

*Christ the King
Catholic Primary School*

Anaphylaxis Policy

Introduction

At Christ the King School we value our children and provide a happy and secure school environment. Our School Mission Statement articulates the priority we place on respect for and care of each member of our community. The school community recognises the need to have an Anaphylaxis and Severe Allergies Policy.

A potentially life-threatening allergic reaction, called anaphylaxis, can be triggered by exposure to one or more allergens, including foods, insect stings, drugs, and latex products. Anaphylaxis can affect multiple areas of the body (such as skin, respiratory tract, gastrointestinal tract and the cardiovascular system). Symptoms can include severe headache, nausea and vomiting, sneezing and coughing, hives, swelling of the lips, tongue and throat, itching all over the body, and anxiety. The most dangerous symptoms include difficulty breathing, a drop in blood pressure, and shock - all of which can be fatal.

Rationale

The Christ the King School Anaphylaxis Policy aims to:

- safely support students with anaphylaxis and severe allergies
- develop and maintain a school action and implementation plan for students with severe allergies
- provide a position for the community on food management, hygiene, safe food handling, parent education, student education and tuckshop and classroom protocols to support students with severe allergies
- provide opportunities for staff members to be educated about the administration of medicine for students with severe allergies
- document the school community's agreed position on, and accepted procedure for dealing with students with severe allergies

Policy Statement

At Christ the King School we seek to educate all students and staff regarding the life threatening effects of students with severe allergies. Children's individual medical needs will be taken seriously and all possible action will be taken to ensure that priority is given to the safety of all students. The school will work with parents, medical staff and Archdiocesan authorities to ensure safe, appropriate intervention for these students. An enrolment support process is to be implemented for all students with severe allergies.

There is no cure for anaphylaxis, so strict avoidance of triggers is the only way to keep a severe reaction from occurring. The most common triggers for anaphylaxis are:

- **Foods** - Any food can trigger an allergic reaction, but the most common are: peanuts, nuts from trees (e.g., walnut, cashew, and Brazil nut), shellfish, fish, milk and eggs. It is important to talk to cafeteria staff and your child about what foods to avoid and not to trade food with other children.
- **Stinging Insects** - Venom of stinging insects such as yellow jackets, honeybees, paper wasps, hornets and fire ants can cause severe and deadly reactions. Recess exposes children to stinging insects. Teach your child where they are commonly located and how to avoid them.
- **Medications** - Any medication can trigger a reaction, but the most common drugs that cause anaphylaxis are antibiotics and anti-seizure medications. The school should be aware of what medications your child is allergic to and should have epinephrine available in case of a severe reaction.
- **Latex** - Products made from natural latex (from the rubber tree) contain allergens that can trigger reactions in sensitive individuals. Inspect the toys in your child's classroom and inform their teacher about this allergy.
- **Exercise** - Although rare, exercise can trigger anaphylaxis after eating certain foods before beginning the activity. Inform your child's teacher of this allergy, and check to see if your child can participate in physical activity before the lunch hour.

Glossary

Adrenalin (epinephrine): A hormone produced by the adrenal glands. As a medication, it is used in the treatment of severe acute allergic reactions such as anaphylaxis and asthma. It is usually injected, although it can be administered by inhalation.

Allergic Reaction: The body's response to something called an allergen that comes in contact with the skin, or by inhalation, swallowing, or injection.

Anaphylactic Shock: The most severe form of allergy, which is a medical emergency. An oftentimes severe and sometimes fatal systemic reaction in a susceptible individual after exposure to a specific allergen (such as wasp venom or penicillin), following previous sensitization. Characterized especially by respiratory symptoms, fainting, itching, hives, swelling of the throat or other mucous membranes, and a sudden drop in blood pressure.

Anaphylaxis: Anaphylaxis, or anaphylactic shock, is a severe, frightening and life-threatening allergic reaction. The reaction, although rare, can occur after an insect sting or as a reaction to an injected medication - for example, penicillin or antitetanus (horse) serum. Less commonly, the reaction occurs after a particular food or medication has been taken by mouth.

Epinephrine: Also called adrenaline. One of two chemicals (the other is norepinephrine) released by the adrenal gland, usually in times of stress. Epinephrine increases the speed and force of heartbeats. It dilates the airways to improve breathing

and narrows blood vessels in the skin and intestine so that an increased flow of blood reaches the muscles and allows them to cope with the demands of exercise.

EpiPen™: A single dose of medicine (injection kit) of epinephrine you can give yourself to counteract a severe allergic reaction until medical help arrives. It is an adrenaline dose that is given to counteract a severe allergic reaction.

Intolerance: An allergy or sensitivity to a food, drug, or other substance.

Reaction-Anaphylactic: An anaphylactic reaction is a state of shock caused by a severe allergic reaction, which results in sudden collapse and, occasionally, death.

Conclusion

Regular reviews of the Christ the King School Anaphylaxis and Severe Allergies Policy must be undertaken to ensure optimal safety for students with severe allergies.