

Allergy Policy

Anaphylaxis (Severe Allergic Reactions)

Purpose & Scope

The purpose of this policy is to minimise the risk associated with anaphylactic shock through implementing strategies to reduce the risks, improve knowledge, awareness and planning.

This policy is applicable when there are students enrolled in the School who might suffer an anaphylactic reaction on the ingestion of, or contact with, certain products (most notably edible nuts (peanuts, hazelnuts, cashews, almonds) or nut products, eggs, cow's milk, wheat, soybean fish & shellfish etc)). Other common allergens include some insect stings, particularly bee stings, some medications, latex and anaesthesia. It should also be noted that other allergens can cause anaphylactic shock, for example, one student at Fahan School has a severe allergy (anaphylaxis) to sesame seeds.

This policy and procedure applies to all areas and activities of Fahan School with the exception of areas/activities managed by Lipscombe Child Care Services. Areas and activities managed by Lipscombe Child Care Services will follow their Anaphylaxis Policy.

Definitions

Anaphylaxis	<p>The Australian Society of Clinical Immunology and Allergy define Anaphylaxis as a rapidly evolving generalised multi-system allergic reaction characterised by one or more symptoms or signs of respiratory and/or cardiovascular involvement and involvement of other systems such as the skin and/or the gastrointestinal tract. Symptoms/signs of respiratory/cardiovascular involvement are:</p> <table border="0"> <tr> <td style="vertical-align: top;"> <p>Respiratory:</p> <ul style="list-style-type: none"> • Difficulty/noisy breathing • Swelling of tongue • Swelling/tightness in throat • Difficulty talking and/or hoarse voice • Wheeze or persistent cough </td><td style="vertical-align: top;"> <p>Cardiovascular:</p> <ul style="list-style-type: none"> • Loss of consciousness • Collapse • Pale and floppy (in young children) • Hypotension </td></tr> </table>	<p>Respiratory:</p> <ul style="list-style-type: none"> • Difficulty/noisy breathing • Swelling of tongue • Swelling/tightness in throat • Difficulty talking and/or hoarse voice • Wheeze or persistent cough 	<p>Cardiovascular:</p> <ul style="list-style-type: none"> • Loss of consciousness • Collapse • Pale and floppy (in young children) • Hypotension
<p>Respiratory:</p> <ul style="list-style-type: none"> • Difficulty/noisy breathing • Swelling of tongue • Swelling/tightness in throat • Difficulty talking and/or hoarse voice • Wheeze or persistent cough 	<p>Cardiovascular:</p> <ul style="list-style-type: none"> • Loss of consciousness • Collapse • Pale and floppy (in young children) • Hypotension 		
EpiPen	The EpiPen is an auto-injector device containing a single dose of adrenaline in a spring loaded syringe.		
First Aid	The provision of emergency treatment and life support for people suffering injury or illness.		

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General Policy Statements

Students who have been diagnosed as being potentially anaphylactic in response to any allergen or circumstance must be identified at the time of enrolment (allergy details recorded on the application for enrolment form). The School requires documentary evidence of this from a physician.

The School will maintain an action plan for each student who has been diagnosed as having the potential to suffer an anaphylactic reaction, which will be developed in consultation with the student's parents at the time of enrolment. The action plan will include a current photograph of the student. Before implementation the action plan must be signed off by the student's physician. Action plans will be developed in accordance with the guidelines established by the Australasian Society of Clinical Immunology and Allergy (ASCIA). See attachment 1 for an example of an Anaphylaxis Action Plan.

Junior School students who have been diagnosed as having the potential to suffer an anaphylactic reaction must only eat food that has been prepared in their home or supplied by their parents (and kept by the School) for their child's personal use on special occasions (e.g. birthdays etc).

Action Plan

Emergency response information including the action plans where provided by parents, will be maintained in Filemaker or Fahan School's Student Management System. Action plans will also be displayed (where permission is granted) in the Junior School and Senior School staff rooms, Nateby Boarding House Kitchen and classrooms where appropriate.

In the Junior and Senior School staff rooms a belted bag containing first aid supplies, student action plan(s) and an asthma spacer will be carried by a teacher on playground duty before school, at recess and at lunchtime.

In the Senior School students who may suffer an anaphylactic reaction in response to an allergen or circumstance are required to carry their own response provisions as specified in their action plan.

On recognition of an anaphylactic reaction members of staff are to:

- Call 000, or if using a mobile 112, for an ambulance;
- Provide appropriate first aid assistance (in the Junior School, and potentially in other circumstances, this involves providing the student with the appropriate medication according to the student's action plan. This may include providing assistance with oral medication or the injection of the student in the thigh with an EpiPen in the prescribed way);
- Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand;
- Call reception (admin office) for assistance & notification of parent/guardian
- As soon as practicable, complete an Injury and Incident Report Form.

