



St John's Primary School Euroa

Anaphylaxis Policy

1. Policy statement

Values

St John's school believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. St John's is committed to:

- providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the children's program and experiences.
- raising awareness about allergies and anaphylaxis amongst the service community and children in attendance.
- actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

Purpose

The aim of this policy is to:

- minimise the risk of an anaphylactic reaction occurring while the child is in the care of the school.
- ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an EpiPen®.
- raise the service community's awareness of anaphylaxis and its management through education and policy implementation.

2. Scope

This policy applies when a child diagnosed as being at risk of anaphylaxis by a qualified medical practitioner is enrolled at the children's service. It applies to children enrolled at the service, their parents/guardians and staff. It also applies to other relevant members of the school community, such as volunteers and visiting specialists.

St John's is a Child Safe School where all children are respected and protected from harm.

3. Background and legislation

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent of children are at risk. The most common causes in young children are eggs, peanuts, tree nuts, cow milk, bee or other insect stings, and some medications.

Young children may not be able to express the symptoms of anaphylaxis.

A reaction can develop within minutes of exposure to the allergen, but with planning and training, a reaction can be treated effectively by using an adrenaline auto-injector called an EpiPen®.

All staff recognise their responsibility for the child/ren at risk of anaphylaxis and the need to undertake training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an EpiPen®.

Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any service that is open to the general community. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead the staff recognise 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 at the school.

Legislation

Children's Services Act 1996

Children's Services Regulations 1998

Health Act 1958

Health Records Act 2001

Occupational Health and Safety Act 2004

4. Definitions

Allergen: A substance that can cause an allergic reaction.

Allergy: An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

Allergic reaction: A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

Ambulance contact card: A card that the service has completed, which contains all the information that the Ambulance Service will request when phoned on 000. An example of this is the card that can be obtained from the Metropolitan Ambulance Service and once completed by the service it should be kept by the telephone from which the 000 phone call will be made.

Anaphylaxis: A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

Anaphylaxis action plan: a medical management plan prepared and signed by a Doctor providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCI) Action Plan.

Anaphylaxis management training: Comprehensive training provided by allergy nurse educators or other qualified professionals such as doctors or first aid trainers, which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practise with an EpiPen® trainer, and is reinforced at yearly intervals.

Children at risk of anaphylaxis: those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

EpiPen[®]: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen[®] and an EpiPen Jr[®], and are prescribed according to the child's weight. The EpiPen Jr[®] is recommended for a child weighing 10-20kg. An EpiPen[®] is recommended for use when a child is in excess of 20kg.

EpiPen[®] *kit*: An insulated container, for example an insulated lunch pack containing a current EpiPen[®], a copy of the child's anaphylaxis action plan, and telephone contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed an antihistamine may be included in the kit.

Intolerance: Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

No food sharing: The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

Nominated staff member: A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the licensee. This person also checks the EpiPen[®] is current, the EpiPen[®] kit is complete and leads staff practise sessions after all staff have undertaken anaphylaxis management training.

Risk minimisation: A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as is practicable, major sources of the allergen from the service and developing strategies to help reduce risk of an anaphylactic reaction.

Risk minimisation plan: A plan specific to the service that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the service, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis. A sample risk minimisation plan is attached to this policy.

Service community: all adults who are connected to the children's service.

Treat box: A container provided by the parent/guardian that contains treats, for example, foods which are safe for the child at risk of anaphylaxis and used at parties when other children are having their treats. Non-food rewards, for example stickers, stamps and so on are to be encouraged for all children as one strategy to help reduce the risk of an allergic reaction.

5. Procedures

The classroom teacher shall:

- conduct an assessment of the potential for accidental exposure to allergens while child/ren at risk of anaphylaxis are enrolled in their class and develop a risk minimisation plan for the class in consultation with staff and the families of the child/ren.
- attend anaphylaxis management training, that is reinforced at yearly intervals.
- ensure that all relieving staff are aware of symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, anaphylaxis action plan and EpiPen[®] kit. If the relieving staff member is not trained in anaphylaxis management, the Principal shall ensure at least one staff member trained in anaphylaxis management is present at the school and that staff member is aware that they are responsible for the administration of an EpiPen[®] in an emergency. If this is not possible parents/guardians must be informed of this situation before a child at risk of anaphylaxis is left at school.
- ensure that no child who has been prescribed an EpiPen[®] is permitted to attend the school or its programs without that EpiPen[®].

