PORT FAIRY CONSOLIDATED SCHOOL

ANAPHYLAXIS

POLICY

Rationale:

- Anaphylaxis-sometimes called "allergic shock" - is a severe allergic reaction which can lead to rapid death, if untreated. Although peanuts may be the most common allergen causing anaphylaxis in school children, anaphylaxis is a life-threatening condition regardless of the substance which triggers it. In addition to peanuts, the foods most frequently implicated in anaphylaxis are tree nuts (e.g. hazelnuts, walnuts, almonds, cashews) cow's milk and eggs. Fish, shellfish, wheat, and soy are potentially lethal allergens as well, and anaphylaxis is occasionally induced by fruits and other foods. Non-food triggers of anaphylactic reactions include insect venom, medications, latex (and rarely, vigorous exercise). Most individuals lose their sensitivity to milk, soy, eggs, and wheat by school age, but reactions to peanut, tree nuts, fish, and shellfish tend to persist throughout life.

- The greatest risk of exposure is in new situations, or when normal daily routines are interrupted such as by birthday parties, camping, or school trips. Young children are at greatest risk of accidental exposure, but many allergists believe that more deaths occur among teenagers due to their increased independence, peer pressure, and a reluctance to carry medication.

Policy Statements and Guidelines

1 Application

The following policy statements and guidelines apply to this school which has students who are known to be anaphylactic.

2 Information and Awareness

The identity of an anaphylactic student and specific information relating to that student shall be revealed to the school principal.

References: Vic Govt Schools Reference Guide - www.eduweb.vic.gov.au/referenceguide/pdf/6-5.pdf
http://www.eduweb.vic.gov.au/hrweb/diversity/equal.htm

Guidelines:

2:1 It is the responsibility of parents/guardians with anaphylactic children to identify their children to the school principal.

2:2 When informed of this student, the Principal should request from the parents/guardians written information regarding:

- the foods which trigger an anaphylactic reaction;
- a treatment protocol, signed by the child's physician;
- any changes in the child's condition from previous years or since last reported;
- permission to post photographs and medical information in key, discreet locations, such as classroom, staffroom, etc. – suggest flap to cover telephone numbers and address if in obvious public location

2:3 All staff members (teaching and non-teaching) must be made aware that a child with anaphlaxis is attending their school, and that child should be identified, either individually or at a staff meeting **before or immediately after** the child registers at the school.

2:4 The School Council/school policy on managing anaphlaxis in the school should be provided to **all** staff, along with specific information about each anaphylactic child in attendance.

2:5 An allergy-alert form, with description of the allergy, treatment and action plan should be placed in key locations, such as the office, staffroom, and wherever the child's epinephrine auto-injector is stored.

2:6 The child's classroom teacher should ensure that information is kept in a place where it will be highly visible and readily understood by emergency teachers and classroom volunteers. Notices will also be placed in the canteen, office, art room and staff room.

2:7 How to Avoid Reaction

2.71 Banning products is not recommended. You have to assume the substance is coming in – i.e. can be hidden in other foods e.g. biscuits, cakes, muesli bars, chocolate etc.

2.72 A "no sharing" approach is recommended. At risk children only eat food supplied/prepared by parents. No cakes, lollies, treats from other children.

2.73 In the classroom

- Wash hands after eating and at the conclusion of play and lunch times
- CRT information book to include a copy of pertinent information regarding procedures
- Children to sit at tables to eat using placemats provided
- Classroom tables wiped and room spot vacuumed if required a ' sticky foods' table can be designated to contain ' at risk' foods
- Children may eat in outside in designated areas which are suitably supervised
- A ' sticky food area' can be created in the classroom where viscous foods can be consumed.
- EPIPENs to be housed in medication cupboard in office and in one duty bag.

2.74 Playground

- In term 1 a designated prep play area will be determined to the south side of the school buildings
- Contact with the office and the carrying of the EPIPEN will be the responsibility of the duty teacher in this area.

2.75 Art Room

- containers will be washed prior to use
- play dough – no peanut oil. Canola or olive oil is best
- avoid cereal boxes
- monitor skin creams and cleaning products In term 1 a designated prep play area will be determined to the south side of the school buildings
- Contact with the office and the carrying of the EPIPEN will be the responsibility of the duty teacher in this area.

2:8 The school council/principal should ensure that in service is provided annually to school personnel (in schools where anaphylactic children are enrolled) on how to recognize and treat anaphylactic reaction, on the school policies to protect anaphylactic children from exposure, and on school protocol for responding to emergencies.

All teachers and staff who may be in a position of responsibility for children with anaphlaxis (including, canteen staff, etc.) should receive personal training in the use of the auto-injector.

3:2 Teachers should become aware of possible allergens present in curricular material, (e.g. check playdough, stuffed toys, science projects, etc.).

3:3 Anaphylactic children cannot take part in "clean-up" activities.

3:4 Anaphylactic students should have music instruments kept in a food free environment. Instruments should be wiped prior to use if necessary.

3:5 Teachers must ensure that medication accompanies children on excursions.

4 Emergency Plan Development and Implementation

The school will develop a response protocol and ensure that all staff is aware of how to implement it. A separate emergency plan should be developed for each anaphylactic child, in conjunction with the child's parents and physician, and kept in a readily accessible location. The plan should identify clearly individual roles.

Guidelines:

4:1 Anaphylactic children usually know when a reaction is taking place. School personnel should be encouraged to listen to the child.

4:2 Schools should become aware of local ambulance regulations and take them into account when developing their own procedures " calling ambulance" procedural card to be kept next to office phone.

4:3 A four person procedural plan will be enacted in the event of an emergency:

Person 1	Administer Epipen/ Ring ambulance/ card to office
Person 2	(office) Contact staffroom/ring parent
Person 3	(from staffroom) goes to child and teacher
Person 4	(from staffroom) identifies position and meets ambulance

4:4 The school should occasionally simulate an anaphylactic emergency - similar to a fire drill - to ensure that all elements of the emergency plan are in place.

References: Vic Govt Schools Reference Guide - www.eduweb.vic.gov.au/referenceguide/pdf/6-5.pdf
http://www.eduweb.vic.gov.au/hrweb/diversity/equal.htm

4:5 An up-to-date supply of auto-injectors, provided by the parents, should be available in an easily accessible, unlocked area of the child's classroom and/or in the office or staff room of the school.

4:6 All staff should know the location of the auto-injectors.

4:7 School emergency procedures for each anaphylactic student should be reviewed annually with staff and parents. In the event of an emergency response, an immediate evaluation of the procedure should be undertaken.

Evaluation:

- This policy will be reviewed as part of the schools three-year review cycle.

Oct 2007

This is a draft policy and will be presented to School Council on.