**Saints Peter and Paul Primary School**

**Allergy Awareness and Administration of Medication Policy**

*Saints Peter and Paul Catholic School is committed to developing each person in a nurturing community of respect and cooperation, built on faith and mission.*

**Rationale**

In most schools some students are anaphylactic. We are committed to providing a safe and healthy environment for our students and have therefore adopted an allergy awareness policy to protect those who are at risk of an allergic reactions.

**What is anaphylaxis?**

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen (such as a food or insect bite). An anaphylactic reaction always requires an emergency response. Prompt treatment with injected adrenaline is required to halt progression and can be life saving. Fortunately, anaphylactic reactions are usually preventable by implementing strategies for avoiding allergens (refer Examples of Strategies to Avoid Allergens).

Common allergens for anaphylaxis are:

- foods (e.g. peanuts and nuts, shellfish and fish, milk and egg)
- insect bites (e.g. bee, wasp, jumper ants)
- medications (e.g. antibiotics, aspirin)
- latex (e.g. rubber gloves, balloons, swimming caps).

The severity of an anaphylactic reaction is influenced by a number of factors, such as exercise, hot weather and in the case of food allergens, the amount eaten. In the case of severe food allergies, an anaphylactic reaction is usually triggered by ingestion of the food.

The school helps by assisting the student to avoid allergens and by ensuring that an emergency response plan is in place for all activities. Early recognition of the signs and symptoms of anaphylaxis may save lives, thus allowing the earlier administration of first aid and contact of the appropriate emergency medical services.

**How can you recognise an anaphylactic reaction?**

Reactions usually begin within minutes of exposure and can progress rapidly at any time over a period of two hours. A student at risk of anaphylaxis will often recognise the early symptoms of an allergic reaction before any other signs are observable. Common symptoms are:

- flushing and/or swelling of the face
- itching and/or swelling of the lips, tongue or mouth
- itching and/or a sense of tightness in the throat, hoarseness, difficulty breathing and/or swallowing
- hives, itchy rash and/or swelling about the face, body or extremities
- nausea, abdominal cramps, vomiting
- shortness of breath, repetitive coughing and/or wheezing
- faint, light headedness, rapid pulse, low blood pressure, collapse
- distress, anxiety and/or a sense of dread.

**Student Responsibilities**

- **All students** need to be aware that they must eat only from their own lunchbox.

- Students must understand the importance of **washing hands before and after eating**.

- **Educating a student’s peers** about anaphylaxis is important as a way to gain their support for preventing exposure to allergens. Education is also important to ensure that the affected student is protected from any teasing or provocation that may result in risk taking associated with allergens.

**Parent Responsibilities**

1. It is the responsibility of the parent\(^1\) to notify the school that their child is at risk of an anaphylactic reaction either at the time of enrolment or, if the student is enrolled, as soon after diagnosis as possible.

   As with other health conditions, schools provide support to assist the parent in the management of their child’s health. For this support to be effective it is important that:

   - a partnership is established between the parent and the school to share information and clarify expectations
   - every reasonable effort is made to minimise the exposure of students at risk of an allergic reaction to known allergens within the school environment (refer Examples of Strategies to Avoid Allergens)
   - Medical Doctor complete a Medical Alert / Anaphylaxis Action Plan Form that includes what medications are required for treatment
   - parents must supply an EpiPen\(^2\) and/or other medications to the school and are responsible to check the expiry dates as well as keeping the medications current.
   - parents are to remind the class teacher of medications that must accompany your child on class excursions

2. All diagnosed anaphylactic students must be made aware of their condition and the processes involved if an allergic reaction occurs at school.

3. The enrolment package contains a letter to prospective parents notifying them of the school’s allergy awareness policy. This advises parents of the food limitations imposed before accepting an offer of placement.

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\(^1\) In this document the term parent is used to refer to a parent, parents, guardian or carer.

\(^2\) EpiPen\(^\circledR\) refers to EpiPen or EpiPen Junior.
'Staff Responsibilities

1. If a student has been diagnosed with an allergy, the school should organise a meeting between the Principal, the student’s teacher and the parents to discuss the further needs of the student. At this meeting:

   • provide the school’s allergy awareness policy to parents of an allergic child.
   • ensure that they complete and return relevant forms (Forms 4, 5, 6 & 7) for the administration of medication at school.
   • discuss strategies to avoid potential exposure to allergens in the student’s routine and issues to be addressed in implementing an emergency response plan in these situations
   • consider:
     − routine classroom activities, including lessons in other locations around the school
     − non-routine classroom activities and non-routine school activities
     − before school, recess, lunchtime, other break or play times
     − sport or other programmed out of school activities and excursions.

