



# Anaphylaxis Policy

## RATIONALE

Laurimar Primary School is committed to providing, 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.

The school is also committed to raising awareness about anaphylaxis and the school's anaphylaxis management policy in the school community, in order to engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.

Laurimar Primary also ensures that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Laurimar Primary School will comply with Ministerial Order 706 and the Department of Education and Early Childhood Development's guidelines relating to Anaphylaxis Management.

## PURPOSE

Starting school is an exciting time for many families, but for some it can be particularly stressful, especially for those who have children with life-threatening allergies or anaphylaxis. Anaphylaxis is a generalised allergic reaction which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal, cardiovascular).

The school has received advice from a number of sources on the best way to manage severe allergies (Royal Children's Hospital and Anaphylaxis Australia). They suggest that the safest practice for any child at risk is to make the individual child responsible for, and fully aware that they must not eat any other food other than that provided from home. The school sees the wisdom of this advice for the long-term management of such a health risk. However, we also understand that young children can make mistakes and behave impulsively.

To explain to Laurimar Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Example School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

## SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

## DEFINITION

**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, latex, certain insect stings and medications.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between Laurimar Primary School and its parent community are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an Adrenaline auto-injection device to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

## **POLICY**

In order to provide a safe environment at school for all children, particularly those at risk from severe food allergies, the school has formalised a management plan. The philosophy behind the plan is to minimise the risk of a severe allergic reaction. Notices will be sent home to families of all children in a team-teaching environment requesting that food containing substances dangerous to the child with anaphylaxis in that particular classroom (peanuts and nuts will cause the most severe reaction) not be sent to school in lunches or snacks. Please note - this is not a total ban of such products. We also understand the situation of parents who have children who like to eat peanut butter or Nutella sandwiches. The school is simply asking that consideration be given to limiting the number of times such foods are brought to school. This applies not only to the junior grades, but across the whole school. By reducing the presence of such foods in the school, we will be reducing the likelihood of the child coming into contact with them. By working together we can effectively manage such problems.

### **INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS**

The Principal will ensure that an individual ***Anaphylaxis Management Plan*** is developed, in consultation with the student's parents, for every student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. The individual ***Anaphylaxis Management Plan*** will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.

The individual ***Anaphylaxis Management Plan*** will clearly set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
- The name of the person/s responsible for implementing the strategies.
- Information on where the student's Adrenaline auto-injection device medication will be stored.
- The student's emergency contact details.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
  - sets out the emergency procedures to be taken in the event of an allergic reaction
  - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan and includes an up to date photograph of the student.

The student's individual ***Anaphylaxis Management Plan*** will be reviewed, in consultation with the student's parents / carers:

- annually, and as applicable
- if the student's condition changes
- immediately after a student has an anaphylactic reaction at school
- when a student is to participate in an offsite activity, such as camps and excursions, or at special events conducted, organised or attended by the school

## **MANAGEMENT GUIDELINE:**

### **Roles and Responsibilities**

**Parents/Carers will:**

- inform the school in writing of their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA plan.
- inform the classroom teachers and the principal if they believe their child has a severe allergy that may impact on their safety at school.
- provide copies of an individual ASCIA plan from the family doctor or specialist giving authority to administer an individual child's Adrenaline auto-injection device. The ASCIA plan should outline the details of the allergy and the medical treatment to be undertaken in case of a reaction. The school requires that this advice be updated as the child's condition changes (or at the beginning of the school year), as some children grow out of allergies.
- meet with the school to develop the child's individual **Anaphylaxis Management Plan** (preferably prior to enrolment and transition.)
- provide an individual Adrenaline auto-injection device for their child and ensure that it has not expired. Students should have an adequate supply of appropriate medication stored in the First Aid Room at all times.
- supply specific food requirements for camps, excursions and special days if required.
- inform staff of any changes to their child's emergency contact details.

**School Principal will:**

- seek information to identify students with severe life-threatening allergies at enrolment.
- conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- develop an individual **Anaphylaxis Management Plan** for the student in cooperation with the parents/carers. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff that are responsible for the implementation.
- ensure that parents provide the child's Adrenaline auto-injection device and that it is not past its expiry date.
- ensure that staff are trained in recognising and responding to an anaphylactic reaction, including administering an Adrenaline auto-injection device.
- raise school community awareness about severe allergies and the school's policies.
- provide information to all staff (including specialist staff, new staff, sessional staff, canteen staff and office staff) so they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures.
- ensure that a **communication plan** is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.
- ensure there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response (specific information in class rolls and class CRT folders).
- allocate time to discuss, practise and review the school's management strategies for students at risk of anaphylaxis and provide regular practise using the trainer Adrenaline auto-injection device (refer to emergency action plan).
- encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
- in consultation with parents, review the student's individual **Anaphylaxis Management Plan** annually or if the student's circumstances change.

