



Rockingham Montessori School Incorporated
ABN: 68 115 270 695

POLICY TITLE: Allergy and Anaphylaxis Management Policy

BOARD APPROVAL DATE: February 2016

SIGNED BY CHAIR:

BOARD REVIEW DATE: February 2019

OVERVIEW:

Rockingham Montessori School is committed to a whole school approach to the health care and management of those members of the School community suffering from specific allergies.

The School's position is not to guarantee a completely allergen free environment, rather: to minimise the risk of exposure, encourage self responsibility, and plan for effective response to possible emergencies.

The School is committed to proactive risk allergy management through:

- The encouragement of self-responsibility and learned avoidance strategies amongst children suffering allergies.
- Provision of a rigorous staff education/training program on anaphylaxis.
- The establishment and documentation of a comprehensive management plan for the management of special health needs. (Appendix 1)
- The establishment of specific risk exposure minimisation practices and strategies wherever required within the School operations.
- Close liaison with parents of children who suffer allergies.
- A focus on the development of a sensitive and caring compassionate community, including regular newsletter communication with parents seeking support of the School's approach.

This management approach is congruent with contemporary specialist medical advice, and the School believes educating children to self manage their condition is a skill attuned to their 'real world' situation.

PRINCIPLES:

The School recognises that a number of community members (student and staff) suffer from potentially life threatening allergies to certain foods or toxins from insects. The School seeks parent, staff and contractor support towards maintaining a minimised risk environment, whilst also concentrating on ensuring effective medical response to potential anaphylactic episodes.

The intent of this policy is to minimise the risk of any child suffering allergy-induced anaphylaxis whilst at School or attending any school related activity, and to ensure staff are properly prepared to manage such emergency situations should they arise.

The common cause of allergies relevant to this policy are nuts, (in particular peanuts), dairy products, eggs, wasps, bees and ants. The allergy to nuts is the most common high risk allergy, and as such demands more rigorous controls throughout the policy than the controls for allergies to dairy products, eggs and wasps, bees and ants.

The School is also aware of the stresses imposed on parents, teachers and carers, with the potential for anaphylactic reaction in children for whom they have a responsibility. To this end, the provision of procedures and systems to effectively manage such stress is also an aim of this policy.

The underlying principles of the School Allergy and Anaphylaxis Management Policy include:

- The pro-active establishment of effective risk management practices to minimise student, staff, parents' and visitors' exposure to known trigger foods and insects.
- Staff training and education to ensure an effective emergency response to any allergic reaction situation.
- A rigorous, but age-appropriate student education program on allergy awareness and self responsibility.

DEFINITIONS

Allergy	A condition in which the body has an exaggerated response to a substance (eg. Food or drug). Also known as hypersensitivity.
Allergen	A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.
Anaphylaxis	Anaphylaxis, or anaphylactic shock, is a sudden, severe and potentially life-threatening allergic reaction to food, stings, bites or medicines.
EpiPen	Brand name for syringe style device containing the drug Adrenalin which is ready for immediate inter-muscular administration.
Minimised Risk Environment	An environment where risk management practices have minimised the risk of (allergen) exposure to a reasonable level. Not an allergen risk free environment.
Anaphylaxis Health Care Plan	A detailed document outlining an individual students' condition, treatment, and action plan for location of EpiPen. (Appendix 2)
Management System	A record system managed by the Principal which describes the individual student medical care plans and the particular teachers who will need to be trained and informed of these plans.

KEY STRATEGIES

General Aspects

- The establishment of clear procedures and responsibilities to be followed by staff in meeting the needs of children with additional medical needs.
- The involvement of parents, staff and the child in establishing an individual's medical care needs.
- Ensuring effective communication of individual child medical needs to all relevant teachers, education assistants, and other staff.

- The incorporation of allergy management strategies into the risk assessments for all School events, excursions and sporting activities.
- Staff training in anaphylaxis management, including awareness of triggers and first aid procedures to be followed in the event of an emergency.
- Age appropriate education of the children with the severe food allergies.
- In classrooms with children who suffer food allergies, parents are requested to carefully consider eliminating the allergenic food stuffs from their child's lunch boxes and for celebratory events.

