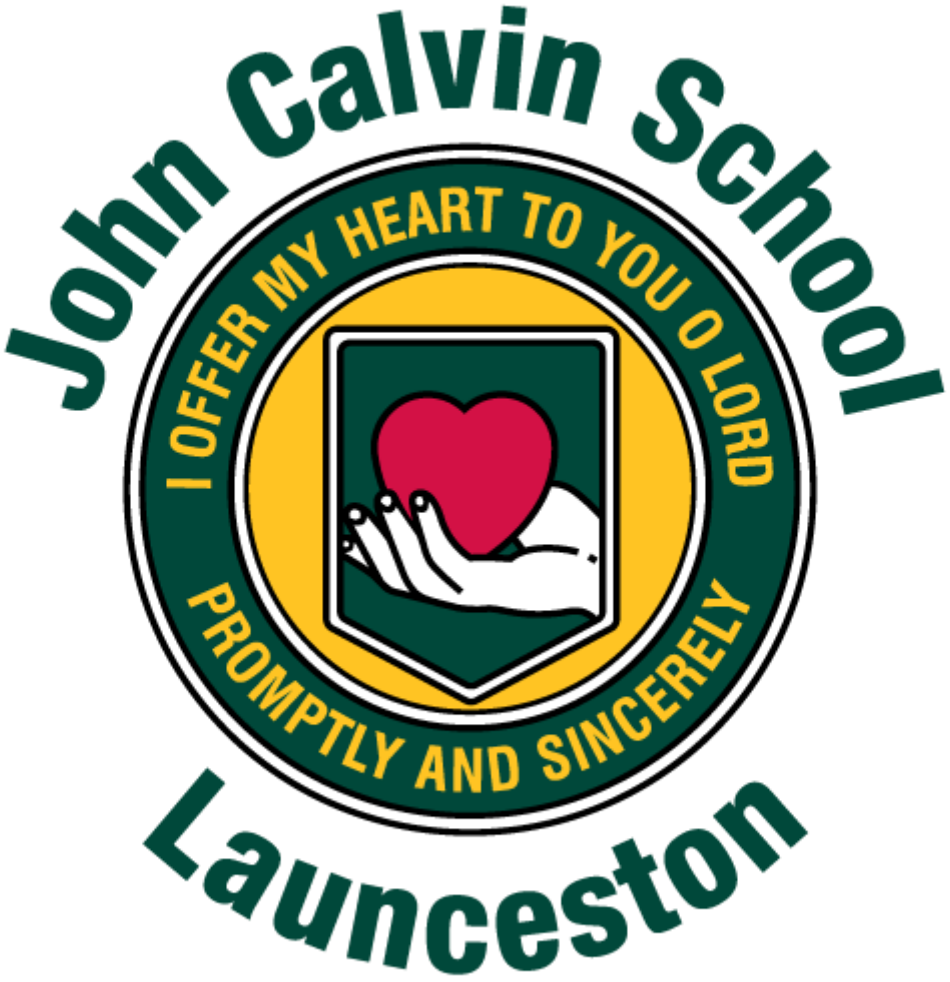
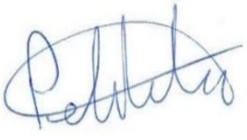


Allergy and Anaphylaxis Policy

JCS Allergy and Anaphylaxis Policy
Implemented: 17 May 2018
To be reviewed: May 2024

POLICY DATES: JOHN CALVIN SCHOOL ANAPHYLAXIS POLICY			
Formulated	**17 May 2018**		
Implemented	**17 May 2018**	**Reviewed**	MAY 2022
Next Review Due	**MAY 2024**		
POLICY AUTHORISATION			
Principal	**Daniel Coote**	**Signature**	
Chairman	**Philip deRuiter**	**Signature**	

REASON FOR POLICY

According to the Department of Education every school must have processes in place to manage the needs of children who suffer from allergies and asthma.

INTRODUCTION

Anaphylaxis is the most severe form of an allergic reaction that is usually rapid in onset and can result in death without proper treatment. An anaphylactic reaction can occur within minutes of exposure to an allergen, e.g., food, medication, insect venom (bees, wasps, hornets etc)or latex or it may occur as a delayed reaction several hours after the initial exposure. Reactions to foods generally occur within two hours of ingestion. In Australia the most common food allergens are peanut, tree nuts (e.g. walnuts, almonds, cashews), milk, eggs, fish, shellfish, and to a lesser extent sesame seeds, soy, and wheat.

