

# Cascade Primary School

**Allergy and Anaphylaxis  
Management Policy:  
An Allergy Aware School**



## Rationale

Cascade PS has an Allergy Aware Policy to ensure that students, staff and parents are familiar with some common serious allergies and how to manage an allergic reaction. While this policy indicates that every effort is made to reduce the risks associated with allergies, it *cannot be guaranteed* that a school is „free“ of any particular product. Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in an environment that is open to the general community. Adults should not become complacent that an allergen has been eliminated from the environment. Instead Cascade PS recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in their immediate environment. (*Anaphylaxis Management Guidelines for Western Australian Schools, Government of Western Australia, 2009*).

## Introduction and Background Information

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen (such as food or an insect bite). Although death is rare, an anaphylactic reaction always requires an emergency response. Prompt treatment with injected adrenaline may halt progression and can be lifesaving. Fortunately, anaphylactic reactions are usually preventable by implementing strategies for avoiding allergens. One in two hundred people in the general population are at risk of anaphylaxis (*Royal Children's Hospital EpiPen Training Manual, July 2004*).

### Common allergens for anaphylaxis are:

- foods (peanuts and tree nuts, shellfish and fish, milk, egg, strawberries);
- insect bites (bees, wasps, jumper ants);
- medications (antibiotics, aspirin);
- latex (rubber gloves, balloons, swimming caps).

Children who are highly allergic to any of the above allergens are at risk of anaphylaxis if exposed. Those who have had a previous anaphylactic reaction are at increased risk. Reactions usually begin within minutes of exposure and can progress rapidly at any time over a period of two hours. A student at risk of anaphylaxis will often recognise the early symptoms of an allergic reaction before any other signs are observable.

### Common symptoms are:

- flushing and/or swelling of the face;
- itching and/or swelling of the lips, tongue or mouth;
- itching and/or a sense of tightness in the throat, hoarseness, difficulty in breathing and/or swallowing;
- hives, itchy rash, and/or swelling about the face, body or extremities;

- nausea, abdominal cramps, vomiting; shortness of breath, repetitive coughing and/or wheezing;
- faint, rapid pulse, low blood pressure;
- pale and floppy (young children)

### **Individual Anaphylaxis Health Care Plans**

The principal will ensure that an Individual Anaphylaxis Health Care Plan (IAHCP) is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. The IAHCP will be in place as soon as practicable after the student is enrolled and where possible before their first day of school.

The student's IAHCP will be reviewed, in consultation with the student's parents/guardians:

- Annually, and as applicable,
- If the student's condition changes,
- Immediately after the student has an anaphylactic reaction.

Parents should be aware that a student's details, including information about the severe allergy, their photos, and the IAHCP will be recorded on Cascade PS Integris as a reference point for teaching staff to ensure they can provide the best possible care in cases of emergency. Medications for all students generally, (including a generic epipen), will be held in the medical cupboard located in the admin block. A student's ASCIA action plan will be displayed in the Medical Room and classroom, front office and staff room.

Medications for individual students are kept in their bags. The School also has a generic EpiPen available for an adult and child kept in the Medical cupboard.

### **Parent Responsibilities**

#### **Parents/guardians of a child at risk of anaphylaxis shall:**

- inform front office, Principal and class teacher, either on enrolment or on diagnosis, of their child's allergies,
- provide staff with the ASCIA Action Plan and written consent to use the EpiPen is in line with this plan,
- provide their child with an EpiPen in their school bag and replace when expired,
- assist staff by offering information and answering any questions regarding their child's allergies,
- notify the front office, Principal and class teacher of any changes to their child's allergy status and provide a new ASCIA Action Plan in accordance with these changes, and
- communicate all relevant information and concerns to front office, Principal and class teacher; for example, any matter relating to the health of their child.

### **Responsibilities and Strategies to Avoid Allergen Exposure**

Cascade PS will take all reasonable measures open to it to minimise allergen exposure to students and members of the school community. The school will make student medical information and the IAHCP that have been supplied by parents available to supervising staff. School staff should make themselves familiar with the medical information relating to students under their supervision as recorded on Integris.

**Staff Training** Cascade PS seeks to train all staff in the use of EpiPens and in the signs and symptoms of allergic reactions. Teaching staff will be trained to ensure that coverage is provided for students, especially in relation to co-curricular activities.

**Sharing Lunches** Discussions are held with relevant classes/groups about the importance of students eating their own food and not sharing.

#### **Medication, Allergies and Students Taking Other Students' Medication**

- Inform school community of the policy about administration of medications and monitor implementation of this policy to minimise students bringing unauthorised medications.
- Educate students and peers about medication allergies and the importance of taking medication prescribed only for them.
- Implement effective procedures for administering prescribed medications at school.

**Latex Allergies** Avoid use of party balloons and contact with swimming caps and latex gloves.

**Science, Crafts and Cooking Classes** Careful planning of cooking sessions and Science classes to attempt the removal of risk food items. Craft items can also be risk items (egg cartons, milk containers, peanut butter jars, cereal boxes).

**Harassment /Bullying** Provoking food allergic children with food to which they are allergic should be identified as a risk factor and addressed by the Behaviour Management Policy/Bullying Policy.

#### **Staff Training and Emergency Response**

In an emergency, all staff members have a duty of care. Staff use common sense, which dictates that in an emergency, while they should not act beyond their capabilities and qualifications, they are expected to do what they can to take appropriate action.

Teachers and other school staff members, who have contact with the student at risk of anaphylaxis, are encouraged to undertake training in anaphylaxis management including how to respond in an emergency. At other times while the student is under the care or supervision of the school, including excursions, playground duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis.

