MOONEE PONDS WEST PS
ANAPHYLAXIS AND ALLERGY POLICY

Purpose:
To provide parents/carers and staff with processes and protocols in regard to the management of students with allergies and those at risk of anaphylaxis, whilst at school and in the care of staff.

Definition:
Anaphylaxis is a severe and rapidly progressing allergic reaction and is potentially life threatening. It requires immediate treatment with life-saving medication. It occurs in up to 2% of the population, and the prevalence of anaphylaxis is thought to be increasing in Australia.

Most cases of anaphylaxis occur after a person with a severe allergy is exposed to the allergen to which they are allergic.

Common allergens (triggers) include:

- eggs, peanuts, tree-nuts, cow's milk, fish and shellfish, wheat, soy, certain insect bites and medications.

Anaphylaxis is very unlikely to occur from skin contact to foods or exposure to food odours, and usually occurs after food is ingested to which the child is allergic. The reaction usually occurs within 30 minutes of food ingestion, but it can take up to 2 hours for symptoms to develop.

Symptoms of anaphylaxis include:

- wheeze, persistent cough, shortness of breath, hoarse voice, difficulty swallowing/drooling, throat or chest tightness
- rash and or generalised itch
- nausea, vomiting, diarrhoea or abdominal pain
- pallor, collapse or loss of consciousness

Aims:

- To ensure staff are aware of the risks, symptoms and emergency management of allergy and anaphylaxis.
- To make parents/carers aware of their responsibility to notify the school of students with allergies, and to provide an individual allergy and/or anaphylaxis plan and appropriate medication for those students.
- To enable the school to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an allergic reaction.

Guidelines for Action:

1. ***The role of parents/carers of students who have allergies or are at risk of anaphylaxis is to:***

1.1 Provide information on enrolment if a student has a history of allergy or is at risk of anaphylaxis, and provide accurate, current and detailed information about individual triggers and other medical history (including asthma).
1.2 Provide the school with a completed and current Allergy or Anaphylaxis Plan, signed by the child's treating doctor (plans can be downloaded from the ASCIA website www.allergy.org.au/).
1.3 Keep the plan updated annually and notify school if there are any changes to the plan.
1.4 Provide emergency medication (adrenaline autoinjector) which is in-date.

2. ***The role of staff is to:***

2.1 Staff must actively seek to obtain information on students with allergies or at risk of anaphylaxis upon enrolment.
2.2 Following identification of children with allergies, staff should have a face-to-face meeting with the parents/carers of a student to discuss appropriate risk-minimisation strategies.
2.3 The First Aid Officer is to ensure that all students who have allergies have an annual and current written allergy or anaphylaxis management plan, consistent with DEECD requirements, completed by their doctor.
2.4 Ensure copies of each student's Allergy/Anaphylaxis Plan are stored:

- in clearly marked folders in First Aid cabinet
- on display in the Administration Office
- in the student's classroom.

2.5 Advise parents/carers that they are responsible for ensuring the school is supplied with emergency medication (adrenaline autoinjector) for storage at school.
2.6 Ensure that the student's adrenaline auto injector is stored in the First Aid Cabinet and that this location in known to all staff.
2.7 First Aid Officer is responsible for checking the expiry date of all adrenaline autoinjector kits and advising parents when a replacement is due.
2.8 Ensure that there is a school adrenaline autoinjector kit and that it is accompanied by clear, written instructions on administration in the event of anaphylaxis.
2.9 Provide information to all staff (including specialist, casual relief, OSHCP and office staff) so that they are aware of students who have allergies or who are at risk of anaphylaxis.
2.10 Ensure that staff on yard duty carry up-to-date photographs of students at risk of anaphylaxis (in the yard duty bum bags).
2.11 Ensure that the adrenaline autoinjector kits for each child at risk of anaphylaxis is carried by a trained adult on any excursions, camps or sporting activities the child attends, and that the supervising adults have a mobile phone and are aware of the child's allergies and emergency procedures.
2.12 Seek confirmation of management plans and medical information from parents/carers to support the safe participation of children prior to excursions and camps.

3. The role of the school is to:

3.1 Provide anaphylaxis training for staff. This should be provided by appropriately qualified professionals (for example allergy nurse educators) and reinforced every 1-2 years. Education should include the recognition of allergic symptoms (including symptoms of a mild, moderate or severe allergic reaction), prevention and treatment of anaphylaxis, including the administration of the 2 different available types of adrenaline autoinjector.
3.2 Send letters at the commencement of the school year to the parents of all students in the same classroom as a child who has allergies, advising them of the condition and the prevention strategies required. Parents will be requested to sign and return the letter confirming they have read it.
3.3 Provide age-appropriate education of children with severe allergies and their peers, particularly in the classroom, on the nature of allergic reactions and risk minimisation strategies applicable to them (eg hand washing after eating, not sharing food etc).
3.4 Where possible, students at risk of anaphylaxis will be supervised whilst eating and at special events where food is consumed (eg Healthy Lunch day).
3.5 Ensure students are aware that there should be no trading and sharing of food, food utensils and food containers.
3.6 Ensure that the use of food in crafts, cooking classes, science experiments and special events is restricted in accordance with allergies of particular children.

References:
Since 14 July 2008 an amendment to legislation means that all schools must have an anaphylaxis management policy in place, see: Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008

Anaphylaxis Guidelines- DEECD
http://www.education.vic.gov.au/childhood/parents/health/Pages/anaphylaxis.aspx

"ASCIA guidelines for prevention of anaphylaxis in schools, pre-schools and childcare: 2012 update" *Sandra Vale et al, Journal of Paediatrics and Child Health 49(2013) 342-345*

Copies of Anaphylaxis and Allergy Management Plan templates provide by the Australasian Society of Clinical Immunology and Allergy (ASCIA) can be found here: http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis

Evaluation
Endorsed by School Council November 2013.

This policy is reviewed annually.