In rare cases, vigorous exercise, in combination with a sensitivity to a food allergen, can cause anaphylactic reaction.

The symptoms experienced during an anaphylactic reaction may vary from person to person and sometimes from attack to attack in the same person. An anaphylactic reaction can involve any of the following symptoms, which may appear alone or in combination:

- Skin - hives, swelling, itching, warmth, redness, rash
- Respiratory (breathing) - wheezing, shortness of breath, throat tightness, cough, hoarse voice, chest pain/tightness, nasal congestion or hay fever-like symptoms (runny, itchy nose and watery eyes, sneezing), trouble swallowing
- Gastro-intestinal (stomach): nausea, pain/cramps, vomiting, diarrhea
- Cardiovascular (heart) - pale/blue color, weak pulse, passing out, dizzy/lightheaded, shock
- Other - anxiety, feeling of "impending doom", headache, uterine cramps in females

(Adapted from Anaphylaxis in Schools Tas https://www.education.tas.gov.au/documentcentre/Documents/Specific-Health-Issues Procedures.pdf)

The John Calvin School recognises that it has a duty of care to students who are at risk from life-threatening allergic reactions while under school supervision. The School also recognises that this responsibility is shared among the student, parents, the school system and health care providers.

The purpose of this policy is to minimize the risk to students with severe allergies to potentially life-threatening allergens without depriving the severely allergic student of normal peer interactions or placing unreasonable restrictions on the activities of other students in the school.

This policy is designed to ensure that students at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

While the John Calvin School cannot guarantee an allergen-free environment, the school will take reasonable steps to provide an allergy-safe and allergy-aware environment for students with life-threatening allergies.

At the John Calvin School we promote awareness by:

Providing Information (Appendix 2) to the school community via:

i) Newsletter articles

ii) Parent Meetings/Class letters

A) Identification of Children at Risk

1. It is the responsibility of the anaphylactic/potentially anaphylactic child's parents and parents of children with other potentially life-threatening conditions, to inform the school principal of their child's allergy.
    - At the time of registration, using the school's registration form parents are asked to report on their child's medical conditions, including whether their child has a medical diagnosis of anaphylaxis. Information on a student's life-threatening conditions will be recorded and updated on the student's Permanent Student Record annually.
    - Parents should provide the school with a Student Emergency Procedure Plan which includes a photograph, description of the child's allergy, emergency procedures, contact information, and consent to administer medication.
    - The parents are to provide the school with updated medical information at the beginning of each school year, and whenever there is a significant change related to their child.
2. The school will contact anaphylactic students and their parents to encourage the use of medical identifying information (e.g. MedicAlert® bracelet).
3. The Student Emergency Procedure Plan will be posted in the first aid room and kept on file in the child's classroom.

B) Record Keeping - Monitoring and Reporting

1. For each identified student, the office will keep a Student Emergency Procedure Plan on file. These plans will contain the following information:
    - Student-Level Information

        - Name
        - Contact information
        - Diagnosis
        - Symptoms
        - Emergency Response Plan
    - School-Level Information
        - Emergency procedures/treatment
    - Physician section including the student's diagnosis, medication and physician's signature.
2. Once children have been identified it is the administration offices' responsibility for collecting and managing the information on students' life-threatening health conditions and reviewing that information annually to form part of the students' records.
3. The school principal will monitor and report information about anaphylactic incidents to the board (to include number of at-risk anaphylactic students and number of anaphylactic incidents).

C) Emergency Procedure Plans

The Student Emergency Procedure Plan will include:

- the diagnosis;
- the current treatment regimen;
- who within the school community is to be informed about the plan - e.g. teachers, volunteers, classmates;
- current emergency contact information for the student's parents/guardian
- for those exposed to the plan to maintain the confidentiality of the student's personal health information;
- information regarding the parent's responsibility for advising the school about any change/s in the student's condition;
- information regarding the school's responsibility for updating records.

The school principal must ensure that:

- the parents and student (where appropriate), are provided with an opportunity to meet with designated staff, prior to the beginning of each school year or as soon as possible to develop/update an individual Student Emergency Procedure Plan.
- The Student Emergency Procedure Plan is signed by the student's parents and the student's physician.
- A copy of the plan will be placed in readily accessible, designated areas such as the first aid room and office.

a) School Level Emergency Procedure Plan

Each school must develop a School Level Emergency Procedure Plan, which must include the following elements:

1. Administer the student's auto-injector (single dose) at the first sign of a reaction. *
2. Note time of administration.
3. Call emergency medical care
4. Contact the child's parent/guardian
5. A second auto-injector may be administered within 10 to 15 minutes or sooner, after the first dose is given IF symptoms have not improved (i.e. the reaction is continuing, getting worse, or has recurred).
6. If an auto-injector has been administered, the student must be transported to a hospital (the effects of the auto-injector may not last, and the student may have another anaphylactic reaction).
7. One person stays with the child at all times.
8. One person goes for help or calls for help.

