing items from the school canteen.
4. Bottles, other drinks and lunch boxes provided by the parents for their children must be clearly labelled with the name of the child for whom they are intended.
5. The school will implement practical strategies to reduce exposure to known allergens by encouraging a “No Sharing of Food” Policy in all areas of the school and encouraging children to wash hands and tables after eating.
6. Students will be encouraged to consume their brain food, playlunch and lunch in the classroom during designated eating times.
7. Photos of all students with severe allergies will be displayed in the classroom, playground duty bags, staffroom, sickbay, canteen and provided to specialist, visiting and emergency teachers.
8. At the beginning of the year all staff are required to inform the parents in their class of the requirements of any anaphylactic child in that class.
9. Teachers will discourage the presence of allergens in the classroom.
10. Classroom teachers will inform students in the class and display checklists of possible symptoms of anaphylaxis with diagrams to assist all children in identifying warning signs.
11. The school will provide age-appropriate education for students, parents and staff with regard to severe food allergies.
12. All staff will be trained in the purpose and use of an EpiPen® at least once a year.
13. EpiPens® will be stored in the General Office. In extreme cases (as identified by a doctor or specialist on the child’s Action Plan), where response time is minimal, the student
14. EpiPens with accompanying Action Plans will be taken on all excursions.
15. A clearly labelled Backup EpiPen® will be provided by the school and kept in the General Office.
16. A risk minimisation approach will apply in relation to the school canteen and on school camps. Items containing nuts will not be sold or supplied, however this does not apply to foods containing traces of nuts.
17. Our risk minimisation approach also includes asking for parent’s cooperation in refraining from sending foods that contain peanuts, tree nuts (e.g. hazelnuts, cashews, almonds), egg, cow’s milk, wheat, soybean, fish and shellfish to school, where a child in a particular class has an anaphylactic reaction to any of these food allergens.

**Recognising symptoms**
A student at risk of anaphylaxis will often recognise the early symptoms of an allergic reaction before any other signs are observable.
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.

**References:**

**Evaluation**
This policy and program will have a major review every three years or as appropriate if specific legislation changes or circumstances arise where there is a need to amend the policy.

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This policy was ratified by the School Advisory Committee on June 21, 2010
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<tr>
<th>School:</th>
<th>ST BRENDAN’S</th>
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<tbody>
<tr>
<td>Phone:</td>
<td>59777277</td>
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<tr>
<td>Students name:</td>
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<td>Date of birth:</td>
<td>Year Level:</td>
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<td>Other emergency contacts (if parent/carer not available):</td>
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<tr>
<td>Doctor/Specialist contact and phone number</td>
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<td>EpiPen supplied to school (please tick)</td>
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<td>The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed at the start of each school year or in case there is a change.</td>
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<td>Signature of Parent:</td>
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<td>Signature of Principal (or nominee):</td>
<td>Date:</td>
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