

# Anaphylaxis (students with) Policy

## POLICY STATEMENT

St Benedict's Catholic College endeavours to provide a safe and supportive school environment for all students in our care. This is inclusive of students with special health needs, in particular those diagnosed with anaphylactic reactions. Anaphylaxis can be defined as:

*“a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen, for example a food or insect bite. Although death is rare, anaphylactic reactions always require an emergency response”*

## GUIDING PRINCIPLES

1. All parents are required to complete section 6 (medical details) and section 7 (special needs) of the enrolment application form. The school will monitor this to identify students who have been diagnosed with an anaphylactic reaction.
2. Parents of students with anaphylactic reactions are required to provide the College with relevant medication and medical information from their medical practitioner. (forms B&C to be completed)
3. The Principal, or delegate, will meet with parents and collaboratively develop an individual health care plan. (Form A)
4. The College will implement strategies to provide a safe environment by reducing, as much as possible, contact between the child and the identified allergen(s). (Form D)
5. An action plan for the child (Form F) will be completed and displayed in the staffroom, canteen and office.
6. All staff at the school will be provided with the appropriate medical training in the event of an exposure to an allergen, this includes administering an epipen.
7. Educational resources to support the College community in adhering to the policy will be made readily available.

## BASIS OF DISCRETION

The Principal has the right of discretion to make provision for departure from the policy in the event of unforeseen or exceptional circumstances.

## SUPPORTING DOCUMENTATION

- Anaphylaxis – Guidelines for Schools, NSW Health
- Form A - Anaphylaxis Cover Sheet
- Forms B & C - Information from Medical Practitioner
- Form D - Strategies to avoid allergens
- Form E - Students with severe allergies
- Form F - Action Plan for Anaphylaxis Children.



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- Flow Chart – Managing anaphylaxis at school.

## **POLICY RELEASE DETAILS**

**Reviewed by** Policy Committee **Review Date** 10/10/2018

**Approved by** Michael Hanratty **Approval Date** 10/10/2018

**Evaluation** 3 years - 10/10/2021

**Access** Internal - Staff Handbook, Staff Server  
External - SBCC Website

Date of Implementation 31/1/2019

Principal ..... Date: .....



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**FORM A**

## **Cover Sheet**

*The plan is to be completed by the principal on the basis of information from the student's medical practitioner provided by the parent.*

School: St. Benedict's Catholic College

Phone:

Student's name:		
DOB:		
Severely allergic to:		
Health conditions:		
Medication at school:		
Parent contact:	<b>Parent information (1)</b> Name(s):  Relationship to child:  Address:  Home phone:  Work phone:  Mobile phone:	<b>Parent information (2)</b> Name(s):  Relationship to child:  Address:  Home phone:  Work phone:  Mobile phone:
Other emergency contacts (if parent unavailable)	Name(s):  Relationship to child:  Address:  Home phone:  Work phone:  Mobile phone:	
	Mobile (if known):	



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Name:

Fax (if known):

Address:

Phone:

Email (if known):

Emergency  
care  
provided at  
school:

EpiPen  
storage:

The above individual health care plan has been developed with my knowledge and input and will be reviewed on (insert date of proposed review)

Signature of parent:

Date:

Signature of principal:

Date:



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FORM B

## Information for the school from the medical practitioner

*Information to be completed on the basis of information from the patient's medical practitioner.*

Name of patient:

Class or Year:

This patient has allergies to: 1.

2.

3.

This patient has:

☐

mild asthma

☐

moderate asthma

☐

severe asthma

☐

no history of asthma

Prescribed medication:



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Information:

Medical practitioner:

Address:

Phone:

Fax:

Email:



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**FORM C**

**Letter and form for the parent(s) to take to the medical practitioner**

Dear Doctor,

The parent bearing this letter has advised the school that your patient

is at risk of anaphylaxis (severe allergic reaction)

when exposed to certain allergens.

To assist the school in providing a safe environment for the student I have asked this parent to seek information from you about:

- known allergens
- medication prescribed
- when and how medications should be administered
- any other details you believe are important.
- 

This information should be provided to the parent so that it can be conveyed to the school. Please provided this information on the attached for or in your own format. This information will be critical in managing this student should an anaphylactic reaction occur.

Please telephone The College if you require further information.

Thank you for your attention to this matter.

Yours sincerely

Principal:

School:

I, \_\_\_\_\_, consent to this information being provided for the  
\_\_\_\_\_  
(Parent)  
school's use.



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signature:

Date:





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FORM D

## Strategies to avoid allergens

Student's name:

DOB:

SEVERE ALLERGIES:

Asthmatic? ☐ Yes\* ☐ No

\*High risk for severe reaction

Other known allergies:

- 
- 
- 

Risk	Strategy	Who?
	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>
	<ul style="list-style-type: none"><li>•</li><li>•</li><li>•</li></ul>	<ul style="list-style-type: none"><li>•</li></ul>



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# Anaphylaxis (students with) Policy

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FORM E

## Students with severe allergies

*This form is to be completed by the parent of a child with an allergy and returned to the principal. The purpose of collecting this information is to identify children whose parent will need to provide further medical information.*

School to complete:

Dear

you have identified

as having an allergy/allergies to:

*Please complete the questions below and return to the principal.*

1. My child has an allergy to: ☐ insect sting (specify)
- ☐ drug (specify)
- ☐ Food:
- |            |           |
|------------|-----------|
| peanuts    | Y/N       |
| other nuts | Y/N       |
| fish       | Y/N       |
| shellfish  | Y/N       |
| other      | (specify) |
- ☐ latex
- ☐ other (specify)
- |  | Yes                      | No                       |
|--|--------------------------|--------------------------|
| 2. My child has been hospitalised with a severe allergic reaction. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. My child has been prescribed an EpiPen.                         | <input type="checkbox"/> | <input type="checkbox"/> |



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ted by

on

Parent

Date



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# **Anaphylaxis (students with) Policy**

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**FORM F**

**Cover Sheet**

## **(Insert Year) ACTION PLAN FOR ANAPHYLAXIS CHILDREN – (Insert School & Class)**

Insert Photo Here

**Insert child's name & class**

Allergy

Epipen Required:

Presents As

Action:

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## MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Abdominal pain, vomiting

## ACTION

- Stay with child and call for help
- Give medications (if prescribed e.g. antihistamine)
- Locate EpiPen or EpiPen Jr
- Contact parent / 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)

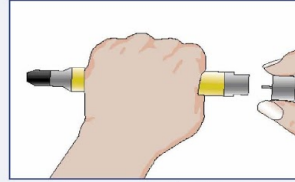
## ACTION

- Give EpiPen or EpiPen Jr
- Call ambulance. Telephone 000
- Contact parent / carer

**IF IN DOUBT GIVE EPIPEN**

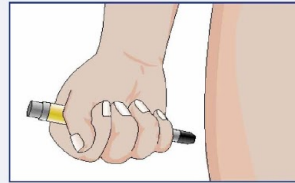
## How to give EpiPen® or EpiPen® Jr

1



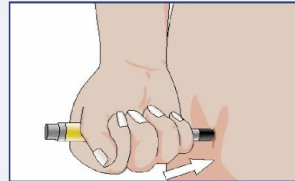
Form fist around EpiPen® and pull off grey cap.

2



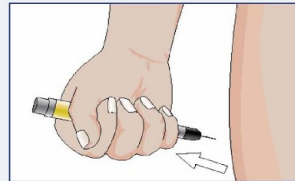
Place black end against outer mid-thigh.

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.