*The use of epinephrine for a potentially life-threatening allergic reaction will not harm a normally healthy child, if epinephrine was not required.

The school principal, or designated staff, must ensure that emergency plan measures are in place for scenarios where students are off-site (e.g. bringing additional single dose auto-injectors on field trips.

D) Provision and Storage of Medication

Children at risk of anaphylaxis who have demonstrated maturity should carry an epi- pen injector with them at all times and have a back-up auto-injector stored at the school in a central, easily accessible, unlocked location. For children who have not demonstrated maturity, their auto-injector(s) will be stored in a designated school location(s) The location(s) of student auto-injectors must be known to all staff members. Parents will be informed that it is the parents' responsibility:

- to provide the appropriate medication (e.g. single dose epinephrine auto-injectors) for their anaphylactic child;
- to inform the school where the anaphylactic child's medication will be kept (i.e. with the student, and/or other locations);
- to inform the school when they deem the child competent to carry their own medication/s (children who have demonstrated maturity, usually Grade 3 or Grade 4, should carry their own auto-injector), and it is their duty to ensure their child understands they must carry their medication on their

person at all times;
- to provide a second auto-injector to be stored in a central, accessible, safe but unlocked location;
- to ensure anaphylaxis medications have not expired; and
- to ensure that they replace expired medications.

E) Allergy Awareness, Prevention and Avoidance Strategies

a) Awareness

The school principal should ensure:

- That all school staff and persons reasonably expected to have supervisory responsibility of students (e.g. coaches, secretaries, volunteers, bus drivers,) receive training annually in the recognition of a severe allergic reaction and the use of auto-injectors and standard emergency procedure plans.
- That all members of the school community including substitute employees, student teachers and volunteers have appropriate information about severe allergies including background information on allergies, anaphylaxis and safety procedures.
- With the consent of the parent, the principal and the classroom teacher must ensure that the student's classmates are provided with information on severe allergies in a manner that is appropriate for the age and maturity level of the students, and that strategies to reduce teasing and bullying are incorporated into this information.

Posters which describe signs and symptoms of anaphylaxis and how to administer a single dose auto-injector should be placed in relevant areas. These areas may include office and first aid room.

b) Avoidance/Prevention

Individuals at risk of anaphylaxis must learn to avoid specific triggers. While the key responsibility lies with the students at risk and their families, the school community must participate in creating an "allergy-aware" environment. Special care is taken to avoid exposure to allergy-causing substances. Parents are asked to consult with the teacher before sending in food to classrooms where there are food-allergic children. The risk of accidental exposure to a food allergen can be significantly diminished by means of such measures.

Given that anaphylaxis can be triggered by minute amounts of an allergen when ingested, students with food allergies must be encouraged to follow certain guidelines:

- Eat only food which they have brought from home unless it is packaged, clearly labelled and approved by their parents (Elementary schools).
- Wash hands before and after eating.
- Not share food, utensils or containers.
- Place food on a napkin or wax paper rather than in direct contact with a desk or table.

Non-food allergens (e.g. medications, latex) will be identified and restricted from classrooms and common areas where a child with a related allergy may encounter that substance.

F) Training Strategy

At the beginning of each school year, a training session on anaphylaxis and anaphylactic shock will be held for all school staff and persons reasonably expected to have supervisory responsibility of students.

Efforts shall be made to include the parents, and students (where appropriate), in the training. If possible, experts (e.g. public health nurses, trained occupational health & safety staff) will be consulted in the development of training policies and the implementation of training.

The training sessions will include:

- signs and symptoms of anaphylaxis;
- common allergens;
- avoidance strategies;
- emergency protocols;
- use of single dose epinephrine auto-injectors;
- identification of at-risk students (as outlined in the individual Student Emergency Procedure Plan);
- emergency plans; and
- method of communication with and strategies to educate and raise awareness of parents, students, employees and volunteers about anaphylaxis.

