

St Patrick's Catholic School, Katanning



Anaphylaxis Policy

Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in 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).

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 St Patrick's and parents/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline autoinjector (into the muscle of the outer mid-thigh) is the most effective first aid treatment for anaphylaxis.

Purpose

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy/guidelines in the St Patrick's community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies for the student.
- To ensure staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Health Care Plan

The Principal will ensure that an Individual Anaphylaxis Health Care Plan is supplied by the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and before their first day.

The student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parent/guardians:

- annually, and as applicable,
- if the student's condition changes,

- immediately after the student has an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

- provide an ASCIA Action Plan to the Principal, completed by the child's medical practitioner with a current photo.
- Inform the Principal if their child's medical condition changes, and if relevant, provide an updated ASCIA Action Plan.

Communication

The Principal will provide information to all staff, students and parents/guardians about anaphylaxis.

Casual relief staff will be provided with anaphylaxis information in the classroom relief file.

Staff Training and Emergency Response

Teachers and other school staff are offered annual training by the School Nurse in relation to anaphylaxis management and the use of an EpiPen.

A medical alert list is distributed to all staff at the commencement of the year via their class list on SEQTA and is updated as required.

During camps, excursions and special event days the supervising teacher has an individual health care plan for students identified at risk of anaphylaxis.

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

Risk Minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. St Patrick's will continue to implement the 'Nut Awareness' policy that is in place as one method of minimising allergens. The school also employs a range of practical prevention strategies to minimise exposure to allergens:

In the classroom:

- Teacher identifies students at risk in their classes.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens in food technology, science and art classes (e.g. egg or milk cartons).

In the canteen:

- Canteen staff have an awareness of anaphylaxis and its implication on food handling.
- The canteen is a nut free zone and does not stock peanuts and tree nut products (including nut spreads).
- Canteen staff are aware of the potential for cross contamination when storing, preparing, handling or displaying food.
- Canteen staff ensure tables and surfaces are wiped down regularly.

In the yard:

- The students with anaphylactic responses to insects should wear shoes at all times and keep open drinks (e.g. drinks in cans) covered while outdoors.

- Duty staff will provide emergency response to an anaphylactic emergency and the First Aid officer in the school will be notified.
- Adrenaline autoinjectors are located in the school Administration Block.
- Each duty bag has an Urgent Assistance Required Card which can be sent to obtain extra help in the case of an emergency.

For on-site activities:

- Latex swimming caps or balloons should not be used by a student who is allergic to latex.
- Staff must know where the adrenaline autoinjectors are located and how to access if required.
- Staff should avoid using food in activities or games, including rewards.
- For sporting carnivals, Health and Physical Education staff will have an adrenaline autoinjector available. If the weather is warm, the autoinjector should be stored in an esky to protect it from heat. Students have their own autoinjector on their person or in their bag.
- For a class party, parents/guardians with a child who may have an anaphylactic reaction can be asked to supply a meal for their child. Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis.

For off-site activities:

- When planning school excursions/camps/interstate/overseas trips, a risk management plan (ASCIA Action Plan) for the student at risk of anaphylaxis should be taken or developed in consultation with parents/guardians and camp managers (as appropriate).
- Campsites/accommodation providers and airlines should be advised in advance of any student with food allergies.
- Staff should liaise with the parent/guardians to develop alternative menus or allow students to bring their own meals.
- Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided where possible.
- The student's adrenaline autoinjector and ASCIA Action Plan and a mobile phone must be taken on the excursion/tour plus a spare autoinjector in the first aid kit.
- Staff attending the excursion/camp/tour should update their training if required.
- An emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction must accompany the excursion proposal.
- Be aware of what local emergency services are in the area and how to access them (as appropriate). Liaise with them before the camp.
- The student's adrenaline autoinjector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. A spare may be carried in the school first aid kit.
- The student with allergies to insect venoms should always wear closed shoes when outdoors.
- Cooking and art/craft games should not involve the use of known allergens.
- Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.

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