St. Kevin’s School Anaphylaxis Policy

1. Policy Statement
This policy has been prepared to assist in preventing life threatening anaphylaxis and is based on a policy produced by the Victorian Government Department of Human Services in May 2006 and formulated in conjunction with the Royal Children’s Hospital Department of Allergy, Kindergarten Parents Victoria Inc and Anaphylaxis Australia Inc.

Values
St Kevin’s Primary School is committed to:
- providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the School’s program and experiences.
- raising awareness about allergies and anaphylaxis amongst the school community and children in attendance.
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Purpose
The aim of this policy is to:
- minimise the risk of an anaphylactic reaction occurring while the child is in the care of the school.
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen®.
- raise the school community’s awareness of anaphylaxis and its management through education and policy implementation.

2. Scope
This policy applies when a child diagnosed as being at risk of anaphylaxis by a qualified medical practitioner is enrolled at St. Kevin’s School. It applies to children enrolled at the school, their parents/guardians and staff. It also applies to other relevant members of St. Kevin’s, such as volunteers and visiting teachers.

3. Background and legislation
Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some medications.
Young children may not be able to express the symptoms of anaphylaxis. A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injector called an EpiPen®.

St. Kevin’s School recognises the importance of all staff responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an EpiPen®.

Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any environment that is open to the general community. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead the school recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction.

**Legislation**

*Education and Care Services*
*National Regulations 2011*
*Education and Care Services*
*National Act*

**4. Definitions**

**Allergen:** A substance that can cause an allergic reaction.

**Allergy:** An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

**Allergic reaction:** A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

**Ambulance contact card:** A card that the school has completed, which contains all the information that the Ambulance Service will request when phoned on 000. An example of this is the card that can be obtained from the Metropolitan Ambulance Service and once completed by the service it should be kept by the telephone from which the 000 phone call will be made.

**Anaphylaxis:** A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

**Anaphylaxis action plan:** a medical management plan prepared and signed by a Doctor providing the child’s name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.
**Anaphylaxis management training:** Comprehensive training provided by allergy nurse educators or other qualified professionals such as doctors or first aid trainers, which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practise with an EpiPen®/Anapen® trainer, and is reinforced at yearly intervals.

**Children at risk of anaphylaxis:** those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

**EpiPen®/Anapen®:** A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr®, and are prescribed according to the child’s weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

**EpiPen® kit:** An insulated container, for example an insulated lunch pack containing a current EpiPen®, a copy of the child’s anaphylaxis action plan, and telephone contact details for the child’s parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed an antihistamine may be included in the kit.

**Intolerance:** Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

**No food sharing:** The practice where the child at risk of anaphylaxis eats only the food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

**Nominated staff member:** A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the school. This person also checks the EpiPen® is current, the EpiPen® kit is complete and co-ordinates the organization of staff practice sessions after all staff have undertaken anaphylaxis management training.

**Risk minimisation:** A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as is practicable, major sources of the allergen from the classroom environment and developing strategies to help reduce risk of an anaphylactic reaction.

**Risk minimisation plan:** A plan specific to the school that specifies each child’s allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the school, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the school and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis. St. Kevin’s Risk Minimisation Plan is outlined in Schedule 3.

**Treat box:** A container provided by the parent/guardian that contains treats, for example, foods which are safe for the child at risk of anaphylaxis and used at parties when other children are having their treats. Non-food rewards, are encouraged for all children as one strategy to help reduce the risk of an allergic reaction.
5. Procedures

- **St. Kevin’s School shall:**
  - conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are in the care of the school and develop a risk minimisation plan in consultation with staff and the families of the child/ren.
  - ensure staff responsible for the child/ren at risk of anaphylaxis attend anaphylaxis management training, that is reinforced at yearly intervals.
  - ensure that all relieving staff are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child’s allergies, anaphylaxis action plan and EpiPen® kit. If the relieving staff member is not trained in anaphylaxis management, the school shall ensure at least one staff member trained in anaphylaxis management is present at the school and that staff member is aware that they are responsible for the administration of an EpiPen® in an emergency. If this is not possible parents/guardians must be informed of this situation before a child at risk of anaphylaxis is left.
  - ensure that no child who has been prescribed an EpiPen® is permitted to attend the school without that EpiPen®
  - make parents/guardians aware of this policy, and provide access to it on request.
  - encourage ongoing communication between parents/guardians and staff regarding the current status of the child’s allergies, this policy and its implementation.
  - display an ASCIA generic poster called *Action plan for Anaphylaxis* in a key location at the school, for example, in the classroom and the sick bay.
  - display an ambulance contact card by telephones.
  - comply with the procedures outlined in Schedule 1.

**Staff responsible for the child at risk of anaphylaxis shall:**

- ensure a copy of the child’s anaphylaxis action plan is visible to all staff.
- follow the child’s anaphylaxis action plan 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:
  - Call an ambulance immediately by dialling 000.
• Commence first aid measures- administer Epipen/Anapen.

• Contact the parent/guardian.

• Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.

• practise EpiPen® administration procedures using an EpiPen® trainer and “anaphylaxis scenarios” on a regular basis.

• 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 a medical management plan signed by a Doctor.

• ensure that parents/guardians provide an anaphylaxis action plan signed by the child’s Doctor and a complete EpiPen® kit while the child is present at the school.

• ensure that the EpiPen® kit 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 that the EpiPen® kit for each child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends.

