MAGDALENE CATHOLIC HIGH SCHOOL
“Because I have seen the Lord”

Anaphylaxis Policy

Rationale

Magdalene Catholic High School endeavours to provide a safe and supportive school environment for all students. 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”

Guidelines

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 school 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 school 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. This training will be conducted annually as part of Emergency First Aid.
7. Educational resources to support the school 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 Documents

- 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.
- Flow Chart – Managing anaphylaxis at school.

Evaluation

The policy will be reviewed in 2018 by the Leadership.
The plan is to be completed by the Office on the basis of information from the student’s medical practitioner provided by the parent.

<table>
<thead>
<tr>
<th>Student's name:</th>
<th>Phone: ____________</th>
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<tbody>
<tr>
<td>DOB:</td>
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<tr>
<td>Severely allergic to:</td>
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<tr>
<td>Health conditions:</td>
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<td>Medication at school:</td>
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<table>
<thead>
<tr>
<th>Parent contact:</th>
<th>Parent information (1)</th>
<th>Parent information (2)</th>
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<tbody>
<tr>
<td>Name(s):</td>
<td>______________________</td>
<td>______________________</td>
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<tr>
<td>Relationship to child:</td>
<td>______________</td>
<td>Relationship to child:</td>
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<td>Address:</td>
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<td>______________________</td>
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<td>Home phone:</td>
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<tr>
<th>Other emergency contacts (if parent unavailable)</th>
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<td>Name(s):</td>
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<td>Relationship to child:</td>
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<td>Mobile phone:</td>
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<th>Medical practitioner contact:</th>
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<tr>
<td>Name:</td>
<td>______________________</td>
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<td>Address:</td>
<td>______________________</td>
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<tr>
<td>Phone:</td>
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<td>Email (if known):</td>
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<tr>
<td>Mobile (if known):</td>
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<tr>
<td>Fax (if known):</td>
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<tr>
<th>Emergency care provided at school:</th>
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<th>EpiPen storage:</th>
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This 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: ______________
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: _________________________________________________________

_______________________________________________________________________

Other information: __________________________________________________________

_______________________________________________________________________

Medical practitioner: _________________________________________________________

Address: ___________________________________________________________________

Phone: ___________________________________________________________________

Fax: ___________________________________________________________________

Email: ___________________________________________________________________
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 form or in your own format. This information will be critical in managing this student should an anaphylactic reaction occur.

Please telephone the school on 4647 7055 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 school's use.

(Parent)

Parent signature: ___________________ Date: _______________
FORM D

Strategies to avoid allergens

Student’s name: ________________________________________________________________

DOB: ___________________________

SEVERE ALLERGIES: ____________________________________________________________

_______________________________________________________________________________

Asthmatic? □ Yes* □ No *High risk for severe reaction

Other known allergies:

- ........................................................................................................................................
- ........................................................................................................................................
- ........................................................................................................................................

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<thead>
<tr>
<th>Risk</th>
<th>Strategy</th>
<th>Who?</th>
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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)

2. My child has been hospitalised with a severe allergic reaction. □ □

3. My child has been prescribed an EpiPen. □ □

Completed by .................................................................................................................

Parent ........................................... Date ..............................................
(Insert Year) ACTION PLAN FOR ANAPHYLAXIS CHILDREN –
(Insert School & Class)

Insert Photo Here

<table>
<thead>
<tr>
<th>Insert child’s name &amp; class</th>
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<tbody>
<tr>
<td>Allergy</td>
</tr>
<tr>
<td>Epipen Required:</td>
</tr>
<tr>
<td>Presents As</td>
</tr>
<tr>
<td>Action:</td>
</tr>
</tbody>
</table>

ABN: 67 786 923 621
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 EPI PEN