St. Francis Xavier Junior National School

Anaphylaxis Policy

St. Francis Xavier Junior National School is a mixed co- educational junior school in Roselawn, Castleknock, Dublin 15 under the Patronage of Bishop Dermot Farrell. There are currently 15 mainstream classes and one autism class.

## Introductory Statement:

This policy is concerned with the whole school approach to the health care and management of members of the school community suffering from serious specific allergies. The school is not in a position to guarantee a completely allergen free environment. Our aim is to minimise the risk of exposure, encourage self-responsibility, plan for effective response to possible emergencies and become an 'allergy aware' environment. The school recognises that a number of children suffer from potentially life-threatening allergies to certain foods, or toxins from nuts and sesame.

## Rationale:

The intent of this policy is to: identify risks for anaphylaxis, minimise the risk of any student suffering allergy induced anaphylaxis whilst at school or attending any school related activity. Ensure staff are properly prepared to manage such emergency situations should they arise.

## Definitions:

**Allergy:** A condition in which the body has an exaggerated response to an allergen.
**Allergen:** A normally harmless substance that triggers an allergic reaction in the immune system of a susceptible person.
**Anaphylaxis or anaphylactic shock**: A sudden, severe and potentially life-threatening allergic reaction to food, stings, bites, or medicines.
**Adrenaline Auto-injector:** A medical device for injecting a measured dose or doses of adrenaline by means of auto-injector technology. A number of brands used include EpiPen®, Jext®, Anapen
**Anaphylaxis Action Plan:** A clear document with information on how to recognise anaphylaxis and how to administer the child's adrenaline auto-injector and emergency contact details.

## Guidelines:

The school's key guidelines are to:

- Identify the student with the food allergy in the school
- Put their photos and care plans are displayed in the staffroom
- Ensure all teachers of children with specific care needs related to anaphylaxis have small **photos** (kept discreetly **beside teacher's desk**) to help substitute teachers/ SNAs, and identify who might need extra care.

- Have a printed copy of the Anaphylaxis Policy in teacher's class folders.
- Highlight to substitute teachers on arrival by a member of the management team and will be highlighted on the 'split list'.
- Every student with life-threatening allergies must have two adrenaline auto-injector in the school as part of their Anaphylaxis Emergency Kits for quick access, within 1-2 minutes of a reaction.
- Each relevant classroom will have a **clearly labelled green ziplock bag with EpiPens and antihistamine and a hard copy of the child's care plan**, out of reach of children but easy for staff to find.
- The adrenaline auto-injectors need to be accessible and therefore will be kept in the classroom with the class teacher.
- If considered necessary by parents/doctor an additional EpiPen(s) is stored in the staffroom in the cupboard labelled (Epipens/First Aid)
- Have a written Anaphylaxis Care Plan including photo (for each child at risk of anaphylaxis) on the wall in the staffroom and a copy in the child's class (under red page).
- This plan must be written in conjunction with the child's doctor and parents (see Appendix 1).
- Regular reminders will go out to families about avoiding nuts and sesame (2026)
- This information will also be part of the junior infant information morning in May and evening in September.
- The avoidance of allergens followed at home should be applied to the classroom.
- There is a 'no share food' policy throughout the school.
- Where food is consumed, the following must be in place: All classrooms will have access to handwashing facilities, implement a 'no food sharing' rule within their classrooms and maintain clean eating surfaces.

**Commitment:**

The school is committed to proactive risk allergy management through:

- The encouragement of self-responsibility and learned avoidance strategies amongst students suffering allergies (age appropriate) with the help of the child's parents.
- Provision of staff education / training programme on anaphylaxis (2025-all staff)
- The establishment of specific risk exposure minimisation practices and strategies.
- Close liaison with parents of students who suffer allergies and the school's post holder/ISLT.

**Raising Student & Parent Awareness:**

- It is important to work with the whole school community to better understand how to provide a safe and supportive environment for all students, including the student with severe allergies.
- The following key messages should be given to children in an age appropriate manner:
- Take allergic reactions seriously.
- Don't share food with classmates.
- Not everyone has allergies - discuss common symptoms.
- Wash/sanitise your hands before and after eating.
- Know what your schoolmates are allergic to.
- If a schoolmate or teacher becomes sick, get help immediately.
- Be respectful to all schoolmates.
- Food allergic children may experience considerable anxiety due to their condition.