• regularly check the EpiPen® expiry date. (The manufacturer will only guarantee the effectiveness of the EpiPen® to the end of the nominated expiry month.)

• provide information to the school community about resources and support for managing allergies and anaphylaxis.

• comply with the procedures outlined in Schedule 1.

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

• inform staff, either on enrolment or on diagnosis, of their child’s allergies.

• provide staff with an anaphylaxis action plan and written consent to use the EpiPen® in line with this action plan.

• provide staff with a complete EpiPen® kit.

• regularly check the EpiPen® expiry date and provide the school with a new pen prior to expiration.

• assist staff by offering information and answering any questions regarding their child’s allergies.

• meet with relevant staff on an annual basis, or if circumstances change, to review the child’s management plan. Parents will sign off after each meeting with the principal and teacher(s).
• notify the staff of any changes to their child’s allergy status and provide a new anaphylaxis action plan in accordance with these changes.
• communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
• comply with the school’s policy that no child who has been prescribed an EpiPen® is permitted to attend the school without that EpiPen®
• read and be familiar with the school’s Anaphylactic Policy.
• identify and liaise with the nominated staff member (Helen Anania & class teacher).
• bring relevant issues to the attention of both staff and principal.
• comply with the procedures outlined in Schedule 1.

6. Authorisation
This policy was adopted by St. Kevin’s School in 2008.
First review 2012

7. Evaluation
• The principal shall:
  • discuss with staff their knowledge of issues following staff participation in anaphylaxis management training.
  • selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete.
  • discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child.
  • respond to complaints.
  • review the adequacy of the response of the school if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

• The principal shall nominate a staff member to:
  • co-ordinate the organization of practice sessions in EpiPen® administration procedures to determine the levels of staff competence and confidence in locating and using the EpiPen® kit. At St. Kevin’s this person is deemed to be the Student Wellbeing Co-ordinator.
  • routinely (e.g. monthly) review the EpiPen® kit to ensure that it is complete and the EpiPen® is not expired.
  • Ensure specialist staff members are familiarized with children at risk.
• liaise with the principal and parents of children at risk of anaphylaxis.
• organize the annual meetings with parents and staff to review management plans.

Contact Details for Resources and Support
Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allerciy.orci.au, provides information on allergies. The Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided. Telephone 0425 216 402.

Anaphylaxis Australia Inc, at www.allerciyfacts.orci.au, is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, EpiPen® trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.

Royal Children’s Hospital, Department of Allergy, at www.rch.orci.au, provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child’s allergies and if necessary, provide an EpiPen® prescription, as well as to purchase EpiPen® trainers. Telephone (03) 9345 5701.

Training
Staff at St Kevin’s School undertakes training in the administration of EpiPen® yearly through National First Aid Australia. Staff are informed of any changes procedures and protocols associated with Anaphylaxis management and participate in the practise of administering an EpiPen®

Schedule 1
The following procedures shall be implemented to help protect the child at risk of anaphylaxis from accidental exposure to food allergens if stipulated in the child’s agreed management plan:

In relation to the individual child at risk:
• Food banning is not generally recommended- instead a ‘no sharing’ approach is recommended for food, utensils and food containers.
• This child should only eat food that has been specifically prepared for him/her.
• Where the school is preparing food for the child, ensure that it has been prepared according to the parent’s instructions.
• Some parents will choose to provide all food for their child.
• All food for this child should be checked and approved by the child’s parent/guardian and be in accordance with the risk minimisation plan.
• Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labelled with the child’s name.
In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.

Parents/guardians should provide a safe treat box for this child.

Ensure a management plan, formulated in consultation with parents, is in place on special occasions such as excursions, incursions, family days or camps.

Teachers will have regular discussions with students about the importance of washing their hands.

Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Staff should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the risk minimisation plan.

All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not ‘wander around’ the classroom or eating area with food.

Where food is brought from home to school, all parents/guardians in the at risk child’s class, will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.
Schedule 2
Enrolment Checklist

- A risk minimisation plan is completed, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented
- Parents of a child at risk of anaphylaxis have been provided a copy of the school’s Anaphylaxis policy
- All parents/guardians are made aware of the Anaphylaxis policy
- Anaphylaxis action plan for the child is signed by the child’s Doctor and is visible to all staff
- EpiPen® (within expiry date) is available for use at any time the child is in the care of the school (one in the child’s classroom and one in the sick bay)
- EpiPen® is stored in an insulated container, in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat
- All staff, including relief staff, are aware of each EpiPen® kit location
- Staff responsible for the child/ren at risk of anaphylaxis undertake anaphylaxis management training, which includes recognition of allergic reactions, emergency treatment and practice with an EpiPen® trainer. This is reinforced at yearly intervals
- The school’s emergency action plan for the management of anaphylaxis is in place and all staff responsible for the care of children at risk understand the plan
- A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis
- Parent/guardian’s current contact details are available
- Information regarding any other medications or medical conditions (for example asthma) is available to staff
- If food is prepared at the school, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis
Anaphylactic reaction?

Airway, Breathing, Circulation, Disability, Exposure

Diagnosis - look for:
- Acute onset of illness
- Life-threatening Airway and/or Breathing and/or Circulation problems
- And usually skin changes

Call for help
- Lie patient flat
- Raise patient's legs

Adrenaline

When skills and equipment available:
- Establish airway
- High flow oxygen
- IV fluid challenge
- Chlorphenamine
- Hydrocortisone

Monitor:
- Pulse oximetry
- ECG
- Blood pressure