



Francis Jordan Catholic School

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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 auto injector (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.

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, updated annually.
- Inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan.
- Provide written permission annually for the school to display students ASCIA Action Plan.

Adrenaline Auto Injectors, Medication and Identification

It is the responsibility of the parent/guardian to:

- Years Kindy – Year 6 must provide 2 auto injectors to the school. One to be kept in personal bum bag, the other to be kept in the Staff Room first aid cupboard (years 1- 6) or classroom first aid cupboard (Kindy and Pre-Primary). Pre Kindy DO NOT need to provide a 2nd epipen, a school generic epipen is to be stored in the first aid cupboard in the Pre Kindy classroom as a backup.
- Provide medication for mild reactions listed on ASCIA Action Plan. To be held in the staff room first aid cupboard (years 1- 6) or classroom first aid cupboard (Pre Kindy, Kindy and Pre-Primary).
- Keep a record of expiry dates for medication and adrenaline auto injectors providing replacements when necessary.
- Attach a red cross badge to all of the student's collars and hats (to be supplied by the school at a cost to the parent).

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, 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 Emergency Response Plan and the student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

Regular mock anaphylactic emergencies will be run regularly.

Emergency Response Plan

SEVERE ALLERGIC REACTION

Emergency "Epipen Alert" cards will be kept in all duty files, sport file and classrooms. In the event of a student having a severe anaphylactic reaction

- The auto injector kept on the student is to be administered immediately.
- An 'Epipen Alert' card is to be sent to the office with 2 students where an ambulance will be called, a staff member will wait at the front of the school for the Ambulance and the spare auto injector will be brought out to the student having the anaphylactic reaction.

- The spare auto injector is to be administered if there is no change in symptoms after 5 minutes or if symptoms start to reappear whilst waiting for the ambulance.

It is mandatory that staff call an ambulance if the auto injector has been administered. When calling the ambulance staff must state, “**A child is having an anaphylactic reaction and requires an intensive care ambulance**”.

Staff members involved in an emergency response are to receive debriefing as soon as possible.

Risk Minimisation

MILD/MODERATE ALLERGIC REACTION

In the event of a student having a mild/moderate allergic reaction

- Check the Action Plan in duty file to see if the student has been prescribed an antihistamine.
- If they have ask partner Teacher on duty to go and get the student's medication (antihistamine) from the First Aid Room cupboard and they also ask a staff member to assist.
- Administer antihistamine and stay with student until symptoms have subsided.
- Ensure Adrenaline auto injector is on hand in case symptoms progress to severe reaction.
- Parents to be contacted to collect student.
- Once symptoms subside take child to First Aid Room and stay with student.

If a student has not been prescribed an Antihistamine by the doctor

- Ask partner teacher on duty to advise office to contact parent to collect student and ask a staff member to assist.
- Ensure Adrenaline auto injector is on hand in case symptoms progress to severe reaction.
- Stay with student until parent comes to collect them.

Setting	Considerations
Classroom	<ul style="list-style-type: none"> • Adrenaline auto injector is to be kept in ‘bum-bag’ with student at all times • Display a copy of the students ASCIA Action Plan in the classroom and a copy to be placed in Class Medical File. • Display 4 step orange notice next to ASCIA Action Plan in the classroom.

	<ul style="list-style-type: none"> • Copy of ASCIA Action Plan to be displayed above photocopier in Office, Music Room, Library, Tech Hub and First Aid Room and a copy filed in the Sport Medical File. • A copy of the student’s Individual Anaphylaxis Health Care Plan to be filed in Class Medical File with the original kept in student’s file in Office. • Casual/relief teachers should be made aware of the student’s ASCIA Action Plan. • 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. • 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. • Peanut/tree nut products are not to be brought to school. • Education on Anaphylaxis should be made available to all students annually.
Canteens	<ul style="list-style-type: none"> • 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. • Notification of students and their allergies to be displayed in Canteen. • Liaise with parents/guardians about food for the student. • Canteen will not stock peanut and tree nut products. • 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	<ul style="list-style-type: none"> • Adrenaline auto injector is to be kept in ‘bum-bag’ with student at all times. • The spare adrenaline auto injector should be easily accessible from the yard.

	<ul style="list-style-type: none"> • The student with anaphylactic responses to insects should wear shoes at all times. • Keep outdoor bins covered. • Staff trained to provide an emergency response to anaphylaxis should be readily available during non class times (e.g. recess and lunch). • Student’s photos are to be displayed on the front of all Duty Files and Physical Education File. • General Action Plan is to be displayed on the back of all Duty Files and Physical Education File.
<p>On-site events (e.g. sporting events, in school activities, class parties)</p>	<ul style="list-style-type: none"> • Adrenaline auto injector is to be kept in ‘bum-bag’ with student at all times. • Staff must know where the spare adrenaline auto injector is located and how to access if it required. • Products labelled ‘may contain traces of peanuts/tree nuts’ should not be given to the student known to be allergic to peanuts/tree nuts. • 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. • Party balloons, latex swimming caps or latex gloves should not be used if a student is allergic to latex. • Staff should avoid using food in activities or games, including rewards.
<p>Off-site school settings – field trips, excursions</p>	<ul style="list-style-type: none"> • Adrenaline auto injector is to be kept in ‘bum-bag’ with student at all times. • Spare adrenaline auto injector should be taken in first aid kit and all staff made aware of its location. • Medication for mild reactions should be taken in the first aid kit and all staff made aware of its location. • A copy of the student’s ASCIA Action Plan should be taken on all excursions. • Mobile phone must be taken on all excursions. • 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

	<p>excursion need to be aware if there is a student at risk of anaphylaxis.</p> <ul style="list-style-type: none"> • Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • 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). • 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.
<p>Off-site school settings – camps and remote settings</p>	<ul style="list-style-type: none"> • Adrenaline auto injector is to be kept in ‘bum-bag’ with student at all times. • Spare adrenaline auto injector should be taken in first aid kit and all staff made aware of its location. • Medication for mild reactions should be taken in the first aid kit and all staff made aware of its location. • A copy of the student’s ASCIA Action Plan should be taken on camp. • Mobile phone must be taken on camp. • 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. • Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies. • Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals. • 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. • Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided. • 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.

	<ul style="list-style-type: none">• Staff should 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.• Advise parents/guardians of the distance to emergency services.• The student with allergies to insect venoms should always wear closed shoes when outdoors.• 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/airlines and in cabins.
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Reviewed: 2010
Reviewed: 2012
Reviewed: 2014
Reviewed: 2017
Due for review: 2020

APPENDIX 1

Francis Jordan Catholic School Anaphylaxis policy states that two epipens must be kept at school at all times. One epipen must be carried on the student in a personal bum-bag at all times and the other as a spare to be held in a first aid box, either in the classroom or staffroom (depending on the year level of the student). In the event of a student attending school without both epipens, the following should be advised.

- This must be rectified as soon as possible by the parent.
- The spare epipen will remain in the first aid box either in the classroom or staffroom.
- The parents acknowledge that the student will not have an epipen with/on them during the day.
- In the event of an emergency, the student's epipen will need to be retrieved from the staffroom or classroom. This will incur a delay in the administration time of the epipen that would otherwise not have occurred.

Francis Jordan takes no responsibility for the inability of staff to follow the Anaphylaxis policy due to only one epipen being available.

I have read and fully understand the above information.

Parent/Guardian Signature

Date _____