Additional Best Practice:

- distinction between the needs of younger and older anaphylactic students.

First Aid officers may have an opportunity to practice using an auto-injector trainer (i.e. device used for training purposes) and are encouraged to practice with the auto-injector trainers throughout the year, especially if they have a student at risk in their care. Students will learn about anaphylaxis in special class presentation

APPENDIX 1

Allergy & Anaphylaxis Australia
Your trusted charity for allergy support

ascia
australasian society of clinical immunology and allergy

Examples of risk minimisation strategies for schools, preschools and childcare services

GENERAL POLICY ISSUES	
School, preschool or childcare policy communication	• Consider sending out an information sheet to the parent community on severe allergy and the risk of anaphylaxis. • Alert parents to strategies that the school, pre-school or childcare service has in place and the need for their child to not share food and to wash hands after eating.
Part-time educators, casual relief teachers	These educators need to know the identities of children at risk of anaphylaxis and should be aware of the anaphylaxis management plan at the school, preschool or childcare service. Some casual staff have not received training in anaphylaxis management and emergency treatment. This needs to be considered when a teacher is chosen for a class with a child at risk of anaphylaxis and if this teacher is on playground/yard duty. Suggestions to minimise the risk: • Casual staff, who work at school regularly, should be included in anaphylaxis training sessions. • Schools should have interim educational tools such as adrenaline autoinjector training devices and access to 'how to administer' videos available to all staff. • A free online training course for school and childcare staff is available from the ASCIA website (www.allergy.org.au). This course can also be undertaken as refresher training. ASCIA anaphylaxis e-training for childcare is ACECQA approved.
Fundraising events/special events/cultural days	• Consider children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc. • Notices may need to be sent to parent community discouraging specific food products (e.g. nuts) where appropriate. • Where food is for sale, a list of ingredients should be available for each food.
INSECT ALLERGY	
Bees, wasps, stinging ants	• Have honey bee and wasp nests removed by a professional; • Cover garbage receptacles that may attract stinging insects. • When purchasing plants for an existing or new garden, consider those less likely to attract bees and wasps. • Specify play areas that are lower risk and encourage the student and their peers to play in these areas (e.g. away from garden beds or garbage storage areas). • Ensure students wear appropriate clothing and covered shoes when outdoors. • Be aware of bees in pools, around water and in grassed or garden areas. • Educate children to avoid drinking from open drink containers, particularly those containing sweet drinks that may attract stinging insects. • Children with food and insect allergy should not be asked to pick up litter by hand. Where possible, these types of duties should not put them at increased risk of an allergic reaction.

Ticks	Strategies to reduce the risk of tick exposure have been recently published. When walking or working in areas where ticks are endemic: • Wear long sleeved shirts and long pants. • Tuck pants into long socks and wear a wide brimmed hat. • Wear light coloured clothing, which makes it easier to see ticks. • Use insect repellent to skin and clothing when walking in areas where ticks are found, particularly ones containing DEET such as Tropical RID®, Tropical Aerogard®, Bushmans® or Picaridin (OFF!®). • Brush clothes to remove ticks before coming inside. • Undress and check for ticks daily, checking carefully on the neck and scalp. Anaphylaxis to tick bites usually occurs when the tick is disturbed, such as with scratching the bite, with attempts at deliberate removal or after application of irritant chemicals such as kerosene. It a tick bite is suspected, **the tick should not be removed**, but rather killed by use of an ether-containing spray to freeze dry the tick to prevent it from injecting more allergen-containing saliva. Ether-containing aerosol sprays are currently recommended for killing the tick. Aerostart® or other ether-containing sprays such as Wart-Off Freeze® and similar such as Elastoplast Cold Spray® and WartSTOP®. It should be noted that Aerostart® is not registered for use in humans and that all these products are flammable but there is long-term experience with these products, which have been shown to be very effective in treating those with serious tick allergies. Further information is available from: www.allergy.org.au/patients/insect-allergy-bites-and-stings/tick-allergy and www.tiara.org.au
LATEX ALLERGY	
	• Latex allergy is relatively rare in children, but where such individuals are identified non-latex gloves (e.g. sick bay, first aid kits, canteens, kitchens) should be made available. • Consideration may also need to be made for non-latex swimming caps if a school specific swimming cap must be worn (e.g. interschool sports carnivals). • Non-latex balloons should also be considered when there is a child enrolled with latex allergy.
MEDICATION ALLERGY	
	• Severe allergic reactions to medications are relatively rare in young children outside of the hospital setting. Nonetheless, documentation regarding known or suspected medication allergy should be recorded by the school/childcare on enrolment. • Any medication administered in the school/childcare setting should be undertaken in accordance with school/childcare and education and children's services department guidelines and with the written permission of parents or guardians. • Students in the later years of primary school and secondary school need to be reminded that they should not share medications (e.g. for period pain or headaches).

