ANAPHYLAXIS POLICY

Devised by Principal in consultation with staff &
School Advisory Council 2008. Revised and updated 2014

RATIONALE

Anaphylaxis is an acute allergic reaction to certain food items and insect stings. 1:200 people in the general community are at risk of anaphylaxis. It is a medical emergency that requires a rapid response. The most common allergens are nuts, eggs, cow’s milk and bee or other insect stings, and some medications. Although allergic reactions to food are common in children, severe life threatening reactions are uncommon and deaths are rare.

AIMS

To provide and maintain a safe and healthy school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis.
To minimise the risk of food induced anaphylaxis in this school.
To provide procedures for appropriate response to any incidents of anaphylaxis.

IMPLEMENTATION

Anaphylaxis is best prevented by knowledge of the students at risk, awareness of the triggers (allergens) and prevention of exposure to these triggers therefore we will comply with the order and guidelines on management.

Our school will manage anaphylaxis by:

1. identifying susceptible students and knowing their allergens. These children must not share food containers or utensils and must only have food provided from home or given with parents’ permission. This is also in keeping with the school’s general practice of “no food sharing”;
2. ensuring all appropriate staff will receive training in the management of anaphylaxis and use of the autoimmune pen.
3. requiring parents to provide an Anaphylaxis Management Plan, which includes an ASCIA (Australian Society of Clinical Immunology and Allergy inc) individual Action Plan signed by a doctor, which will be displayed in the first aid room, classroom & staffroom for reference as required. Parents must also provide an Epipen and ensure regularly that the ‘use by date’ has not expired. This will be maintained in the First Aid room. In the event that a child diagnosed with anaphylaxis attends school camps & excursions, the epipen will be taken as part of the First Aid kit, by the teacher in charge.
4. informing Casual Relief teachers of a child’s diagnosis as part of the “Emergency Teacher’s Handbook” kept in each classroom.
5. informing the community about anaphylaxis via the newsletter.
6. informing all parents in a classroom, where a class member has anaphylaxis, of that child’s particular allergen and providing them with this policy. (refer to sample letter)
7. in the event of using the epipen the ambulance will be called.
8. implementing the ‘no food wrappers’ procedure on the playground to minimise attracting bees and wasps.
9. school will purchase a backup auto injector for general school use

The school will not ban certain types of food (e.g. nuts), as it is not a strategy recommended by relevant health authorities. However, whilst there are students with severe allergies to nuts (peanuts & tree nuts), the school will employ risk minimisation strategies that include:

- Parents may be asked to refrain from sending specific food allergens to school in accordance with individual Anaphylaxis Management Plans.
- Nut products not to be used in art/craft or science demonstrations.
- Requesting children in classes where a class member has anaphylaxis to undergo certain minimisation practices such as washing hands, cleaning tables, eating “trigger” foods away from allergic child.

EVALUATION
This policy will be reviewed as part of the School’s review cycle.
This policy was ratified by St Peter Julian Eymard School Advisory Council in 2014

References:
ASCIA (Australian Society of Clinical Immunology and Allergy inc) Guidelines for prevention of food anaphylactic reactions in
http://www.allergy.org.au/health-professionals/anaphylaxis-resources