- make parents/guardians aware of this policy, and provide access to it on request.
- encourage ongoing communication between parents/guardians and staff regarding the current status of the child's allergies, this policy and its implementation.
- display an ASCIA generic poster called *Action plan for Anaphylaxis* in a key location at the service, for example, in the children's room, the staff room or near the medication cabinet.
- display an ambulance contact card by telephones.
- comply with the procedures outlined in Schedule 1.

Staff responsible for the child at risk of anaphylaxis shall:

- ensure a copy of the child's anaphylaxis action plan is visible to all staff.
- follow the child's anaphylaxis action plan 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:
 - Call an ambulance immediately by dialling 000.
 - Commence first aid measures.
 - Contact the parent/guardian.
 - Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- practise EpiPen® administration procedures using an EpiPen® trainer and "anaphylaxis scenarios" on a regular basis, preferably quarterly.
- ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the service, 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 a medical management plan signed by a Doctor.
- ensure that parents/guardians provide an anaphylaxis action plan signed by the child's Doctor and a complete EpiPen® kit while the child is present at the service.
- ensure that the EpiPen® kit 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® kit 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.)
- provide information to the service community about resources and support for managing allergies and anaphylaxis.
- comply with the procedures outlined in Schedule 1.

Parents/guardians of children shall:

- comply with the procedures outlined in Schedule 1.

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

- inform staff, either on enrolment or on diagnosis, of their child's allergies.

- provide staff with an anaphylaxis action plan and written consent to use the EpiPen[®] in line with this action plan.
- provide staff with a complete EpiPen[®] kit.
- regularly check the EpiPen[®] expiry date.
- assist staff by offering information and answering any questions regarding their child's allergies.
- notify the staff of any changes to their child's allergy status and provide a new anaphylaxis action plan in accordance with these changes.
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of the child.
- comply with the service's policy that no child who has been prescribed an EpiPen[®] is permitted to attend the service or its programs without that EpiPen[®].
- comply with the procedures outlined in Schedule 1.

6. Related documents

Related documents at the service

- Enrolment checklist for children at risk of anaphylaxis
- Sample Risk Minimisation Plan

Contact details for resources and support

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provides information on allergies. The Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists may also be provided. Telephone 0425 216 402.
- Anaphylaxis Australia Inc, at www.allergyfacts.org.au, is a non-profit support organisation for families with food anaphylactic children. Items such as storybooks, tapes, EpiPen[®] trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc provides a telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children's Hospital, Department of Allergy, at www.rch.org.au, provides information about allergies and the services provided by the hospital. Contact may be made with the Department of Allergy to evaluate a child's allergies and if necessary, provide an EpiPen[®] prescription, as well as to purchase EpiPen[®] trainers. Telephone (03) 9345 5701.

Training

- There is a range of providers offering anaphylaxis training, including Royal Children's Hospital Department of Allergy, first aid providers and Registered Training Organisations. Ensure that the anaphylaxis management training provided is comprehensive, as described in this policy.
- Royal Children's Hospital Department of Allergy posts training dates on its website: www.rch.org.au, follow the prompts to the Community Allergy Education Service.

7. Authorisation

This policy was adopted by the staff in April 2008

8. Review date

This policy shall be reviewed annually in February.
Last reviewed February 2019

9. Evaluation

The Principal shall:

- discuss with staff their knowledge of issues following staff participation in anaphylaxis management training.
- selectively audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete.
- discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child.
- respond to complaints.
- review the adequacy of the response of the service if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

The staff shall nominate a staff member to:

- conduct 'anaphylaxis scenarios' and supervise practise sessions in EpiPen[®] administration procedures to determine the levels of staff competence and confidence in locating and using the EpiPen[®] kit.

