



Coolbinia Primary School Anaphylaxis Guidelines and Management Plan

This policy is developed in accordance with the [Anaphylaxis Guidelines for Western Australian Schools](#). (2010). Department of Health Western Australia

Policy Statement/Purpose

Coolbinia Primary School is an 'allergy aware' school. Our aim is to increase awareness in the school community of the risks associated with anaphylaxis and to implement practical, age-appropriate anaphylaxis management strategies.

The key to the prevention of anaphylaxis is avoiding exposure to known allergens. As an allergen free environment cannot be guaranteed, the school aims to minimize risk by involving parents/guardians, staff, and students in implementing a whole school approach to anaphylaxis prevention.

On enrolment, Coolbinia Primary School works with families to implement a management plan for students with allergies. This plan is dependent upon specific allergens. The actions for this plan will be communicated to relevant members of the school community. These may include, but are not limited to; the school canteen, classroom teachers, specialist teachers, students, families and visitors.

Coolbinia Primary School is committed to:

- providing as far as practical, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of their schooling;
- raising awareness about allergies and anaphylaxis in the school community;
- actively involving the parents/guardians of students with anaphylaxis in developing risk minimisation and management strategies for their child; and
- ensuring staff have knowledge about allergies, anaphylaxis and the school's guidelines and are educated in responding to anaphylaxis emergencies.

Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens affecting school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).

Once a student has been diagnosed as being at risk of anaphylaxis, avoidance of known allergens is an essential prevention strategy. An effective partnership between the school and parents/guardians will reduce the likelihood of the student being exposed to a known allergen and experiencing a life threatening reaction. Most children with anaphylaxis will have been diagnosed prior to enrolment, but a small number may have their first anaphylactic reaction at school.

Anaphylaxis Management Guidelines for Western Australian Schools

7 Steps to 'allergy awareness' in schools

1. Understanding rules and responsibilities
2. Determine what allergies you need to manage
3. Assess the risk of allergen exposure
4. Minimise the risk of allergen exposure
5. Train staff and plan emergency response
6. Communicate with the school community
7. Review and assess management strategies

The seven steps listed above are reflected in the table below.

Responding to anaphylaxis emergencies

Adrenaline given through an adrenaline auto-injector (such as an EpiPen® or Anapen®) into the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis. Even though Coolbinia Primary School makes every effort to prevent the exposure of students with anaphylaxis to known allergens, exposure may sometimes occur. Coolbinia Primary School has procedures in place for responding to medical emergencies and these will be implemented in the event of an anaphylaxis event to ensure risks to the student are minimised to the extent possible.

See table.

Roles and Responsibilities

| Principal, Associate Principal, Business Manager & School Officer | Parents | Class Teacher | First Aid Coordinator | Educate Students |
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| <p>The administration team aim to:</p> <ol style="list-style-type: none"> On enrolment ensure parents provide an anaphylaxis health care plan for children with anaphylaxis. Ensure that the Anaphylaxis Alert form with the appropriate ASCIA Action Plan has been completed, signed by a medical practitioner, and provided to the school before the first day of school. Be responsible for providing information to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies. Gain parent permission to display information on students with anaphylaxis in staff room, canteen and in duty bags. Flag information about students with anaphylaxis in Integris. | <p>The parents of students with anaphylaxis will be expected to:</p> <ol style="list-style-type: none"> Return student's completed anaphylaxis health care plan signed by a medical practitioner to the front office. Supply the school with all medications listed in the individualized action plan, which has been signed by a medical practitioner. Written consent needs to be obtained to display the student's name, photograph and relevant treatment details in staff areas, canteens and/or other common areas. Supply the school with two (2) up-to-date auto-injectors, one of which will be kept in a secure area which is easily accessible to all staff, and never under lock and key. Remind the student's class teacher to carry an auto-injector when going on excursions away from school. | <p>Class teachers aim to:</p> <ol style="list-style-type: none"> Familiarize themselves with Coolbinia Primary School's Anaphylaxis Policy. Meet with the parents of students with anaphylaxis at the beginning of the school year to discuss their child's medical action plan. Familiarise themselves with the causes, symptoms and treatments of anaphylaxis. The most common allergens affecting school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings) Place a copy of the student's Anaphylaxis Alert form on your class pin-up board/daily workpad. Know where the student's adrenaline auto-injector is kept and that is not out of date. Each subject teacher should place the photograph | <p>First aid coordinators can support students at risk of anaphylaxis by:</p> <ol style="list-style-type: none"> Keep an up to date register of students at risk of anaphylaxis Obtain training in how to recognize and respond to an anaphylactic reaction, including administering an adrenaline auto injector. Checking each term that the adrenaline auto injector is not discoloured or out of date. Ensuring that the adrenaline auto injector is stored correctly <p>The First Aid Coordinator role will be filled by the Associate principal</p> | <p>Teachers and Parents aim to educate students with anaphylaxis to:</p> <ol style="list-style-type: none"> know where the two epi-pens are located. Report immediately all symptoms of an allergic reaction to a staff member or to another student. Eat only foods prepared at home, especially when on excursions /inter-school visits. Endeavour to wash hands before and after eating Learn to avoid allergens as much as possible (e.g., reading labels, not sharing foods) Report any incidents of "bullying" or threats by another student (i.e., in relation to the allergenic food or the auto-injector) to the school staff. <p>All students in the school should:</p> |

