

St John's Primary School

Promulgated: 2015
Reviewed: 2017
To Be Reviewed: 2019

Anaphylaxis Management Policy



*St John's Primary School, as part of the Catholic faith community,
strives to provide a caring, compassionate and supportive environment,
where each person is valued and encouraged
to develop to his/her full potential.*



Anaphylaxis Management Policy

Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school-aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline auto injector (such as an EpiPen[®] or Anapen[®]) into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

St John's recognises that it is difficult to achieve a complete allergen free environment in a school context. St John's is committed to adopting and implementing a range of procedures and risk minimisation strategies:

- To reduce the risk of a student having an anaphylactic reaction at school
- To ensure that staff are trained to respond appropriately if a student has an anaphylactic reaction

Purpose

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy/guidelines in the school community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Health Care Plans

The Principal will ensure that an Individual Anaphylaxis Health Care Plan (see end of this policy for template) is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Health Care Plan (ASCIA Action Plan – see Appendix 1) will be in place as soon as practicable after the student is enrolled and where possible before their first day of school.

The student's Individual Anaphylaxis Health Care Plan will be reviewed, in consultation with the student's parents/guardians:

- annually, and as applicable,
- if the student's condition changes,
- immediately after the student has an anaphylactic reaction.

It is the responsibility of the parent/guardian to:

- provide an ASCIA Action Plan completed by the child's medical practitioner with a current photo,
- inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA Action Plan.

Communication

The Principal will be responsible for providing information to all staff, students and parents/guardians about anaphylaxis and development of the school's anaphylaxis management strategies. Parent and Staff Handbooks will include basic information regarding the school's allergy management and will refer to the availability of the policy on the school website.

Volunteers and Casual Relief teachers

Volunteers and casual relief staff will be informed on arrival at the school if they are caring for a student at risk of anaphylaxis and their role in responding to an anaphylactic reaction, including:

- the students at risk of anaphylaxis
- the symptoms of an anaphylactic reaction
- the student's allergies
- the individual anaphylaxis management plans and
- the location of the EpiPen kits

Staff training and emergency response

All teachers and other school staff will undertake regular training in anaphylaxis management including how to respond in an emergency (online e-training and certification through; <http://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare>)

All staff will be directed to review the school's Anaphylaxis Policy each semester per calendar year by the principal on:

- children at risk
- how to use an adrenalin auto injector
- first aid and emergency response procedures

At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis. Training will be provided to these staff as soon as practicable after the student enrolls.

Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the student's parents/guardians.

The school's first aid procedures and student's ASCIA Action Plan will be followed when responding to an anaphylactic reaction. The St John's Allergy Aware Blurb must also be consulted (Appendices 3).

In a case of an Anaphylaxis event:

- Teacher must remain with the student and send someone, using the red card system, to obtain help from the office
- Staff members informed of student reaction to locate the student's epipen from the First Aid room
- Follow student's Action Plan
- Lay the students flat and elevate their legs. Do not stand or walk. If breathing is difficult for them, allow to sit but not stand
- Epipen is administered if deemed necessary, following Action Plan needs
- Immediately call an ambulance 000
- Contact the student's emergency contacts
- Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another staff member to move other students away and reassure them elsewhere.
- Further adrenaline doses may be given if no response after 5 minutes

- Note the time of administration and advise paramedics when they arrive. Hand the paramedics the used adrenalin auto injector(s)
- Complete an accident report form

Risk Minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. St John's employs a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies followed at St John's Catholic Primary School.

