



# Francis Jordan Catholic School

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## **ANAPHYLAXIS AND ALLERGY 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.

Some students are not been prescribed an adrenaline auto injector, although, they have been diagnosed with an allergy. Generally, an antihistamine is prescribed for the treatment of mild/moderate symptoms. A 'school' adrenaline auto injector is available if required for these students.

### **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 and Allergy Management Policy 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 or mild/moderate allergic reaction.

### **ASCIA Action Plan**

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

The ASCIA Action 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 ASCIA Action 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 student'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 an Individual Anaphylaxis Health Care Plan (anaphylaxis only)
- 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 parents/guardians to:

- Provide 2 auto injectors to the school. One to be kept in personal bum bag, the other to be kept in the first aid cupboard in the First Aid Room (years 1- 6) or classroom first aid cupboard (PK, K, PP). Pre Kindy **DO NOT** need to provide a 2<sup>nd</sup> 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 (PK, K, PP).
- Keep a record of expiry dates for medication and adrenaline auto injectors providing replacements when necessary.
- Attach a red cross badge to all the student's collars and hats - to be supplied by the school at a cost to the parent (anaphylaxis only).

### **Communication**

The Principal will be responsible for the provision of information to all staff, students and parents/guardians about anaphylaxis and mild/moderate allergic reactions and development of the school's anaphylaxis and allergy 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 or a mild/moderate 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. Staff are to be educated regularly on the use of adrenaline auto injectors throughout the year.

At other times while the student is under the care or supervision of the school, including excursions, playground duty, camps and special event days. The Principal must ensure that there is 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 and a mild/moderate allergic reaction.

Mock anaphylactic emergencies will be run regularly.

## **Emergency Response Plan**

### **SEVERE ALLERGIC REACTION**

Emergency 'Orange EpiPen Alert' cards will be kept in all duty files, sports file, specialist area files, canteen file and classrooms. In the event of a student having a severe anaphylactic reaction:

1. The adrenaline auto injector kept on the student is to be administered immediately
2. **ON DUTY** - An 'Orange EpiPen Alert' card is to be sent to administration with 2 students (years 1 - 6) and 2 staff will bring the spare auto injectors and hands-free telephone to the student
3. **IN CLASS** - telephone administration and 2 staff will bring spare auto injectors and hands-free telephone to student
4. A staff member will take the spare auto injector to the student (PK, K, PP)
5. **CALL AMBULANCE IF AUTO INJECTOR IS ADMINISTERED**
6. The spare adrenaline 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
7. Administration and Principal must be advised if an ambulance is called
8. Staff member wait at front letter box for ambulance
9. Administration to contact parents
10. Document the incident

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.

### **MILD/MODERATE ALLERGIC REACTION**

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

- Check the Action Plan to see if the student has been prescribed an antihistamine
- **ON DUTY** - If yes, send the 'Orange Mild/Moderate Card' to administration with 2 students (years 1 - 6) and 2 staff will bring antihistamine to student
- **IN CLASS** - telephone administration, a staff member will bring the student's antihistamine
- A staff member will take the antihistamine to the student (PK, K, PP)

- Administer antihistamine and stay with student until symptoms subside - do not move student
- Ensure adrenaline auto injector is on hand if symptoms progress to a severe reaction
- Administration is to contact parent/guardian to collect student

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

- **ON DUTY** - send the "Orange Mild/Moderate Card" to administration, 2 staff will attend
- **IN CLASS** – telephone administration
- Stay with student until symptoms subside – do not move student
- Ensure adrenaline auto injector is on hand if symptoms progress to a severe reaction
- Administration is to contact parent/guardian to collect student

### **Risk minimisation**

<b>Setting</b>	<b>Considerations</b>
Classroom	<ul style="list-style-type: none"> <li>• Adrenaline auto injector is to be kept in a 'bum-bag' with the student at all times.</li> <li>• Spare adrenaline auto injector and antihistamine should be stored in the first aid room cupboard.</li> <li>• Display a copy of the students ASCIA Action Plan in the classroom and a copy to be placed in class medical file.</li> <li>• Display 4 step orange notice next to ASCIA Action Plan (anaphylaxis only) in the classroom.</li> <li>• Copy of ASCIA Action Plan to be displayed above photocopier in administration. A copy to be placed in all specialist area medical files and sports medical file.</li> <li>• A copy of the student's Individual Anaphylaxis Health Care Plan (anaphylaxis only) to be placed in the first aid room anaphylaxis file with the original kept in the class medical file.</li> <li>• Casual/relief teachers should be made aware of the student's ASCIA Action Plan by the partner teacher and relief procedure guidelines.</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 students 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.</li> <li>• Never give food from outside sources to a student who is at risk of anaphylaxis or mild/moderate allergies.</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> </ul>