- The school will provide a positive psychosocial environment ensuring inclusion and acceptance.
- Parents will be made aware of this policy on the enrolment of a child with anaphylaxis or when newly enrolled.

**Best Practice:**

It is extremely important that staff follow the Care Plan procedure and administer the adrenaline auto injectors in any situation where symptoms show the need. If there is any doubt about whether to give Adrenaline or not, the medical consensus is GIVE IT. In a scenario where anaphylaxis is possible, a student is better off receiving adrenaline (even if in retrospect it wasn't required) than not. Allergy doctors agree it is wiser to overreact than to under react. St. Francis Xavier JNS will adopt this best practice on medical advice.

**Responsibility: All Families**

- Be allergy aware.
- Teach their children to eat out of their own lunchbox.
- Support the school in the implementation of this policy.

**Responsibility: Family of the child with allergies**

- Notify the school of the child's allergies on enrolment (pre- enrolment on Aladdin).
- Notify the school yearly of any updates on existing allergies and notification of new allergies
- Sign and submit the Notification of Allergies form (Appendix 2).
- Provide written medical documentation, instructions and medications as directed by a physician, so that staff will know how to react should their child have an allergic reaction.
- Monitor dates on the child's EpiPen.

**Provide the school with**:

- The contents for one Anaphylaxis Emergency Kit (and another if required or indicated by doctor). The kit should include two adrenaline auto-injectors.
- The Care Plan (step by step)
- Antihistamines and inhalers, if required.
- Parents/guardians are responsible for checking expiry dates of all medication and should replace them as necessary.
- The ideal time to do this is at the end of each term.
- Parents/guardians must also ensure, with their doctor, that the dose prescribed is adequate and be aware this changes as the weight of the child changes.
- Supply alternative food options for their child when needed.
- Support the school in the implementation of this policy.
- Educate the child in self-management of their food allergy including:
    - Safe and unsafe foods to eat.
    - Strategies for avoiding exposure to unsafe foods.
    - Symptoms of allergic reactions.
    - How and when to tell an adult they may be having an allergy related problem (age appropriate).
    - How to read food labels (age appropriate). Provide emergency contact information and inform the school if this information changes.

Review procedure with the school staff, child's doctor and the child (if age appropriate) after a reaction has occurred.

**School Responsibility:**

- Follow the procedures laid out in this policy.
- Understand the causes, symptoms and treatment of anaphylaxis.
- Be able to recognise symptoms, know what to do in an emergency, be prepared to handle an allergic reaction.
- Be aware of the students in their care who are at risk from such reactions.
- Email all parents in September requesting updates on existing allergies and notification of new allergies.
- Review and be aware of the Care Plan for the pupil.
- Implement a 'No share policy' in the child's classroom.
- Accessibility of each Anaphylaxis Emergency Kit: The Adrenaline auto-injectors should always be accessible - never in a locked room or cupboard.
- Injectors are normally stored at room temperature out of direct sunlight and away from radiators. Manufacturer's storage guideline should be followed.
- Ensure that the pupil's Anaphylaxis Emergency Kits are clearly labelled. Parents are responsible for checking dates of EpiPens. The post holder and class teacher will also check at the end of each term.
- Ensure that the pupil's Anaphylaxis Emergency Kit are readily accessible.
- Each kit must be kept in a place where it can be clearly seen and accessed by a trained staff member (one in the pupil's classroom and one in the staffroom press labelled *First Aid Epipens*).
- On a rare occasion, where treats are provided, the treat ingredients will be read and parents will be informed prior to the day. The parent may also offer a treat instead of one offered by school.
- Discuss activities involving food with parents/guardians before they take place and arrange for the provision by the parents/guardians of alternative options, if necessary.
- Ensure that tables and surfaces are kept clean regularly and that students are encouraged to wash/ sanitise their hands before and after handling food.
- Ensure the pupil's Anaphylaxis Emergency Kit and a mobile phone is taken on all outings and trips off the school premises. This is the responsibility of both the class teacher and SNA (if present).
- Ensure the pupil's Anaphylaxis Emergency Kit accompanies the child if they move to a different classroom and a short explanatory note is placed beside the child's name on the split list. This is the responsibility of the teacher splitting the class and SNA (if present).
- In consultation with parents, become familiar with the concept of "hidden" ingredients, not only in foods but also in non-food items that may be used in classroom projects in arts and crafts (e.g. egg boxes may contain trace egg shells), science (e.g. nature tables).
- Reading the ingredient labels of foods, as well as other items becomes an additional responsibility of the class teacher.
- Be aware that students are at most risk when:
  - Their routine is broken e.g. children being moved to another classroom.
  - On school tours where immediate access to medical services is not available.
  - Staff changes occur (sub teacher etc.)
  - Participating in activities involving food

