



# Anaphylaxis Policy and Procedures

*The information below is in accordance with Brisbane Catholic education and the Anaphylaxis Guidelines for State Schools under the Department of Education Training and Employment.*

## Purpose

Students enrolled at our school who suffer from significant health problems deserve and require a supportive and flexible school environment that understands and responds to their individual needs. The purpose of this policy is to put procedures in place that minimise the risk of an anaphylactic reaction by students in our care.

## Policy

Anaphylactic reactions can be life threatening. We have students enrolled at school who are anaphylactic. These students are allergic to nuts/nut products and other food, animals or plants. Due to the age of students at school, it is not reasonable, even with education in regard to the issue, to assume the students will take appropriate precautions to minimise the risks of anaphylactic reactions by their peers. Therefore, parents and guardians are asked not to include nuts and nut products, especially peanut butter and Nutella, in their child's lunch or afternoon tea food items.

It is impossible to effectively ban the many products that have 'traces of nuts', therefore other procedures are in place to minimise the risk to anaphylactic students. It is also impossible to guarantee compliance with this policy by all parents/guardians and there will be times when other people prepare lunches for students, therefore other precautions are taken by the school to minimise the risk to anaphylactic students.

## Definitions:

### What is anaphylaxis?

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen (such as a food or an insect bite). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis is potentially life threatening and always requires an emergency response. Fortunately, anaphylactic reactions are uncommon and usually preventable.

## 1.0 Procedures

1.1 The delegated first aid officer will contact parents/carers of anaphylactic students annually so that the school is aware of the student's conditions and requirements. During this contact, arrangements are to be made in regard to the provision of Epi Pens by the parents/carers. It is the parents/carers responsibility to let the school know if the student's health information has changed e.g. if new

allergic triggers for the student have been identified. It is also the parents responsibility to read Section 12 of the Anaphylaxis Guidelines for State Schools under the Department of Education.(See Appendix 1)

- 1.2 Staff associated with anaphylactic students will be made aware of the student's condition and requirements. Staff will be provided with professional development as required, including instructions in relation to using the Epi Pen. Professional development in this area will be updated regularly and, as a minimum, be revisited at the beginning of each school year.
- 1.3 The school has relief teacher folders for each class that includes details of students with anaphylaxis that are provided to relief teachers.
- 1.4 Students are educated in relation to practices that minimise the risk to anaphylactic students. This education occurs in classes and assemblies.
- 1.5 Students are not allowed to share food that they bring to school. Special arrangements are made for anaphylactic students for class parties, whole school events/celebrations etc. Parents should remind class teachers prior to these events.
- 1.6 Students are seated and supervised at recess and lunch while they are eating. Anaphylactic students seating arrangements are monitored by staff on duty to minimise the risk of the student coming into contact with food containing nuts, nut products or other know allergens.
- 1.7 During whole school activities where consumption of food is involved, students are supervised by staff members to minimise the risk of coming into contact with nuts, nut products or other known allergens.
- 1.8 Purchases by students at commercial canteens e.g. swimming carnival, are closely monitored. At activities where the school operates a canteen, items sold are compatible with our Anaphylaxis Policy.
- 1.9 The school newsletter and other relevant handbooks will be used to highlight and reinforce the Anaphylactic Policy.
- 1.10 The storage of the student's anaphylaxis emergency kit (bum-bag) will be determined by the school in consultation with the parent and student after careful consideration of the risks involved. This will be done on an annual basis and more often if needed. Some possible options would be:
  1. Emergency kits (bum-bag) are stored in the first aid room and collected by the student before the commencement of both lunch breaks and returned to the office at the conclusion of both breaks.
  2. Emergency kits (bum-bag) are to be stored in the first aid room and accessed when needed.
  3. The student collects the emergency kit (bum-bag) from the office at the commencement of the day, wears the bum-bag all day and return it to the office at the conclusion of the day.

## **2.0 General**

2.1 Copies of this policy are available on request.

2.2 Photo information data pages are on display in sick bay in the office, in relief teacher folders, in playground duty folders and on our electronic roll.

### **3.0 Action Plan in the Event of an Anaphylactic Episode**

#### **3.1 Child experiences Anaphylactic episode in classroom.**

- 3.1.1 Teacher (A) accesses the \*emergency kit (bum-bag) lies the child down and administers medication and/or EpiPen to the student. Teacher (A) then seeks assistance from the Front Office via telephone or another teacher/student is sent with an red alert card and clearly specifies the event and classroom involved. The teacher stays with the patient at all times and keeps him/her as calm as possible and reassures the patient that further assistance is coming.
- 3.1.2 Front Office to telephone the ambulance service for immediate assistance and phones the parents.
- 3.1.3 The Coordinator/Teacher (B) proceeds immediately to the patient's classroom with an additional EpiPen and mobile phone to assist Teacher (A) (alerting the teacher in the adjacent room to the situation on the way past).
- 3.1.4 The Front Office staff then informs Principal (or delegate if Principal is unavailable) that an ambulance has been called and details of the event.
- 3.1.5 If symptoms persist, increase or the child's condition deteriorates, a second dose of the Epi-pen is administered.
- 3.1.6 The Coordinator/Teacher (B) manages the other students in the class while teacher (A) stays with patient.
- 3.1.7 Principal (or delegate) proceeds to the classroom to provide staff and students with support.
- 3.1.8 When ambulance arrives at the school, a staff member directs ambulance to appropriate classroom (or delegates this role to a teacher/teacher assistant who waits at the gate)
- 3.1.9 If parents have not arrived by the time the ambulance needs to depart a staff member travels with child to hospital.
- 3.1.10 Staff and Principal debrief after incident.
- 3.1.11 Teacher debriefs with students in class.

