



**St Michael's**  
Lutheran Primary School

# **Allergy Risk Minimisation Policy Anaphylaxis**

*School Council Approved July 2014, next review 2017*

## Allergy Risk Minimisation Policy

### **BACKGROUND**

Allergies occur in around 1 in 20 children. Fortunately, the majority of allergies are not severe and usually improve with time, particular in children. However, when severe reactions occur they are frightening for patients and those involved in their care.

People, who suffer from an allergy need to identify the cause, recognize the early symptoms of an allergic reaction and start treatment early. Children, particularly younger children, will need to have special measures in place if there is a possibility of a severe allergic reaction.

Whilst St. Michael's cannot guarantee to be 'trigger free of certain allergens', minimising exposure to particular allergens, such as peanuts, can reduce the level and risk.

### **HOW ARE ALLERGIES MANAGED?**

People who are known to suffer from food allergy, or in the case of children, staff members responsible for their safety and care, need to:

- identify and avoid the cause (if possible)
- recognize the early symptoms of an allergic reaction
- know what to do if it happens.

### **WHAT IS ANAPHYLAXIS?**

While the majority of allergic reactions are mild, some individuals may develop difficulty in breathing due to asthma or throat swelling, or a drop in blood pressure. This is known as **Anaphylaxis and is a potentially life threatening condition if not treated immediately with specialist medication.**

An allergy to peanuts for example is one of the most common triggers.

### **THE FOUR KEY STEPS IN THE PREVENTION OF ANAPHYLACTIC REACTIONS IN CHILDREN IN SCHOOLS:**

#### **1. Obtaining current medical information about children at severe risk.**

All children identified with severe allergies need to have an Anaphylaxis Action Plan (see Appendix 1). This plan must be signed by the child's doctor or specialist.

#### **2. Training for those responsible for the care of children concerning the risk of anaphylaxis and first aid procedures to be followed.**

- whole school awareness

- with permission of parents, have the student's name, photo and the allergy trigger displayed in the staff room, canteen, staff class folders, yard duty bags.
- individual letter to all parents in a class if a class member has a severe allergy issue, requesting support to create a safe environment (see Appendix 2)
- promotion of general hygiene amongst students to wash hands before and after eating
- forbid the sharing of food (on a daily basis).

### **3. Implementation of strategies to minimize/prevent the risk of exposure to known triggers:**

- All staff will be trained in responding to anaphylaxis and particularly in administering an EpiPen.
- All school aged children at risk of anaphylaxis will be identified.

### **4. Education of children and community about severe allergies:**

- ensure that all affected children have an anaphylaxis kit labelled with each child's name and readily accessible, including at sport, on excursions and camps etc.
- volunteers should not be put in a position to be the sole supervisor of at risk students in school or during extra-curricular activities
- information articles are included in the newsletter once per term (see Appendix 3)
- standard letter to parents where a child in the class has a severe allergy response (Appendix 2)
- Encourage parents of students with food allergies to provide alternative non-food treats or safe home cooked cupcakes in clearly labelled containers
- ensure all staff are aware of at risk students in the school
- any harassment of allergic students to be addressed by the anti-bullying policy.

### **GENERAL PROCEDURES FOR STUDENTS WHO HAVE A FOOD ALLERGY:**

- there should be no trading and sharing of food, food utensils and food containers.
- children with severe food allergies should only eat lunches and snacks that have been prepared at home.
- bottles, other drinks and lunch boxes provided by the parents for their children should be clearly labelled with the name of the child for whom they are intended.
- the use of food in crafts, cooking classes and science experiments may need to be restricted depending on the allergies of particular children. (or consultation with parents)
- food preparation personnel should be instructed about measures necessary to prevent cross contamination during the handling, preparation and serving of food. Examples would include the careful cleaning of food preparation areas after use and cleaning of utensils when preparing allergenic foods.
- the risk of a life threatening anaphylaxis from casual skin contact, even with highly allergenic foods such as peanuts, appears to be very low. On occasions casual skin

contact will provoke urticarial reactions (hives). Simple hygiene measures such as hand washing and bench-top washing are considered appropriate.

### **SPECIAL DAYS**

From time to time, special functions will occur where food is available that may contain ingredients such as eggs or nuts, to rubber items used for decorations such as balloons. Parents who students have an allergy will be advised prior to these occasions. These past events have included;

- Sports day
- Grandparents day
- Father's day breakfast
- School Disco
- School Fun Fair
- Pedal Prix
- Inter-school sports days
- Camps
- Excursions – eg Adelaide market free food tastings
- Class food stalls for fundraising
- Family service at church
- Nursing home visit where morning/afternoon teas is provided

### **AGE APPROPRIATE EDUCATION OF CHILDREN WITH SEVERE ALLERGIES:**

Whilst it is primarily the responsibility of parents that the child is taught to care for themselves, the school also has a role to implement the care plan and reinforce appropriate avoidance and management strategies. For children who have experienced previous anaphylactic reactions this would include reasonable precautions to avoid exposure of that child to the known trigger during the period of care.

