



ANAPHYLAXIS POLICY & FOOD ALLERGY POLICY

ANAPHYLAXIS & FOOD ALLERGY POLICY – V2

2022

Introduction

The Food Allergy Policy is explained through three sections:

Policy	An explanation of the current policy and school procedures, including context on the philosophy and values being applied through the policy.
Procedures	Practical guidelines for use in applying this policy and making related decisions
History	Background information on how the policy has evolved over time and suggestions for changes that may have previously been considered.

BACKGROUND

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school-aged children are peanuts, tree nuts, eggs, dairy, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between the school and parents/guardians are important in helping the student avoid exposure.

Adrenalin given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the outer thigh is the most effective first aid treatment for anaphylaxis

POLICY

1. The school has a duty of care to students with severe food allergies. This includes guidelines for anaphylaxis, which are dealt with under the child's medical management.
2. The school has, as far as practicable, a duty to provide a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
3. The school must engage with the parents/guardians of each student at risk of anaphylaxis in assessing and developing risk minimisation strategies for the student.
4. The school must ensure that staff are sufficiently trained. Staff must be able to recognise a child at risk, have knowledge of the allergen appropriate to each child, and be trained in how to deal with an anaphylactic episode, according to this policy and the schools procedures.
5. The school needs to raise awareness about anaphylaxis and the school's anaphylaxis policy and procedure within the school community.

PROCEDURES

These procedures should be followed to ensure the continued implementation of this policy.

1. Parents need to notify the school of any allergies of the child upon enrolment and emergency contact information must be provided.
2. On occasion parents may approach the Teacher with information of child allergies. The Teacher must direct the parent to Administration as soon as possible so that these procedures can be followed.
3. In cases of anaphylaxis the school requires a medical report, in addition to the ASCIA Action Plan, from the child's doctor/allergist before the child's commencement.
4. The ASCIA Action Plan is to be displayed in the staff room. The child is to be identified by a photograph to all staff and discussed at a staff meeting before commencement.
5. The school will discuss with parents the management plan for their child. This will need to be "signed off" by both parties. The school can never claim to be 100% allergen free and cannot guarantee that there will not be an anaphylactic event.
6. A registry of all such students will be maintained and updated by the school and kept in the school office. This must be regularly communicated (each term) to all staff, and be sighted by relief and casual staff as part of their sign in.
7. As much as practical, Staff are appropriately first aid trained and can use an EpiPen. While the student is under the care or supervision of the school, including classrooms, playground, excursions, camps and special event days, the Principal must ensure that there is a sufficient number of trained staff or the parent present.
8. First Aid, in response to an anaphylactic reaction, will follow the ASCIA Action Plan (See Appendix A). The student's medication or adrenalin auto-injector will be stored in a safe, marked, unlocked cupboard in the classroom and available from the playground.
9. The school community, and in particular families from that child's class, will be informed of the presence of the child and the allergies suffered. They will be encouraged to not bring allergen related foods to school, and to label ingredients for all foods brought to social functions (eg Harmony Day).

10. Parents of allergic children will provide alternative foods to be kept at school for treats, birthdays, functions etc.
11. Students will be educated in what it means to be an allergy sufferer. They will be strongly encouraged to not share foods.
12. Students will be encouraged to wash their hands before and after eating and to wipe tables.
13. Parents of an allergic child will be encouraged to attend out of school activities such as sporting events, camps and excursions to help with the increased supervision required.
14. Anaphylactic children are not to partake in cooking, eating school cooked food or shared food in special school occasions without the agreement of the parent and the presence of either a trained staff member or the parent.
15. All allergic incidents will be recorded in the school's Incident Log Book.
16. The school maintains the right to temporarily withdraw enrolment where either the school environment or the behaviour of the allergic child is deemed to be unsafe.

THE PROCEDURES IN MORE DETAIL WITH TIMELINE:

Upon enrolment of a student with severe allergies.

The Principal will ensure that an Individual Anaphylaxis Health Care Plan (ASCIA) is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. The ASCIA Plan will be in place as soon as the student is enrolled. A report will also be obtained from the child's paediatric immunologist. Staff, together with the Principal, will review this plan and will be able to identify the child, have appropriate medication on hand and be aware of the appropriate procedure to follow in the event of an anaphylactic episode. Emergency contact information for allergic students will be kept on file.