	<ul style="list-style-type: none"> <li>• Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.</li> <li>• Peanut/tree nut products are not to be brought to school.</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 unless otherwise stated on the student's Individual Anaphylaxis Health Care Plan.</li> <li>• Education on allergies and anaphylaxis should be made available to all students annually.</li> </ul>
Canteen	<ul style="list-style-type: none"> <li>• 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.</li> <li>• A copy of the student's ASCIA Action plan to be placed in the canteen medical file.</li> <li>• Liaise with parents/guardians about food for the student.</li> <li>• Canteen will not stock peanut and tree nut products.</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 unless otherwise stated on the student's Individual Anaphylaxis Health Care Plan.</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>
Playground	<ul style="list-style-type: none"> <li>• Adrenaline auto injector is to be kept in 'bum-bag' with the student at all times.</li> <li>• The spare adrenaline auto injector and antihistamine should be stored in the first aid room cupboard.</li> <li>• Copy of ASCIA Action Plan to be placed in duty files.</li> <li>• Orange Epipen Alert cards to be kept in all duty files.</li> <li>• A student with anaphylactic responses to insects, should wear shoes at all times.</li> <li>• Keep outdoor bins covered.</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>• Student's photos are to be displayed on the front of all duty files and sports medical file (anaphylaxis only).</li> </ul>
On-site events (e.g. sporting events, in school activities, class parties)	<ul style="list-style-type: none"> <li>• Adrenaline auto injector is to be kept in a 'bum-bag' with the student at all times.</li> <li>• Spare adrenaline auto injector and antihistamine should be stored in the first aid room cupboard.</li> <li>• Products labelled 'may contain traces of peanuts/tree nuts' should not be given to the student known to be allergic to peanuts/tree nuts unless otherwise stated on the student's Individual Anaphylaxis Health Care Plan.</li> <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.</li> </ul>

	<ul style="list-style-type: none"> <li>• Party balloons, latex swimming caps or latex gloves should not be used if a student is allergic to latex.</li> <li>• Staff should avoid using food in activities or games, including rewards.</li> </ul>
Off-site school settings – excursions	<ul style="list-style-type: none"> <li>• Adrenaline auto injector is to be kept in a 'bum-bag' with the student at all times.</li> <li>• Spare adrenaline auto injector should be taken and all staff made aware of its location.</li> <li>• Medication for mild/moderate reactions should be taken and all staff made aware of its location.</li> <li>• A copy of the student's ASCIA Action Plan should be taken.</li> <li>• Mobile phone should be taken.</li> <li>• One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector should accompany the student on 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 and a mild/moderate allergic 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 excursion. 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	<ul style="list-style-type: none"> <li>• The adrenaline auto injector is to be kept in a 'bum-bag' with the student at all times.</li> <li>• Spare adrenaline auto injector should be taken and all staff made aware of its location.</li> <li>• Medication for mild reactions should be taken and all staff made aware of its location.</li> <li>• A copy of the student's ASCIA Action Plan should be taken.</li> <li>• Mobile phone should be taken.</li> <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> <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 unless otherwise stated on the student's Individual Anaphylaxis Health Care Plan.</li> <li>• Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided.</li> </ul>

	<ul style="list-style-type: none"><li>• A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector should accompany the student on camp. However, all staff present 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 and a mild/moderate allergic reaction.</li><li>• Be aware of what local emergency services are in the area and how to access them.</li><li>• Advise parents/guardians of the distance to emergency services.</li><li>• The student with anaphylactic responses to insects 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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Reviewed: 2010

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Reviewed: 2020

Due for review: 2022

## 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. The other, as a spare is 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 parent/guardian agrees to the following:

- This must be rectified as soon as possible by the parent/guardian.
- The spare EpiPen will remain in the first aid box either in the classroom or staffroom (depending on the year level of the student).
- 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 spare 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** \_\_\_\_\_