2. Remind all parents:
   • that the school has an allergy awareness policy and provide information about allergies and anaphylaxis.
   • parents need to be reminded to refrain from sending food products that children are allergic to, to school in lunches and snacks. It is most important that parents impress upon their children the importance of following this request.

3. Ensure the Canteen adheres to the allergy awareness policy.

4. Discuss the allergy awareness policy with the class and supervise eating.

5. Ensure that parents provide the school with a Medical Alert/ Anaphylaxis Action Plan that has been completed by the prescribing doctor for each student who has been diagnosed with an allergy. This form must include a recent head & shoulders photograph of the child. Place a copy of this plan in:

   • the student’s file, the classroom, the Front Office/Sick Bay and the staff room
   • the class roll so that Relief Teachers are made aware of the student’s condition
   • with the parent’s permission a copy an Action Plan in the Canteen so that staff are aware of the student’s allergy (or allergies) and can serve them food accordingly.

6. Ensure that medications (e.g. EpiPen) are clearly marked with the student’s name and kept alongside their personal information in Sick Bay and their classroom along with accompanying anti-histamine medication (eg Clarantyne).

7. Review Anaphylaxis Policy annually at a specified time (e.g. beginning of the school year) and at any other time where there are changes in:

   • the student’s health needs
• staff (e.g. class teacher)
• other factors that affect the plan, for example, when an anaphylactic event occurs.

8. Ensure all staff attend a training course, covering allergy awareness, anaphylaxis and the use of an EpiPen biennially.

9. In each staff duty pack is a red ASSISTANCE REQUIRED CARD (Red Card), which is to be sent to the Front Office or staff room when help is required. A passport sized photo of all anaphylactic student will be included with the staff duty bag. In case of an incident each teacher on duty has a walkie-talkie that can be used to request assistance from staff. Those assisting will join the staff member on duty bringing the student’s epi-pen and anti-histamine medication to treat allergy symptoms – as they move out to assist the staff on duty the teacher requests that an ambulance be called.

10. Inform the student’s parents/carer that they have had an anaphylactic reaction to a substance, that mediation has been administered and that an ambulance has been called.

11. Inform any parent/carer whose child brings food, which may cause an allergic reaction. Remove the product in question from the immediate environment.

Examples of strategies to avoid allergens

<table>
<thead>
<tr>
<th>Risk</th>
<th>Strategy</th>
<th>Who?</th>
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<tbody>
<tr>
<td>Minimising risk – Food allergies:</td>
<td>• Regular discussions with relevant classes about the importance of eating your own food and not sharing</td>
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<tr>
<td>Sharing lunches</td>
<td>• Class has lunch in specified area which is a focus of supervision</td>
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<td></td>
<td>• Encourage parent of child to be involved on special days that involve food</td>
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<td></td>
<td></td>
<td>• Class teacher</td>
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<td></td>
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<td>• Class teacher</td>
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<td>• Principal or nominated teacher</td>
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<td>Trigger food in the canteen (e.g. milk)</td>
<td>• Inform canteen staff of student with allergy and foods to which they are allergic</td>
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<td></td>
<td>• Place a copy of the emergency response plan on the wall of the canteen</td>
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<td>• Identify foods that contain or are likely to contain trigger substances and replace with other nutritious foods</td>
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<td>• Canteen manager</td>
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<td>• Principal</td>
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<tr>
<td>Class parties</td>
<td>• Advise parent of the student at risk of food</td>
<td>• Class</td>
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<td>allergies</td>
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<tr>
<td></td>
<td>ahead of time so that they can provide suitable food</td>
<td>teacher</td>
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<td></td>
<td>• Food for allergic student should only be approved and provided by the student’s parent</td>
<td>• Class teacher</td>
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<td></td>
<td>• Inform other class members’ parents of trigger substances and request that these foods are avoided</td>
<td>• Class teacher</td>
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<td></td>
<td>• Consider non-food rewards</td>
<td>• Class teacher</td>
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<td></td>
<td>• Cupcakes, as replacement for a piece of birthday cake, can be stored in identifiable container (labelled with child’s details) in a freezer</td>
<td>• Class teacher</td>
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<tr>
<td>Class activities</td>
<td>• Be aware that craft items can be risk items e.g. egg cartons, milk containers, peanut butter jars</td>
<td>Class teacher</td>
</tr>
<tr>
<td>Insect bite allergies</td>
<td>• Specify play areas that are lowest risk to the student and encourage the student and his or her peers to play in this area</td>
<td>Principal</td>
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<tr>
<td>Grassed and garden areas</td>
<td>• Decrease number of plants in school grounds that attract bees</td>
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<td></td>
<td>• Ensure allergic students wear shoes at all times</td>
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<td></td>
<td>• When using isolation as part of discipline ensure not to stand student next to flowering plants</td>
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<tr>
<td>Medication allergies</td>
<td>• Inform school community of policy about administration of medications</td>
<td>Principal</td>
</tr>
<tr>
<td>Students taking other students medication brought from home without staff knowledge</td>
<td>• Monitor implementation of policy to minimise students bringing unauthorised medications</td>
<td>Principal</td>
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<tr>
<td></td>
<td>• Educate student and peers about medication allergies and the importance of taking medication prescribed only for them</td>
<td>• Class teacher</td>
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<td></td>
<td>• Class teacher</td>
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<tr>
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<td></td>
<td>• Staff member responsible</td>
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</tbody>
</table>
• Encourage affected students to wear medic alert bracelet or necklace
• Implement effective procedures for administering prescribed medications at school

