



St. Martin de Porres School

Avondale Heights

ANAPHYLAXIS MANAGEMENT POLICY

RATIONALE

This policy has been prepared to assist in preventing life threatening anaphylaxis and is based on advice from the Education and Training Reform Act 2006 Ministerial Order No 706 Anaphylaxis Management in Victorian Schools and takes account of the published literature at the time of publication.

Anaphylaxis is a severe & sudden allergic reaction which occurs when a person is exposed to an allergen such as a food or insect bite. Reactions usually begin within minutes & can progress rapidly over a two hour period or more. Anaphylaxis is potentially life threatening & always requires an emergency response.

St. Martin de Porres school will adopt a Risk Minimisation approach with regard to particular foods (peanuts and tree nuts) which are the most likely foods to cause anaphylaxis. The school also acknowledges that other food products such as seafood, shellfish, eggs, sesame seeds, kiwi fruit, chia seeds & dairy products can also cause anaphylaxis.

St. Martin de Porres school does not endorse the implementation of blanket food bans or attempts to prohibit the entry of food substances into the school.

Issues considered in not recommending blanket food bans were :

- ◆ the practicalities of such measures
- ◆ the issue that for school age children an essential step is to develop strategies for avoidance in the wider community as well as at school
- ◆ the lack of evidence of the effectiveness of such measures
- ◆ other guidelines and position statements and experts do not recommend such measures
- ◆ some guidelines state that such a policy should be "considered" for a specific foodstuff such as peanut rather than recommended
- ◆ food bans at schools are not recommended by allergy consumer organisations
- ◆ the risk of complacency about avoidance strategies if a food is banned.
- ◆ Research clearly shows that although allergic reactions to food are common in children, severe life threatening reactions are uncommon and deaths are rare.
- ◆ The majority of food reactions, even to highly allergenic foods such as peanuts are not anaphylactic
- ◆ However, more than 90% of fatal reactions to foods have occurred in children aged 5 years and older. This indicates the importance of food avoidance for those school age children considered to be at risk.
- ◆ The risk of anaphylaxis in an individual case depends on a number of factors including the age of the child, the particular food involved, the amount of the food ingested and the presence of asthma.
- ◆ Peanuts and other nuts are the most likely foods to cause anaphylaxis.
- ◆ Anaphylaxis is very unlikely to occur from skin contact or exposure to food odours.

AIMS

St. Martin de Porres school will :

- ◆ obtain medical information about children at risk of food anaphylaxis.
- ◆ undertake education of those responsible for the care of children concerning the risk of food anaphylaxis.
- ◆ implement practical strategies to avoid exposure to known triggers.
- ◆ implement age appropriate education of children with severe food allergies.

IMPLEMENTATION

OBTAINING MEDICAL INFORMATION

Parents of children with allergies are asked to provide medical information at the time of enrolment and an ASCIA Anaphylaxis Action Plan (**see Attachment No. 3**) to be completed by a registered medical practitioner and includes the following :

- ◆ Clear identification of the child (photo)
- ◆ Documentation of the allergic triggers (ASCIA Action Plan)
- ◆ Documentation of the first aid response including any prescribed medication
- ◆ Identification and contact details of the doctor who has signed the action plan.
- ◆ Update the school if the child's medical condition changes

As food allergies may change with time it is important that parents provide the school with an updated action plan at the start of each school year.

EDUCATION OF SCHOOL STAFF

Two school officers will undertake extensive training off site in order to co-ordinate on-site training of all school staff in the emergency procedures of dealing with allergy reactions and anaphylaxis.

Regular information sessions on the procedures to follow in cases of emergency related to allergic reactions which occur in the classroom and in the playground will also be facilitated. (**See Attachment No. 4 & 5**)

EDUCATION OF CARERS

Recognition of the risk and understanding the steps that can be taken to minimise food anaphylaxis by all those responsible for the care of children in schools, is the basis of prevention.

Topics to be addressed in the educational process are:

- ◆ What is an allergy?
- ◆ What is anaphylaxis?
- ◆ What are the triggers for allergy and anaphylaxis?
- ◆ How is anaphylaxis recognised?
- ◆ How can anaphylaxis be prevented?
- ◆ What should be done in the event of a child having a severe allergic reaction?
- ◆ Instruction on EpiPen® use (**see Attachment No. 3**).

Education of all staff on these topics will be provided by appropriately qualified professionals such as allergy nurse educators, doctors or qualified first aid trainers and reinforced twice during the school year (eg. at the commencement of each school year during staff briefing).

Parents of children who are likely to have an Anaphylactic reaction to certain foods must provide St. Martin de Porres school with at least one appropriate EpiPen – to be kept in the First Aid room. These will be returned to the parents upon expiry once a replacement EpiPen has been provided.

The school also has two spare junior EpiPens and two spare adult EpiPens in case of emergency.