Setting	Considerations
Classroom	<ul style="list-style-type: none"> • Display a copy of the students ASCIA Action Plan in the classroom. • Liaise with parents/guardians about food related activities ahead of time. • Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school's allergen minimisation strategies and the Healthy Food & Drink Policy (outlining classroom rewards, parties, etc.). • Never give food from outside sources to a student who is at risk of anaphylaxis. • Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons). • If cooking is planned for a learning experience, then this policy must be adhered to in conjunction with the St John's Healthy Food & Drink Policy / Allergy Aware Blurb (Appendix 3). • Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. • Health Education includes teaching the children about allergies through; <ol style="list-style-type: none"> 1. Awareness: Know what your classmates are allergic to 2. Avoidance: Never share food. Wash your hands after eating. 3. Action: Tell a Teacher straight away if someone with allergies looks sick – even if they don't want you to. • Casual/relief teachers will be provided with a copy of the student's ASCIA Action Plan – they are displayed in the classroom
Canteen	<ul style="list-style-type: none"> • Where there may be an external/contracted food service provider, the provider should be able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling. • With permission from parents/guardians, canteen staff (including volunteers), should be briefed about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans. With permission from parents/guardians, student's names, photos and the foods they are allergic to, be displayed in the canteen as a reminder to canteen staff. • Liaise with parents/guardians about food for the student. • Food banning is not recommended from St John's Canteen, as also stated in the Healthy Food & Drink Policy / Allergy Aware Blurb (Appendix 3). • Products labelled 'may contain traces of peanuts/tree nuts' should not be purchased for our canteen. • Be aware of the potential for cross contamination when storing, preparing, handling or displaying food. • Ensure tables and surfaces are wiped clean regularly.
School Grounds	<ul style="list-style-type: none"> • The 2 Duty Teacher bags carry a photo and details of students with medical needs. • The 2 Teachers on duty to wear a bright coloured vests and have the response red card system in place for anaphylaxis • The student with anaphylactic responses to insects should wear shoes at all times. Including travelling to/from swimming lessons/events and where essential – the water slide event. • Keep outdoor bins covered. • The student should keep open drinks (e.g. drinks in cans) covered while outdoors. • All St John's Staff are trained to recognise the signs and symptoms of Anaphylaxis and are able to provide an emergency response to anaphylaxis, including during non-meal times, e.g., recess and lunch. The Assistant Principal is responsible. • The adrenaline auto-injector is easily accessible from the school grounds. This is housed in the First Aid Room in an unlocked cupboard labelled Epipens and Asthma medication. This is made known to all staff during Induction and during Principal updates each term/semester • St John's duty staff, PE specialist to utilise the 'red card' symbol for allergic reaction to seek support from Admin Office - in the event of an anaphylactic emergency. • Displaying Action Plans in appropriate areas in the school, e.g., in the First Aid Room, staff room and

	<p>pertinent classrooms.</p> <ul style="list-style-type: none"> • All staff and first aid kits have emergency action cards. • Students at risk of anaphylaxis are encouraged to have a buddy system. • Allergy/anaphylaxis posters displayed around the school to increase awareness. They are located in the Principal’s office, First aid room, Staff room and Canteen. • Prescribed adrenaline auto-injectors are easily accessible and centrally stored. (First Aid Room in Admin.) • The Early Learning Centre has an emergency response red card system in place for anaphylaxis emergencies. • At the beginning of each school year the Principal will send details of the student’s medical situation home for review. Parents are asked to provide the school with a current action plan and medication. • St John’s School holds two spare Epi pens in the First Aid room for general use and as backup to those supplies by parents.
<p>On-site events (e.g. sporting events, in school activities, class parties)</p>	<ul style="list-style-type: none"> • The attachment to St John’s Catholic Primary School’s Healthy Food Policy regarding food in the classroom should always be consulted first. • For special occasions, class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student. • Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school’s allergen minimisation strategies (see St John’s Healthy Food Policy). • Staff must know where the adrenaline auto injector is located and how to access if required. Relief Staff require information in the Relief Teacher Booklet re management of Duty and students on Medic Alert list. • For sporting events, it is always appropriate to take the student’s adrenaline auto injector to the oval. If the weather is warm, the auto injector should be stored in an esky to protect it from the heat.
<p>Off-site school settings – field trips, excursions</p>	<ul style="list-style-type: none"> • The student’s adrenaline auto-injector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions. • One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector should accompany the student on field trips or excursions. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis. • Staff ‘in charge’, i.e., class teacher, PE Coordinator, to review emergency procedure outlining clear roles and responsibilities in the event of an anaphylactic reaction whilst attending off site events. • The school will consult parents/guardians in advance to discuss any issues that may arise off site, to develop an alternative food menu or request the parent/guardian to send a meal (if required). • Parents/guardians may wish to accompany their child on field trips and/or excursions. This will be discussed with parents/guardians as another strategy for supporting the student. • Staff will consider the potential exposure to allergens when consuming food on buses and other types of transport used for excursions.
<p>Off-site school settings – camps and remote settings</p>	<ul style="list-style-type: none"> • When planning school camps, a risk management plan for the student at risk of anaphylaxis will be developed in consultation with parents/guardians and camp managers. • Campsites/accommodation providers will be advised in advance of any student with anaphylaxis. • For students with food allergies, staff will liaise with parents/guardians to develop alternative menus or allow students to bring their own meals. • Camp providers should avoid stocking peanut or tree nut products, including nut spreads. Products that ‘may contain’ traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts. St John’s staff will notify the caterers prior to arriving to camp regarding any food allergies students may have. • Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided. • The student’s adrenaline auto-injector and ASCIA Action Plan and a mobile phone must be taken on camp. • A team of staff who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector will accompany the student on camp. However, all staff (including Parent helpers) present will be made aware if there is a student at risk of anaphylaxis. • Staff will develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction – this will be clear in the Risk Management Assessment and the Camp Booklet of information for Staff / Parents attending Camp. • Staff will be aware of what local emergency services are in the area, how to access them and will liaise with them before the camp. • The adrenaline auto-injector will remain close to the student at risk of anaphylaxis and staff will be aware of its location at all times. It will be carried in the school first aid kit.

