

# 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 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.

## 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.



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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.

## **COMMUNICATION:**

The principal will be responsible for providing information to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies.

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.

## **STAFF TRAINING AND EMERGENCY RESPONSE**

Teachers and other school staff members, who have contact with the student at risk of anaphylaxis, are encouraged to undertake training in anaphylaxis management including how to respond in an emergency.

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 and know how to recognise, prevent and treat anaphylaxis. 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 student's parents/guardians.

The school's first aid procedures and student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

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**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	<ul style="list-style-type: none"> <li>• Display a copy of the students ASCIA Action Plan in the classroom.</li> <li>• Liaise with parents/guardians about food related activities ahead of time.</li> <li>• 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).</li> <li>• Never give food from outside sources to a student who is at risk of anaphylaxis.</li> <li>• Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).</li> <li>• Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.</li> <li>• Casual/relief teachers should be provided with a copy of the student's ASCIA Action Plan.</li> </ul>
Canteens	<ul style="list-style-type: none"> <li>• If schools use an external/contracted food service provider, the provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling.</li> <li>• 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.</li> <li>• Liaise with parents/guardians about food for the student.</li> </ul>

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	<ul style="list-style-type: none"> <li>• Brunswick North PS chooses not to stock peanut and tree nut products (including nut spreads) and bans these food items as one of the school’s risk minimisation strategies.</li> <li>• Products labelled ‘may contain traces of peanuts/tree nuts’ should not be served to the student known to be allergic to peanuts/tree nuts.</li> <li>• Be aware of the potential for cross contamination when storing, preparing, handling or displaying food.</li> <li>• Ensure tables and surfaces are wiped clean regularly.</li> </ul>
Yard	<ul style="list-style-type: none"> <li>• The student with anaphylactic responses to insects should wear shoes at all times.</li> <li>• Keep outdoor bins covered.</li> <li>• The student should keep open drinks (e.g. drinks in cans) covered while outdoors.</li> <li>• Staff trained to provide an emergency response to anaphylaxis should be readily available during non class times (e.g. recess and lunch).</li> <li>• The adrenaline autoinjector should be easily accessible from the yard.</li> <li>• It is advised that schools 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. Refer to Case Studies provided for examples of how schools could manage this.</li> </ul>
On-site events (e.g. sporting events, in school activities, class parties)	<ul style="list-style-type: none"> <li>• 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.</li> <li>• 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).</li> <li>• Party balloons should not be used if a student is allergic to latex.</li> </ul>



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	<ul style="list-style-type: none"><li>• Latex swimming caps should not be used by a student who is allergic to latex.</li><li>• Staff must know where the adrenaline autoinjector is located and how to access if it required.</li><li>• Staff should avoid using food in activities or games, including rewards.</li><li>• 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.</li></ul>
Off-site school settings – field trips, excursions	<ul style="list-style-type: none"><li>• The student's adrenaline autoinjector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions.</li><li>• One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should 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.</li><li>• Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.</li><li>• The school should 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).</li><li>• 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.</li><li>• Consider the potential exposure to allergens when consuming food on buses.</li></ul>
Off-site school settings – camps and remote settings	<ul style="list-style-type: none"><li>• When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers.</li><li>• Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies.</li></ul>

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	<ul style="list-style-type: none"><li>• Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals.</li><li>• Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts.</li><li>• Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided.</li><li>• The student's adrenaline autoinjector and ASCIA Action Plan and a mobile phone must be taken on camp.</li><li>• A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the student on camp. However, all staff present need to be aware if there is a student at risk of anaphylaxis. Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.</li><li>• Be aware of what local emergency services are in the area and how to access them. Liaise with them before the camp.</li><li>• 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 schools can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own adrenaline autoinjector.</li><li>• The student with allergies to insect venoms should always wear closed shoes when outdoors.</li><li>• Cooking and art and craft games should not involve the use of known allergens.</li><li>• Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.</li></ul>
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*Referenced: Anaphylaxis Management Policy*



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**EVALUATION:**

- This policy will be formally reviewed by School Council every three (3) years.

This policy was ratified by School Council on \_\_\_\_ / \_\_\_\_ / 2015.

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Signed by **Principal**

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Signed by **School Council President**