Anaphylaxis Management Policy

The King David School strives to ensure that all students are healthy and safe whilst under the care of the School. An important aspect of this is managing students who have the potential for an allergic anaphylactic response. The following policy outlines the responsibilities of members of the School community and the School’s plan for prevention and response.

Values

The King David School believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. We are 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 curriculum.
- Raising awareness about allergies and anaphylaxis amongst the school community.
- 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.

1.0 Introduction

1.1 Establishing an individual plan

The Principal of the School is responsible for ensuring that an individual anaphylaxis management plan has been developed for each student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. These plans are to be constructed in consultation with parents. These plans are to be in place as soon as practicable following the student’s enrolment. This should be done before the student’s first day.

1.2 The plan itself

The plan will contain the following elements:

- Information about diagnosis (inc. type of allergy or allergies)
- Strategies to minimise risk of exposure (inc. inside the school and outside the school. Eg. camps, excursions)
- Name of the person/people responsible for implementing the strategies.
- Information on where the student’s medication is stored.
- Student’s emergency contact details.
- Emergency procedure plan. This is provided by the parents and sets outs emergency procedures to be taken in case of allergic reaction, it is signed by a medical practitioner and it includes an up-to-date photograph of the student.

1.3 Review of plans

The above plan must be reviewed annually or if the student’s medical condition changes. It must also be reviewed following an anaphylactic reaction at school.
1.5 Parental responsibilities

Parents are responsible for the following actions;

- Provide an emergency procedure plan mentioned in 1.2.
- Inform the school if their child’s medical condition changes and if relevant provide an updated emergency procedure plan.
- Provide an up-to-date photograph of the student for the emergency procedure plan when it is given to the school or reviewed.
- 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.
- 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 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 or its programs without that EpiPen®.

1.6 Risk assessment

The School will conduct an assessment of the potential for accidental exposure to allergens while children at risk of anaphylaxis are in the care of the School and develop a risk minimisation plan for the campus in consultation with staff and the families of the children.

2.0 — Communication Plan

2.1 — Introduction

The Principal of the School is responsible for ensuring that this communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the School’s Anaphylaxis Management Policy. The poster in Appendix B is to be displayed in all classrooms on each campus.

2.2 — Procedures in case of an anaphylactic reaction.

2.2.1 — In the Classroom

If a student has an anaphylactic reaction in the classroom, follow the procedures below.

- Remain with student and call for immediate help.
- Obtain nearest EpiPen.
- Inject EpiPen.
- Note the time of injecting Epipen.
- Lay student flat and elevate legs – if difficulty with breathing allow them to sit.
- Instruct students to leave the room.
- Ensure that the other staff member has called an ambulance.
- If no response after 5 mins apply second EpiPen.
- Send student to get Head of School or Assistant Head of School
- Head of School or Assistant Head of School contact parent.
2.2.2 — In the School Yard

If a student has an anaphylactic reaction in the yard, follow the procedures below.

- Remain with student and call for immediate help.
- Obtain nearest EpiPen.
- Inject EpiPen.
- Note the time of injecting EpiPen.
- Lay student flat and elevate legs – if difficulty with breathing allow them to sit.
- Instruct students to leave the room.
- **Ensure that the other staff member has called an ambulance.**
- If no response after 5 mins apply second EpiPen.
- Send someone to get Head of School or Assistant Head of School.
- Head of School or Assistant Head of School contact parent.

2.2.3 — On School Excursions

If a student has an anaphylactic reaction on an excursion, follow the procedures below.

- Remain with student and call for immediate help.
- Obtain nearest EpiPen.
- Inject EpiPen.
- Note the time of injecting EpiPen.
- Lay student flat and elevate legs – if difficulty with breathing allow them to sit.
- Instruct students to leave the room.
- **Ensure that the other staff member has called an ambulance.**
- If no response after 5 mins apply second EpiPen.
- Alert other relevant people at excursion venue.
- Contact Head of School or Assistant Head of School by phone.
- Head of School or Assistant Head of School contact parent.

2.2.4 — On School Camps

If a student has an anaphylactic reaction on a camp, follow the procedures below.

- Remain with student and call for immediate help.
- Obtain nearest EpiPen.
- Inject EpiPen.
- Note the time of injecting EpiPen.
- Lay student flat and elevate legs – if difficulty with breathing allow them to sit.
- Instruct students to leave the room.
- **Ensure that the other staff member has called an ambulance.**
- If no response after 5 mins apply second EpiPen.
- Alert the camp instructors.
- Contact Head of School or Assistant Head of School by phone.
- Head of School or Assistant Head of School contact parent.
2.2.5 — At Special Events
If a student has an anaphylactic reaction at a school event, follow the procedures below.

- Obtain the nearest EpiPen (should be with student or in first aid kit).
- Call for assistance of other staff members on the way.
- Inject EpiPen.
- Lay student flat and elevate legs – if difficulty with breathing allow them to sit.
- Tell students to leave the area.
- **Ensure that other staff member has called an ambulance.**
- If no response after 5 mins apply second EpiPen.
- Alert other relevant people at excursion venue.
- Contact Head of School or Assistant Head of School by phone.
- Head of School or Assistant Head of School contact parent.

2.3 — Communication with volunteers and Casual Relief Teachers
It is very important that all adults who have contact with students understand the Anaphylaxis procedures of the school. A copy of the School’s Management Plan and a list of all students who may have anaphylactic reactions must be given to all Casual Relief Teachers and volunteers upon entering the school. This will normally be given in a folder by the Head or Assistant Head of School.