Nut Related Aspects

- If the School is aware of a child who suffers a nut allergy, the School lunch caterer and outside caterers must be made aware of the risk minimisation policy and requested to eliminate nuts and food items with nuts as ingredients from their operations. This does not extend to those foods labelled "may contain traces of nuts".
- Parental responsibility to build self management skills within their allergy suffering children is promoted by the School.
- Age appropriate education for the children with the severe nut allergies including information on peanuts and tree nuts.

Dairy and Egg Related Aspects

- Children with dairy product or egg allergies are managed by the School in consultation with the parents on a case by case basis.
- Age appropriate education of the children with the severe dairy/egg allergies.

Insect Related Aspects

- Diligent management of wasp, bee and ant nests on School grounds and proximity. This must include the effective system for staff reporting to management, and a system of timely response for eradicating nests.
- Education of students to report any above normal presence of bees in play areas.
- Age appropriate education of the children with the severe insect allergies.

RESPONSIBILITIES

- **Parents are responsible for**
 - Providing ongoing accurate and current medical information in writing to the School. This will include the completion of an **Anaphylaxis Health Care Plan**. The School will seek updated information via a **Child Health Care Plan** at the commencement of each calendar year, to which parents are required to respond. Furthermore, should a child develop a condition during the year, or have a change in condition the parents must advise the School of the fact, and details to be clarified accordingly in the individual health plan.
 - Providing written advice from a doctor (GP), which explains the child's allergy, defines the allergy triggers and reaction, and any required medication, including completion of an **ASCIA (Australian Society of Clinical Immunology and Allergy) Action Plan** (Appendix 3) with a current photograph.
 - *The wearing of a medic-alert bracelet is recommended by the School.*
 - Providing EpiPens and/or other necessary medication, including monitoring their use by dates and replacing medication if necessary. (Appendix 4)
 - Providing appropriate foods to be used by the child in celebrations.

- **The Principal is responsible for**
 - Ensuring the School receives medical documentation regarding a child's allergy.
 - Ensuring there is an effective system to ensure this medical information is regularly updated into the School database.
 - Ensuring that an **Individual Anaphylaxis Health Care Plan** is established and updated for each child with a known allergy.
 - Ensuring that an **ASCIA Action Plan** is provided by the child's parents, and that these notices are posted in the child's classroom, common rooms and the Administration area.
 - Ensuring that where children with known allergies are participating in camps and/or excursions, the risk assessments and safety management plans for those camps and excursions include the child's individual **Anaphylaxis Health Care Plan**.
 - Ensuring that staff are trained in the use of EpiPens and management of anaphylaxis.

- **Teachers and Education Assistants are responsible for**
 - Ensuring they are familiar with the child's allergy and treatment thereof.
 - Ensuring that they are trained in the use of the EpiPen and are capable of managing an anaphylactic reaction.
 - Discouraging peanut butter and whole nuts of any kind and encourage pro-active practices in avoiding the use of these foods in lunches, snacks, birthday cakes, etc which may be bought into the School.

MINIMISED NUT ENVIRONMENT

The School will promote the following food allergy information through the School website, parent handbook, and letters to all families of children in any class which has a child suffering an allergy.

In classes where a child suffers a nut allergy, parents are strongly encouraged to pack snacks and lunches that do not contain:

- Peanuts
- Nuts of any type
- Foods with peanut or nut derivative or ingredient (eg. Nutella)

When cooking in class, teachers will avoid use of nuts or nut-based products.

Camps / Excursions

- The Principal shall check with any food provider and ensure 'safe' food is provided, or that an effective control is in place to minimise risk of exposure.
- Where a student is prescribed an EpiPen the Principal shall ensure they or another supervising staff member is trained in the use of the EpiPen, and capable of performing any possible required medical treatment as outlined in the student's special medical plan.
- The Principal shall ensure the EpiPen is taken on the excursion, and will be responsible for its security.
- In severe cases, especially in the early years, a parent may be required to attend the excursion/camp.