The student's ASCIA Plan will be reviewed, in consultation with the parents annually, or in the event of any change to the student's condition, or immediately after the student has an anaphylactic reaction.

ROLE OF THE SCHOOL

Annually-

- Staff will have first aid and anaphylactic training reviewed by the Principal and updated where necessary. The Principal will be responsible for providing information to all staff and students about anaphylaxis and development of the school's anaphylaxis management strategies.
- Staff should practise an anaphylactic scenario in the playground.
- The school administration staff will update this policy, associated policies and food allergy information in all policy folders, the school website and parent handbook.
- Information on anaphylaxis, allergies and how this relates to the school community will be provided to parents.

Termly-

- Families will be informed by the class newsletter of allergies present in the classroom and strategies to help minimize the risk to the allergic child.
- The registry at reception will be updated by school administration staff to ensure that children moving classrooms are documented.
- An article will be placed in the school newsletter, reminding parents that specific allergens should not be brought to school.

Daily-

- The Principal will ensure that adequately trained staff are available at all times for the safety of the at risk child (whether in the playground, classroom or on excursions).
- The Principal will keep a registry of all accidents or near misses regarding anaphylaxis risk and these will be presented to the Board at each meeting.
- Children will be encouraged to not share food and to wash hands and tables after eating in all classrooms.
- Parent supervision will be required whilst eating in the school grounds after-school hours.

ROLE OF THE PARENTS

Upon enrolment and yearly thereafter-

- The Parent of an at-risk child is responsible for providing and keeping up to date: emergency contact information, written medical documentation and instructions as directed by their doctor, appropriate medication as directed by their doctor, and to replace it after use or upon the use by date. The parents should provide the school with an ASCIA plan including a photo of their child.

Ongoing-

- The parent should educate their child with regards to self-management (age dependent) so that their child knows: safe and unsafe foods, not to share foods, symptoms of an allergic reaction, how to tell a teacher or adult when they may be having an allergic reaction, the procedures that follow i.e. being given medication.
- The parent should provide allergy free food for treats, functions, cookery classes, excursions and camps. The parent should be available to attend excursions and camps.

STAFF TRAINING

Termly-

- Staff will be informed of the names and appearance of students with severe allergies. This may include staff briefings or confidentially displaying of students details and photographs.

As required-

- Relief staff and volunteers will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction. If relief teachers are not trained in anaphylaxis management they will be given instructions as to whom to call (e.g. other close staff member) in the event of an attack.
- Teachers and other school staff who have contact with the student at risk of anaphylaxis, are required to undertake training in anaphylaxis management (see Appendix A).

EDUCATION

Education of anaphylaxis symptoms and risks can be reduced by continual education throughout the school. These can include:

- Children's' education in class (in the curriculum)
- Education of staff at staff meetings and first aid sessions
- Anaphylaxis information posters throughout the school
- Regular notes in the newsletter and in gatherings that involve food.
- Provide one-on-one information upon any incident to parents' involved (corrective action).

RISK MINIMISATION

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies.

Setting	Considerations
Classroom	<ul style="list-style-type: none">• Display a copy of the students ASCIA Action Plan in the classroom.• Liaise with parents/guardians about food related activities ahead of time.• Use non-food treats where possible. If food treats are used in class, it is recommended that parents provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school's allergen minimisation strategies.• Never give food from outside sources to a student who is at risk of anaphylaxis.• Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).• Have regular discussions with students about the importance of washing hands and tables and not sharing food.

