

# SETTLERS PRIMARY SCHOOL



## Severe Allergic Reaction Risk Minimisation Policy

Settlers Primary has a duty of care to all students. This Policy has been implemented to assist our school to provide a safe environment for all students and to minimise the risk of any life threatening situation. Settlers Primary aims to promote the goal of an “allergy friendly” environment in which risks are reduced, for all students.

### Background Information

Allergy occurs when a person’s immune system reacts to substances in the environment that do not bother most people. The substances are known as allergens.

**Anaphylaxis** is the most severe form of allergic reaction which, if untreated can lead to rapid death. It is sometimes called ‘allergic shock’ and occurs after exposure to an **allergen** (such as food, pollens, insect sting, medicine) to which the child is already extremely sensitive. Anaphylaxis affects the entire body.

**Anaphylaxis must be treated as a medical emergency, requiring immediate treatment.**

In the general population about 1 in every 200 children will develop an anaphylactic reaction at some time, most often due to a food allergy. Peanuts are the most common allergen causing anaphylaxis in school children. Deaths from anaphylaxis are very rare.

The amount of an allergen needed to trigger anaphylaxis is variable. In some cases superficial contact with the skin, mouth, or eye or inhaling airborne particles can trigger a significant reaction. A tiny fragment of peanut can be enough. However the risk of a life threatening anaphylaxis from casual skin contact even with highly allergenic foods such as peanuts appears to be very low.

Students (under adult guidance) should avoid the foods which may trigger a severe allergic or anaphylactic reaction. Teachers and other students should not offer a student with a food allergy any food that has not been approved by the parents. Parents/carers of children with anaphylaxis may be encouraged to assist their child to be easily and discreetly identifiable by registering with and wearing a MedicAlert bracelet.

### Known Causes of Allergic Reactions

- Food – most commonly peanuts, tree nuts, seeds, fish and crustaceans, milk, soy, eggs or wheat
- Medication- painkillers and antibiotics
- Insect stings – bees, wasps, ants
- Tick bites
- Latex allergy
- Herbal remedies – such as Echinacea or Royal Jelly
- Cold urticaria - develops hives when exposed to cold air or water
- Exercise – rarely occurs and the exercise needs to be vigorous
- Idiopathic – cause can’t be identified

Most individuals lose their sensitivity to milk, soy, eggs, and wheat by school age, but reactions to peanut, tree nuts, fish, and shellfish tend to persist throughout life.

## Symptoms

Symptoms of anaphylaxis can begin **within minutes** of exposure and can **progress rapidly**. Many of these symptoms may appear at any one time and include:

- Itching or irritation in the mouth and rash around the mouth
- Rash, hives or welts spreading quickly over the body
- Throat constriction, hoarse voice, and/or continuous cough
- Rapidly progressive swelling of the face, especially the eyelids, difficulty talking and swallowing
- Vomiting, although sometimes vomiting is difficult due to swelling
- Breathing difficulty caused by swelling of the tongue and throat, wheezing or asthma
- Acute distress, looking pale, anxious and agitated
- Light-headedness or collapse, becoming weak or floppy, may feel faint or may lose consciousness

## Emergency Management - (Note: Immediate action is required)

- **Remove the allergen trigger if possible:**  
**Food** - spit out food, rinse mouth and face. Do not induce vomiting.  
**Insect venom** – if bee sting, remove the stinger by scraping out. For all stings, apply cold compress and elevate limb (if that is the site of the sting).
- **Follow the child's emergency medical action plan:**  
 If the emergency agreement indicates the use of an EpiPen (adrenalin), trained staff should discharge the EpiPen, if required.

### Immediate Follow Up Action:

- **Seek urgent medical assistance:**  
 Call parents/carers, medical practitioner and/or ambulance. If there is no EpiPen available, inform the doctor/ambulance service.
- **Maintain Airway, Breathing and Circulation at all times**
- If unconscious and no pulse is evident, commence **Cardio Pulmonary Resuscitation (CPR)**.
- **Maintain observation** for possible relapse.
- Even if an EpiPen has been given, the child's condition must be reviewed by a doctor as anaphylactic symptoms may recur as more of the allergen is absorbed.

The EpiPen must be located in an appropriate and accessible place in the school. The EpiPen should be stored away from heat and light but not refrigerated. Check the expiry date before use. In an emergency, an expired EpiPen can be used.

### Note:

1. When a child's family doctor is not available, information can be sought from HealthDirect which is a free 24 hour, 7 day a week service which provides health advice. It is staffed by trained nurses and overseen by medical specialists. HealthDirect can be contacted on 1800 022 222.
2. Principals and staff do not have the requisite medical expertise to diagnose the extent of a student's injury in a medical emergency. In an emergency the principal must make every effort to contact a student's parents for advice about the action that they wish to have taken. However, medical assistance may be sought prior to advising parents if the student's medical condition is serious or life threatening.

In the absence of parent instructions the principal is to take reasonable actions in response to a student's medical needs. This includes providing immediate assistance, calling an ambulance or seeking medical attention from a medical practitioner. Calling an ambulance is an appropriate action if parents/guardians cannot be contacted to take responsibility for their child.

3. If transport of a student by ambulance is not available, the principal is obliged to arrange for themselves or a Department of Education staff member to transport a student to a health service or medical practitioner. Where possible advice from the ambulance service will be sought prior to providing transport in a private vehicle. Two people must travel with the student, one to drive and the other to monitor the health of the student.

Transport of students is not permitted in a private or Government vehicle driven by Community Health staff. Community Health staff may accompany a student in a vehicle driven by a Department of Education staff member in order to manage and monitor the health of the student. The student needs to be accompanied by a Department of Education and Training staff member who will stay with them at the medical facility until a parent/guardian arrives to take responsibility for their child.