APPENDICES

1. Child Health Care Plan
2. Individual Anaphylaxis Health Care Plan
3. ASCIA Action Plan
4. Administration of Medication Form

RELATED AND SOURCE DOCUMENTS:

1. Australian Society of Clinical Immunology and Allergy Inc.
2. The Food Allergy & Anaphylaxis Network.
3. The Montessori Australia Foundation Anaphylactic Shock, Allergic Reaction and Food Intolerances Statement

FORM 2 - GENERIC HEALTH CARE MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: _____ **DOB:** _____ **Year:** _____ **Form:** _____ **Teacher:** _____

Section A – Health Care Planning – to be completed by the parent/carer

Name of your child’s health condition or need:

Daily Management Planning (if required):

Section B – Emergency Response Plan (if required) – To be completed by parent/carer and or medical practitioner

Section C – Staff Training Requirements

Is specific training for staff required to manage your child’s condition or needs? (You may like to discuss with the principal or a medical practitioner).

A. For daily management? Yes No If yes, please describe:

B. In an emergency? Yes No if yes, please describe:

Section D – Medication Instructions

	Medication 1		Medication 2		Medication 3	
Name of medication						
Expiry date						
Dose/frequency – (may be as per the pharmacist’s label)						
Duration (dates)	From:		From:		From:	
	To:		To:		To:	
Route of administration						
Administration	By self	<input type="checkbox"/>	By self	<input type="checkbox"/>	By self	<input type="checkbox"/>
Tick appropriate box	Requires assistance	<input type="checkbox"/>	Requires assistance	<input type="checkbox"/>	Requires assistance	<input type="checkbox"/>
Storage instructions	Stored at school	<input type="checkbox"/>	Stored at school	<input type="checkbox"/>	Stored at school	<input type="checkbox"/>
Tick appropriate box(es)	Kept and managed by self	<input type="checkbox"/>	Kept and managed by self	<input type="checkbox"/>	Kept and managed by self	<input type="checkbox"/>
	Refrigerate	<input type="checkbox"/>	Refrigerate	<input type="checkbox"/>	Refrigerate	<input type="checkbox"/>
	Keep out of sunlight	<input type="checkbox"/>	Keep out of sunlight	<input type="checkbox"/>	Keep out of sunlight	<input type="checkbox"/>
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>

FORM 4 - SEVERE ALLERGY/ANAPHYLAXIS MANAGEMENT & EMERGENCY RESPONSE PLAN

Name: _____ DOB: _____ Year: _____ Form: _____ Teacher: _____

Section A – Student Health Care Planning – To be completed by parent/carer (Please list specific allergens and most recent reactions in the table below).

My child is allergic to:	For each allergen provide specific information (e.g. peanuts – even small quantities)	Describe your child's most recent symptoms and date of reaction to the allergen (e.g. anaphylaxis, hay fever, hives, eczema).
Peanuts	<input type="checkbox"/>	
Tree Nuts	<input type="checkbox"/>	
Milk	<input type="checkbox"/>	
Eggs	<input type="checkbox"/>	
Soy Products	<input type="checkbox"/>	
Wheat Products	<input type="checkbox"/>	
Shellfish	<input type="checkbox"/>	
Fish	<input type="checkbox"/>	
Insect Stings or Bites (Please specify insect(s) if known)	<input type="checkbox"/>	
Medication (Please specify medicine(s) if known)	<input type="checkbox"/>	
Other/Unknown(Please specify food(s) if known)	<input type="checkbox"/>	

Section B - Daily Management

List strategies that would minimise the risk of exposure to known allergens.

Section C – Medication Instructions

	Medication 1	Medication 2	Medication 3
Name of medication			
Expiry date			
Dose/frequency – may be as per the pharmacist's label			
Duration (dates)	From : To:	From : To:	
Route of administration			
Administration Tick appropriate box	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>	By self <input type="checkbox"/> Requires assistance <input type="checkbox"/>
Storage instructions Tick appropriate box(es)	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>	Stored at school <input type="checkbox"/> Kept and managed by self <input type="checkbox"/> Refrigerate <input type="checkbox"/> Keep out of sunlight <input type="checkbox"/> Other <input type="checkbox"/>

Section D – Emergency Response – As per anaphylaxis (ASCIA) action plan attached (This must be completed by your child's medical practitioner). If unavailable go to <http://www.allergy.org.au/content/view/10/3/> for Anaphylaxis Emergency Plans and Management Forms.