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| <p>5. Establish the following protocols for managing medication:</p> <ul style="list-style-type: none"> • Ensure student's prescribed adrenaline auto-injectors are stored, labeled and easily located in the medical cupboard in the staff room. • Ensure student's second adrenaline-auto-injector is stored in the classroom teacher's top drawer. • Ensure the adrenaline auto-injector(s) for general use are readily accessible. • Establish a process for checking expiry dates of adrenaline auto-injectors. <p>6. Ensure staff willing to undertake anaphylaxis training participate in an appropriate training program, and record date training is completed.</p> <p>7. Anaphylaxis training highlights the importance of using the Auto-injector if a treating staff member feels that a student is having an anaphylactic reaction, even if the student does not have an Anaphylaxis Plan or an identified Allergy. Any Auto-injector can be used for this purpose.</p> <p>7. Review the student's</p> | <p>5. Provide their child with safe foods for special occasions and exchanges.</p> <p>6. Teach their child:</p> <ul style="list-style-type: none"> • to recognize the symptoms of an anaphylactic reaction • to know where their adrenaline auto-injector is kept • to report any symptoms of an allergic reaction to school staff • to eat only foods prepared at home and not to share food • to avoid placing own food directly onto tables or common eating surfaces • to practise hand washing before and after eating <p>7. Remind teachers that all emergency medications are to be taken on excursions/ inter-school visits.</p> <p>8. Choose allergen-safe foods for all classroom events/ activities including birthday celebrations.</p> <p>9. Inform staff of any changes to child's emergency plan</p> <p>10. Participate in the annual review of their child's health</p> | <p>and the health care form for each student with anaphylaxis in their own relief teacher file. Inform the relief teacher of the student's presence in the class and refer them to the pertinent information, which has been placed in their relief teacher file.</p> <p>7. Privately establish with the anaphylactic student a method of informing classmates of the seriousness of an anaphylactic reaction.</p> <p>8. Discuss anaphylaxis with the class.</p> <p>9. Encourage students not to share lunches or trade snacks.</p> <p>10. Encourage hand washing before and after eating.</p> <p>11. Encourage students and parents to choose allergen-safe foods for lunches, snacks, and classroom/school events.</p> <p>12. Choose allergen-safe foods for activities</p> <p>13. Remind students not to take food allergens on school buses.</p> | | <p>1. Learn about allergies and anaphylaxis through information shared by the school.</p> <p>2. Avoid sharing foods, especially with anaphylactic students.</p> <p>3. Respond cooperatively to requests from the school to avoid allergens from lunches and snacks.</p> <p>4. Keep allergenic foods out of the classroom.</p> <p>5. Recognize that "bullying" a child with a food allergy will NOT be tolerated</p> <p>6. Wash hands before and after eating particularly in K-1</p> <p>7. All students are requested to not include nut spreads in sandwiches or products containing nuts in the lunchbox.</p> |
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| <p>individual Anaphylaxis Health Care Plan in consultation with the student's parents/guardians:</p> <ul style="list-style-type: none"> • annually, and as applicable • if the student's condition changes • immediately after the student has an anaphylactic reaction. <p>8. Provide information to staff, students and parents/guardians about anaphylaxis and the school's anaphylaxis management strategies.</p> <p>9. Liaise with the school canteen to ensure food handling practices and menu selections minimise the risk of exposure to common allergens. This includes removing nut spreads and products containing nuts from the school canteen. This does not include removing products that 'may contain traces' of nuts.</p> <p>10. Establish a process for managing an anaphylaxis emergency that includes:</p> <ul style="list-style-type: none"> • post event analysis of why the event occurred • review of student's health care plan if required • debrief and support for staff | <p>care plan with Administration staff.</p> <p>The parents of all students in the school should:</p> <ol style="list-style-type: none"> 1. Respond cooperatively to requests from the school to avoid common allergens in lunches and snacks. 2. Encourage children to respect anaphylactic students and school policies on allergy awareness. 3. Encourage students not to take allergy-causing foods on the school buses. | <p>14. Determine suitability of cooking activity using checklist to ascertain suitability for class group – eg if a child has contact anaphylaxis in the class then it may be wise not to use that food item.</p> <p>15 Avoid the use of food treats in class or as rewards. Encourage parents to limit birthday treats and provide alternative non food treats.</p> <p>16. If cooking, always ensure use of aprons, soap and water for washing, tables are wiped, correctly bag food scrapes and place in class bin.</p> <p>All teachers will:</p> <ol style="list-style-type: none"> 1. Familiarize themselves with Coolbinia Primary School's Anaphylaxis Policy 2. By agreement attend the annual inservice on anaphylaxis and receive training on the proper administration of an auto-injector (Epipen/Anapen). 3. Familiarize themselves with the Emergency Response Procedure for anaphylactic reactions. | | |
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| <ul style="list-style-type: none">• completion of a Critical Incident Form <p>11. Privacy considerations. Some parents/guardians may not wish their child's identity be disclosed to the wider school community, This may also apply to the student themselves. This needs to be discussed with the student's parents/guardians.</p> | | <p>4. Be able to identify the anaphylactic students in the school.</p> <p>5. Be aware of the location of the stored auto-injectors (Epipen/Anapen).</p> <p>6. Ensure that all emergency medications are taken on excursions/inter-school visits and carried by the teacher(s) designated to chaperone the anaphylactic student(s). The name of this teacher should be indicated on the Excursion Consent Form, before sending the form home for the parent's signature.</p> <p>7. Specialist teachers to keep a copy of all student's action plans and know where to find them quickly. Know where the student's adrenaline auto-injector is kept.</p> <p>8. Plan ahead for special class activities or occasions such as excursions, parties, camps.</p> <p>9. Inform teachers from other schools of the presence of the anaphylactic student during inter-school visits. Suggest that the other school does not bring allergy-causing foods during the visit.</p> | | |
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| | | <p>10. Inform volunteers and casual relief staff if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction.</p> | | |
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Emergency Response