	<ul style="list-style-type: none"> • The student with allergies to insect venoms should always wear closed shoes when outdoors. • Cooking and art and craft games should not involve the use of known allergens. • Staff will consider the potential exposure to allergens when consuming food on buses and in dormitories.
Community	<ul style="list-style-type: none"> • At the start of each year the class Teacher to send an email reminding parents/carers of names and allergies of class members. • When new family join the schools they are also to be informed • Promote awareness during "Allergy Awareness Week"

Evaluation or Incident Review

If a student has an anaphylactic reaction

- Complete an accident report form
- review the adequacy of the response of the School
- provide a detailed summary of the incident to the parents/carer
- Consider the need for additional training and any other corrective action or training.

St John's Catholic Primary School Anaphylaxis Management Checklist

Name _____ Year Level _____

ACTIONS	DATE DONE
○ Actively seek information to identify a student with severe life threatening allergies at enrolment.	
○ If a student has been diagnosed as being at risk of anaphylaxis, meet with the parents/ guardians to complete an Individual Anaphylaxis Health Care Plan.	
○ Parents/guardians are to provide copies of the student's ASCIA Action Plan completed by their medical practitioner with an up to date photo.	
○ Display the student's ASCIA Action Plan in appropriate staff areas around the school (e.g. sick bay, classrooms).	
○ Parents/guardians are to provide the student's adrenaline auto-injector and other medication (e.g. asthma reliever medication) within expiry date.	
○ Adrenaline auto-injectors are stored in an unlocked location, easily accessible to staff, but not accessible to students. It is stored with the student's ASCIA Action Plan and away from direct sources of heat and sunlight.	
○ Establish a process for checking the adrenaline auto-injector to make sure it has not expired and has no discolouration or sediment.	
○ Establish processes for checking the adrenaline auto-injector and ensuring ASCIA Action Plans are taken whenever the student participates in off-site activities (e.g. camps, excursions, sports days).	
○ Develop a school-based anaphylaxis management policy and implement strategies to minimise exposure to known allergens.	
○ Arrange staff training which should include the recognition of allergic reactions, emergency treatment, practice with adrenaline auto-injector trainer devices and risk minimisation strategies.	
○ Hand out anaphylaxis fact sheets to staff to raise awareness about anaphylaxis.	
○ Mail/distribute letters to parents/guardians in the school community and include information snippets in newsletters to raise awareness about anaphylaxis and the school's policies/guidelines. See St John's Allergy Aware Blurb (Appendix 3).	
○ Include information regarding the Anaphylaxis Management Policy in addition to the St John's Healthy Food & Drink Policy in the Parent and Staff Handbooks.	
○ Regularly review (e.g. at the beginning of each semester) anaphylaxis management strategies and practise scenarios for responding to an anaphylaxis emergency.	
○ Review the student's Individual Anaphylaxis Health Care Plan annually, if the student's situation changes or after an anaphylactic incident.	

Adapted from the Department of Education and Early Childhood Development, Victoria, *Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian government schools (2006)*.



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www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name: _____
Date of birth: _____

Photo

Confirmed allergens: _____

Asthma Yes No

Family/emergency contact name(s): _____

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by:
Dr: _____
Signed: _____
Date: _____

How to give EpiPen®

1

Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.

2

PLACE ORANGE 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.
REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis

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
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed)
- Dose:
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

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 allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr**
- 3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone 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 adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.
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 _____

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

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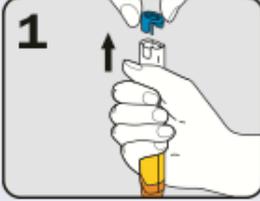
www.allergy.org.au

ACTION PLAN FOR

Anaphylaxis

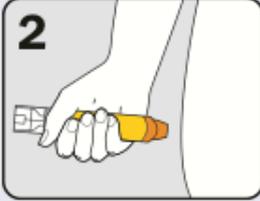
How to give EpiPen®

1



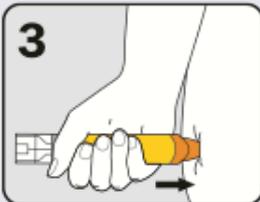
Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.

2



PLACE ORANGE 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.
Remove EpiPen®. Massage injection site for 10 seconds.

