

# **Beverley District High School**

## ***Anaphylaxis /Allergy Policy***

### **Rationale**

Anaphylaxis is a severe and sudden reaction that occurs when a person is exposed to an allergy. It is potentially life threatening and requires an emergency response. An anaphylactic reaction involves the respiratory and/ or cardiovascular system.

Signs and symptoms include breathing difficulties, swelling of the tongue, tightness in the throat, difficulty talking, wheezing or persistent cough and even loss of consciousness or collapse.

Hives, welts, vomiting, diarrhoea by themselves, are mild to moderate symptoms of food allergy, but can be early warning signs of an anaphylactic reaction.

For insect allergy, vomiting and abdominal pain are signs of severe allergic reaction.

Allergic reactions are preventable.

*Avoidance of allergens is the basis of anaphylactic prevention.*

**Some students at Beverley DHS are severely allergic to allergens which can be found in the school environment.**

**Some known allergens are peanuts, cashew nuts, bee stings, fish, shell fish, and Omega 3.**

### **Aim**

- To provide a safe environment in which allergies can be avoided.
- To provide staff with information so that they can take appropriate and immediate action when a reaction occurs.
- To minimise the exposure of students at risk to known allergens.

## **Guidelines**

### **Parents**

- Parents are responsible for notifying the school that their child is at risk. (at enrolment or upon diagnosis)
- Parents are responsible for providing the school with a copy of the Anaphylaxis Health Care Plan from their doctor.
- Parents need to supply the school with the appropriate Adrenalin Epipen for their child.
- Parents to notify the school of any changes with the condition of their child.

### **Staff**

- The school will endeavour to minimise the exposure of children at risk of an allergic reaction to known allergens.
- The Principal and staff to consult with the parents to establish an Individual Health Care Plan for each affected student.
- The School Officer will prepare copies of Health Care Plans to be placed in Yard Duty files, Relief Teacher Files, the Staffroom and medical room in a **red** display file and the child's classroom. Plans are to be checked/updated early in Term 1 and Term 3 annually.
- An overall list of affected students, their personal details and treatment summary is to be prepared by the School Officer for distribution to all staff. Copies to be placed in Yard Duty Files, Relief Teacher Files and also given to the Canteen Manager.
- Duty Files to contain a **Green** allergy emergency assistance card for each duty area – Area A, B or C – for use when Epipen assistance is needed.
- Staff to be provided with Professional Development Training on a regular basis. A Training Log is to be maintained by the Health Teacher.
- Staff to complete the E training Module located at [www.allergy.org.au/etraining](http://www.allergy.org.au/etraining) by the end of Term 1, 2010. Record list to be maintained by the Health Teacher.
- New staff to be trained in Epipen use and made aware of the school procedures.

### **Staff to be informed of the storage area for Epipens –**

1. Student Epipens are to be stored in the Pre Primary room, on or near the fridge. This room is kept unlocked, is attended by staff at all times and is easily accessed from the Primary wing where the known allergen students spend the majority of time.
2. Kindergarten to establish a similar storage area in their own room on top of, or near the fridge.
3. Student Epipens are to be labelled with the student name, have the Health Care Plan stored with them and kept in a clear plastic bag.
4. The school has 1 Epipen which will be kept in the Medical Room. **The Medical Room key is number – 44.**  
This can be used for diagnosed students who fail to respond after being administered with their own Epipen, or for any other person who shows the symptoms of a severe allergic reaction.

#### **The Epipen will be kept next to the First Aid Kits in a sealed plastic bag.**

5. A red display file of all Medical Action Plans is to be kept in the Pre Primary near the student Epipens.
  6. A list is to be developed of all Epipens in the school and expiry dates, also the emergency Ventolin expiry date.
- The teacher of a food allergy student is to display a sign on the classroom door to inform all people that this room is “Nut Free.” Signs to be supplied by the School Nurse.
  - The school has an Anaphylaxis Kit, supplied by the Department of Health, in March 2010. This is a resource kit of information for teachers and will be stored in the Medical Room.

### **Relief Teachers**

- The D/P will make relief teachers aware of the Allergy sections in the Relief/Duty file.
- The classroom teacher is to inform the Relief Teacher of all Medical/Health conditions of students in the class(es) in a section at the top of relief lesson/notes.
- Education Assistants /Support Teachers to inform the Relief Teacher of any severe medical/health conditions in the classroom.

### **School Excursions**

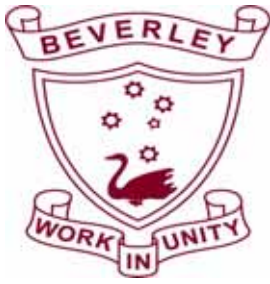
- The Teacher in Charge of the excursion to collect medical information on all students attending the excursion.
- A class list is to be developed detailing all medical conditions. Anaphylactic students to be highlighted in a bright colour.
- Other staff members and parent helpers going with the excursion group are to be fully briefed on the medical conditions of students and told where the Epipen will be stored during the excursion.
- The teacher in charge is to complete the relevant section in the Excursion Proposal Form (April 2010).