(An EpiPen[®] trainer can be purchased for these practise sessions but it should be labelled as a 'trainer' and be stored separately from all other EpiPens[®], for example in a file with anaphylaxis resources, so that the EpiPen[®] trainer is not confused with an actual EpiPen[®].)

- routinely (e.g. monthly) review the EpiPen[®] kit to ensure that it is complete and the EpiPen[®] is not expired.
- liaise with the Principal and parents of children at risk of anaphylaxis.

Parents/guardians shall:

- read and be familiar with the policy.
- identify and liaise with the nominated staff member.
- bring relevant issues to the attention of both staff and Principal.

Schedule 1

The following procedures should be implemented to help protect the child at risk of anaphylaxis from accidental exposure to food allergens:

In relation to the child at risk:

- This child should only eat food that has been specifically prepared for him/her.
 - Where the school is preparing food for the child, ensure that it has been prepared according to the parent's instructions.
 - 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 this child.
- Increase supervision of this child on special occasions such as excursions, incursions or family days.

In relation to other practices at the centre:

- Ensure tables and bench tops are washed down after eating.
- Ensure hand washing for all children upon arrival at the school, before and after eating.
- 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 such activities with parents/guardians of this child and these foods should be consistent with the risk minimisation plan.
- All children need to be closely supervised at meal and snack times and consume food in specified areas. To minimise risk children should not 'wander around' the school with food.
- Staff should use non-food rewards, for example stickers, for all children.
- The risk minimisation plan will inform the children's school's food purchases and menu planning.
- Food preparation personnel (staff and volunteers) should be instructed about measures necessary to prevent cross contamination between foods during the handling, preparation and serving of food – such as careful cleaning of food preparation areas and utensils.
- Where food is brought from home to the centre, all parents/guardians will be asked not to send food containing specified allergens or ingredients as determined in the risk minimisation plan.

Schedule 2

Enrolment Checklist for Children at Risk of Anaphylaxis

- A risk minimisation plan 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 service's Anaphylaxis policy
- All parents/guardians are made aware of the Anaphylaxis policy
- Anaphylaxis action plan for the child is signed by the child's Doctor and is visible to all staff
- EpiPen® (within expiry date) is available for use at any time the child is in the care of the service
- 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, including relief staff, are aware of each EpiPen® kit 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 reinforced at yearly intervals
- The school's emergency action plan for the management of anaphylaxis is in place and all staff understand the plan
- 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 at the school, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis

Schedule 3

Sample Risk Minimisation Plan for Anaphylaxis

The following suggestions may be considered when developing or reviewing a children’s school risk minimisation plan.

How well has the children’s service planned for meeting the needs of children with allergies who are at risk of anaphylaxis?	
1. Who are the children?	<ul style="list-style-type: none"> List names and room locations of each of the at risk children
2. What are they allergic to?	<ul style="list-style-type: none"> List all of the known allergens for each of the at risk children List potential sources of exposure to each known allergen and strategies to minimise the risk of exposure. This will include requesting that certain foods/items not be brought to the service
3. Does everyone recognise the at risk children?	<ul style="list-style-type: none"> List the strategies for ensuring that all staff, including relief staff recognise each of the at risk children Confirm where each child’s Action Plan (including the child’s photograph) will be displayed

Do families and staff know how the school manages the risk of anaphylaxis?
<ul style="list-style-type: none"> Record when each family of an at risk child is provided a copy of the school’s Anaphylaxis policy Record when each family member provides a complete EpiPen® kit Test that all staff, including relief staff, know where the EpiPen® kit is kept for each at risk child Regular checks of the expiry date of each EpiPen® are undertaken by a nominated staff member and the families of each at risk child School writes to all families requesting that specific procedures be followed to minimise the risk of exposure to a known allergen. This may include requesting the following <u>are not sent</u> to the school: <ul style="list-style-type: none"> Food containing the major sources of allergens, or foods where transfer from one child to another is likely, for example peanut, nut products, whole egg, chocolate Food packaging of risk foods (see known allergens at point 2), for example cereal boxes, egg cartons and so on A new written request is sent to families if the food allergens change Ensure all families are aware of the policy that no child who has been prescribed an EpiPen® is permitted to attend the service without that EpiPen® The service displays the ASCIA generic poster, <i>Action plan for anaphylaxis</i>, in a key location and locates a completed ambulance card by the telephone/s The EpiPen® kit is taken on all excursions attended by the at risk child
Do all staff know how the children’s school aims to minimise the risk of a child being exposed to an allergen?
<ul style="list-style-type: none"> Think about times when the child could potentially be exposed to allergens and develop appropriate strategies, including who is responsible for implementing them (See following section for possible exposure scenarios and strategies) Menus are planned in conjunction with parents/guardians of at risk children <ul style="list-style-type: none"> Food for the at risk child is prepared according to their parents’/guardians’ instructions to avoid the inclusion of food allergens As far as practical the food on the menu for all children should not contain ingredients such as milk, egg and peanut/nut products to which the child is at risk The at risk child should not be given food if the label for the food states that the food may contain traces of a known allergen