For use with EpiPen® 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
- Locate EpiPen® (or EpiPen® Jr if aged 1 - 5 years)
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

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 allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® (or EpiPen® Jr if aged 1 - 5 years)**
- 3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone 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 adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis

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APPENDIX THREE: ST JOHN'S CATHOLIC PRIMARY SCHOOL

ALLERGY AWARE BLURB

St John's CPS is an 'Allergy Aware' School

Previously St John's CPS has been a nut, egg and fish friendly school and has asked parents to avoid sending such items to school in children's lunchboxes. Recently the Health Promoting School Committee decided to review the position schools take on food allergies in accordance with the Anaphylaxis Management Guidelines for Western Australian Schools; Department of Health & Allergy and Anaphylaxis Australia (2010). The following information is taken from this document:

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. As death can result from anaphylaxis, it must be regarded as a medical emergency.

Allergy (or Allergies) is when the immune system reacts to substances (allergens) in the environment, which are usually harmless (eg. food proteins, pollens, dust mites and insect venoms).

The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect stings (particularly bee stings).

A food allergy is an abnormal immune response to ingested food occurring within minutes that results in symptoms such as swelling of lips, eyes or face, hives or welts, tingling mouth, abdominal pain and vomiting, eczema or rashes. Anaphylaxis is a severe, life threatening reaction which includes any one of the following symptoms: difficult/noisy breathing, swelling of tongue, swelling or tightness in the throat, difficulty talking/hoarse voice, wheeze or persistent cough, dizziness or collapse, and pale and floppy in young children. Anaphylaxis must be treated as a medical emergency requiring the administration of adrenalin.

While over 90% of food allergic reactions in Australia are caused by the 9 allergens listed above, it should be noted that ANY food can cause an allergic reaction including anaphylaxis. Around 1 in 20 children in Australia have food allergy.

Given the number of foods to which the students may be allergic, it is not possible to "ban" all potential food allergens from the school environment. For this reason, St John's CPS is aligning its policy on food allergies with the Anaphylaxis Management Guidelines for Western Australian Schools; Department of Health & Allergy and Anaphylaxis Australia (2010).

Minimising the Risk of Exposure

It is better for school communities to become aware of the risks associated with anaphylaxis and to implement practical, age appropriate strategies to minimise exposure to known allergens.

Promoting St John's as 'allergy aware' rather than egg, nut and fish free is one strategy that will be implemented to reduce the risk of exposure and increase awareness.

PK, K, PP

It is important that staff raise awareness of the topic of allergies with all children. Children in these early years are restricted from bringing nuts, nut spreads, eggs and fish products in their lunchboxes if there is a known child with a life threatening allergy in any of these age group classes. If a teacher chooses to do cooking, then they will adhere to the St John's Anaphylaxis Management Policy to safely conduct the lesson.

Yr 1 – Yr 6

It is important that staff raise awareness of the topic of allergies with all children particularly that it is not acceptable to share food with friends who have food allergies. Children in these years are able to bring eggs, fish, nuts and nut spreads in their lunch boxes. However, if there is a child in a class with a known food allergy the other children need to be alerted to this. The children should be made aware that they can make another child ill by cross contamination after eating, through touch, (although severe reactions, i.e., anaphylaxis, only occurs after actual ingestion of the allergen). If children eat lunch at their desks or tables then it may be necessary to clean the eating surfaces when the meal is finished. If there is a child with a life threatening allergy in the class other children MAY

be asked to avoid bringing that food to school however this will be assessed on a class by class basis, dependent on age and circumstance.

In the school canteen

“Food banning is not recommended (see Step 4 of ‘allergy awareness’ in schools, p16 in the reference below), however some school communities may choose not to stock peanut and tree nut products (including nut spreads) in the canteen as one of the school’s risk minimisation strategies. The ‘Snack Shack’ (St John’s Canteen) does not stock any products that ‘contain traces of peanuts/tree nuts’, and ‘made on same equipment as’.

Other strategies to minimise the risk of exposure to known allergens include (and are more detailed in the St John’s Anaphylaxis Management Policy):

- Staff training
- Health Education:
We teach the children about allergies through-
Awareness: Know what your classmates are allergic to
Avoidance: Never share food and wash your hands after you eat
Action: Tell a teacher straight away if someone with allergies looks sick...even if they don’t want you to.
- Allergen avoidance when conducting cooking lessons
- No sharing of food policy
- All staff and students are encouraged to wash their hands after meal times.
- Surfaces where food is prepared and eaten will be washed before and after.
- Parents / guardians must consult with the class teacher before sending food to school for students to share.
- Completion of Health Care Plans in consultation with parents/guardians and medical practitioners.
- Regular newsletter snippets reminding about being ‘Allergy Aware.’
- The information above will also be included in all Parent Handbooks (Pre Kindy, Kindergarten, Pre Primary and General).

See the St John’s CPS Anaphylaxis Management Policy for more details.

Reference

Anaphylaxis Management Guidelines for Western Australian Schools; Department of Health & Allergy and Anaphylaxis Australia. Department of Health, WA (2010)

<http://www.health.wa.gov.au/anaphylaxis/docs/schools/11289%20SK13%20Guidelines.pdf>