FOOD ALLERGY	
In the classroom	**Food rewards** • Food rewards should be discouraged and non-food rewards encouraged. • If food rewards are being used, parents or guardians should be given the opportunity to provide a clearly labelled 'treat box' for their child. **Class parties or birthday celebrations** • Discuss these activities with the parents or guardians of the child with allergy well in advance. • Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products (e.g. nuts) where appropriate. • Teacher may ask the parent to attend the party as a 'parent helper'. • Child at risk of anaphylaxis should not share food brought in by other children. Ideally they should bring their own food. • Child can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cupcakes stored in the freezer in a labelled sealed container. **Cooking/food technology** • Engage parents or guardians and older children in discussions prior to cooking sessions and activities using food. • Remind all children to not share food they have cooked with others at school including during morning tea and lunch breaks. **Science experiments** • Engage parents in discussion prior to experiments containing foods. **Music** • There should be no sharing of wind instruments (e.g. recorders). • Teacher should discuss with the parent or guardian about providing the child's own instrument where appropriate. **Art and craft classes** • Ensure containers used by students at risk of anaphylaxis do not contain allergens (e.g. egg white or yolk on an egg carton). • Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg. • Care should to be taken with play dough etc. Check that nut oils have not been used in their manufacture. Discuss options with parents or guardians of wheat allergic children. If unable to use the play dough, provide an alternative material for the child to use. **Use of food as counters** • Be aware of children with food allergies when deciding on 'counters' to be used in mathematics or other class lessons. • Non-food 'counters' such as buttons/discs may be a safer option than chocolate beans. **Class rotations** • All teachers will need to consider children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class.

Canteen and childcare food service	Strategies to reduce the risk of an allergic reaction can include: • Consideration of whether the canteen offers foods containing nuts (as a listed ingredient). • Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods. • Children with food allergy should have distinguishable lunch order bags. • Restriction on who serves children with food allergy when they go to the canteen. • Discuss possibility of photos of the children with food allergy being placed in the canteen/childcare kitchen. • Encourage parents or guardians of children with allergy to visit the canteen/childcare kitchen to view products available.
In the playground	**Litter duty** • Non rubbish collecting duties are encouraged. • Students at risk of insect sting anaphylaxis should be excused from this duty due to increased risk of allergen contact. • Students at risk of food allergy anaphylaxis should either be provided with gloves or an instrument to pick up the rubbish to avoid skin contact with potential allergens. **Sunscreen** • Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own as some sunscreens may contain nut oils.
School gardens	• The cultivation of nut bearing crops and trees is a potential source of exposure to nut allergens. • As school gardens are considered part of the educational program, peanuts and tree nuts should be excluded from future garden plantings in future. • The presence and removal of existing nut trees should be considered as part of a risk assessment.
Class pets, pet visitors, school farmyard	• Be aware that some animal feed contains food allergens (e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food). • Have a strategy to reduce risk of the children with egg allergy coming into contact with raw egg if there are chickens in the farmyard that enables them to still participate.
Incursions (on-site activities)	• Prior discussion with parents if incursions/on-site activities include any food activities.
Excursions	• Teachers organising/attending excursions or sporting events should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylaxis occurs. Staff should also: • Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other forms of emergency communication (e.g. walkie talkie, satellite phone). • Consider increased supervision depending on the size of the excursion/sporting event (e.g. if students are split into groups at large venue such as a zoo or at large sports venue for a sports carnival). • Consider adding a reminder to all parents regarding children with allergies on the excursion/sports form and encourage parents not to send in specific foods in lunches (e.g. foods containing nuts). • Discourage eating on buses. • Check if excursion includes a food related activity, if so discuss with the parent or guardian. • Ensure that all staff are aware of the location of the emergency medical kit

