Anaphylaxis Management Policy
Sacred Heart School
Mundaring

Reviewed October 2017

Our school's success, centred in Jesus is based on our shared belief that it takes a community to raise unique individuals; empowering dignity, positive partnership, responsibility and a desire for excellence.

RATIONALE

Sacred Heart School owes a duty of care to all students and as such foreseeable risks from anaphylaxis need to be minimised.

PRINCIPLES

1. Sacred Heart School is committed to providing for the education of the school community in the risks associated with anaphylaxis.

2. Individual plans are set in place, which provide the procedures necessary for responding to an incident where anaphylaxis may occur to a member of the school community.

3. All members of staff are informed of the procedures to follow if a member of the school community is to suffer from an allergic reaction.

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 and certain insect stings (particularly bee stings).

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into 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/guidelines in the school community.

- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies for the student.

- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

PROCEDURES

1. Information about a student's allergies shall be collected at enrolment and at other times during a student's time at the school e.g. parental consent forms for camps/excursions. Should such information indicate risk of serious allergic reactions, the school shall seek medical advice through the parents/guardians. Those students suffering from any form of anaphylaxis are marked with a red dot in the class administration files.

2. School personnel suffering from any form of anaphylaxis are to make their condition known to the Principal on commencement of employment. School principal to inform all other school personnel of the employee's condition and required recognition and treatment.

3. All children who may suffer from serious allergic reactions and any other articulated chronic medical condition shall have a medical action plan provided to the school by a medical practitioner explaining triggers, expected symptoms and recommended action in the event of accidental exposure to a trigger. See below for further details.

4. Adrenalin in the form of an auto-injector device EpiPen® shall be kept on the child or in the school office for emergency use during school and excursions. The EpiPen® is stored in a unlocked, out of reach for students location in the medical room. Parents are responsible for providing the EpiPen® for the child to the school at the commencement of every school year. Depending on the age of the student, or the speed of past reactions, it may be appropriate to have the adrenaline autoinjector in carried by the student. This will be identified in the Action Plan.

5. A list of students suffering from anaphylaxis, along with its frequency, triggers and treatment involved, is to be given to all teachers at the commencement of the school year, or when a new staff member is employed. This same list is to be displayed in the staffroom. A small photograph is to be displayed of any student who has submitted to the school, a detailed action plan recommended by a practitioner. This action plan will also be on view for teachers to become familiar with.

6. Volunteers and casual relief staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.

7. Student files kept in the administration area are to be marked with a red dot if a student suffers from anaphylaxis.

8. Immediate transfer of child by ambulance to hospital after adrenalin injection.

9. Action plans shall be reviewed annually and after any reaction.

10. Where a child suffers an extremely severe reaction (e.g. smell of peanuts triggers anaphylactic shock), it remains the responsibility of the parents to inform the Principal if they wish other students and parents to be provided with this information. If and how this occurs remains at the discretion of the Principal, and firstly for the safety of the child.

11. Annually school staff shall receive training in anaphylactic awareness, recognition and management.

12. Promoting awareness of anaphylaxis on an on-going basis, by providing newsletter items, staff meeting agenda item, professional development for staff.

ACTION PLAN (GENERAL)

In the case of an emergency, (particularly students or adults suffering from an allergic reaction to peanuts or bees):

1. Please stay with the child – stay calm so that the child does not panic.
2. Call a student to walk to the staffroom/office quickly.
3. EpiPen® given if necessary.
4. Another staff member needs to move out on duty.
5. Another staff member to telephone for the ambulance.
6. Principal (and in his/her absence, the Assistant Principal) will contact parents.

Individual Anaphylaxis Health Care Plans

The Principal will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of school.

The student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:

- annually, and as applicable,
- if the student's condition changes,
- immediately after the student has an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

- provide an ASCIA Action Plan completed by the child's medical practitioner with a current photo,
- inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan.

Risk Minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies.

Setting	Considerations
Classroom	• Display a copy of the students ASCIA Action Plan in the classroom. • Liaise with parents/guardians about food related activities ahead of time. • Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school's allergen minimisation strategies (see Step 4 of 'allergy awareness' in schools). • 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 should be provided with a copy of the student's ASCIA Action Plan.
Canteens	• With permission from parents/guardians, canteen staff (including volunteers), should be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans. With permission from parents/guardians, some schools have the students name, photo and the foods they are allergic to, displayed in the canteen as a reminder to staff. • Liaise with parents/guardians about food for the student. • Food banning is not recommended (see Step 4 of 'allergy awareness' in schools), however some school communities may choose not to stock peanut and tree nut products (including nut spreads) as one of the school's risk minimisation strategies. • Products labelled 'may contain traces of peanuts/tree nuts' should not be served to the student known to be allergic to peanuts/tree nuts. • Be aware of the potential for cross contamination when storing, preparing, handling or displaying food. • Ensure tables and surfaces are wiped clean regularly.
Yard	• The student with anaphylactic responses to insects should always wear shoes. • Keep outdoor bins covered. • The student should keep open drinks (e.g. drinks in cans) covered while outdoors. • Staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recess and lunch). • The adrenaline autoinjector should be easily accessible from the yard. • Develop a communication strategy for the yard in the event of an anaphylactic emergency. Staff on duty need to be able to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended.
On-site events (e.g. sporting events, in school activities, class parties)	• For special occasions, class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student. • Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies (see Step 4 of 'allergy awareness' in schools). • Party balloons should not be used if a student is allergic to latex. • Latex swimming caps should not be used by a student who is allergic to latex. • Staff must know where the adrenaline autoinjector is located and how to access if it required. • Staff should avoid using food in activities or games, including rewards. • For sporting events, it may be appropriate to take the student's adrenaline autoinjector to the oval. If the weather is warm, the autoinjector should be

	stored in an esky to protect it from the heat. **NO ICE**
Off-site school settings – field trips, excursions	• The student's adrenaline autoinjector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions and even short bus trips to sporting events, e.g. swimming lessons. • One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector will accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis. • Staff will develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • The school will consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required). • Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student. • Consider the potential exposure to allergens when consuming food on buses.
Off-site school settings – camps and remote settings	• When planning school camps, a risk management plan for the student at risk of anaphylaxis will be developed in consultation with parents/guardians and camp managers. • Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies. • Staff will liaise with parents/guardians to develop alternative menus or allow students to bring their own meals. • Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided. • The student's adrenaline autoinjector and 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 adrenaline autoinjector will accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis. • Staff will develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • Be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp. • The adrenaline autoinjector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school first aid kit, although we will consider allowing students to carry it on their person. • The student with allergies to insect venoms will always wear closed shoes when outdoors. • Cooking and art and craft games should not involve the use of known allergens.