



Anaphylaxis

Rationale:

Anaphylaxis is a severe, rapidly progressing allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed as being at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an EpiPen auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Aims:

- To comply with the Ministerial Order 706 and Anaphylaxis Guidelines – A resource for managing severe allergies in Victorian schools 2014.
- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Implementation:

Management Plans

The Principal will ensure that an Individual Anaphylaxis Plan is developed, in consultation with the students' parents, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis. The individual anaphylaxis management plan will be devised from the Action Plan and will be in place as soon as practicable after the student enrolls and where possible, before their first day of school.

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure of allergens while the student is under the care of supervision of school staff, for in school and out of school settings including camps and excursions.
- Information on where the student's medication will be stored.
- The student's emergency contact details.
- Anaphylaxis Action plan provided by the parent, that:
 - Sets out the emergency procedures to be taken in the event of an allergic reaction.
 - Is signed by a medical practitioner who was treating the child on the date the practitioner signs the Action Plan; and
 - Includes an up to date photograph of the student.
- The student's individual management plan will be reviewed, in consultation with the student's parents/carers.
 - Annually, and as applicable.
 - If the student's condition changes.
 - Immediately after a student has an anaphylactic reaction at school.
 - If a new Action Plan is submitted.
- It is the responsibility of the parent to:
 - Provide an Anaphylaxis Action Plan (Appendix 1).
 - Inform the school if their child's medical condition changes.
- It is the responsibility of the Out of School Hours Program to ensure that the parents provide an EpiPen for all students with anaphylaxis.

Staff Training and Emergency Response

An accredited First Aid Training Company in anaphylaxis training trains all St Richard's Primary School's staff.

Time will be allocated at the first staff meeting of each semester to a staff briefing on the school's anaphylaxis policy and any students with current anaphylaxis/allergy management plans.

Communication and procedure for school Excursion or Camp: -

1. All Staff Members attending camp/excursion and relevant camp personnel are aware of children with special medical needs.
2. Staff member assigned as camp leader is to ensure the student's EpiPen is with the student at all times

Action Plan for Anaphylaxis Emergency Procedure

If reaction occurs outside on the Yard during RECESS or LUNCH: -

1. Yard Duty Teacher to stay with student.
2. Teacher to give a student(s), emergency card from bum bag to bring to office/staffroom.
3. Remove the allergen, if known, from the vicinity of the student.
4. Staff member takes affected student's EpiPen from the first aid room to the student.
5. A staff member rings for an ambulance on mobile phone and takes phone to the student to relay to the paramedic the student's current condition. THE STAFF MEMBER ASKS FOR MICA UNIT, STATING THAT THE EPIPEN WAS GIVEN AND THE TIME IT WAS ADMINISTERED. Advise the ambulance officer that the school has another EpiPen if needed. STATE WHICH GATE AMBULANCE IS TO ENTER THROUGH – Mt. Dandenong Road or Deborah Street. **Do Not Hang Up!**
6. The School's Emergency Management Plan will be put into place if required.
7. Principal or Deputy Principal or Office Staff are to notify parents.
8. Nominated Staff to wait at nominated gate to guide ambulance.
9. Principal or Deputy Principal or Staff Member to travel to hospital with student if parents have not arrived.

If a reaction occurs in a CLASSROOM or a SPECIALIST lesson: -

1. The teacher will use Intercom to alert office that the EpiPen is required.
2. A staff member trained in First aid will take an EpiPen to the child.
3. A staff member rings for an ambulance on a mobile phone at the location of the child to relay to the paramedic the child's current condition. THE STAFF MEMBER ASKS FOR MICA UNIT, STATING THAT THE EPIPEN WAS GIVEN AND THE TIME IT WAS ADMINISTERED. Advise the ambulance officer that the school has another EpiPen if needed. STATE WHICH GATE AMBULANCE IS TO ENTER THROUGH - Mt. Dandenong Road or Deborah Street. **Do Not Hang Up!**
4. Principal or Deputy or Staff Member to go to classroom to assist teacher.
5. Principal or Deputy or Office Staff to notify parents.
6. Staff member to wait at nominated gate to guide ambulance.
7. Principal or Deputy or Staff Member to travel to hospital with child if parents have not arrived.

If a reaction occurs at camp/excursions: -

1. Staff member to administer Epipen.
2. A staff member rings for an ambulance on mobile phone and takes phone to the child to relay to the paramedic the child's current condition. THE STAFF MEMBER ASKS FOR MICA UNIT, STATING THAT THE EPIPEN WAS GIVEN AND THE TIME IT WAS ADMINISTERED. Advise the ambulance officer that the school has another Epipen if needed. STATE ADDRESS FOR AMBULANCE. **Do Not Hang Up!**
3. Another nominated Staff Member to wait for ambulance.
4. Staff Member in charge of camp or relevant staff member to ring parents.
5. Staff member to travel to hospital with student.

Individual student epipen are kept in the staff room. Ensure that the name and photo of the student correspond with the epipen to be used. Only the epipen belonging to each student should be used for that student.

Possible Signs and Symptoms of an Anaphylactic Reaction

- Hives/Rash
- Facial Swelling
- Tingling in or around mouth
- Abdominal pain/vomiting/diarrhoea
- Cough or wheeze
- Difficulty breathing or swallowing
- Breathing stops
- Loss of consciousness or collapse

All parents of children who require an Epipen are required to complete an Action Plan for Anaphylaxis with a photo and a Doctor's signature. It is the parent's responsibility to ensure that their child's Epipen is current.

Evaluation

This policy will be reviewed as part of the school's review cycle.

This policy was last ratified by the School Advisory Board on 29.07.2020

Appendix 1



ascia
australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name:

Date of birth:

Confirmed allergens:

Family/emergency contact name(s):

Work Ph:

Home Ph:

Mobile Ph:

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises:

Medications specified on this plan to be administered according to the plan.

Prescription of 2 adrenaline autoinjectors.

Review of this plan is due by the date below.

Date:

Signed:

Date:

For use with EpiPen® adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

How to give EpiPen® adrenaline (epinephrine) autoinjectors



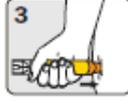
1

Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2

Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



3

PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit
- 2 Give adrenaline autoinjector**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes**
- 6 Transfer person to hospital for at least 4 hours of observation**

If In doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 7.5-20kg.

- if adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2020 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.