



VIEWBANK PRIMARY SCHOOL
Love of Learning, Learning for Life
ANAPHYLAXIS MANAGEMENT

RATIONALE

1.1 At Viewbank Primary School we believe it is important that school staff and the parent, parents or carer are well informed about the management of students who have been identified by a medical practitioner as being at risk of an anaphylactic reaction (severe allergic reaction).

PURPOSE

2.1 It is the school's responsibility to where possible minimise allergic reactions, recognise the symptoms and treat the symptoms quickly.

GUIDELINES

- 3.1 Parents **must** inform the classroom teachers and the principal if they believe their child has a severe allergy that may have an impact on their safety at school.
- 3.2 Parents are to provide copies of a letter from the family doctor or specialist outlining the details of the allergy concerned and what medical treatment should be undertaken in case of a reaction. As some students grow out of allergies, the school requires that this advice is updated at regular intervals.
- 3.3 Once this documentation has been collected, the parents and staff are to meet to outline the issues and decide on classroom strategies to minimise the safety concerns. (It may be useful at this stage to include a representative from the Allergy Department at the Royal Children's Hospital to discuss the issues with all parties concerned.)
- 3.4 The staff should be given induction training in relation to the allergy and necessary treatment.
- 3.5 Students and their families of that year level are to be informed of any anaphylactic reaction.(with parental permission)
- 3.6 To ensure identified students are not isolated or excluded from any activity, within reason.
- 3.7 During any external sporting events or excursions the classroom teacher will take a laminated card with photo and details of the child which can then be passed onto the supervising adult in the event that a Viewbank teacher will not be there.
- 3.8 If known food allergens have been used in a room, then the room should be thoroughly cleaned prior to use by other groups.
- 3.9 A reasonable effort is made to make sure that contact with allergens is avoided.
- 3.10 The parents/staff should communicate with each other if they have concerns with the use of specific rooms.
- 3.11 If the food allergy is life threatening then a parent or trusted adult will be invited to attend the school camp with the student.
- 3.12 Parents and staff will liaise with campsite personnel to ensure adequate precautions and safety measures are instituted prior to the camp commencing.

- 3.13 All attending supervising adults have an understanding of treatment necessary for students who exhibit serious allergy characteristics. (as per procedures in Camping/Outdoor Education policy)
- 3.14 Specific food requirements will be supplied by the parents.
- 3.15 Casual Relief Teachers will be informed of specific allergens that children have allergies to.

IMPLEMENTATION

- 4.1 Staff will be trained on a yearly basis to recognise and treat symptoms of allergic reactions.
- 4.2 A letter of explanation will be distributed to the families within a grade level of the health concern and consequent classroom strategies to follow for specific students with parental consent.
- 4.3 If known food allergens have been used in a room, then staff should notify cleaners, or ensure the room is thoroughly cleaned prior to use by other groups.
- 4.4 The school will educate students and parents about anaphylactic issues via newsletter articles and specific classroom sessions.
- 4.5 The parent of the child must inform the canteen and Out of School Hours staff of their child’s allergy and the appropriate medical response.
- 4.6 Hand washing should happen for staff and students on a regular basis, particularly before and after eating food.
- 4.7 Notification of specific children will be included in the Casual Relief Teacher folder.

PREVENTING ALLERGIC REACTIONS:

- No sharing of snacks or lunches in grades.
- Not using boxes of packages that have contained nuts.
- Awareness that sunscreens, play-dough, cooking oil **do** contain nut products.
- Aware that eggs and dairy may also be a problem for children.
- Aware that bee, wasp or insect stings may be a problem for children.
- The children known to have severe allergic reactions are known by sight.
- Information about the student and their management plan and photo be kept in the sick-bay and staff room and on each child’s class roll.
- Epipen to be kept for students who need them to be kept in the office.
- Knowledge on how to use an Epipen.
- Class education for students and teachers.
- The child will not be required to pick up papers in the school ground.

EMERGENCY ACTION PLAN FOR ANAPHYLACTIC REACTIONS:

Symptoms:

- | | | |
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| • Chest and/or throat tightness | } | |
| • Extreme difficulty in breathing | } | |
| • Facial swelling and puffiness | } | Give Epipen |
| • Turning blue | } | |
| • Loss of consciousness and/or collapse | } | |
| • Difficulty talking and/or hoarse voice | } | |
| • Wheeze or persistent cough | } | |
| • Pale and floppy (young children) | } | |

- Be aware that the above symptoms can occur in any order and loss of consciousness can occur in five (5) minutes of contact with allergen.
- One (1) person to stay with the child.
- One (1) person to get help via walkie talkie or ringing the office or sending children to the office with a red card emergency card or message.
- One (1) person to bring and administer Epipen.
- One (1) person to ring ambulance and to ask for the MICA ambulance and to contact the parents/carer.
- One (1) person to meet the ambulance.
- Keep used Epipen- noting time given- to ambulance staff.
- All First Aid Officers need to be informed that the child has had a reaction.
- The Principal will be notified.

ACTION PLAN FOR REACTIONS:

Symptoms:

- Hives or skin rash.
- Sneezing.
- Watery eyes.
- Tingling lips.
- Nausea.
- Mild asthma symptoms.
- Stay with the child and send for help.
- Inform parents/carer.
- Administer Ventolin via spacer if mild asthma symptoms occur.
- If parents/carer have consented and provided antihistamines give oral antihistamines.
- Observe child closely in sick bay until child is transferred to the hospital.

EVALUATION

This should occur on an annual basis or following an incident or event to make sure the information is current and all personnel are aware of how to respond to a reaction.

Note: This policy has been developed with reference to the Australian Society of Clinical Immunology and Allergy Incorporated (ASCIA) guidelines.