

# **Anaphylaxis Guidelines and Management Plan**

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Coolbinia Primary School  
104 Bradford Street  
Coolbinia WA 6050  
T: +61 (08) 9427 8450  
W: [www.coolbiniaps.wa.edu.au](http://www.coolbiniaps.wa.edu.au)

## **Intent**

These guidelines are developed in accordance with the Student Health Care in Public Schools Policy (2015). 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 minimise 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:

1. 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,
2. raising awareness about allergies and anaphylaxis in the school community,
3. actively involving the parents/guardians of students with anaphylaxis in developing risk minimisation and management strategies for their child,
4. ensuring staff have knowledge about allergies, anaphylaxis and the school's guidelines, and
5. 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.

## **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

## **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.

## **Roles and Responsibilities**

### **Principal, Associate Principal, Manager of Corporate Services & School Officer**

The administration team aim to:

1. 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.
2. Be responsible for providing information to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies.
3. Display information on students with anaphylaxis in staff room, classroom and in duty bags.
4. Flag information about students with anaphylaxis in Integris.
5. Establish the following protocols for managing medication:
  - a. Ensure student's prescribed adrenaline auto-injectors are stored, labelled and easily located in the medical cupboard in the admin office.
  - b. Ensure the adrenaline auto-injector(s) for general use are readily accessible.
  - c. Establish a process for checking expiry dates of adrenaline auto- injectors.
6. Ensure staff willing to undertake anaphylaxis training participate in an appropriate training program, and record date training is completed.

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.
8. Review the student's individual Anaphylaxis Health Care Plan in consultation with the student's parents/guardians:
  - a. annually, and as applicable
  - b. if the student's condition changes
  - c. immediately after the student has an anaphylactic reaction.
9. Provide information to staff, students and parents/guardians about anaphylaxis and the school's anaphylaxis management strategies.
10. 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.
11. Establish a process for managing an anaphylaxis emergency that includes:
  - a. post event analysis of why the event occurred
  - b. review of student's health care plan if required
  - c. debrief and support for staff
  - d. completion of an Online Critical Incident Form
12. 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.

## **Parents**

The parents of students with anaphylaxis will be expected to:

1. Return student's completed anaphylaxis health care plan signed by a medical practitioner to the front office.
2. Supply the school with all medications listed in the individualised action plan, which has been signed by a medical practitioner.
3. Supply the school with an up-to-date auto-injectors, of which will be kept in a secure area which is easily accessible to all staff, and never under lock and key.
4. Remind the student's class teacher to carry an auto-injector when going on excursions away from school.
5. Provide their child with safe foods for special occasions.
6. Teach their child:
  - a. to recognise the symptoms of an anaphylactic reaction
  - b. to know where their adrenaline auto-injector is kept

- c. to report any symptoms of an allergic reaction to school staff
  - d. to eat only foods prepared at home and not to share food
  - e. to avoid placing own food directly onto tables or common eating surfaces
  - f. to practise hand washing before and after eating
7. Inform staff of any changes to child's emergency plan.
  8. Participate in the annual review of their child's health care plan with Administration staff.

The parents of all students in the school should:

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 school excursions.

### **Class Teacher**

Class teachers aim to:

1. Familiarise themselves with Coolbinia Primary School's Anaphylaxis Policy.
2. Meet with the parents of students with anaphylaxis at the beginning of the school year to discuss their child's medical action plan.
3. 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).
4. Place a copy of the student's Anaphylaxis Alert form on your class pin-up board
5. Know where the student's adrenaline auto-injector is kept
6. Privately establish with the anaphylactic student a method of informing classmates of the seriousness of an anaphylactic reaction.
7. Discuss anaphylaxis with the class.
8. Encourage students not to share lunches or trade snacks.
9. Encourage hand washing before and after eating.
10. Encourage students and parents to choose allergen-safe foods for lunches, snacks, and classroom/school events.
11. Determine suitability of cooking activity using checklist to ascertain suitability for class group – e.g. if a child has contact anaphylaxis in the class then it may be wise not to use that food item. Always ensure use of aprons, soap and water for washing, tables are wiped, correctly bag food scraps and place in class bin.
12. Avoid the use of food treats in class or as rewards. Encourage parents to limit birthday treats and provide alternative non food treats.

All teachers will:

1. Familiarise themselves with Coolbinia Primary School's Anaphylaxis Policy.
2. By agreement attend regular training on the proper administration of an auto-injector (EpiPen/Anapen).
3. Familiarise themselves with the Emergency Response Procedure for anaphylactic reactions.

### **Educate Students**

Teachers and Parents aim to educate students with anaphylaxis to:

1. Know where EpiPens are located.
2. Report immediately all symptoms of an allergic reaction to a staff member or to another student.
3. Eat only foods prepared at home, especially when on excursions /inter-school visits.
4. Endeavour to wash hands before and after eating.
5. Learn to avoid allergens as much as possible (e.g., reading labels, not sharing foods)
6. 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.

All students in the school should:

1. Learn about allergies and anaphylaxis through information shared by the school.
2. Avoid sharing foods, especially with anaphylactic students.
3. Respond cooperatively to requests from the school to avoid allergens from lunches and snacks.
4. Keep allergenic foods out of the classroom.
5. Recognise that "bullying" a child with a food allergy will NOT be tolerated.
6. Wash hands before and after eating particularly in K-1.
7. All students are requested to not include nut spreads in sandwiches or products containing nuts in the lunchbox.

### **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 1 adrenaline – auto-injector, which will be kept in the administration office in the medical cupboard. (In ELC kitchen areas if Kindy or Pre Primary)

Follow these recommendations regarding storage of auto-injectors:

1. The adrenaline auto-injector will be kept in its original container, at room temperature, and away from direct light.
2. It will be clearly labelled in a clear medical box which will be labelled with the student's name with anaphylaxis and year level.
3. It will be placed with a copy of the Anaphylaxis Alert form

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

1. The antihistamine will be clearly labelled with the student's name, and the recommended dosage to be given.
2. The antihistamine will be placed in the clear medical box with the Adrenaline auto-injector for that student (see above).