4. Staff responding to an emergency need to check that administration of medication or the undertaking of a health care or medical procedure is in accordance with the directions in the Health Care Authorisation. This information must be cross-checked with a second adult where practicable. If trained staff cannot be accessed to administer a medical procedure then another member of staff may provide assistance within their level of experience which could prevent or reduce further harm being done to a student or as in the Emergency Medical Action Plan.

## Roles and Responsibilities

### Principal

- Schools acknowledge a duty of care to provide a safe and supportive environment which addresses, to the extent possible, reduction of the risks of exposure to known allergens. This includes ensuring that the health care needs of the student are identified and managed at the school and during off-site activities.
- When students are enrolled, Principals will undertake health care planning with parents/guardians and school staff to identify the student's current health care needs. Information from the child's medical practitioner is an important part of planning and may need to include any changes in the condition from previous planning. The child's medical practitioner may indicate that the appropriate management procedures for an anaphylactic reaction are those in the *Standard Action Plan* described by ASCIA (Australasian Society of Clinical Immunology and Allergy).
- A Health Care Authorisation will be developed by the Principal in consultation with parent/carers and implemented for the student. It will include specialist medical advice and a medical emergency plan as required. The Health Care Authorisation should be reviewed after any emergency response or at least annually.
- A communication and preventative education strategy needs to be developed in collaboration with the child's parents/guardians to inform the student's peers, other staff and members of the school community of the medical condition and possible impacts of the condition.
- Staff will be advised as to how to address the possible negative impacts of social or emotional responses of other students to a child with severe allergic reactions. This may include teasing, bullying or daring a student to take health risks.
- The principal will inform all teaching and non-teaching staff that a child with severe allergic reactions and possible anaphylaxis is attending their school. This includes canteen staff if the triggers are food. Staff should be advised of the need for vigilant but discreet supervision.
- The Principal will ensure that teaching and non-teaching staff are provided with appropriate training to administer health care in a medical emergency. This includes administration of an EpiPen. Staff are able to indicate to the principal that they are not confident to administer health care or medical procedures and may decline to participate in training opportunities.

### Parents/Carers

- Notify the school of their child's allergy.
- Work with the school to develop an Emergency Medical Action Plan and review Plan annually.
- Provide accurate, up to date health information about their child.
- Provide up to date emergency contact information.
- Provide properly labeled (name, dosage) medication/s and replace the medication/s after use or upon expiration. This includes an EpiPen, if required. Parents will ensure that medications supplied are within their appropriate expiration period.
- Educate their child in self management strategies of their allergy including: (age appropriate)
  - strategies for avoiding exposure to known allergen
  - symptoms of allergic reactions
  - how to tell an adult they may be having an allergy related problem
- Parents/carers should be encouraged to give permission to post photographs and medical information in key locations, such as classroom, playground duty files, staffroom, administration area or canteen.

## Students

- Not to trade food with others
- Not to eat anything with unknown ingredients or known to contain allergens
- Notify an adult immediately if they have symptoms of an allergic reaction or eat something they believe may contain the food to which they are allergic or are stung
- Students who are old enough to understand its proper use may carry their own EpiPen

## Monitor and Review

After managing an emergency response or severe allergic reaction, school staff in collaboration with the parents and relevant medical staff will review the Emergency Medical Action Plan and make any changes as required.

## Reducing the Risk

It is possible to minimise the risk factors within the school environment through adopting strategies such as:

- Parents providing safe snacks and treats to enable the child with allergies to participate in birthday parties and curriculum related activities at school.
- Parents providing drink containers and lunch boxes which are clearly labelled with the name of the child for whom they are intended.
- Restricting the use of food in crafts, cooking classes and science experiments, depending on the allergies of particular children. Taking care with inadvertent use of artwork materials such as milk containers, egg cartons, nutshells and eggshells.
- Instructing personnel involved in food preparation about measures necessary to prevent cross contamination during the handling, preparation and serving of food. This includes the need for careful cleaning of food preparation areas and utensils when preparing allergenic foods.
- Ensuring regular hand washing and cleaning of bench tops. The risk of a life threatening anaphylaxis from casual skin contact, even with highly allergenic foods such as peanuts appears to be very low. However, such contact can cause hives.
- Ensuring extra vigilance when there is a change from usual routines e.g. excursions, special preschool or school days, camps and sports carnivals.
- Teachers being aware of the possibility of contaminated surfaces, books and equipment or toys that may have been used by other students.
- Ensuring there is no trading or sharing of food.
- Asking parents of classmates not to send foods containing peanut butter to school, especially if a class member in early primary years has peanut allergy. In younger children, there is a higher risk of person to person contact and an increased likelihood of a child taking or sharing another child's food.
- Ensuring, when there are children with severe allergies to nuts [peanuts and tree nuts], that a risk minimisation policy for the school canteen is implemented. This involves the removal of items with nuts as a listed ingredient, but does not apply to those foods labelled 'may contain traces of nuts'.
- Becoming an allergy friendly school through developing and promoting school policies and practices that address matters such as food availability and reducing exposure to triggers or known risk factors. The broader school community and the School Council need to be involved in this process.

## More Information about Allergies and Anaphylaxis

Parents are encouraged to seek further information from the following website <http://www.allergy.org.au> which is provided by the Australasian Society of Clinical Immunology and Allergy (ASCIA). ASCIA is a professional, non profit organisation with membership comprised predominantly of clinical immunologists, allergy specialists and immunology scientists

## Anaphylaxis Action Plans

Can be downloaded from:

<http://www.det.wa.edu.au/student-support/behaviourandwellbeing/detcms/navigation/wellbeing/student-health-care/?page=7&#toc7>