PRACTICAL STRATEGIES TO AVOID EXPOSURE TO KNOWN TRIGGERS

- ◆ Avoidance of specific triggers is the basis of anaphylaxis prevention.
- ◆ Appropriate avoidance measures are critically dependant on education of the child, his/her peers and all school personnel.
- ◆ As a general principle children with a food allergy will not be physically isolated from other children.

AGE APPROPRIATE EDUCATION

Whilst it is primarily the responsibility of parents that the child is taught to care for themselves and those around them, the school also has a role to implement the care plan and reinforce appropriate avoidance and management strategies. As children mature they are able to take more responsibility for their own care.

FOOD POLICY MEASURES

1. There is to be no trading and sharing of food, food utensils and food containers.
2. Ideally, students with Anaphylaxis should only eat food that has been prepared at home or provided by the parent.
3. Bottles, other drinks and lunch boxes provided by the parents for their children must be clearly labelled with the name of the child for whom they are intended.
4. Photos of all students with Anaphylaxis will be displayed in the classroom, first aid room, first aid bags, school office and provided to specialist teachers.
5. The use of food in crafts, cooking classes and science experiments may need to be restricted depending on the allergies of particular children.
6. Food preparation personnel will be instructed about measures necessary to prevent cross contamination during the handling, preparation and serving of food. This includes the careful cleaning of food preparation areas after use and cleaning of utensils when preparing allergenic foods. **(see Attachment No. 2)**
7. Simple hygiene measures such as hand washing and bench-top washing after food consumption are considered appropriate
8. A risk minimisation policy for the school canteen will be implemented. This involves removal of items with any allergen product as an ingredient (e.g. Nutella, peanut butter, muesli bars) but does not apply to those foods labelled "may contain traces of nuts".
9. Our risk minimisation approach also includes asking parents of classmates to use alternatives to peanut butter and nutella on sandwiches and lunches and avoid sending raw nuts and muesli bars that contain nuts if a class member has an allergy to any type of nut or other type of food. **(see Attachment No. 1)**
10. For the health and safety of the student(s) with Anaphylaxis, where another student inadvertently presents at school with products listed in No. 9 above, this child will need to be subtly removed from the common eating area by the classroom teacher until they have finished eating. The child will also need to remove possible residual food from their clothing and wash their hands before rejoining the class group.
11. On school camps and excursions where there are children with Anaphylaxis, it will be requested that foods containing their particular allergen are not taken or supplied, consistent with the nut minimisation policy in the school canteen.
12. Bullying by provoking food allergic children with food to which they are allergic will be recognised as a risk factor and addressed by anti-bullying policies.
13. Food handling guidelines will be provided for staff use in relation to cooking and the curriculum.
(see Attachment No. 2)

EVALUATION

Annually

Policy revised Feb. 2016, Feb. 2017, Feb. 2018, March 2019

Attachment 1



St. Martin de Porres School

158 Military Road Avondale Heights 3034
www.smavondaleheights.catholic.edu.au

SAMPLE PARENT LETTER

Date :

Dear Parents,

RE : Anaphylaxis Management Policy for

Due to the implementation of the Anaphylaxis Management Policy, children and families in Yr. need to adhere to the policy by not bringing food containing the following products :

- **All products containing nuts**
- **All nuts**

Should your child's lunch contain any of the abovementioned products they will be removed from the class and made to eat separate from the class group. They will also be required to wash their hands and face thoroughly and rinse their mouth before returning to the classroom.

Please note that Anaphylaxis is life threatening and we trust you will comply with this guideline.

Thank you for your assistance.

Mark Williams
Principal

Attachment No. 2

FOOD AND THE CURRICULUM

Food is an important part of everyday life. A good diet is essential for health and well-being. When food is handled in the classroom, the following topics need to be addressed:-

- ◆ Personal Hygiene Practices.
- ◆ Hygienic Food Preparation Practices.
- ◆ Cleaning Procedures.

PERSONAL HYGIENE PRACTICES

Good personal hygiene is essential to ensure that food is not contaminated with food-poisoning bacteria or other matter such as foreign objects or chemicals. Hands and other parts of the body can transfer food-poisoning bacteria to food. Every food handler must maintain a high standard of personal hygiene and cleanliness. Hair, jewellery and clothing can also contain and spread bacteria, as can ill food handlers or those with wounds or infections.

Some of the main principles are listed below:

HANDWASHING

- ◆ Wash hands before handling food.
- ◆ Always wash hands:
 - After visiting the toilet
 - After handling raw food
 - After using a tissue, coughing or sneezing
 - After handling garbage
 - After changing nappies
 - After handling pets
 - After smoking
 - After touching hair or other body parts.
- ◆ Thoroughly wash hands, including back of hands, wrist, between fingers and under fingernails. Use soap and warm water for thorough hand washing. Dry hands with a paper towel.

