

## Anaphylaxis Management Policy

*Vision: Grow - Flourish - Succeed*

*Mission: Together we inspire creative, mindful learners who value diversity, support one another and strive for success.*

### 1. Introduction

#### What is an allergic reaction?

Allergy occurs when a person's immune system reacts to substances in the environment that are harmless for most people. These substances are known as allergens and are found in house dust mites, pets, pollen, insects, moulds, foods and some medicines.

#### What is anaphylaxis?

Anaphylaxis is a severe, rapidly progressive allergic reaction that is life threatening. Allergic reactions, including severe life-threatening allergic reactions (anaphylaxis) are becoming more common in children. Deaths are less common; however, deaths do occur and anaphylaxis must therefore be regarded by schools as a medical emergency requiring a rapid response.

Please note that any student with a diagnosed allergy is at higher risk of their condition progressing to anaphylaxis and should be monitored carefully.

#### What are the main causes?

Research shows that students in the 10-18 year age group are at greatest risk of suffering a fatal anaphylactic. Certain foods and insect stings are the most common causes of anaphylaxis.

### 2. Purpose of policy

This is a school-based policy that is required to be developed because the school has at least one enrolled student who has been diagnosed as being at risk of anaphylaxis. This policy describes the school's process for management of the risk of anaphylaxis. The Order prescribes the matters which the policy must contain.

### 3. Aims and objectives

A School Anaphylaxis Management Policy must contain all of the following matters:

- The school clinic is primarily responsible for ensuring that an Individual Anaphylaxis Management Plan is developed for each student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis, where the school has been notified of that diagnosis. The Plan is to be developed in consultation with the student's parents.
- Clear and comprehensive school management and emergency response procedures for responding to an anaphylactic reaction
- A communication plan that ensures that all school staff (including class teachers, TA, form tutors, specialist teachers and bus nannies), students and parents are provided with adequate information about anaphylaxis and the school's anaphylaxis management policy



#### 4. Assessment and recording

Nine foods cause ninety-five per cent of food-induced allergic reactions:

- Peanut
- Tree nuts (i.e. hazelnuts, cashews, almonds, walnuts, pistachios, macadamias, Brazil nuts, Pecans, chestnuts and pine nuts)
- Eggs
- Cow's milk
- Wheat
- Soy
- Fish
- Shellfish (e.g. oysters, lobsters, clams, mussels, shrimps, crabs and prawns)
- Sesame seeds

Other common allergens include some insect stings, particularly bee stings but also wasp and jumper jack ant stings, tick bites, some medications (e.g. antibiotics and anesthetic drugs) and latex.

#### 5. Signs and symptoms

- Mild to moderate allergic reaction can include:
  - Swelling of the lips, face and eyes
  - Hives or welts
  - Tingling mouth
  - Abdominal pain and/or vomiting (these are signs of a severe allergic reaction in the case of insect allergy).
- Anaphylaxis (severe allergic reaction) can include:
  - Difficult/noisy breathing
  - Swelling of tongue
  - Swelling/tightness in throat
  - Difficulty talking and/or hoarse voice
  - Wheeze or persistent cough
  - Persistent dizziness or collapse
  - Pale and floppy (young children)
  - Abdominal pain and/or vomiting are signs of a severe allergic reaction to insects.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

#### 6. Treatment of anaphylaxis

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis. Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline auto injector for use in an emergency. Currently, the only available brand of adrenaline auto injector is EpiPen@. The EpiPen is prescribed for those weighing over 20kg. The EpiPen@ Jr. contains a smaller dose of adrenaline and is prescribed for those weighing 10 - 20kg. These adrenaline auto injectors are designed so that anyone can use them in an emergency.

Schools are encouraged to undertake regular reviews of students' adrenaline auto injectors, and those for general use. When undertaking a review, the following factors should be considered:



- Adrenaline auto injectors
- Stored correctly and able to be accessed quickly (in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes)
- Stored in an unlocked, easily accessible place away from direct light and heat and students' access. They should not be stored in the refrigerator or freezer.
- Clearly labelled with the student's name, or clearly distinguished as being for general use only
- Signed in and out when taken from their usual place, e.g. for camps or excursions

## 7. Roles and responsibilities

It is the responsibility of the parent to notify the school that their child has an allergy and is at risk of anaphylaxis. This notification should occur either at the time of enrolment, or if the student is already enrolled, as soon after diagnosis as possible.

- a. As with other serious health conditions, it is important that a care plan is put in place to manage a student at risk of anaphylaxis at school or while the student is engaged in school related activities.
- b. 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.
- c. Every reasonable effort is made to minimize the exposure of a student who is at risk of anaphylaxis to known allergens within the school environment and during school related activities.
- d. The full range of the student's learning and support needs are identified in relation to their anaphylaxis
- e. Allergen avoidance — ensuring the teacher is aware of any pupils with allergies and their particular triggers (allergens). This is especially important when other pupils bring birthday and end of term treats into class.
- f. A medical plan will be implemented, along with measures to minimize the risk of anaphylactic reactions for students with allergies.
- g. Precautions should be taken when students are outdoors, making sure that shoes are always worn, food and drink is covered and kept in sight.
- h. Regular communication with the students with allergies and their parents to keep updated on daily management.

### **Teachers should know food ingredients brought into class and students are discouraged from sharing food.**

- i. Ensure that school staff are aware of students with allergies and understand what anaphylaxis and its management involves.
- j. School leaders should have access to online medical alert file
- k. There should be easy access to students' medicines, where they can be found and who is trained to administer them.
- l. GEMS Founders School, Dubai promotes a nut free environment. Parents are informed upon enrolling their child and throughout the year that nuts are not allowed in school.
- m. All school staff are encouraged to act as positive role models for students in all aspects of food choices.
- n. A few students may have exercise-induced anaphylaxis. This can be caused by exercise alone or a combination of food and exercise. Medication should be kept within easy reach.
- o. Providing support to students at risk of anaphylaxis

## 8. General strategy

If written information is provided by the parent from a doctor confirms that their child has been assessed as being at risk of anaphylaxis, an individual health care plan must be formulated by the school medical team in consultation with the parent and relevant staff, and where practicable, the student and their doctor.



Planning must take into account the student's full range of learning and support needs including their age, maturity, ability to understand their condition, and any factors that may affect the student's health, safety and wellbeing while at school, for example, learning difficulties. In addition, the severity of an anaphylactic reaction can be influenced by the presence of asthma.

### 9. Monitoring and review

This policy has been discussed and agreed by the GEMS Founders School, Dubai teaching staff and leadership teams for implementation.

Signed .....  
**School Doctor**

Date .....11 April 2025.....

Signed .....  
**Manager School Operations**

Date .....11 April 2025.....

Signed .....  
**Executive Principal/CEO/Senior Vice President of Education**

Date .....11 April 2025.....

#### Next policy review date:

August 2025