Lunchtime	<ul style="list-style-type: none"> • Ensure tables and surfaces are wiped clean regularly with hot soapy water. Ensure spills (e.g. yogurt) are thoroughly cleaned up with hot soapy water. • Staff on duty should be vigilant to ensure children with allergies only consume food they have brought from home.
In the Playground	<ul style="list-style-type: none"> • All students should wear shoes whilst outside at all times. • Staff trained to provide an emergency response to anaphylaxis should be readily available in the playground. • The adrenaline auto-injector should be easily accessible from the playground. • It is advised that schools develop a communication strategy for the playground in the event of an anaphylactic emergency.
On-site events (e.g. sporting events, in school activities, class parties)	<ul style="list-style-type: none"> • For special occasions, teachers should consult with parents in advance to either develop an alternative food menu or request the parents to send a meal for the student. • Class parents of other students should be encouraged not to bring allergy related foods to school. If these accidentally come to school the teacher should be informed. At events where food is shared within the community, food should be labelled with the ingredients. • Staff must know where the adrenaline auto-injector is located and how to access it if required. • Staff should avoid using food in activities or games, including rewards. • For sporting events, it may be appropriate to take the student's adrenaline auto-injector to the oval in a cool container.
Off-site school settings – field trips, excursions	<ul style="list-style-type: none"> • The student's adrenaline auto-injector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions. • One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis. • Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • The school should consult parents in advance to discuss issues that may arise, to develop an alternative food menu or request the parent to send a meal (if required). • Parents are encouraged to accompany their child on field trips and/or excursions.

<p>Off-site school settings – camps and remote settings</p>	<ul style="list-style-type: none"> • When planning school camps, a risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents and staff before departure. This should clearly detail roles and responsibilities and emergency contacts in the event of an anaphylactic emergency. • The student’s adrenaline auto-injector and ASCIA Action Plan and a mobile phone must be taken on camp. • A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector should accompany the student on camp. However, all staff present must be aware if there is a student at risk of anaphylaxis. • The parent is encouraged to accompany the child. • Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies • Staff should liaise with parents to develop alternative menus or allow students to bring their own meals. • Use of substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided. • Cooking and art and craft games should not involve the use of known allergens.
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History

2010 – Policy created incorporating previous content from Healthy Eating Policy Food Allergies and Nut Policy” Section
 2016- Reviewed
 2018- Reviewed
 2022-Reviewed

Related Documents

Healthy Eating Policy
 Action Plan - Child at Risk
 Medication Administration Policy

Approved 28/07/2022, Mark Panaia Principal

Status	Final
Owner	Principal
Reviewed	July 2022
To be reviewed	July 2025

Appendix A: First Aid for Anaphylaxis

STEP 1

In some cases, anaphylaxis is preceded by signs of a mild to moderate allergic reaction:

Swelling of face, lips and eyes
Hives or welts on the skin
Tingling mouth
Stomach pain, vomiting (these are signs of a mild to moderate allergic reaction to most allergens, however, in **insect allergy** these are signs of anaphylaxis).

ACTION

For insect allergy, flick out the sting if it can be seen (but do not remove ticks)
Stay with person and call for help
Give medications if prescribed (whilst antihistamines may be used to treat mild to moderate allergic reactions, if these progress to anaphylaxis then adrenaline is the only suitable medication)
Locate **adrenaline autoinjector**
Contact parent/guardian or other emergency contact.

STEP 2

Continue to watch for any ONE of the following signs of anaphylaxis:

Difficult/noisy breathing
Swelling of tongue
Swelling/tightness in throat
Difficulty talking and/or hoarse voice
Wheeze or persistent cough
Persistent dizziness or collapse
Pale and floppy (in young children)

ACTION

- Lay person flat - if breathing is difficult, allow them to sit but do not stand
- **Give the adrenaline autoinjector** if available (such as an EpiPen® or Anapen®)
- Call Ambulance (Telephone 000 in Australia, 112 if using a mobile phone)
- Contact parent/guardian or other emergency contact
- Further adrenaline doses may be given if there is no response after 5 minutes.

If in doubt, give the adrenaline autoinjector

Adrenaline is life saving and must be used promptly. Withholding or delaying the giving of adrenaline can result in deterioration and death. This is why giving the adrenaline auto-injector is the first instruction on the ASCIA Action Plan for Anaphylaxis. If cardiopulmonary resuscitation (CPR) is given before this step there is a risk that adrenaline is delayed or not given.

In the ambulance oxygen will usually be administered to the patient by paramedics.

Medical observation of the patient in hospital for at least 4 hours is recommended after anaphylaxis.