**Latex allergies**
• Avoid use of party balloons
• Avoid contact with swimming caps and latex gloves

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**References**


**Further Information**

The Australasian Society of Clinical Immunology and Allergy Inc (ASCIA)  
[www.allergy.org.au](http://www.allergy.org.au)

Anaphylaxis Australia Inc (formerly FACTS)  
[www.allergyfacts.org.au](http://www.allergyfacts.org.au)

Archdiocese of Canberra and Goulburn Catholic Education Office  
STEP BY STEP APPROACH IN CASE OF INCIDENT

1. Check Student condition, analyse situation, remove food responsible for incident if possible [but do not dispose of as medical staff may require]

2. Immediately return Red Assistance Card to the Front Office or Staff Room and request assistance from the Front Office and Staffroom by calling on the walkie-talkie giving the name of the student

3. Teacher assisting joins the duty teacher to aids administer medicine as necessary, in line with instructions and training [eg anti histamine or Epi-Pen, which they would have brought out with them]

4. Front Office to immediately call an Ambulance, send additional staff assistance to help teachers dealing with the incident

5. If necessary continue to use medicines in line with instructions

6. Ensure staff member at front of school to meet ambulance and is aware of location of affected student

7. Contact parents/carers of student
Form 1: Be Allergy Aware

Saints Peter and Paul Primary School is committed to providing a safe and healthy environment for students. We have adopted an allergy awareness policy to protect students who have severe allergies (anaphylaxis), particularly those allergic to peanuts and nuts.

Anaphylaxis is a severe and sudden allergic reaction that occurs when a person is exposed to an allergen. Anaphylaxis is potentially life threatening and always requires an emergency response. Symptoms of anaphylactic shock may include hives, itching, swelling, coughing, wheezing, throat tightness/closing, difficulty swallowing, difficulty breathing, nausea, abdominal cramps, vomiting, low blood pressure, feeling faint, collapse, distress, anxiety or a sense of dread. Anaphylactic reactions are uncommon and usually preventable.

It is the aim of this school to provide a **allergy free environment** for the safety of children who have anaphylactic reactions. We are asking for your support in not sending to school any food products that may cause a student to have an anaphylactic reaction.

Peanut and nut products that pose a risk include peanut butter, and any type of nut spread. Other foods that are not so obvious include (but are not limited to) chocolate and muesli bars, pastries, cakes and biscuits. If parents could check food labels to ensure that peanuts and nuts are NOT stated in the ingredients list before buying products for school lunches it would be greatly appreciated. Other foods, such as, shellfish and dairy products may cause and anaphylactic reaction.

It is also important to remind children of the need to wash hands before and after eating and to not share food. Staff will continue to remind students of this as well as educating them about allergies and how they can help keep their peers safe. We will continue to remind parents of our allergy awareness policy and promote this serious issue throughout the school year in an effort to minimise the risk for children affected by allergies.

As anaphylaxis is a treatable condition all staff undergo regular training, which includes the use of an EpiPen® in the event that emergency treatment be required.

If you wish to discuss this matter further do not hesitate to contact me on 6281 1932.

John Vance  
Principal

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3 EpiPen® is an auto-injector that administers epinephrine, the definitive emergency treatment for severe allergic reactions.
Form 2: Letter of Explanation to Parents

Dear Parents

Please find attached the Forms that need to be completed so that medication can be administered to your child during the school day.

These Forms comply with the procedure recommended by the Archdiocese of Canberra/Goulburn Catholic Education Office and have been designed to ensure the safety of your child and to protect the school staff who do not have medical training.

Forms 4, 5 and 6 are to be completed by you and Form 7 by the Prescribing Doctor. Please return all these forms to the school as soon as possible.

I am aware that this may seem a complicated process but please be assured that the school will give you every assistance in this matter.

**In this instance, and as an interim measure only, we will undertake to administer medication to your child without the required documentation for a period of 10 days from initial notification.**

Please do not hesitate to contact me if I can be of further assistance to you.