Section E – Authority to Act

This severe allergy/anaphylaxis management and emergency response plan authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my/our child's health care requirements.

Parent/Carer: Date:	Medical Practitioner Name and Medical Practice Medical Practitioners Signature: Provider Number:	Review Date: Date:
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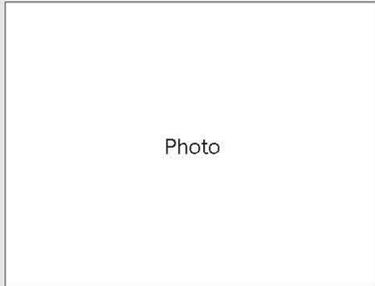
Name:	DOB:	Year:	Form:	Teacher:
Office Use Only				
Date received:		Date uploaded on SIS:		
Is specific staff training required?				
Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of training:		
Training service provider:				
Name of person/s to be trained:			Date of training:	
OF 2				FORM 4 PAGE 2
When completed, please attach the Student Health Care Summary to the front of this document.				FORM 4 PAGE 1
OF 2				

ACTION PLAN FOR Anaphylaxis

for use with Anapen[®] or Anapen[®] Jr adrenaline autoinjectors

Name: _____

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:
Dr _____

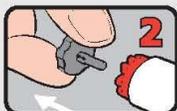
Signed _____

Date _____

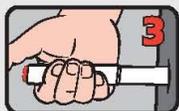
How to give Anapen[®] or Anapen[®] Jr



1 PULL OFF BLACK NEEDLE SHIELD.



2 PULL OFF GREY SAFETY CAP from red button.



3 PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing).



4 PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen[®] and DO NOT touch needle. Massage injection site for 10 seconds.

MILD TO MODERATE ALLERGIC REACTION

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

ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks**
- Stay with person and call for help
- Give medications (if prescribed) dose:
- Locate Anapen[®] or Anapen[®] Jr
- Contact family/emergency contact



Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

- 1 Lay person flat, do not stand or walk. If breathing is difficult allow to sit**
- 2 Give Anapen[®] or Anapen[®] Jr**
- 3 Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Contact family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give Anapen[®] or Anapen[®] Jr

Anapen[®] Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____

ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____



Photo

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

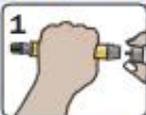
Plan prepared by: _____

Dr _____

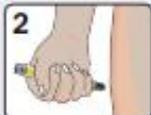
Signed _____

Date _____

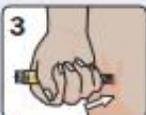
How to give EpiPen® or EpiPen® Jr



1 Form fist around EpiPen® and PULL OFF GREY SAFETY CAP.



2 PLACE BLACK 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 10 seconds.



4 REMOVE EpiPen® and DO NOT touch needle. Massage injection site for 10 seconds.

© ASCIA 2011. This plan was developed by ASCIA

for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors

MILD TO MODERATE ALLERGIC REACTION

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

ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks**
- Stay with person and call for help
- Give medications (if prescribed) dose:
- Locate EpiPen® or EpiPen® Jr
- Contact family/emergency contact



Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

- 1 Lay person flat, do not stand or walk. If breathing is difficult allow to sit
- 2 Give EpiPen® or EpiPen® Jr
- 3 Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)
- 4 Contact family/emergency contact
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give EpiPen® or EpiPen® Jr

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____

ADMINISTRATION OF MEDICATION



This form is to be used when a parent/carer requests school staff to administer medication to their child on a short term basis.

Note: Long term administration of medication should be incorporated in a health care plan.

NAME: _____ **CLASS:** _____ **DATE:** ____ / ____ / ____

Medication:	Expiry Date:
Time for medication to be given:	Frequency:
Administration: <input type="checkbox"/> By Self <input type="checkbox"/> Requires Assistance	Storage:

Staff duties may cause a delay in administering the medication or failure to administer the medication.

The school and staff in no way be liable for civil action related to the administration of medication.

Parent to complete

Staff to Complete

Date	Medication	Dose	Time Given	Staff Initials

I agree to the above.

Parent/Guardian

Name: _____ Signature: _____

Date: _____