Hygienic Food Preparation Practices

Food naturally contains bacteria and some food may contain food poisoning bacteria. Foods need to be handled correctly to ensure that they do not become contaminated, and that the bacteria already in the food do not have an opportunity to grow. If raw food is cooked thoroughly, most of these bacteria will be killed. However, if raw food comes into contact with other food which has already been cooked, or is ready-to-eat, the bacteria can transfer to this food — this is called *cross contamination*. For this reason, it is important to keep raw food totally separate from cooked or ready-to-eat foods.

Preparing Food

- ◆ Use separate utensils, chopping boards and other equipment for raw and ready-to-eat foods to avoid cross-contamination.
- ◆ If this is not possible, thoroughly wash and sanitise equipment between uses.
- ◆ Thoroughly wash all fruit and vegetables before use.
- ◆ Look out for damaged food packaging. Do not use dented cans, leaking packages, cracked eggs, etc.

Handling Food

- ◆ Raw food which is to be cooked can be safely handled with bare hands.
- ◆ Cooked or ready-to-eat foods should be handled with utensils such as tongs, spoons, spatulas or disposable gloves.
- ◆ If gloves are worn, they must be changed at least hourly, or sooner if they become torn or if there is a change in task.
- ◆ Always wash hands before putting on gloves. Always put on new gloves when changing from raw food to ready-to eat food.
- ◆ Never touch food with gloves that have been used for cleaning.

Cooking and Heating

- ◆ Thoroughly cook all foods, especially those of animal origin. When cooking meat, ensure juices run clear.
- ◆ If reheating food, ensure that it is brought to the boil and simmered for at least five minutes.
- ◆ Thaw frozen food before cooking. If the food is to be cooked from a frozen state, take extra care to make sure that the food is cooked right through.
- ◆ When thawing food, do so in the bottom part of the refrigerator. Microwave ovens can be used to thaw food provided that the food is cooked immediately afterwards.
- ◆ Never refreeze food which has been thawed.

Cleaning Procedures

Food preparation areas need to be thoroughly cleaned to remove food residues and dirt. Effective cleaning and sanitising will minimise the risk of food contamination and food poisoning.

- ◆ All surfaces, appliances and equipment that come into contact with food are to be cleaned after use.
- ◆ Cleaning should be carried out as follows:-

Pre-clean: Remove excess dirt and food scraps by sweeping, wiping or scraping, and prerinseing with water.

Wash: Remove surface grease and dirt, using hot water and a detergent.

Rinse: Remove loose dirt and detergent.

Sanitise: Use a sanitising solution or commercially-available food grade sanitiser. Mix 25ml to 1 litre cold water. Use separate cloth for sanitiser.

Final rinse: Remove sanitiser with dry cloth and rinse clean.

Dry: Allow to air dry.



ACTION PLAN FOR Anaphylaxis

Name: _____
Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner: _____

I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____

Date: _____

Action Plan due for review – date: _____

For use with adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

How to give EpiPen® adrenaline (epinephrine) autoinjectors

1

Form fist around EpiPen® and **PULL OFF BLUE SAFETY RELEASE**

2

Hold leg still and **PLACE ORANGE END** against outer mid-thigh (with or without clothing)

3

PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds **REMOVE EpiPen®**

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

EMERGENCY PROCEDURES for Children with Anaphylaxis

Procedure for an Anaphylactic Reaction in the Classroom

1. The teacher should lay the child down and reassure them.
2. Phone the office via the classroom phone and advise them who is having a reaction.
3. Move all students to next closest classroom. Inform teacher reason for this.
4. The office staff should page all rooms saying, "EPI-PEN" - could all non-teaching staff come to the Office Area".
5. Then a staff member should bring the child's Epi-pen pack (containing antihistamine) and a General Use Epi-pen to the classroom and hand the medication to the class teacher, who should follow the child's action plan and administer the medication immediately.
6. The staff member should give the parent contact details (found in the Epi-pen pack) for the student to the next closest staff member to also utilize immediately.
7. A staff member should then immediately phone 000 from the classroom. The time that the Epi-pen is administered should be noted and the Ambulance Officer advised when they arrive.
8. Office Staff should allocate a staff member to meet the ambulance if required.

EMERGENCY PROCEDURES for Children with Anaphylaxis

Procedure for an Anaphylactic Reaction in the Playground

1. The teacher on duty should lay the child down and reassure them.

2. A responsible child should be sent to the Staff room with the correct EPI-PEN card from the backpack. Instruct them to yell out “EPI-PEN”. They must not be polite. INTERRUPT.

3. The most senior teacher that receives this information is to be the Co-ordinator. **Find out the location of the child.** The Co-ordinator must
 - Send a staff member to collect the child’s EPI-PEN pack from the sick bay and a General Use EPI-PEN and instruct them to proceed to the child’s location.

 - They must hand the medication/Epi-pen to the teacher on duty and assist them.

 - Send additional staff to the location to :
 - a) contact 000 via their mobile phone

 - and

 - b) assist with crowd control.

 - Allocate another staff member to meet the Ambulance.

 - Allocate another staff member to contact the parents.