

# Policy for Managing Severe Allergies (Anaphylaxis)

## AIM

The Department of Education 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.
- Raising awareness about allergies and anaphylaxis in the school community
- Actively involving the parents/carers of each student at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for the student.
- Ensuring that each staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures.

Any school that has a student or students at risk of anaphylaxis must have the following in place:

1. An Anaphylaxis Management Plan for the student, developed in consultation with the student's parents/carers and medical practitioner.
2. Prevention strategies for in-school and out-of-school settings.
3. A communication plan to raise staff, student and school community awareness about severe allergies and the school's policies.
4. Regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including the administration of an EpiPen

## FACTS ABOUT ANAPHYLAXIS

### What is Anaphylaxis

- Anaphylaxis is a severe, rapidly progressive, allergic reaction that is potentially life threatening.

### What are the Main Causes

Certain foods and insect stings are the most common causes of anaphylaxis.

The most common allergens in school aged children are peanuts, eggs, tree nuts (eg. Cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

### Signs and Symptoms

The symptoms of a mild to moderate allergic reaction can include:

- Swelling of the lips, face and eyes
- Hives or welts
- Abdominal pain and/or vomiting.

Symptoms of anaphylaxis (a severe allergic reaction) can include:

- Difficulty breathing or noisy breathing
- Swelling of the lips and tongue
- Swelling/tightness in the throat
- Difficulty talking and/or a hoarse voice
- Wheezing or persistent coughing
- Loss of consciousness and/or collapse
- Young children may appear pale and floppy

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

### How Can Anaphylaxis be Prevented

The key to prevention of anaphylaxis in schools is:

- knowledge of those students who are at risk,
- awareness of triggers (allergens) and
- prevention of exposure to these.

Schools need to work with parents and students to ensure that certain foods or items are kept away from the student while at school.

### **How Can Anaphylaxis be Treated**

Adrenaline given as an injection into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto-injector commonly known as the **EpiPen**, for administering in an emergency. Children under 20kg are prescribed an EpiPen Junior which has a smaller dosage of adrenaline. The EpiPen and EpiPen Junior are designed so that anyone can use them in an emergency.

## **IMPLEMENTATION**

### **Prevention**

The key to prevention of anaphylaxis in schools is knowledge of those students who are at risk, awareness of triggers (allergens) and prevention of exposure to these.

Schools need to work with parents and students to ensure that certain foods or items are kept away from the student while at school

The Australian Society of Clinical Immunology & Allergy Inc. (ASCIA) lists four steps in the prevention of food anaphylactic reactions in children at risk in schools. These are:

- (i) Obtaining medical information about children at risk by school, preschool or childcare centre personnel.
- (ii) Education of those responsible for the care of children concerning the risk of food Anaphylaxis.
- (iii) Implementation of practical strategies to avoid exposure to known triggers.
- (iv) Age appropriate education of children with severe food allergies.

### **Preventing Anaphylaxis at Sale Primary School**

1. On enrolment, the school being made aware that a child has a food (or other allergy) which could trigger an anaphylactic reaction, the parents will be required to provide:
  - An Anaphylaxis Management Plan and Action Plan developed by the child's physician listing the items that may cause the allergic reaction (*see Appendix C- Anaphylaxis Management Plan & Action Plan Proformas*)
  - An epipen or epipen jnr; to be stored at school, to treat the child in case of an anaphylactic reaction
  - Other medication to be stored at school, if an epipen is not deemed necessary.
2. Teachers are made aware of students in their class whom have a food allergy.
3. A copy of the child's Anaphylaxis Action Plan to be kept in the classroom.  
A copy of the child's Anaphylaxis Management & Action Plans to be kept in the school's general office with the student's epipen/epipen jnr/medication.  
A list of students whom an Anaphylaxis Action Plan and medication is kept a school be on display in the school's First aid room  
EpiPen/EpiPen medication should be taken on excursions where children leave the school site, or on an excursion/camp.
4. Teacher's should:
  - Liaise with parents/carers about food related activities ahead of time.

- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Provide information to parents of the child's class explaining that there is a child in the same class as their child whom has a food allergy, and as a consequence the class will be focussing on the following strategies:
  - the importance of washing hands
  - the importance of eating their own food
  - the importance of not sharing food (bottles, drinks and lunch boxes should be clearly labelled with the name of to whom they are intended)
  - That in the case of 'special activities', with food being brought from home to school to share, that parents will need to be informed of what food types can trigger an allergic reaction and that if these are included that the food still containing these items is labelled.

## RESOURCES

### Appendix A (Anaphylaxis Management Guidelines, DE&T 2006)

- (i) Duty of Care  
Staff Training
- (ii) Responding to an Incident
- (iii) Training and Emergency Response

### Appendix B

#### Communicating with Staff, Students and Parents/Carers

- (i) 5.1 Raising Staff Awareness  
5.2 Raising Student Awareness
- (ii) 5.3 Working with Parents/Carers of students at risk of anaphylaxis  
5.4 Engaging the Broader Community  
5.5 Privacy Considerations

### Appendix C

- (i) Anaphylaxis Management Plan Proforma
- (ii) Action Plan for Anaphylaxis Proforma

### Appendix D

- (i) Sample letter for teachers to forward to parents of children in their class explaining that there is a child whom has a food allergy, in the class.

## EVALUATION

- These procedures will be reviewed with all teaching staff at the commencement of each school year.
- If an occurrence of an anaphylactic reaction occurs at school, the effectiveness of these procedures will be evaluated by the school leadership and any necessary changes made to procedures.

## Appendix D

*Sample letter to Sample letter for teachers to forward to parents of children in their class explaining that there is a child whom has a food allergy, in the class.*

February 11<sup>th</sup> 2008

### **Food Allergy in our Class**

Dear parents of students in .....

One of the students in our class this year suffers from a food allergy to .....

This allergy can result in the student having an anaphylactic reaction, a potential life threatening situation, if exposed to this food.

We would appreciate if you could assist the school in maintaining a safe environment for our students by not including ..... in your child's lunches.

In class time we will also be focusing on the following strategies to also ensure that we have a safe classroom environment.

- the importance of washing hands
- the importance of students only eating their own food
- the importance of not sharing food (bottles, drinks and lunch boxes should be clearly labelled with their owner's name)
- That in the case of 'special activities', (*with food being brought from home to school to share*), we strongly recommend that parents do not include ....., (however if ..... is included, that the food containing these items is clearly labelled.)

We anticipate your support with this request.

Yours sincerely

.....

Class teacher