**School staff will:**

- Know the students who are at risk of anaphylaxis.
- Understand the causes, symptoms and treatment of anaphylaxis.
- Train in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline auto-injection device. This training will be conducted formally on an annual basis and refresher courses each semester training occurs formally every 2nd year.
- Meet with the parents to outline the issues and decide on classroom strategies to minimise safety concerns.
- Know the school's first aid emergency procedures and what their role is in relation to

responding to an anaphylactic reaction.

- Plan ahead for special activities or occasions such as excursions, sport days, camps and parties.
- Work with parents/carers to provide appropriate food for the student.
- Not give food 'treats' to students in class or as rewards, as these may contain hidden allergens.
- Ensure that identified students are not isolated or excluded, within reason from any activity.
- Ensure that if known food allergens have been used in a room, then the room will be thoroughly cleaned prior to use by other groups.
- Make a reasonable effort to ensure that contact with allergens is avoided.
- Communicate with parents/carers if they have concerns with the use of specific rooms and equipment.
- Ensure casual relief teachers are informed of specific allergens that students have allergies to. CRT information books will contain current information.
- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.
- Encourage hand washing for staff and students on a regular basis, particularly before and after eating food.

### **Camps/Excursions:**

- Prior to the camp commencing, parents and staff will liaise with campsite personnel to ensure that adequate precautions and safety measures are instituted.
- All attending supervising adults will have an understanding of the treatment necessary for students who have serious allergy characteristics.
- There is always a Level 2 First Aid trained staff member in attendance at camp and excursions.
- The school will maintain two staff members per area team trained in first aid and a record of this will be kept.
- Specific food requirements may need to be supplied by the parents.
- Individual Emergency Response Plan will be developed and distributed to the teacher in charge outlining roles and responsibilities whilst on camp.

### **First Aid Coordinator will:**

- Keep an up to date register of students at risk of anaphylaxis.
- Ensure that students' emergency contact details are up to date.
- Obtain training in recognising and responding to an anaphylactic reaction, including administering an Adrenaline auto-injection device.
- At the beginning of each term, check that the Adrenaline auto-injection device is not cloudy and/ or out of date, and inform parents/carers if the Adrenaline auto-injection device needs to be replaced.
- Ensure that the auto-injection device kit along with a copy of the anaphylaxis management action plan is carried by a staff member accompanying the child at risk when the child is removed from the service (eg. excursions, sports days, camps), and that the whereabouts of the child's auto injection device kit is documented in a log book in the first aid room.
- Ensure that the Adrenaline auto-injection device is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place (First Aid Room), and it is appropriately labelled.
- Keep records of when Adrenaline auto-injection devices are checked and the temperature of the cupboard they are stored in.

### **IMPLEMENTATION:**

- ID cards of anaphylactic students to be carried by teachers when on Yard Duty.
- The students known to have severe allergic reactions are known by sight by all staff.
- The parents/carers of the student must inform the Out of School Hours staff of their child's allergy and the appropriate medical response.
- Teachers are responsible for ensuring that the Adrenaline auto-injection devices go on all excursions.
- Parent helpers/staff who prepare fruit platters must wash their hands and clean the work surfaces, especially the chopping boards prior to beginning. This is in line with common hygiene practice.
- The Adrenaline auto-injection device will be kept in an individually named basket, along with any other

medicine the student requires. All Adrenaline auto-injection device kits will be kept in a reserved cupboard in the First Aid Room (in a cool / easily accessible position). Each basket will also contain the student's individual **Anaphylaxis Management Plan** including directions for use of an Adrenaline auto-injection device.