Training will be provided to these staff as soon as practicable after the student enrolls. Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the student's parents/guardians. The school's first aid procedures and student's IAHCP will be followed when responding to an anaphylactic reaction.

#### **Staff responsible for the child at risk of anaphylaxis shall:**

- ensure a copy of the child's IAHCP is visible to all staff, including relief staff.
- follow the child's IAHCP in the event of an allergic reaction, which may progress to anaphylaxis in the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
  1. Call an ambulance immediately by dialling 000.
  2. Commence first aid measures.
  3. Contact the parent/guardian.

4. Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
5. If practicable take two people in the car towards hospital/ambulance with additional EpiPen.

- practise EpiPen administration procedures using an EpiPen trainer and “Anaphylaxis scenarios” annually
- ask all parents/guardians as part of the enrolment procedure, prior to their child’s attendance at the school, whether the child has allergies and document this information on the child’s enrolment record. If the child has allergies, ask the parents/guardians to provide an ASCIA Action Plan signed by a Doctor.
- Staff will be updated at the beginning of the year when the induction booklet is discussed.
- liaise with office staff and the principal to ensure that parents/guardians provide an anaphylaxis action plan signed by the child’s Doctor and an EpiPen while the child is enrolled at Cascade PS
- ensure that the EpiPen is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat
- ensure that the EpiPen for each child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends
- regularly check the EpiPen expiry date. (The manufacturer will only guarantee the effectiveness of the EpiPen to the end of the nominated expiry month.)

### Risk Minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies.

Setting	Considerations
Classroom	<ul style="list-style-type: none"> <li>• Display a copy of the student’s ASCIA action plan in the classroom.</li> <li>• Liaise with parents/guardians about food related activities ahead of time.</li> <li>• Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school’s allergen minimisation strategies</li> <li>• Never give food from outside sources to a student who is at risk of anaphylaxis.</li> <li>• Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).</li> <li>• Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.</li> <li>• Casual/relief teachers should be made aware of the student’s IAHCPC and where this is displayed in the classroom.</li> </ul>
Canteen/ Tuckshop	<ul style="list-style-type: none"> <li>• With permission from parents/guardians, canteen staff /tuck shop parents(including volunteers), should be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in the child’s IAHCPC.</li> <li>With permission from parents/guardians, some schools have the student’s name, photo and the foods they are allergic to, displayed in the staff room as a reminder to staff.</li> </ul>

	<ul style="list-style-type: none"> <li>• Liaise with parents/guardians about food for the student.</li> <li>• <b>Food banning is not recommended, however at this school choose not to stock peanut and tree nut products(including nut spreads) as one of the school's risk minimisation strategies.</b></li> <li>• Products labelled „may contain traces of peanuts/tree nuts“ should not be served to the student known to be allergic to peanuts/tree nuts.</li> <li>• Be aware of the potential for cross contamination when storing, preparing, handling or displaying food.</li> <li>• Ensure tables and surfaces are wiped clean regularly.</li> </ul>
Playground	<ul style="list-style-type: none"> <li>• The student with anaphylactic responses to insects should wear shoes at all times.</li> <li>• Staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recess and lunch).</li> <li>• In the event of an anaphylactic emergency, staff on duty need to be able to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended. <u>A blue anaphylaxis card</u> is to be sent to the office if assistance is required. The student's emergency kit will be brought to the student from their bag. If the student is experiencing mild symptoms he/she can be brought to the office for medical attention.</li> </ul>
On-site Events (eg sporting events, in school activities, class parties)	<ul style="list-style-type: none"> <li>• For special occasions, class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student.</li> <li>• Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies</li> <li>• Party balloons should not be used if a student is allergic to latex.</li> <li>• Staff must know where the EpiPen is located and how to access if it required</li> <li>• Staff should exercise caution when using food in activities or games, including rewards if a student in the class is known to have anaphylaxis, particularly in the younger year levels K-3</li> </ul>
Off-site School settings - camps and remote settings	<ul style="list-style-type: none"> <li>• The student's EpiPen, IAHCPC and means of contacting emergency assistance must be taken on all excursions.</li> <li>• One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the EpiPen should accompany the student on excursions. All staff present during the excursion need to be aware if there is a student at risk of anaphylaxis.</li> <li>• Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.</li> <li>• The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required).</li> <li>• Parents/guardians may wish to accompany their child on the excursion. This should be discussed with staff members as to the appropriateness of the situation.</li> <li>• Consider the potential exposure to allergens when consuming food on buses.</li> </ul>
Staff	<ul style="list-style-type: none"> <li>• Beginning of the year go through the policy, where to find first aid kit etc.</li> <li>• Action plans for each child.</li> </ul>

## Enrolment Checklist for Children at Risk of Anaphylaxis

- A IAHCP is completed, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented
- Parents of a child at risk of anaphylaxis have been provided a copy of the school's
- Allergy Aware policy
- All parents/guardians are made aware of the Allergy Aware policy
- IAHCP, including the ASCIA Action Plan signed by the child's GP, is visible to all
- staff and understood EpiPen (within expiry date) is available for use at any time the child is in the care of Cascade PS staff
- EpiPen is stored in an insulated container, in a location easily accessible to adults
- (not locked away), inaccessible to children and away from direct sources of heat
- All staff are aware of each EpiPen location
- Staff responsible for the child/ren at risk of anaphylaxis undertake anaphylaxis management training, which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practise with an EpiPen trainer, and is revisited annually,
- A treat box is available for special occasions (if relevant) and is clearly marked as belonging to the child at risk of anaphylaxis
- Parent/guardian's current contact details are available
- Information regarding any other medications or medical conditions (for example asthma) is available to staff
- If food is prepared within the classroom; measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis.

Reviewed Date: April 2017

Updated: June 2017

