ANAPHYLAXIS POLICY

Prevention Strategies in School

Risk:
Child comes in contact with food that causes hazard/allergic reaction.

Strategy:
• Classroom education of students within the grade of child no sharing of food.
• Education of remaining school student population re non sharing food.
• Cooking experiences to be monitored to eliminate contact with trigger foods. Alternative menu/recipe suggestion, child’s parent be involved in cooking activities.

Out of school environment ie camps, excursions.

• Parent asked to attend any excursion/sports day.
• If parent unable to attend then alternative trained member of staff attend (ie teachers aide).

Risk Minimisation Plan

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed at risk of anaphylaxis from accidental exposure to food allergens:

• This child should only eat food that has been specifically prepared for him/her
  o Where the school is preparing food for the child, ensure that it has been prepared according to the parent’s instructions.
  o Some parents will choose to provide all food for their child.

• All food for this child should be checked and approved by the child’s parent/guardian and be in accordance with the risk minimisation plan

• Bottles, other drinks and lunch boxes, including any treats, provided by the parents/guardians for this child should be clearly labelled with the child’s name

• There should be no trading or sharing of food, food utensils and containers with this child

• In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.

• Parents/guardians should provide a safe treat box for their child.

• Increase supervision of this child on special occasions such as excursions, incursions or family days
In relation to other practices at the school:

- Ensure tables are washed down after eating
- Ensure hand washing for all children before and after eating and, if the requirement is include in a particular child’s anaphylaxis medical management action plan, on arrival at school.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children.
- Staff should discuss the use of foods in activities with the parent/guardian of a child at risk of anaphylaxis and these foods should be consistent with the risk minimisation plan
- All children need to be loosely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not ‘wander around’ the room with food.

**Communication & Awareness Plan for students**

**Individual Class**
Peers in grade made aware of allergic reaction triggers. What they might look for in mild to moderate or severe reaction. (Made aware of the card system)

**Across all Grades**
Education and awareness program of students of the risks, allergen triggers and the response plan.

**Staff**
- All staff to have completed anaphylaxis training and accreditation.
- Commencement of each term revisit the signs/symptoms and action management plan.
- Practice with Epi-pen.

**Visiting staff/teaching personnel (CRT/RE**

- Awareness and identification of students at risk (symptoms) and procedures for management of episode.
- Copies of plans in a prominent place in the staffroom and other school buildings such as the classrooms and art room.

**Others**

Bus drivers individual plan must be provided & Epi-pen with child whilst on the bus.

Parent Helpers in classroom made aware of the children.

Parents Club made aware at their meetings.

**Student Response Plan**
Guidelines for teaching so that it is consistent with the whole school.

- Use posters to make students aware of the warning signs and symptoms of a mild and severe allergic reaction.
- Look around quickly for a teacher (don’t search). If you can’t see a teacher run to the staffroom and go straight in, don’t wait outside the door and knock.
- If handed a card when you are in the yard take it to the office immediately.
- If in the classroom take it to the person you are told to.

**Management Action Plan Procedures**

**Inside class setting:**
Response to an event in classroom -

- Set of 3 cards with photo:
  1. I card to the office,
  2. I card to Kelly/Jo and
  3. I card to the nearest classroom.

- Julie or Melissa to bring phone/individual container to classroom and call the ambulance and contact parent (depending on severity of the recreation).

- Administer medication which will be located in the office in specially red zipped plastic pockets.

- Follow individual action plan of the child.

- Staff member/Principal to do above if Julie or Melissa is away from the office.

- Record the time of the medication and injection on prompt card.

- After 5 – 10 minutes if no change then re administer injection with generic pen.

**Outside classroom setting:**

- Take cards stored on lanyards in plastic pockets on duty.
- Extra set of cards on lanyards stored in the office. Each teacher has own lanyard for yard duty and must be worn on duty.

**Response to an event brought to notice of playground duty teacher.**

- Send photo and tell location via a student to office.
- Duty teacher reassures child and may need to proceed with basic CPR first aid.
  - Danger
Staff Response to event.

- Take student medication container and drink bottle and phone to duty teacher (2 teachers).
- Follow individual action plan:
  - **Mild/Moderate**
    - Administer medication/monitor
    - Contact family
  - **Severe Reaction**
    - Administer Epi-pen and record time.
    - Staff member to ring the ambulance.
    - Ring bell for Emergency Response Procedure
    - Students withdrawn from playground
    - Line up and enter classrooms, other staff to cover remaining grades.