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Non Submission of Action Plan/student information health summary or updates to the latter

Parents/guardians are responsible for providing anaphylaxis/allergy action plans and updates of such plans to the school. Where a parent or guardian fails to provide an action plan or update actions plans the Principal's Assistant will;

- Send one follow up letter to the Parent/guardian. Where no response is received;
- Email the parent/guardian or in the event that an email address has not been provided, telephone the parent/guardian.

Risk Mitigation - Minimising the Possibility of Exposure to Potential Allergens

Nuts

Exposure to edible nuts and edible nut products remains the most significant risk in relation to anaphylactic reactions. The School will take the following precautions with regard to edible nut products at school. These precautions are to be clearly and regularly communicated to parents, carers and staff.

1. Food brought into the School from home must not contain nuts (peanuts or tree nuts). This includes packets of nuts and products such as peanut butter, Nutella, muesli bars or chocolate bars containing nuts or traces of nuts etc. This policy applies in all situations and covers school lunches, birthday cakes etc. brought in by the students as well as food provided by parents for fete days, cake stands etc. This requirement will be regularly communicated to all parents.
2. The Tuckshop is **not** an edible "nut-free area". However, as far as reasonably practicable, all steps will be taken to ensure that Pre-Kinder to year 6 lunch orders (or any other form of Pre-Kinder to year 6 classroom catering) are not made up of and/or contain products which contain nuts.
3. Peanut butter, Nutella, foods that contain nuts or may contain traces of nuts may be consumed at school by staff or visitors, but only in **Staff Only areas**, such as staff rooms. Adults who have consumed such products must ensure that they wash their hands before being in the company of students.

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General

The following general requirements shall apply in situations where a severe allergen exposure risk applies:

1. Students with food related allergies must be carefully instructed by their parents not to share food, exchange food or touch other people's food. Junior School students with food related allergies must only eat food that has been prepared in their home or supplied by their parents (and kept by the School) for their child's personal use on special occasions (e.g. birthdays etc). Generally speaking *, Senior School students with food related allergies are expected to observe this requirement themselves, though staff should remain alert to their needs. (* May be subject to the student's capacity to reliably follow instructions, for instance the student's maturity or intellectual capability. Where required this should be addressed in the student's action plan.)

2. Teachers in charge will undertake a risk assessment for any activity where there is potential for exposure to an allergen (e.g. nuts, eggs, fish etc) or circumstance (e.g. bee sting, ant bite etc). The risk assessment will involve:
 - (a) identification of the student group to be involved, in particular any students within that group who have been diagnosed as being potentially anaphylactic in response to any allergen or circumstance; and
 - (b) where it is identified that an "at risk" student is involved, a review of the student's action plan; and
 - (c) assess the risk and identify the appropriate risk management control to be put in place using the hierarchy of hazard control (elimination, substitution, isolation, engineering, administrative or Personal Protective Equipment).

(As some people are extremely sensitive to allergens special consideration should be given to the decontamination of the area in which the activity was undertaken so it is safe for any future users of that area who might be at risk of suffering an anaphylactic reaction.)

Every effort must be made to allow "at risk" students to participate safely in the activity. In limited circumstances, however, this may not be possible to achieve. Where that is the case alternative activities for the student concerned may be considered.

- (3) The School will liaise with external service providers (e.g. camps, excursions etc) attended by students who have been diagnosed as being potentially anaphylactic in response to any allergen or circumstance to do everything reasonably practicable to minimise the risk for these students. An emergency kit (including but not limited to student action plan, student EpiPen etc) must be taken on all camps, excursions, field trips etc. attended by affected students. Special consideration needs to be given to activities conducted in remote areas.

- (4) First aid supplies purchased by the school such as gloves and band aids are to be latex/allergen free

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Issuing and Maintenance of EpiPens

Parents are ultimately responsible for the purchase and supply of EpiPens for their children. Parents are also responsible for replacing EpiPens prior to their expiry date.

Where there is a requirement for the school to store student EpiPens they shall be stored in accordance with the "Storage of EpiPens" section below.

It is strongly recommended that EpiPens are registered with EpiClub (see www.epiclub.com.au).

All student EpiPens are to be sent home at the end of the school year. Parents are responsible for providing an updated (where necessary) EpiPen prior to school commencing each year (i.e. week prior to week one of term 1).

Storage of EpiPens

EpiPens should be stored in accordance with the manufacturer's instructions. EpiPens should be stored in an unlocked, easily accessible place away from direct heat. They should **not** be stored in the refrigerator or freezer.

EpiPens issued by parents are to be labelled with the student's name. Where back up EpiPens are purchased by the school, they are to be labelled "Back up EpiPen1", "Back up EpiPen2" etc and recorded in the first aid register.

Where a student is not able to carry their pen with them, student EpiPens are to be stored at the following locations.