	containing the adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis and ensure the child at risk of anaphylaxis is in the care of the person carrying the adrenaline autoinjector. • Check that high school aged students who should be carrying their adrenaline autoinjector (as agreed in the Health Care Plan) have their adrenaline autoinjector with them.
School camps	Many primary schools invite the parent of the child at risk of anaphylaxis to attend as a parent helper. Irrespective of whether the child is attending primary school or secondary college, parents of children at risk of anaphylaxis should have a face to face meeting with school staff/camp coordinator prior to the camp to discuss the following: • School's emergency response procedures should clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction. • All teachers attending the camp should carry laminated emergency cards, detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life threatening allergic reaction has occurred and adrenaline is required. • Staff should demonstrate correct administration of adrenaline autoinjectors using training devices (EpiPen® and Anapen®) prior to camp. • Consider contacting local emergency services and hospital prior to camp and advise that xx children are in attendance at xx location on xx date including child/ren at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to camp site area (e.g. consider locked gates in remote areas). • Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged. • Parents or guardians should be encouraged to provide two adrenaline autoinjectors along with the ASCIA Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp. The second adrenaline autoinjector should be returned to the parents/guardian on returning from camp. • Clear advice should be communicated to all parents or guardians prior to camp regarding what foods are not allowed. • Parents or guardians of children at risk of anaphylaxis and school staff need to communicate about food for the duration of the camp. • Parents or guardians should also communicate directly with the catering staff and discuss food options/menu, food brands, cross contamination risks to determine the safest food choices for their child. • Parents or guardians may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised. Discussions by school staff and parents or guardians with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be: • Possibility of removal of nuts from menu for the duration of the camp (if nut allergic child attending camp). • Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed (e.g. egg, milk, wheat). A decision may be made to remove pavlova as an option for dessert if an egg allergic child is attending for example. • Awareness of cross contamination of allergens in general (e.g. during storage, preparation and serving of food). • Discussion of the menu for the duration of the camp including morning and afternoon teas and suppers. • Games and activities should not involve the use of peanut or tree nut products or any other known allergens.

	• Camp organisers need to consider domestic activities that they assign to children on camp. It is safer to have the child with food allergy set tables, for example, rather than clear plates and clean up.
Out of ours school care (OSHC)	• OSHC services should consider having an adrenaline autoinjector for general use in the first aid kit. • Children at risk of anaphylaxis with a prescribed adrenaline autoinjector should have their adrenaline autoinjector with them when they attend OSHC. The practicalities of this should be discussed with the parent/guardian, particularly for younger children. • The service will also need to consider how to ensure easy access to a child's adrenaline autoinjector whilst they are in OSHC, as well as ensuring that the child's adrenaline autoinjector goes home with them. • Menu options should be discussed with the parent/guardian of the child with food allergy. • Parents/guardians should be encouraged to provide a clearly labelled supply of safe snacks and treats for their child in the OHSC pantry.
ANIMAL ALLERGY	
	• Exposure to animals such as domestic dogs, cats, rabbits, rats, mice, guinea pigs and horses may trigger contact rashes, allergic rhinitis (hay fever) and sometimes asthma. • Severe allergic reactions are rare but may occur, and are of potential relevance with activities such as "show and tell", or visits to farms or zoos. Importantly, animal feed may sometimes contain food allergens (e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food). • If a child has an egg allergy, they may still wish to participate in activities such as hatching chickens in class, with close supervision and washing of their hands following handling of chickens.

This table was initially produced by Allergy & Anaphylaxis Australia (A&AA). To ensure consistency of information A&AA and ASCIA endorse these risk minimise strategies.

Disclaimer

This document has been developed by A&AA and ASCIA and has been peer reviewed by ASCIA members. It is based on expert opinion and the available published literature at the time of review. Information contained in this document is not intended to replace medical advice and any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner.

The development of this document is not funded by any commercial sources and is not influenced by commercial organisations.

Content last updated March 2015

Appendix 2

SAMPLE NEWSLETTER ARTICLE

We have a number of persons in the school with severe life-threatening allergies (Anaphylactic reaction) to products, particularly nuts and eggs.

An anaphylactic reaction causes shock, suffocation and death within minutes of the allergy reaction commencing if not treated immediately.

These life-threatening reactions can be generated by simply touching a surface that has a nut product on it.

We are seeking your support in creating a safer environment by:

- Not providing nut products at school such as peanut paste or Nutella sandwiches or snack bars with nuts, egg and mayonnaise sandwiches and boiled eggs.
- Encouraging your child to not share or swap their food or drink bottles with others
- Encouraging your child to wash their hands before and after eating
- When having other children to play or for a party be aware that they may allergies, including anaphylactic reactions. Plan for any dietary needs and medication in discussion with the relevant parent

Thank you for your support in this matter