- Adrenaline auto-injection devices for general use (both junior and senior) will be kept in the First Aid Room.
- An Alert Register about each student and their individual **Anaphylaxis Management Plan** and photo is to be kept near the Staff Room, CRT Information book, Yard Duty folders, General Office and on each student's class roll.
- The teacher and parent will communicate whenever the grade is planning to have special food days (eg: a barbecue). A detailed list of foods will be included in the information note.
- All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:
  - the school's anaphylaxis management policy
  - the causes, symptoms and treatment of anaphylaxis
  - the identities of students diagnosed at risk of anaphylaxis
  - where their medication is located
  - how to use an Adrenaline auto-injection device
  - the school's first aid and emergency response procedures
  - Teachers and other school staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.
- 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 in an anaphylaxis management training course. The Principal will identify the school staff to be trained based on a risk assessment.
- Training will be provided to staff teaching a student with anaphylaxis 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 parents.
- The school's first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction. Laurimar Primary School will ensure all new staff are trained.
- The DEECD Anaphylaxis Management PowerPoint is used for the DEECD Anaphylaxis Management Briefing. This will be used at staff meetings to raise the awareness of anaphylaxis, remind staff of how to use Adrenaline auto-injection devices and key management strategies to minimise the risks in the school environment.
- The school will aim to communicate through the school newsletter, school website, school app and general notices, information related to risk minimization strategies and other relevant information to ensure members of the school community are educated in the awareness of all children with allergic reactions.

### **PREVENTING ALLERGIC REACTIONS - 'TIME IS CRITICAL'**

- Good hygiene and vigilance is vital as other food products can have nut traces or are not easily identified as being related to the nut family.
- Effective communication between the school and family are essential.
- Not using boxes or packages that state that the product 'may contain traces of nuts'.
- Be aware that some soap, sunscreens, play-dough, cooking oil etc., contain nut products.
- Be aware that eggs and dairy foods, kiwi fruit, shellfish and sesame may also cause an anaphylactic reaction for some students.
- Bee, wasp or insect stings may be a problem for some students.

### **EMERGENCY ACTION PLAN FOR ANAPHYLACTIC REACTIONS**

#### **Symptoms:**

(Watch for anyone of the following signs):

- Chest and / or throat tightness

- Extreme difficulty in breathing > Give **Adrenaline auto-injection device** • Facial swelling and puffiness
- Swelling of the tongue
- Abdominal pain, vomiting (signs of a severe allergic reaction to insects)
- Tingling mouth
- Hives or welts
- Persistent dizziness or collapse
- Turning blue
- Loss of consciousness
- Difficulty talking and / or hoarse voice.
- Wheeze or persistent cough
- Pale and floppy (young children)
- Be aware that the above symptoms can occur in any order and loss of consciousness can occur in **3 to 5** minutes of contact with allergen.
- **One (1) adult is to stay with the child at all times.**

### **EMERGENCY RESPONSE TO INCIDENT**

- Lay the child flat, do not stand or walk. If breathing is difficult, allow the child to sit, but do not stand.
- An adult is to ring an ambulance (000) and ask for the MICA ambulance and contact the parents or carer.
- An adult is to administer an **Adrenaline auto-injection device** immediately.
- Call for the backup **Adrenaline auto-injection device** housed in the First Aid Cupboard (door clearly marked).
- Both **Adrenaline auto-injection devices** to be taken into the yard when called for.
- Administer back up **Adrenaline auto-injection device** if no response after FIVE minutes.
- An adult is to meet the ambulance - in the school car park where emergency access is available or closest access area for ambulance
- Keep the used Adrenaline auto-injection device - noticing time given - to give to the ambulance officers.
- The First Aid officer needs to be informed that the student has had a reaction.
- The Principal will be notified.
- If practicable, someone to be documenting a list of events and the time they take place.

### **ACTION PLAN FOR ALLERGIC REACTIONS:**

#### **Symptoms:**

- Hives or skin rash.
- Sneezing.
- Watery eyes
- Tingling lips
- Nausea unless anaphylactic to insects as is sign of full anaphylaxis
- Mild asthma symptoms

#### **Procedure:**

- Stay with the child and send for help.
- Inform parents/carers.
- If mild asthma symptoms are present, administer Ventolin via spacer.
- If parents/carers have consented and provided oral antihistamines, administer.

- Observe students closely in Sick Bay until the child is transferred to the ambulance.

**\* Please Note:**

An Adrenaline auto-injection device is not to be administered unless a student has an individual management plan. OR 000 have advised to give

### **FURTHER INFORMATION AND RESOURCES**

- Anaphylaxis Management Plans
- Classroom Letter to parents
- Definitions of terms
- Medication Management Procedures

### **REVIEW CYCLE**

This policy was last updated in March 2023 and is scheduled for review in March 2025. This policy will be reviewed as part of the school's four year review cycle.