

# Allergy and Anaphylaxis Management Policy



**2021-2023**

**Review date: June 2023**

## Rationale

Swanbourne Primary School has implemented this policy to ensure that students, staff and parents are familiar with some common serious allergies and how to manage an allergic reaction. While this policy indicates that every effort is made to reduce the risks associated with allergies, it cannot be guaranteed that a school is 'free' of any particular product. Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in an environment that is open to the general community. Adults should not become complacent that an allergen has been eliminated from the environment. Instead we recognise the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in their immediate environment (Anaphylaxis Management Guidelines for Western Australian Schools, Government of Western Australia, 2009).

## Introduction and Background Information

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen (such as food or an insect bite). Although death is rare, an anaphylactic reaction always requires an emergency response. Prompt treatment with injected adrenaline may halt progression and can be lifesaving. Fortunately, anaphylactic reactions are usually preventable by implementing strategies for avoiding allergens.

### Common allergens for anaphylaxis are:

- Foods (peanuts and tree nuts, shellfish and fish, milk, egg, strawberries)
- Insect bites (bees, wasps, jumper ants)
- Medications (antibiotics, aspirin)
- Latex (rubber gloves, balloons, swimming caps)

Children who are highly allergic to any of the above allergens are at risk of anaphylaxis if exposed. Those who have had a previous anaphylactic reaction are at increased risk. Reactions usually begin within minutes of exposure and can progress rapidly at any time over a period of two hours. A student at risk of anaphylaxis will often recognise the early symptoms of an allergic reaction before any other signs are observable.

### Common symptoms are:

- Flushing and/or swelling of the face
- Itching and/or swelling of the lips, tongue or mouth
- Itching and/or a sense of tightness in the throat, hoarseness, difficulty in breathing and/or swallowing
- Hives, itchy rash, and/or swelling about the face, body or extremities
- Nausea, abdominal cramps, vomiting; shortness of breath, repetitive coughing and/or wheezing
- Faint, rapid pulse, low blood pressure
- Pale and floppy (young children)
- Light headedness, feeling faint, collapse
- Distress, anxiety and a sense of dread

## Individual Anaphylaxis Health Care Plans

The principal will ensure that an Individual Anaphylaxis Health Care Plan (IAHCP) 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 IAHCP 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 IAHCP 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

Parents should be aware that a student's details, including information about the severe allergy, their photos, and the IAHCP will be recorded on the school's Integris as a reference point for teaching staff to ensure they can provide the best possible care in cases of emergency.

- Medications will be held in the Medical Room for Years 1-6 students
- Medications will be held in the classroom for students in Kindergarten and Pre-Primary
- Additional Epi-Pens are always available in the Medical Room
- A student's IAHCPC will be displayed in the Medical Room and classroom

### **Parent Responsibilities:**

Parents/guardians of a child at risk of anaphylaxis will:

- Inform staff, either on enrolment or on diagnosis, of their child's allergies
- Provide staff with the ASCIA Action Plan and written consent to use the Epi-Pen in line with this plan
- Provide staff with an Epi-Pen for their child and replace when expired
- Assist staff by offering information and answering any questions regarding their child's allergies
- Notify the staff of any changes to their child's allergy status and provide a new ASCIA Action Plan in accordance with these changes, and
- Communicate all relevant information and concerns to staff; for example, any matter relating to the health of their child

## **Responsibilities and Strategies to Avoid Allergen Exposure**

Swanbourne Primary School will take all reasonable measures open to it to minimise allergen exposure to students and members of the school community. The school will make student medical information and the IAHCPC that have been supplied by parents available to supervising staff. School staff should make themselves familiar with the medical information relating to students under their supervision as recorded on Integris.

All staff will receive annual face-to-face training in the use of Epi-Pens and in the signs and symptoms of allergic reactions and will be required to complete online training:

Asthma training - <https://asthmawa.org.au/services/school>

Anaphylaxis training: <https://etraining.allergy.org.au>

The school will:

- Implement effective procedures for administering prescribed medications at school
- Educate students and peers about medication allergies and the importance of taking medication prescribed only for them
- Inform school community of the policy about administration of medications and monitor implementation of this policy to minimise students bringing unauthorised medications

Latex Allergies

- Avoid use of party balloons and contact with swimming caps and latex gloves

Science, crafts and cooking classes

- Careful planning of cooking sessions and Science classes to attempt the removal of risk food items.
- Craft items can also be risk items (egg cartons, milk containers, peanut butter jars, cereal boxes)

## **Staff Training and Emergency Response**

In an emergency, all staff members have a duty of care. Staff need to use common sense, which dictates that in an emergency, while they should not act beyond their capabilities and qualifications, they are expected to do what they can to take appropriate action.

Teachers and other school staff members who have contact with the student at risk of anaphylaxis 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, playground 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 IAHCPC will be followed when responding to an anaphylactic reaction.

**The School Officer will:**

- Ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the school, whether the child has allergies and document this information on the child's enrolment record. If the child has allergies, ask the parents /guardians to provide an ASCIA Action Plan signed by a Doctor
- Liaise with parents/guardians to provide an anaphylaxis action plan signed by the child's Doctor and an Epi-Pen while the child is enrolled at the school
- Ensure that the Epi-Pen is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children and away from direct sources of heat
- Ensure a copy of the child's IAHCP is visible to all staff, including relief staff
- Regularly check the Epi-Pen expiry date (the manufacturer will only guarantee the effectiveness of the Epi-Pen to the end of the nominated expiry month)

**The Teacher responsible for the child at risk of anaphylaxis will:**

- Practise Epi-Pen administration procedures using an Epi-Pen trainer and anaphylaxis scenarios annually
- Ensure that the Epi-Pen at child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends
- Follow the child's IAHCP in the event of an allergic reaction, which may progress to anaphylaxis
- In the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction: 1. Call an ambulance immediately by dialling 000. 2. Commence first aid measures, making a note of the time the Epi-Pen is administered. 3. Contact the parent/guardian. 4. Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted

**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.

<b>Setting</b>	<b>Considerations</b>
Classroom	<ul style="list-style-type: none"> <li>• Display a copy of the student's IAHCP 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</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 made aware of the student's IAHCP and where this is displayed in the classroom</li> </ul>
Playground	<ul style="list-style-type: none"> <li>• The student with anaphylactic responses to insects should wear shoes at all times</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>• 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. A 'Help Assist' card is to be sent to the office if assistance is required. The student's emergency kit will be brought to the student from the office. If the student is experiencing mild symptoms he/she can be brought to the office for medical attention</li> </ul>

<p>On-site events (sporting events, in-school activities, class parties)</p>	<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</li> <li>• Party balloons should not be used if a student is allergic to latex</li> <li>• Staff must know where the adrenaline auto injector is located and how to access if it required</li> <li>• Staff should avoid using food in activities or games, including rewards if a student in the class is known to have anaphylaxis, particularly in the younger year levels K-3</li> </ul>
<p>Off-site school settings (excursions, camps and remote settings)</p>	<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</li> <li>• Party balloons should not be used if a student is allergic to latex</li> <li>• Staff must know where the adrenaline auto injector is located and how to access if it required</li> <li>• Staff should avoid using food in activities or games, including rewards if a student in the class is known to have anaphylaxis, particularly in the younger year levels K-3</li> <li>• The student's adrenaline auto injector, IAHCPC and means of contacting emergency assistance must be taken on all excursions</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 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 the excursion. This should be discussed with parents/guardians as another strategy for supporting the student</li> </ul>