

Loxton Primary School



Vision: Dream Believe Learn Achieve

Values: Belonging Caring Learning Persisting Respecting



Policy: ANAPHYLAXIS

Review Date: 2024

1. BACKGROUND

The formulation of this policy is based on:

- school experiences
- advice from the Department for Education
- "Health support planning: anaphylaxis and allergies in education and care" - Department for Education
- "Risk minimisation strategies for schools and early childhood education/care" - ASCIA (Australian Society of Clinical Immunology on Allergy Inc)

2. MINIMIZATION

The policy aims to protect students from potential allergic attacks by education and sound processes.

In accordance with advice from the Department for Education and ASCIA, a blanket fixed ban is not implemented (except in Junior Primary and on Camps) because:

- The practicalities of such measures
- It is essential for school age children to develop strategies for avoidance in the wider community as well as at school
- The lack of evidence for effectiveness of such measures
- Food bans are not recommended by allergy consumer organisations
- There is a risk of complacency about avoidance strategies if a food is banned

3. DEFINITIONS

Anaphylaxis - a potential life threatening allergic reaction to a stimulus.

Stimuli - include peanuts, milk, wheat, fish, eggs, tree nuts, insect stings.

Symptoms - symptoms of anaphylaxis are potentially life threatening and include any one of the following:

- difficult/noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- persistent dizziness and/or collapse
- pale and floppy (in young children)
- swelling of face, lips and/or eyes
- hives or welts
- difficulty talking and/or hoarse voice wheeze or persistent cough
- abdominal pain and vomiting (these are signs of anaphylaxis for insect allergy)

EpiPen®- auto injection – prescribed by a doctor.

ASCIA Action Plan- a standard form signed by a doctor that gives clear information about treatment (available from Front Office).

Health support agreement- a plan of action should an emergency arise.

4. SCHOOL PROCESSES

Canteen & Kitchen

Cooking with known stimuli should occur only under the following conditions:

- staff store known stimuli in kitchen pantry (locked)
- known stimuli should be stored in appropriate containers to avoid cross contamination
- the school cooking curriculum should avoid the use of nuts and nut products
- there are no anaphylactic students or adults in the class
- adults and students wash their hands thoroughly at the end of the lesson
- the adult in charge checks for cleaning, correct disposal (including cloths used to clean up) and hand washing at the end of the lesson
- all stimuli spills must be cleaned up immediately
- the Principal has approved the session on each occasion



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Community

Goods sold or shared at School Community Events should be labelled. Notices should be sent to the parent community discouraging specific food products where appropriate.

Food Brought from Home

- where a student in Junior Primary (R-2) has a medical plan for food anaphylaxis, the stimulus/trigger is banned for all Junior Primary classes (e.g. eggs, peanuts, shell fish)
- R-2 classes that share eating areas with 3-6 classes will need to eat lunch in their designated eating area
- students should be instructed not to share food
- after eating all students should wash their hands
- request parents/caregivers not to include nut spreads in sandwiches or products containing nuts in the lunch box

Camps and Excursions

When a student has a medical plan for anaphylaxis with a food trigger the stimulus/trigger should not be included in camp and excursion menus. Where the allergen cannot be removed, a risk management strategy will be created.

General

Ensure that containers used by students at risk of anaphylaxis do not contain trigger allergens (e.g. egg carton).

Care should be taken to check ingredients of art supplies, sunscreen etc for allergens (e.g. some face paint may contain milk, nut oils or egg)

Communication

Staff awareness of all children and young people currently enrolled with a known risk of anaphylaxis and to be informed of the general triggers, management strategies and emergency response for that child or young person.

Affected children will have their photographs displayed in the canteen, kitchen, teacher first aid bags and first aid room.

Unless there is an unusual legal reason, the duty of care required for the safety of the child overrides the privacy factor and therefore photos are displayed openly.

5. RESPONSIBILITIES

Department for Education:

- Advice on policy and processes.
- all preschools and schools must have one clearly labelled 'general use' adrenaline auto injector that has not been prescribed to a child or young person

Parent / Caregiver:

- provide up-to-date Allergy Action Plan and Health support agreement signed by a health professional (e.g. doctor)
- provide necessary up-to-date medication
- It is recommended that parents organise a second EpiPen for camps and excursions. (ie both EpiPens will go on the excursion)
- communicate effectively with school personnel
- not to send a child with the Anaphylaxis condition to school unless there is a signed medical plan and appropriate, in date, medication

Staff:

- staff need to ensure that the school policy is adhered to
- Communicate with parents in class if there is a child with a medical plan and state the processes for that class
- plan ahead for relief teachers and staff taking the class – they are required to comply with the expectations of the Anaphylaxis policy
- engage in any educational programs and training in regards to Anaphylaxis
- anaphylaxis education should be embedded into the R-6 curriculum to increase awareness and support from the school community
- resources should be purchased to support school community awareness and response