School Area	Location
Octagon	TBA
Junior School	Junior School Staffroom – Student Medication supply box
Middle School	Students are expected to carry their own EpiPen. Where special cases arise, a central storage area will be determined.
Senior School	Students are expected to carry their own EpiPen. Where special cases arise, a central storage area will be determined.
Boarding House	TBA

Where there is a need for the school to purchase "Back up EpiPens" appropriate locations for their storage will be determined by the OH&S Committee.

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Disposal of used EpiPens

After use, store the pen in a container with hard plastic sides and a sealable lid for example an ice-cream container. The pen should be taken to hospital with the child and be disposed of in a hospital sharps bin.

Post Incident Support

It is acknowledged that anaphylactic reactions can be very traumatic experience for the student, others witnessing the reaction and parents/carers. Post incident support in the form of counselling will be provided by the school counsellor to affected students and staff, if required.

A post incident review shall be undertaken by the Principal/Deputy Principal and/or OH&S and Risk Manager to ensure the effectiveness of the procedures and response.

Education, Training & Awareness

All members of staff, teaching and non-teaching, must receive training in the recognition of and first aid for anaphylactic shock, including the injection of adrenalin with an EpiPen. At the commencement of each school year (or at any other time where it is considered necessary such as the arrival of a new anaphylactic student or newly employed teacher) teaching staff (other than relief staff) will be briefed on the action plans for each anaphylactic student in the section of the School in which they teach.

The awareness of anaphylaxis is to be discussed regularly at staff meetings, and during Professional Development sessions.

Refresher Training

Refresher training shall be conducted every 2 years.

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Review Management

1. This policy shall be reviewed annually or more frequently where there are significant changes to legislation, standards, codes or guidelines.
2. A review will also occur post incident and will include the following
 - EpiPen to be replaced prior to student returning to school
 - Student Anaphylaxis Action Plan reviewed with student, parents and medical practitioner
 - Review of emergency response; amendments to procedures, training etc where necessary.
3. Student Anaphylaxis Management Plans are to be reviewed annually by parents. Fahan School will send a letter to parents requesting review and provision of any updated information, usually at the end of each school year.

Record Keeping

Record/document	Location	Person Responsible
Student Action Plans including supporting documents from medical practitioner	Office of the Principal's Assistant	Principal's Assistant
Student information & health summary (sent annually)	Office of the Principal's Assistant	Principal's Assistant
First Aid Kit & Back up Epi Pen register	Netols – Enterprise Risk Manager	OH&S and Risk Manager
Back up EpiPen renewal compliance (where required)	Netols – Enterprise Risk Manager	OH&S and Risk Manager
First Aid and Anaphylaxis Training Records	Netols – Enterprise Risk Manager	OH&S and Risk Manager
Completed Injury & Incident Report Forms	Netols – Enterprise Risk Manager Hard Copy – OH&S Office	OH&S and Risk Manager

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Attachments

- ASCIA Action Plan for Anaphylaxis

Related Documents

- Fahan School Application for Enrolment
- Excursion policy and risk assessment (to be developed)

References and additional information

Australasian Society of Clinical Immunology and Allergy (ASCIA),
<http://www.allergy.org.au/content/view/10/3/>

Department of Education "Requirements for schools having an enrolled student with anaphylaxis"
<http://www.education.tas.gov.au/school/health/disabilities/disabilitiesinfo/anaphylaxis/management/requirements-for-schools-having-an-enrolled-student-with-anaphylaxis>

Anaphylaxis Guidelines – A resource for managing severe allergies in Victorian government schools.
www.sofweb.vic.gov.au/wellbeing/support/anaphyl.htm

For guidance on conducting risk assessments please contact

- Darryl White (OH&S and Risk Manager) on Ext 112

ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____

Photo

Allergens to be avoided: _____

Family/carers name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

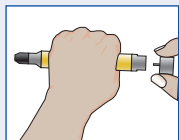
Plan prepared by: _____

Dr _____

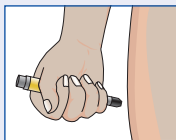
Signed _____

Date _____

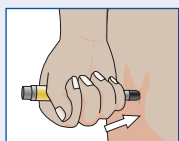
How to give EpiPen® or EpiPen® Jr



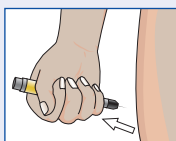
1. Form fist around EpiPen® and **PULL OFF** grey cap.



2. Place black end against outer mid-thigh (with or without clothing).



3. Push down **HARD** until a click is heard or felt and hold in place for 10 seconds.



4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth, abdominal pain, vomiting

ACTION

- stay with person and call for help
- give medications (if prescribed)
- locate EpiPen® or EpiPen® Jr
- contact family/carers



Watch for any one of the following signs of Anaphylaxis

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- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

ACTION

- 1 Give EpiPen® or EpiPen® Jr**
- 2 Call ambulance*- telephone 000 (Aus) or 111 (NZ)**
- 3 Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand**
- 4 Contact family/carers**
- 5 Further EpiPen® doses may be given if no response after 5 minutes**

If in doubt, give EpiPen® or EpiPen® Jr

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____