#### **3.2 Child experiences Anaphylactic episode in the playground.**

- 3.2.1 The teacher (A) on playground supervision duty sends a red alert card asking for assistance. The teacher with the student must stay with him or her at all times and keep him/her as calm as possible and reassure the patient that assistance is coming.
- 3.2.2 Teacher (B) immediately proceeds to the playground with a mobile phone to where the student is located to assist in administering the Epi Pen.
- 3.2.3 Teacher (A) lays the child down and \*administers the Epi-pen and keeps the student calm. If symptoms persist, increase or the child's condition deteriorates, a second dose of the Epi-pen is administered.
- 3.2.4 After administering the EpiPen, teacher (B) supervises other children in the playground.
- 3.2.5 The alerted staff member contacts the Front Office and informs the Front Office staff that a student is having an anaphylactic reaction and asks Front Office staff to telephone ambulance service for immediate assistance. The Front Office will provide the mobile phone of the staff member who is on scene.

- 3.2.6 Front Office staff immediately telephone ambulance, contacts parents and Principal, giving directions to the school.
- 3.2.7 Office staff to maintain contact with teacher/s at the scene via mobile phone.
- 3.2.8 One staff member waits for the ambulance and on arrival directs the ambulance to the patient.
- 3.2.9 Any remaining staff proceed to the playground to assist with student management in the playground, ensuring clear access to patient.
- 3.2.10 If parents have not arrived by the time the ambulance needs to depart a staff member travels with the student to hospital.
- 3.2.11 Staff and Principal debrief after incident.
- 3.2.12 Students are debriefed by teacher(s) and/or administration staff.

### **3.3 OUTSIDE SCHOOL CAMPUS ACTIVITIES**

- 3.3.1 Epi-pen is taken personally by the classroom teacher to the activity or the class teacher arranges for the supervising teacher to take Epi-pen/Instructions to the activity. A mobile phone must be taken to any off-school site activities attended by the anaphylactic student.
- 3.3.2 In the event of an anaphylactic episode during the activity, the Epi-pen will be \*administered to the student by a teacher. A teacher is required to contact the ambulance and explain the incident and exact location of the student. They will then notify the school Front Office staff via the mobile phone. If symptoms persist, increase or the student's condition deteriorates, a second dose of the Epi-pen is administered by OLSH staff.
- 3.3.3 Front Office staff will call the parents and direct to the location.
- 3.3.4 Front Office staff will inform Principal (or delegate) of the situation.
- 3.3.5 If parents have not arrived by the time the ambulance needs to depart a staff member travels with child to hospital.
- 3.2.6 Staff and Principal debrief after incident.
- 3.2.7 Students are debriefed by teacher(s) and/or administration staff.

\*An Epi-pen may be administered when a student has not previously been diagnosed, present with signs and symptoms of anaphylaxis.

## ***Appendix 1***

The Anaphylaxis Guidelines for State Schools under the Department of Education.

### **Roles and responsibilities of the parent**

A parent of a child at risk of anaphylaxis plays a vital role in assisting the school to support the student.

#### **Communicate with your child:**

- Educate your child about their allergies and how to minimise risk of exposure (such as not sharing food if allergic to food, or precautions outdoors if allergic to insects).

#### **Communicate with the school:**

- Notify the school of the student's allergies and risk of anaphylaxis and provide appropriate medical information.
- Provide written notification for the school to administer, or assist a student with the administration of, a prescribed medication (for example, EpiPen® or Anapen® and/or antihistamines).
- Ensure that the school is notified of changes to the student's medical condition or medication order.
- Consider providing permission for the school to share the student's medical information with relevant staff and volunteers, so that necessary risk management processes can be followed.
- Determine an agreed method the child will use to alert the school staff that they are experiencing symptoms of anaphylaxis.

#### **Provide and check medication and equipment:**

- Ensure the student has an anaphylaxis emergency kit which includes their Action Plan completed by the student's doctor, the student's personal adrenaline auto-injector, and pencil and paper.
- Ensure that all medication, including the student's adrenaline auto-injector, is labelled clearly with the student's name and dosage information and stored in a suitable bag/container.
- Monitor the expiry date of the student's adrenaline auto-injector and replace if used and before it reaches its expiry date.
- Replace the auto-injector promptly if used or expired.