**Responsibility of Parent's Association**

Due to the presence of children in the school with severe allergies to nuts and sesame, all Parents Association members, volunteers, and anyone involved in organising events are asked to take extra care when preparing, serving, or providing food for school activities.

- Read and familiarise yourself with the school's Anaphylaxis Policy before organising or supporting any school event.
- Be aware that exposure to nuts or sesame, even in small quantities, can cause a severe and potentially life-threatening allergic reaction (anaphylaxis).
- Avoid bringing, preparing, selling, or serving foods containing nuts or sesame at school events.
- Carefully check ingredient labels on all food products for nuts, sesame, and any "may contain" warnings.
- Home-baked goods should only be provided where ingredients can be clearly identified and confirmed as nut-free and sesame-free.
- Ensure that all food items offered at events are clearly labelled with ingredients where appropriate.
- Take particular care during:

    - Coffee mornings
    - Fun Days
    - Christmas Fair
    - Communion celebrations/parties
    - Christmas treats and class celebrations
    - Fundraising events
    - Any other school-based activity involving food

- Do not assume a product is safe; always verify the ingredients.
- Encourage non-food alternatives for prizes, rewards, or treats where possible.
- Follow all instructions provided by school staff regarding allergy management and food safety procedures.

**Responsibility: Child with Allergies (age appropriate)**

- Should not trade food with others - no share policy.
- Should not eat anything with unknown ingredients or known to contain an allergen.
- Should notify an adult immediately if they eat something, they believe may have contained the food to which they are allergic (age appropriate).
- Should notify an adult immediately if they feel they are beginning to get an allergic reaction.

**Review Management Strategies: If a student has experienced an anaphylactic shock:**

- Record the incident and the administration of medicine on the Administration if Medicine Record Sheet.
- The child's adrenaline auto-injector must be replaced by the parents.
- The school, together with parents will review the Care Plan.

**Procedure During a Severe Allergic Reaction:**

The pupil's Anaphylaxis Action Plan forms an important part of the school's risk management plan and will enable any situation to be managed promptly and efficiently. All staff will be made aware of this plan and procedures at the staff meeting in September.

Delays in giving emergency medication or contacting emergency services can result in serious and rapid deterioration in an anaphylactic pupil's condition, therefore the priority actions are to treat the pupil immediately and phone emergency services.

**What to Do in an Emergency:**

- If a student with allergies shows any possible symptoms of a reaction, immediately refer to Care Plan and follow the steps. Get help from a member of staff trained in anaphylaxis emergency procedures (all staff 2025).
- The trained member of staff should assess the situation.
- Administer appropriate medication in line with symptoms.
- If symptoms suggest it is a severe reaction, the trained member of staff should:
  Give the pupil their Adrenaline auto-injector into the outer aspect of their thigh.
  Send for the immediate support of another staff member(s)n using the *Red Card,* if possible.
  If there is no improvement after 5 minutes the trained member of staff should give the second Adrenaline auto-injector into the other leg.
  Continue to assess the pupil's condition.
  Position the pupil in the most suitable position according to their symptoms.
  The support staff member should call for an ambulance and call the pupil's parents.

**Implementation, Review and Communication:**

This policy was fully reviewed, approved and adopted by the Board of Management on 29/09/26. The Board of Management will monitor the implementation of all aspects of this policy and amend as required. The policy will be reviewed every three years or earlier, if necessary.

Signed: Ian Cherry Date: 29/09/26

Signed: Olivia Basset Date: 29/09/26