



SAINT MARK'S COPTIC ORTHODOX COLLEGE



ANAPHYLAXIS K – 12 GUIDELINES



BACKGROUND

Anaphylaxis is a severe and sudden allergic reaction. Anaphylaxis characteristically occurs soon after exposure to a “trigger” and these reactions can be serious and even life threatening. Certain foods have common triggers, and the ones most likely to cause an allergic reaction are nuts, particular peanuts, eggs, sesame seeds and milk productions. Other triggers may include medications, and insect venom from bees or wasps. This policy has been developed as a result of increasing numbers of children attending St Mark’s College, who may be at risk of an anaphylactic reaction. It is expected that on enrolment of a child with anaphylaxis, staff and parents will develop specific procedures that reflect the specific needs of the children involved.

AIM

- To ensure a safe and healthy environment for the children attending St Mark’s College.
- To ensure that staff take appropriate action to prevent contact with known allergens/triggers for a child with anaphylaxis.
- To ensure that staff have appropriate and safe procedures and management strategies in place to manage an anaphylactic reaction should one occur.

POLICY STATEMENT

St Mark’s College provides relevant, inclusive, well-managed quality educational children’s programs. In delivering these programs staff have a responsibility to provide a varied and balanced program that reflect the individual needs of children attending, in a safe and supportive environment for both children and their families.

St Mark’s College is committed to working with families in managing the school environment in order to provide a safe place for children who are anaphylactic.

Management of anaphylaxis is by strict avoidance of the allergen. There needs to be a major emphasis on prevention by avoiding the possibility that the child could come into contact with the offending allergen.

ON ENROLMENT

1. The **Application for Enrolment** form requests 'Other relevant information (eg medical info/allergies,)' If you state your child suffers an allergic reaction, you will be requested to obtain an allergy diagnosis from a paediatric immunologist or hospital allergist identifying specific allergies and the likely severity of the allergy and risk of a severe reaction.

The Doctor's report, if identifying severe allergy, should outline a plan of action to avoid a reaction and treat a reaction. The school should be presented with the results in writing. If the child is diagnosed as having anaphylaxis the parents will need to request the child's doctor to fill in an Allergy Management Plan.

2. The **Management Plan** must clearly state what signs and symptoms the child is likely to exhibit if they come into contact with the allergen. The management Plan needs to include a direction to staff to phone 000 and state that the child is experiencing an anaphylactic reaction as only intensive care ambulances carry adrenalin (the medication required to treat anaphylaxis).

3. Parents need to provide the School with at least **2 current photos(5x7cms)** of the child, to be placed in strategic positions within the School to ensure that all staff (including casuals) can recognise and are aware of the child and the potential serious nature of the child's condition. The issue of confidentiality must be addressed within this context to achieve a satisfactory balance with the student's safety.

4. Permission should be given from parents **to obtain medical information** on the student's condition and treatment from the student's doctor in an emergency situation where the child was experiencing a severe allergic reaction and for some reason the School needed more information and advice than was available on the student's Management Plan.

5. **Up to date records** of the student's contacts – parents, emergency contacts and the child's doctors. Contact details should be checked regularly. Records should specify whether a child suffers from other medical condition particularly those with a likely immunological basis (eg asthma or eczema)

Prevention of contact with known food allergens

The most common causes of food anaphylaxis are:

- Nuts, particularly peanuts or peanut products

In order to prevent contact with known allergens, staff must consider all aspects of the Schools program and make appropriate decisions in consultation with the parents of the child with anaphylaxis.

The following areas must be discussed and appropriate procedures written and followed, to manage contact with the known allergens.

- All students attending the school
- Staff including casuals, students and volunteers
- Visitors and parents
- Program activities including foods and craft materials.

1. As an **Allergy Aware School**, the school will **exclude the known causative allergen** (nut / nut products in as much as is possible) from the school canteen altogether. This endeavour of exclusion should include across students, parents, staff and visitors to the school, as it is difficult to ensure that residual trace elements of the peanut product are not left on hands, clothes, equipment, tables and chairs.

2. The school will be mindful when shopping for food, taking care to read labels carefully. The school will need to check food labels and know the different names that common food is called. For example milk is also referred to as whey or casein on labels. Parents of the child should be able to provide you with a list of products/ingredients to avoid. The staff needs to keep up to date with labels. For example Arrowroot Biscuits were previously free of nuts but their label now says “may contain traces of nuts”.

3. As the school does not provide students’ food, guidelines have been developed and explained to other parents, stressing the importance for the safety of a child attending the School. It is important that in this process the confidentiality of the child is maintained. The school will make suggestions as to substitute foods for children to bring.

4. Staff must be aware of the risks to students coming into contact with trigger foods, but must also be sensitive to the **need for inclusion** of the student.

5. Parents should be requested to supply for placement in the freezer safe alternative “treat” foods (for example milk/egg free cup cakes/biscuits) for staff to give to the allergic child on **special occasions** such as birthdays of other children.

6. Care should be taken with **craft materials** used for construction, painting, collage and cooking etc where recycled empty food containers are being used. Egg cartons or peanut butter jars, muesli bar boxes etc can have traces of the food left on them and for some children this will be sufficient to trigger a reaction.

7. Staff must carefully consider plans for **managing outings/excursions** and discuss these with the parents of the child with anaphylaxis, prior to the excursion.

8. All staff need to be aware of **visitors** to the school who may bring allergens into the Centre and if necessary take appropriate steps to minimise the risk.

9. Visitors or parents are not to bring additional confectionery to distribute to other children, i.e. lolly bags and cakes on birthdays.

EPIPENS

All students who have anaphylaxis are recorded on MAZE with relevant emergency contacts. Photos of students with their respective action plan are kept in the staffroom noticeboard, in the First Aid Room, on the wall inside the staff common room and in the student's roll call classroom.

Additional photos with management action plans are kept in the other classrooms which the child uses. There are 2 epi-pens on school grounds. One is kept with the child/teacher throughout the day and the second is kept in the First Aid Room at the Front Office. During excursions and sporting activities, the second epi-pen is taken from the Front Office. (Teacher in charge needs to sign the register when taking the second epi-pen). During recess and lunch breaks the students are to give their epi-pens to the playground teacher on duty.

If a child's teacher is absent the Front Office will inform the casual teacher of any child under their care who has anaphylaxis and carries an epi-pen. The teacher who is absent will also note in the work they email through to the school that there is a child in the respective class who is anaphylactic and carries an epi-pen. The grade partner is also informed.

MANAGING A REACTION

If there is a student in the school that has anaphylaxis all staff must be aware of how to manage it. The parents or guardians and medical practitioner for each child upon enrolment must develop an individual Allergy Management Plan and an Individual Family Service Plan. The child's medical practitioner, parents, and the Principal/Administrator of the school should sign this Plan. The school staff should be aware of what anaphylaxis is, prevention strategies, signs and symptoms of a reaction and how to manage a reaction with updates undertaken at Professional Development sessions, at least once per year. This is important not only for students who have a diagnosed condition, but for the care of all students at the school as some students may evidence their first allergic reaction while at the school. The student may not have been exposed to the allergen before or the allergen may have produced a minor reaction in the past.

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