



Anaphylaxis Policy and Procedures

St Joseph's is an Allergy Aware School where the health and safety of our students is paramount.

As an Allergy Aware School we:

- create **awareness** that allergies are real, know the facts.
- practice **avoidance** and help allergy sufferers avoid their trigger.
- take **action** – be prepared – anaphylaxis is a medical emergency.

Enrolled within our school are a number of students with life threatening allergies, and the potential is there for these children to accidentally come in contact with, or ingest one of the many foods or allergens which may cause their allergic reaction.

Due to the critical nature of these allergies, St Joseph's must take appropriate action to ensure the safe and effective inclusion of these children within our school. We have a duty of care to ensure the health and safety of all students at St Joseph's. The basis of our approach is risk minimisation, education, and effective action.

Aims:

The St Joseph's Anaphylaxis Policy aims to:

- Safely support, within our school environment, students with severe allergies and anaphylaxis.
- Develop and maintain an effective and practical school plan when dealing with students who have life-threatening allergies, actively involving the parents/guardians of these students.
- Raise awareness about allergies and anaphylaxis in the school community
- Provide a position for the St Joseph's community on food management, safe food handling and hygiene, parent, student and staff education, and tuckshop and classroom protocols, to proactively and reactively support these students.

What is Anaphylaxis?

Anaphylaxis is a severe and sudden allergic reaction and should be treated as a medical emergency. It occurs when a person is exposed to an allergen to which they are sensitive.

Allergens or trigger substances that may cause anaphylaxis in school-aged children are:

- | | |
|------------|-----------------|
| • peanut | • wheat |
| • tree nut | • fish |
| • milk | • shellfish |
| • egg | • medications |
| • soy | • insect stings |

Other potential allergens may include sesame, coconut and latex.

Students with a food allergy may react to tactile (touch) exposure or inhalation exposure. Not every ingestion exposure will result in anaphylaxis but the potential always exists.

Symptoms of food allergies

Symptoms and signs of anaphylaxis, usually but not always, occur within the first 20 minutes after exposure but can in some cases be delayed for two hours or more.

Anaphylactic reaction (severe allergic reaction)

Signs and symptoms of anaphylaxis may include one or more of the following:

- difficulty talking and/or hoarse voice
- difficult/noisy breathing
- swelling of the tongue
- swelling or tightness in the throat, difficulty in swallowing
- confusion
- pale and floppy (for young children)
- shortness of breath, repetitive coughing and/or wheezing
- chest tightness
- faint, dizzy/lightheaded, rapid pulse, low blood pressure (may also have cool sweaty skin)
- loss of consciousness and/or collapse
- vomiting, abdominal pain (for insect sting allergy).
- swelling of the face

Mild to moderate allergic reaction

Signs and symptoms of a mild to moderate allergic reaction may include one or more of the following:

- tingling of the mouth
- hives, welts or body redness
- flushing and/or swelling of the face, lips, eyes
- anxiety
- vomiting, abdominal pain (except in insect sting allergy where vomiting and/or abdominal pain indicate an anaphylactic reaction).

Procedures:

Our commitment:

School Community

- As an “Allergy Aware School”, and in line with our duty of care to take all reasonable steps to keep students safe at school, we acknowledge the key to the prevention of anaphylaxis in schools is awareness of known allergens and prevention of exposure to these allergens through a risk management strategy.
- New families are informed of this policy when starting at the school, at our Orientation Day and on our Parent Information nights.
- The school tuckshop will:
 - be aware of all students at the school with food allergies

- be aware that students with anaphylaxis should not be given any food without parental consent
- keep surfaces clean and prevent cross-contamination during handling, preparation and serving of food

Students

- Education about food safety and the seriousness and potential life-threatening nature of allergies takes place within the classroom environment.
- Students are encouraged to wash hands after eating and soap dispensers are provided.
- All students are reminded that it is against school rules to share or swap food.
- Any inappropriate behaviour relating to an “at risk” student’s food allergy will be taken seriously and dealt with immediately by the teacher on duty and reported to a member of the Administration Team.

Staff

- School staff will undergo regular anaphylaxis first aid training including the identification of signs and symptoms of an allergic reaction and use of appropriate medication to cater for these situations. eg.EpiPen.
- All teachers and school officers (including relief staff) are aware of students in their classrooms with allergies through the Relief Teacher Folders and photos displayed on the classroom wall.
- Anaphylaxis Plans are displayed in the class rooms of ‘at risk’ students.
- Individual anaphylaxis plan posters for children with an allergy are contained in a folder in the staffroom.
- Playground duty teacher first aid kits (bum bags) also contains photos and names of all students identified with food allergy.
- A “kit” containing each student’s EpiPen, other allergy medication and a copy of their plan is held in the classroom.
- Student Anaphylaxis kits are required to be taken to school excursions, camps and sporting events.
- A mobile or other communication device must be available on each trip for emergency calls.
- School staff will make parents aware of occasions where changes to exposure to allergy foods are increased. eg. Camps, excursions, multicultural celebrations, parties etc.
- Back up EpiPens are kept in the First Aid cupboard in the office.

Our expectations:

Families of at risk students

- The information about a student’s allergies MUST be communicated to the school
- All school staff must be made aware of a student’s allergies as they have a responsibility to act in the event of a child exhibiting symptoms described.
- While it is a matter for the parents as to whether the identity of the child with the allergy is revealed to the other students and the parents, St Joseph’s believes that it is in the best interests of the child that this occurs.

Parent/caregivers should:

- Inform the school in writing that their child is at risk of anaphylactic reaction.
- Notify the school via an “Action Plan for Anaphylaxis” of any advice from a treating medical practitioner. The action plan must be in colour and contain a photo of the student, a list of known allergies, parent contact information, symptoms and signs of mild and severe allergic reactions, and actions to undertake in the event of an emergency. This plan must be signed by a treating medical practitioner.
- Provide written authorisation for the school to administer the EpiPen or other medication or to assist a child to administer the medication.
- Provide an EpiPen to the school for use with their child. They will need to ensure that the EpiPen is clearly labelled and not out of date, and replace it when it expires or after it has been used.
- Provide any other prescribed medications such as anti-histamine or Ventolin.
- Teach and encourage children to self-manage.

This policy was developed using the Anaphylaxis guidelines for Queensland state schools February 2013.