Yours sincerely

John Vance
Principal
Form 3: Acknowledgement of Request to Administer Medication
(To be completed by School)

Dear: .................................................................................. (Name of Parent/Guardian)

I have considered your request to administer medication to your child:

.................................................................................. (Full name of Student)

The school will render whatever aid is necessary to administer the medication, but it should be clearly understood that this aid will be administered by a lay person with First Aid training.

To comply with your request, the following conditions should be strictly observed:

1. It is the parent’s responsibility to provide the medication and equipment for its administration, and to ensure its immediate replenishment after use, or when it requires replacement (e.g. expiry date).

2. The attached form must be completed before any changes to the medication and its administration can be implemented.

3. The parent gives permission for the information provided by them and the prescribing doctor to be discussed by the Principal with other members of the school staff.

Yours sincerely

John Vance
Principal

Dated:
Form 4: Notification and Request by Parent/Guardian for the Administration of Medication During School Hours.
(To be completed by Parent/Guardian)

I request that my child: ........................................................................................................................................
(Full name of Student)

be allowed to take medication at school according to instructions from:

Full name of Prescribing Doctor: ............................................................................................................................

Address and Phone Number of Prescribing Doctor:
............................................................................................................................
............................................................................................................................

Telephone No: ..........................................................

The medication has been prescribed for the following reason/condition: ..........................................................
........................................................................................................................................................................

I hereby give permission to the Principal to obtain relevant information from the Prescribing Doctor.

I accept and agree to observe the conditions imposed by the school and understand and agree that it is my responsibility to inform the Principal of any changes involving the administration of the medicine. I agree to indemnify the School and related parties on the terms of the attached Deed of Indemnity.

SIGNED: ................................................ (Parent/Guardian) DATE: ..........................
Form 5: Deed of Indemnity
(To be completed by Parent/Guardian)

In consideration of the members of staff at Saints Peter and Paul Primary School, Garran at my request administering medication to my son/daughter:

..........................................................................................................................
(Full name of Student)

I hereby indemnify and agree to keep indemnified

the Archdiocese of Canberra/Goulburn Catholic Education Office

and its employees and agents, and

Saints Peter and Paul Primary School, Garran

from and against all actions, suits, claims, demands, complaints and causes of action (including for or in respect of death, personal injury or any alleged infringement of the rights of any person) and the costs thereof in respect of or arising directly or indirectly out of such administration of medication.

Signed, sealed and delivered by the said: .................................................................
(Parent/Guardian)

In the presence of: .................................................................................................
(Signature of Witness)

..........................................................................................................................
(Name of Witness - please print)
Form 6:  Permission for Prescribing Doctor to Release Medical Details
(To be completed by Parent/Guardian)

Dear: ...........................................................................  (Name of Prescribing Doctor)

Initial and Surname of Parent/Guardian: ................................................................................

Of (Address):
......................................................................................................................
......................................................................................................................

has informed me that his/her child: ...............................................................................
(Full name of Student)

requires the administration of medication during school hours.

Please complete the details on the attached form to assist the school staff to ensure that
the student named above receives the necessary attention.

You will note (see below) that the parent/guardian has given permission for the
information to be released.

Yours sincerely

John Vance
Principal

I .................................................................................................................... hereby give permission for the
(Parent/Guardian)
release of information to the Principal of Saints Peter and Paul Primary School, Garran.

Signed: ___________________  Dated: ___________________
## Medical Alert / Anaphylaxis Action Plan (Medical Doctor to Complete)

**Form 7: Medical Alert / Anaphylaxis Action Plan**

_Saints Peter and Paul Primary School_

<table>
<thead>
<tr>
<th><strong>Student’s Name</strong></th>
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<tbody>
<tr>
<td>D. O.B</td>
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### Details of Condition / Allergy

1. 
2. 
3. 
4. Other health problems:

### Symptoms of past allergic reactions

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### Instructions for Care

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- 
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- 

### Emergency Action Plan

1. 
2. 
3. 
4. 

### Medication Details

<table>
<thead>
<tr>
<th>Condition name</th>
<th>Medication name</th>
<th>Dosage</th>
<th>Time/s of Administration</th>
<th>Special instructions</th>
<th>Self-Admin. (Yes/No)</th>
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### CONTACT DETAILS (Please Print Clearly)

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<tr>
<th>Parents / Guardians</th>
<th>Phone</th>
<th>Other</th>
<th>Phone</th>
</tr>
</thead>
</table>

Parent/Guardian Signature: [Signature]

Date: ____________

Doctor’s Name & Contact Details

Doctor’s: [Name] Date: ____________

Signature