- Hygiene procedures and practices are used to minimise the risk of contamination of surfaces, food utensils and containers by food allergens
- Consider the safest place for the at risk child to be served and consume food, while ensuring they are socially included in all activities, and ensure this location is used by the child
- Service develops procedures for ensuring that each at risk child only consumes food prepared specifically for him/her
- NO FOOD is introduced to a baby if the parent/guardian has not previously given this food to the baby
- Ensure each child enrolled at the service washes his/her hands upon arrival at the service, before and after eating
- Teaching strategies are used to raise awareness of all children about anaphylaxis and no food sharing with the at risk child/ren and the reasons for this
- Bottles, other drinks and lunch boxes provided by the family of the at risk child should be clearly labelled with the child's name
- A safe 'treat box' is provided by the family of each at risk child and used by the service to provide 'treats' to the at risk child, as appropriate

Do relevant people know what action to take if a child has an anaphylactic reaction?

- Know what each child's Action Plan says and implement it
- Know who will administer the EpiPen® and stay with the child; who will telephone the ambulance and the parents; who will ensure the supervision of the other children; who will let the ambulance officers into the service and take them to the child
- All staff with responsibilities for at risk children have undertaken anaphylaxis management training and regular practise sessions

How effective is the service's risk minimisation plan?

- Review the risk minimisation plan with families of at risk children at least annually, but always upon enrolment of each at risk child and after any incident or accidental exposure.

Possible exposure scenarios and strategies

Scenario	Strategy	Who
Food is provided by the children’s school and a food allergen is unable to be removed from the service’s menu (for example milk)	Menus are planned in conjunction with parents of at risk child/ren and food is prepared according to parents instructions Alternatively the parent provides all of the food for the at risk child	Cook, Primary Nominee, Parent
	Ensure separate storage of foods containing allergen	Licensee & Cook
	Cook and staff observe food handling, preparation and serving practices to minimise the risk of cross contamination. This includes hygiene of surfaces in kitchen and children’s eating area, food utensils and containers.	Cook & Staff
	There is a system in place to ensure the at risk child is served only the food prepared for him/her	Cook & Staff
	An at risk child is served and consumes their food at a place considered to pose a low risk of contamination from allergens from another child’s food. This place is not separate from all children and allows social inclusion at mealtimes.	Staff
	Children are regularly reminded of the importance of no food sharing with the at risk child.	Staff
	Children are supervised during eating	Staff
Party or celebration	Give plenty of notice to families about the event	Licensee/Primary Nominee/Qualified Staff
	Ensure a safe treat box is provided for the at risk child	Parent/ Staff
	Ensure the at risk child only has the food approved by his/her parent/guardian	Staff
	Specify a range of foods that families may send for the party and note particular foods and ingredients that should not be sent	Licensee/Primary Nominee
Protection from insect bite allergies	Specify play areas that are lowest risk to the at risk child and encourage him/her and peers to play in the area	Staff
	Decrease the number of plants that attract bees	Licensee
	Ensure the at risk child wears shoes at all times outdoors	Staff
	Quickly manage any instance of insect infestation. It may be appropriate to request exclusion of the at risk child during the period required to eradicate the insects	Licensee
<i>Latex allergies</i>	Avoid the use of party balloons or contact with latex gloves	Staff