As children mature they should be able to take more responsibility for their own care.

### **ALLERGY AWARE verses BANNING FOODS eg Nuts**

Given the number of foods and other triggers to which the student may be allergic, we cannot guarantee the absence all allergens. As a school community we work closely with identified families to minimise exposure to triggers associated with anaphylaxis by implementing practical, age appropriate strategies.

### **References**

**Anaphylaxis in education and children services, planning and support guide for education and children's services 2012, Government of SA**

**SA child health and education support services (chess) [www.chess.sa.edu.au](http://www.chess.sa.edu.au)**

## APPENDIX 1

# Action plan for Anaphylaxis

## SEVERE ALLERGIC REACTIONS

### MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- abdominal pain, vomiting

### ACTION

- stay with person and call for help
- give medications (if prescribed)
- locate EpiPen® or EpiPen® Jr
- contact family/carer



**watch for signs  
of Anaphylaxis**

### ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficulty/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- loss of consciousness and/or collapse
- pale and floppy (young children)

### ACTION

- 1 Give EpiPen® or EpiPen® Jr**
  - 2 Call ambulance. Telephone 000**
  - 3 Contact family/carer**
- If in doubt, give EpiPen® or EpiPen® Jr**

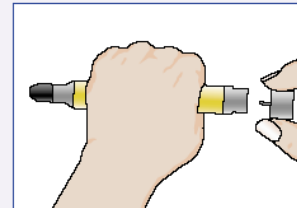
© ASCIA 2003. This plan was developed by



[www.allergy.org.au](http://www.allergy.org.au)

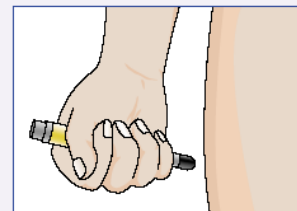
### How to give EpiPen® or EpiPen® Jr

1



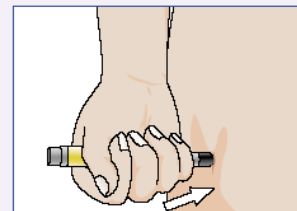
Form fist around EpiPen® and pull off grey cap.

2



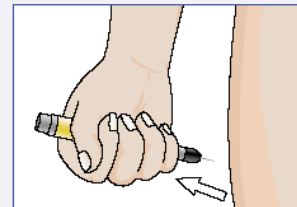
Place black end against outer mid-thigh.

3



Push down **HARD** until a click is heard or felt and hold in place for 10 seconds.

4



Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.



## APPENDIX 2



**St Michael's**  
Lutheran Primary School

Dear Parents,

There are several children in our school who have severe allergic reactions ~~to certain foods~~ that could rapidly result in ANAPHYLAXIS.

### **What is Anaphylaxis?**

The majority of allergic reactions to food, animals, materials, are mild. Hives, eczema and vomiting are the most common complaints. Some individuals develop difficulty breathing due to asthma or throat swelling, or a drop in blood pressure. This is known as **ANAPHYLAXIS**. An allergy to peanuts, ants, rubber, are some of the most common triggers; however other things can evoke similar responses in some children.

Some of these children are in your child's class who are allergic to xxxxxx. To support their safety and welfare of the children who have food allergies, we ask that you very carefully consider the foods that you send to school with your child. Sharing of these foods may trigger a possible life threatening situation.

**We ask that you do not send any food to school with your child for lunch, recess or class parties containing XXXX**

Your support in this will ensure a safe school environment for the affected children and remove a huge amount of stress and worry from their parents.

Thank you for your support.

If you wish to have further discussion about this issue please contact me directly.

Yours sincerely,

Steven Seidel  
PRINCIPAL

*(FOR NEWSLETTER)*

### **APPENDIX 3**

#### **KEEPING THEM SAFE**

We all worry about the safety of our children when they are away from our care. For some families this worry can be greater due to health complications. Several children in our school suffer severe allergic reactions to nuts, ants and other products such as rubber, that can quickly escalate to a life threatening response called anaphylaxis. For this reason we will inform the parents of each class if there are students at risk in your class, what the trigger is, so that in partnership a safe environment at St. Michael's Lutheran School is provided for all children and the stress and worry of parents and staff can be reduced.