### **Conclusion.**

This policy has been developed to promote a safer environment for all students and staff at Beverley District High School and will be reviewed in February 2011.

It provides a plan to identify students at risk, train staff to recognise symptoms of allergic reactions and know how to administer the different types of Epipen Adrenalin Auto Injectors.

***Remember – if in doubt, use the Epipen – immediate action is vital.***



BEVERLEY DISTRICT HIGH SCHOOL  
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Dear parent(s)/guardian(s)

We are seeking your help to protect the students in our school who are at risk of anaphylaxis – a severe allergic reaction that is potentially life threatening.

Food allergies are the most common cause of anaphylaxis. There is no cure for food allergy so avoidance of the food is crucial. We are protecting students at risk of anaphylaxis by training staff, encouraging students to wash their hands after eating and educating students about food allergies. The school canteen does not sell foods which have peanuts or tree nuts in the ingredients list.

We ask you to protect students at risk of anaphylaxis by:

- not sending food to school which has peanuts or tree nuts (eg hazelnuts, cashews, almonds) in the ingredients list
- teaching your child not to share food
- encouraging your child to wash their hands before and after eating
- asking your child to get help immediately if their allergic schoolmate gets sick
- explaining to your child that teasing an allergic schoolmate is bullying and could be life-threatening

Enclosed, you will find a fact sheet with further information about anaphylaxis.

With your support, we can provide a safe environment for all students.

Yours sincerely

Norm Ireland  
Principal



# Anaphylaxis and Parent Bodies

## What are allergies?

An allergy is when the immune system reacts to substances (allergens) in the environment which are usually harmless (e.g. food proteins, pollen, dust mites).

## What is anaphylaxis?

Anaphylaxis is a severe, often rapidly progressive allergic reaction that is potentially life threatening.

## What causes anaphylaxis?

Anaphylaxis is most commonly caused by food allergies. Any food can cause an allergic reaction, however nine foods cause 90% of reactions in Australia, these are:

- peanuts
- tree nuts (e.g. hazelnuts, cashews, almonds)
- egg
- cow's milk
- wheat
- soybean
- fish
- shellfish
- sesame

Other causes of anaphylaxis include:

- insect stings and bites
- medications
- latex

## What are the signs and symptoms?

Symptoms of a **mild to moderate** allergic reaction include:

- swelling of the lips, face and eyes
- hives or welts
- tingling mouth
- abdominal pain or vomiting (these are the signs of a severe allergic reaction to insects).

Symptoms of **anaphylaxis** (severe allergic reaction) watch for any one of the following:

- difficulty or noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheezing or persistent cough
- loss of consciousness and/or collapse
- young children may appear pale and floppy.

## Why is it important to know about anaphylaxis?

Avoidance of known allergens is crucial in the management of anaphylaxis. Schools need to work with parents/guardians and students to minimise exposure to known allergens. Knowledge of severe allergies will assist staff to better understand how to help students who are at risk of anaphylaxis.



## How can anaphylaxis be treated?

Adrenaline given as an injection using an autoinjector (such as an EpiPen® or Anapen®) into the outer mid thigh muscle is the most effective first aid treatment for anaphylaxis. Adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Parents/guardians should provide schools with an adrenaline autoinjector and ASCIA Action Plan for the student, which should be stored unlocked and easily accessible to staff. If a student is treated with an adrenaline autoinjector, an ambulance must be called immediately to take the student to a hospital.

## How can anaphylaxis be prevented?

The key to the prevention of anaphylaxis is:

- knowledge of students who are at risk,
- awareness of known allergens, and
- prevention of exposure to known allergens.

Some students wear a medical warning bracelet to indicate allergies.

## How can parent bodies support anaphylaxis management in schools?

Parent bodies can support the school in allergy and anaphylaxis management by:

- ensuring fundraising activities don't involve food. If conducting a fundraiser which does involve food, liaise with school administration regarding appropriate food choices consistent with the school's anaphylaxis management strategies.
- liaising with school administration regarding appropriate risk minimisation strategies for the school canteen and supporting the school's anaphylaxis management strategies.
- ensuring canteen staff and volunteers are educated about food allergy and how to prevent cross contamination when preparing, storing and serving food.

For more information about food allergy and the school canteen, refer to the fact sheet for Canteens.

## Further information:

WA Department of Health  
[www.health.gov.wa.au/anaphylaxis](http://www.health.gov.wa.au/anaphylaxis)

Australasian Society of Clinical Immunology and Allergy (ASCIA)  
[www.allergy.org.au](http://www.allergy.org.au)

Anaphylaxis Australia  
[www.allergyfacts.org.au](http://www.allergyfacts.org.au)



Delivering a Healthy WA