



KOJONUP DHS RISK MANAGEMENT: ANAPHYLAXIS ALLERGIES

Rationale

Teachers are in charge of children on school premises and have a duty of care to them in all Circumstances and at all times when present. Parents place this responsibility into the hands of school staff with the expectation that the child's best interests will be protected and pursued. The school as a workplace and a place of learning for children needs to comply with the laws and Acts that cover all these areas. This includes Occupational Safety and Health of Schools Policy, Duty of Care Policy and the various industrial agreements. Parents and visitors will also need to comply with these when on school premises.

The duty owed to students is:

1.1 Teaching staff owe a duty to take reasonable care for the safety and welfare of students whilst students are involved in School Activities or are present for the purposes of a School Activity. The duty is to take such measures as are reasonable in all the circumstances to protect students from risks of harm that reasonably ought to be foreseen. This requires not only protection from known hazards, but also protection from harm that could foreseeably arise and against which preventative measures can be taken.

Purpose of Risk Management Plan

- To specify the duty of care of all parties whilst attending the school.
- To outline broad guidelines by which these purposes are to be achieved to ensure expectations are realistic and achievable.
- To provide simple, documented statements of the school's and Department's policy to inform new staff, students, parents and the community in general.
- To provide reference statements for all school personnel to help ensure that consistency occurs in school planning and practices.

Risk Minimisation Plan is characterised by . . .

Kojonup District High School has a Risk Minimisation approach with regards to assisting the families of and the students with food anaphylaxis reactions. A duty of care is owed to all children at the school and in the case of children with severe allergies, this is of paramount importance.

At school, we minimise the risk by:

- Asking all children and parents to avoid having the known triggers in the foods they bring to school; that is, to NOT bring products that "do contain traces of trigger foods" within all Years K to 10.
- Not distributing these triggers in the school via class rewards or canteens,
- Asking children to wash their hands before and after eating,
- Providing information and education to our students and parents about trigger foods and possible alternatives,
- Ensuring there is verification of the condition, an emergency action plan, staff training and action plans with photographs are displayed in duty books and the medical room,
- Helping the child to independently deal with normal school situations to maintain their own safety,
- In the home class of the student at risk, raising the awareness of the above points to address the higher risk,
- Updating policy and protocol when information from DoE, ASCIA (Australian Society of Clinical Immunology & Allergy) and other relevant sources is obtained,

For the families with a child with allergies the school asks that they ensure:

1. Their child and family work in partnership with the school and provide updated emergency contacts (this may include providing or preparing foods for specific occasions or recommending alternatives),
2. Students fully understand the triggers, symptoms and take all precautions to avoid possible reactive situations,
3. They are willing to assist the school to normalise the situation for all children including their own,
4. Changes in the condition of the student's reactive levels are reported to school as soon as practically possible,
5. Updated medical reports are provided every two years outlining the present condition of their child.

For the school community:

1. To avoid having the known triggers in the foods they bring to school,
2. Not distributing these triggers in the school via class rewards or canteens,
3. in the home-class where there may be an absolute need to send trigger foods, the class teacher is informed so that appropriate precautions can be taken and alternatives provided, e.g. birthday cake/ religious needs, having the children wash their hands before and after eating as routine,
4. Finding out about the condition and sharing this information within the family,
5. Being supportive of the school and the affected family.

CONCLUSION

All our children can be assisted to have access to a fantastic Kojonup District High School education. An appreciation and compliance of this policy by all stakeholders will help all KDHS students to stay healthy and become independent and confident community members. Through the understanding and commitment of all parties an inclusive learning environment can be established and maintained at KDHS, which will help the school in minimising the need to enact emergency plans.

Review Date: As required. A regular review of this Policy should occur when major changes in information are provided by the DoE, ASCIA, parents or other parties involved. Annual Review should be undertaken.

INFORMATION Causes

The known food products that trigger these severe reactions are in most cases ones that the parent/child knows causes the reaction. Other products are either known to cause reaction in people with similar allergies or predicted to cause reaction. It is impossible to test them all, as it is a major health risk for the child.

How does it happen?

The reaction can be caused through eating a specific trigger food or eating something that has touched the trigger foods especially if prepared alongside the trigger foods. This means at home or elsewhere where food is prepared it is important for the family/food preparer to ensure that the food preparation areas/boards are free from the trigger.

In the environment, the trigger can be a smear on door handles, gates, play equipment or drinking water taps. This may be placed there by someone having just eaten a sandwich or something containing the trigger and not washing their hands. For some children it is being in close proximity to the trigger – not even touching it.

How common is Anaphylaxis allergy?

Peanuts are amongst the most common “triggers” for food allergy in children. Around 2% of four-year-old children are allergic to peanuts, fish and their by-products are also common. Allergies are diagnosed before age three in approximately half of these children. Unlike most other food allergies, these are usually lifelong. For this reason, it is important to avoid foods that contain peanuts and/or fish.

Triggers

The following list will help you as a school community parent to support the child's family and the school in minimising the risk of a reaction whilst the child is at school. (Peanuts are legumes; almonds etc. are tree nuts.)

Peanut butter sandwiches	Peanut butter dips and crackers
Reeses Peanut Butter Cups	All chocolate / Hazelnut spreads
Nutella contains 68% Peanuts, 18% Hazelnuts	Nutella dips and crackers
Snickers Bars	Snickers Pods
Picnic Bars	Incredibites-Choc/Hazelnut Flavour
Cadbury/Nestle Fruit and Nut Chocolate	Mixed fruit and nut snacks
All cakes and biscuits containing Peanuts	
Some Muesli Bars contain Peanuts/Cashews	

What are the symptoms of Anaphylaxis allergy?

Ingestion and contact with certain foods in children with Anaphylaxis allergy may cause the following symptoms: (These reactions may occur within a very short space of time e.g. within 2 minutes.)

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|---------------------------|----------------------------------|
| > Red, raised rash | > Diarrhoea and/or vomiting |
| > Stomach pain | > Worsening of asthma |
| > Struggling for breath | > Difficulty swallowing/ talking |
| > Intense itch | > Cough |
| > Hoarse voice | > Collapse |
| > Swelling of face / body | |

General Sample Action Plan (Every diagnosed child has a specific plan specified by their GP/specialist.)

1. If any trigger substance is present, have it removed.
 2. If part of the action plan, administer Phenergan
- OR
3. If part of the action plan, administer the EPI-PEN. Note time EPI-PEN given.
 4. Have someone call ambulance and give exact details. (Prior arrangements usually made.)
 5. Stay with person - watch for further symptoms. Clean the trigger foods from the person.
 6. Stay with the person - notify the office.
 7. If part of the action plan, administer the second EPI-PEN. Note time EPI-PEN given.
 8. If required commence CPR.