2.4 — Staff Briefing
Staff are to be briefed by the Head of School at the start of Terms 1 and 3 with regard to the following information.

- The School’s Anaphylaxis Management Policy.
- The causes, symptoms and treatment of anaphylaxis.
- The identities of students diagnosed at risk of anaphylaxis and where their medication is located.
- How to use an adrenaline auto-injecting device, including hands on practise with a trainer adrenaline auto-injecting device.
- The School’s first aid and emergency response procedures.

3.0 — Staff Training and Emergency response
3.1 — Regular Staff Training
The School will provide training annually for staff on the following topics:

- What is allergy?
- What is anaphylaxis?
- What are the triggers for allergy and anaphylaxis?
- How is anaphylaxis recognised?
- How can anaphylaxis be prevented?
- What should be done in the event of a child having a severe allergic reaction?
- Instruction on the use of an EpiPen.
3.2 — Supervision
The Principal and Heads of School must ensure that there is appropriate supervision of students who have the potential of having an anaphylactic reaction at all times. This includes:

- Normal classroom activities.
- Excursions.
- Recess and lunch times.
- Camps.
- Special school events.

The attending staff must have up-to-date training in anaphylaxis management.

3.3 — Designated staff
The Principal and Heads of School must ensure that there are designated staff members who have been trained in anaphylaxis management in each of the above situations.

3.4 — Timing of Staff Training
Teachers who will be taking care of students who have the potential of having an anaphylactic reaction must be trained appropriately as soon as practicable after the student enrols. If possible this should occur before the student’s first day.

4.0 — Food Preparation

4.1 — General Food Policy Measures

- Students will be advised that there is to be no trading and sharing of food, food utensils and food containers.
- Students with severe food allergies are only to eat lunches and snacks that have been prepared at home.
- Food and drink containers provided by the parents for their students should be clearly labelled with the name of the child for whom they are intended.
- The use of food in classes will need to be reviewed annually in relation to the allergies of particular students.
- Instruction will be provided annually to Food Preparation Personnel about measures necessary to prevent cross contamination during the handling, preparation and serving of food. Relevant staff will also be instructed in the management of preparation areas after use and cleaning of utensils when preparing allergenic foods. Pre-School staff will have at least one staff member who has accredited Food Handling training.
- The risk of a life threatening anaphylaxis from casual skin contact even with highly allergenic foods such as peanuts appears to be very low. On occasions when casual skin contact provokes an urticarial reaction (hives), simple hygiene measures such as hand washing and bench-top washing will be undertaken.
- Certain foods may be prohibited in Pre-School settings if recommended by a relevant specialist who provides documentation of this recommendation.
4.2 — Food Policy Measures Specific to School Age Students

The Australian Society of Clinical Immunology and Allergy does not recommend a blanket ban in any particular food items for the following reasons:

The practicalities of such measures are:

- The issue that for school age students an essential step is to develop strategies for avoidance in the wider community as well as at school.
- The lack of evidence of the effectiveness of such measures.
- Other guidelines and position statements, and experts do not recommend such measures.
- Some guidelines state that such a policy should be ‘considered’ for a specific foodstuff such as peanut rather than recommended.
- Food bans at schools are not recommended by allergy consumer organisations.
- The risk of complacency about avoidance strategies if a food is banned.
- However, depending on the age of the students, the School may ban specific foods at particular campuses.

4.3 — Food Policy Measures Specific to Pre-School Age Students

Meals brought from home

- Measures should be taken to exclude highly allergenic foods where transfer from one child to another is likely (e.g. whole eggs or foods containing egg & peanut products). Parents of all students should be asked not to send meals containing highly allergenic foods such as egg and nut products to child-care centres, and kindergartens in which there is a child at risk of anaphylaxis to these foods.
- It is realised that it is not possible to eliminate all food products such as milk products in bread or margarines from the foods brought to Kindergartens and Pre-Schools.
- In some circumstances it may be appropriate that a highly allergic child does not sit at tables where the food to which they are allergic is being served.

Meal preparation undertaken at Kindergartens and Pre-Schools

- For severely allergic students the best option is to bring meals prepared from home.
- If it is decided to provide meals prepared at the centre to a child at risk then the meal prepared for all students should not contain the ingredients such as milk, egg and nut products to which the child is at risk.
- Prepared foods labelled “May contain traces of nuts” should not be given to nut allergic students.
- Exclusion of particular foods from the Pre-Schools setting will only occur following recommendation by a relevant specialist and the provision of documentation of this recommendation.

4.4 — School Canteens

The school canteens operate a risk minimization policy. This involves exclusion of items with the relevant nut as an ingredient, but does not apply to those foods labelled ‘may contain traces of nuts’. Students are required to check that food items which they purchase don’t contain allergens relevant to them. Each campus canteen will have a sign with the following wording clearly displayed; “Students with a food allergy are advised to enquire about the ingredients of all items they purchase.”
4.5 — Risk Minimisation
The following strategies are implemented in order to reduce the potential for harm to students with food allergies.

- Maintenance of a nut free zone at the Southwick and Magid campuses.
- Prior to school camps, parents are asked to fill in the relevant medical forms and information regarding allergies is provided to the caterers.
- Parents are respectfully advised that foods containing allergens are not to be taken to camps by students. These may be confiscated.
- The School will provide emergency teachers with a list of students and their food allergies.

5.0 — Contact details for resources and support

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provide 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.allergyfacts.org.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.org.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.

6.0 — 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.

**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® 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®: 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.

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 that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

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 service and developing strategies to help reduce risk of an anaphylactic reaction.

Risk minimisation plan: A plan specific to the service 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 service, 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 service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis.