



## Anaphylaxis 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 preventing anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, aware of allergens and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Adrenaline via an adrenaline autoinjector (such as an EpiPen®) into the outer mid-thigh muscle 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 Plan

An Individual Anaphylaxis Health Care Plan is developed in consultation with the student's parents/guardians, for any student who a medical practitioner has diagnosed as being at risk of anaphylaxis. The school requires an ASCIA action plan from the Doctor.

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 to the School Nurse, completed by the child's medical practitioner with a current colour photo.
- Inform the School Nurse if their child's medical condition changes, and if relevant, provide an updated ASCIA Action Plan.
- Strongly advise having ambulance cover as an ambulance will be called to take your child to the hospital – this can be expensive if no cover.

### Communication

Staff complete ELearning via the Department of Education (DoE) website.

Casual relief staff will be provided with anaphylaxis information in a communication file.



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### Staff training and emergency response

Teachers and other school staff are offered annual training by the School Nurse and advised to do ELearning on the DoE training site.

A medical alert is entered into SEQTA for students at risk.

During excursions, camps and special event days, the supervising teacher has an individual health care plan for students identified at risk of anaphylaxis. Students at risk carry all required medication on them at all times.

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

### Risk Minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school employs a range of practical prevention strategies to minimise exposure to known allergens:

#### In the classroom:

- The teacher identifies students at risk in their classes.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens in food technology, science and art classes (e.g. egg or milk cartons).

#### In the canteen:

- Canteen staff have an awareness of anaphylaxis and its implications on food handling.
- The canteen is a nut-free zone and does not stock peanuts and tree nut products (including nut spreads)
- Canteen staff are aware of cross contamination potential when storing, preparing, handling or displaying food.
- Canteen staff ensure tables and surfaces are wiped clean regularly.

#### In the yard:

- The students with anaphylactic responses to insects should wear shoes at all times and keep open drinks (e.g. drinks in cans) covered while outdoors.
- Duty staff will provide an emergency response to an anaphylactic emergency and School Nurse/First Aid Officer contacted.
- Adrenaline autoinjectors are located in various locations around the school. The autoinjectors are used as a backup to the first pen given or for the unknown person
- All students at risk of anaphylaxis carry their Epipens, antihistamines, puffers on them/in their bags at all times.

#### For on-site activities:

- Latex swimming caps should not be used by a student who is allergic to latex.
- Staff must know where the adrenaline autoinjectors are located and how to access if required.
- Staff should avoid using food in activities or games, including rewards.
- For sporting carnivals, Health and Physical Education staff will have an adrenaline autoinjector available. If the weather is warm, the autoinjector should be stored in an esky to protect it from the heat. Students have their own autoinjector on their person or in their bag.

#### For off-site activities:

- When planning school excursions, camps or interstate/overseas trips, a risk management plan (Action Plan) for the student at risk of anaphylaxis should be taken or developed in consultation with parents/guardians and camp managers (as appropriate).
- Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies. A letter from the Doctor may be required.
- Staff should liaise with the parents/guardians to develop alternative menus or allow students to bring their own meals.



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### For off-site activities (cont'd):

- Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided where possible.
- The student's adrenaline autoinjector and ASCIA Action Plan and a mobile phone must be taken on the excursion/tour plus a spare autoinjector in the first aid kit.
- Staff attending the excursion/camp/tour should update their training if required.
- An emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction must accompany the excursion proposal.
- Be aware of what local emergency services are in the area and how to access them (as appropriate). Liaise with them before the camp.
- The student's adrenaline autoinjector should remain close to the student at risk of anaphylaxis, and staff must be aware of its location at all times. A spare may be carried in the school first aid kit.
- The student with allergies to insect venoms should always wear closed shoes when outdoors.
- Cooking and art/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.