The school's first aid procedures and student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction.

[ASCIA Action Plan for Anaphylaxis \(personal\) for use with EpiPen](#)

[ASCIA Action Plan for Allergic Reactions \(personal\)](#)

Storage of Medications (EpiPens, Antihistamines)

IMPORTANT: Parents are asked to provide the school with 2 adrenaline – auto-injectors. If the parents provide the school with only one device, it should be kept in the staff room in the medical cupboard.

Follow these recommendations regarding storage of auto-injectors

The adrenaline auto-injector will be kept in its original container, at room temperature, and away from direct light.

It will be clearly labeled with the name of the student with anaphylaxis and the expiry date of the medication.

It will be placed with a copy of the Anaphylaxis Alert form in a zip-loc bag which will be labeled with the student's name and year level.

Follow these recommendations regarding the storage of antihistamines (e.g. Polaramine)):

The antihistamine will have a physician prescription.

(note: not necessarily - some do not require a script)

The antihistamine will be clearly labeled with the student's name, the expiry date, and the recommended dosage to be given. A measuring device suitable for dispensing the required amount of antihistamine will be taped to the bottle of medication.

The antihistamine will be placed in the zip-lock bag with the Adrenaline auto- injector for that student (see above).

Useful Links

Department of Health Anaphylaxis website www.health.wa.gov.au/anaphylaxis

Anaphylaxis Australia Inc website www.allergyfacts.org.au

Australasian Society of Clinical Immunology and Allergy website www.allergy.org.au

ASCIA Action Plans can be accessed from www.allergy.org.au/content/view/10/3/#r1

Department of Education website www.det.wa.edu.au

Individual Anaphylaxis Health Care Forms can be accessed from the [Education Department website](#)

Policies can be accessed from <http://policies.det.wa.edu.au>

Policy statements can be accessed from http://web4.ceo.wa.edu.au/policy_statements.asp

References:

The Australasian Society of Clinical Immunology and Allergy (ASCIA). 2010. ASCIA guideline for prevention of food anaphylactic reactions in schools, preschools and childcare.

[http://www.allergy.org.au/content/view/31/258/\(accessed](http://www.allergy.org.au/content/view/31/258/(accessed)

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2. Pumphrey, R.S. (2000). Lessons for management of anaphylaxis from a study of fatal reactions. *Clinical and Experimental Allergy*, 30(8), pp.1144-1150.
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