



## St Brigid's Catholic School

# Anaphylaxis Policy and Procedure

These guidelines have been developed to assist the St Therese's Catholic School community in planning for and supporting students with severe allergic reactions.

### What is Anaphylaxis?

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. Anaphylaxis should be treated as a medical emergency, requiring immediate treatment.

### **The key features of anaphylaxis are:**

- a generalised allergic reaction with **respiratory** and/or **cardiovascular** involvement
- involvement of many parts of the body
- rapid onset and progression

### Some signs and symptoms

Anaphylaxis occurs after exposure to an allergen (**foods like nuts, egg, milk, insect stings or some medicines**). Occasionally the person is unaware of the allergy. It results in potentially life-threatening symptoms, which include:

- 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 (in young children)

In some cases, anaphylaxis is preceded by less dangerous allergic reaction. Symptoms can include:

- Swelling of face, lips and eyes
- Hives or welts on the skin
- Stomach pain, vomiting

## **MANAGEMENT**

### **Anaphylaxis management for individual students**

At **enrolment** and **when updating student information each year**, our school seeks specific information about allergies as part of the health information provided by parents/carers. Specific questions are included in the Student Enrolment Application Form and the annual information update for existing students.

**When completing forms, parents are asked if the child has an allergies and a list of the allergens.**

**If the parent has listed the allergens and can lead to anaphylaxis:**

- An Anaphylaxis plan should be completed by the child's doctor and supplied to the school
- Anaphylaxis plan should have a clear photo of the child, a list of allergens and clear instructions for first aid response to a reaction
- Medication should be supplied and instructions should be clearly written on the management plan – epipen, anti histamine, etc

**On receipt of the Anaphylaxis plan, the school will endeavor to ensure that we:**

- Facilitate a staff meeting to ensure all staff are aware of the allergens and first aid plan – parents may be invited to contribute to the meeting
- Ensure that the Anaphylaxis plan is available to all staff via classroom poster, staffroom medical board, relief folders and updates on medical alerts
- Ensure that the child's Epipen is located in a clearly marked cupboard in the classroom
- Ensure that the school has a spare Epipen located in the playground duty bag and in the school office for easy access.
- Ensure that all staff are familiar with first aid response for Anaphylaxis
- Ensure that Anaphylaxis and First Aid training is offered to staff on a regular basis
- Ensure that Anaphylaxis plans are updated or reviewed annually.

**IMPORTANT NOTE: As diagnosis may occur at any time and our school would follow the process outlined above as soon as notified of the diagnosis by parents. Promotion of allergy awareness by, for example, regular inclusion of information in school newsletters, will support families in sharing such information with the school.**

**All staff involved in the care of students at risk of anaphylaxis know:**

- The causes, symptoms and treatment of anaphylaxis
- The identities of students who are at risk of anaphylaxis
- The preventative practices in place
- Where EpiPens are kept for each individual student
- The school's first aid and emergency response procedures
- Their role in responding to a severe allergic reaction



Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto-injector which is commonly known as an EpiPen. Adrenaline given through an EpiPen to the outer thigh muscle is the most effective treatment for anaphylaxis, as when injected it rapidly reverses the effects of a severe allergic reaction. It is a single use pre-loaded automatic injection and is designed to be used as a first aid device by people without formal medical training. A version containing half the standard dose of adrenaline (EpiPen Jnr) is available for small children (under 20 Kg).

If a student has been prescribed an EpiPen, the EpiPen must be provided by the student's parent/carers to the school. The school will also purchase at least two spare EpiPens as a backup and will replace these before expiration dates.

**Risk minimisation**

Advice from ASCIA is that risk management with regard to particular foods (peanuts and tree nuts) is recommended, however the implementation of blanket food bans or attempts to prohibit the entry of food substances into schools are not recommended.

The following issues have been highlighted in not recommending blanket food bans:

- the lack of evidence of their effectiveness and the practicalities of such measures
- for school aged children it is essential that they have the opportunity to develop their own strategies for avoidance in the wider community as well as at school
- consistent advice from a range of experts who do not recommend such measures
- the risk of complacency and avoidance strategies if a food is banned
- some guidelines state that such a policy should be "considered " for a specific food stuff such as peanut rather than recommended.

Based on this research and the fact that we currently have student's with food allergies we have adopted a risk minimisation policy. This involves:

- This involves removal of items with the relevant nut as an ingredient from our school canteen, but does not apply to those foods labelled "may contain traces of nuts".
- Asking parents not to send peanuts or peanut butter on sandwiches if a class member in the early childhood years has peanut allergy. This is due to the higher risk of person to person contact in younger children.

*(Primary schools which have younger children enrolled who are at risk of anaphylaxis may consider requesting that parents/carers refrain from sending nuts in school lunches. Such a practice is not considered appropriate within high schools. This is an example of a practice that can be put in place to assist younger children. It is expected that by the end of the early childhood years allergies to food such as egg will have resolved and children will have achieved greater independence in managing their condition and will require less external support.)*

- On school camps, where there are children with severe nut allergy, foods containing nuts are not taken or supplied, consistent with the nut minimisation policy in the school canteen.
- adopting a no food and drink sharing policy at school
- promoting hand washing before and after eating.

Training of relevant staff each year should take place if any student in the school is known to be at risk of anaphylaxis and should be incorporated into development of Individual Anaphylaxis Management Plans. If more than one student in the school is known to be at risk of anaphylaxis, professional learning/ training should be organised with this in mind.

## **PREVENTION**

### **Allergy awareness within the broader school community**

While 'banning' particular foods and declaring schools to be 'nut-free' is **not recommended** as it is not possible to guarantee such positions, **it is recommended that schools develop strategies to promote allergy awareness.**

### **Staff**

Information about anaphylaxis is provided to all staff, including teachers, teacher aides, office staff, canteen personnel, grounds people and cleaners and revision of this carried out each year.

Useful information can be found at the [Anaphylaxis Australia](http://www.allergyfacts.org.au/schools.html) website.  
( <http://www.allergyfacts.org.au/schools.html>)

## Students

Include information on severe allergic reactions in the curriculum.

Allergy awareness should be developed by providing students with information through facts sheets or posters displayed in various locations about the school.

Teaching strategies such as role play, group discussion and opportunities to practice emergency procedures may be used to encourage students' understanding of anaphylaxis. Some key messages to incorporate in classroom discussion include:

- take food allergies seriously- severe food allergies are no joke
- know what your friends are allergic to
- if someone in your class becomes sick, get help immediately
- wash your hands after eating
- don't share food with friends
- be respectful of a schoolmate's EpiPen don't put pressure on others to eat foods that they are allergic to
- discourage children from being in 'each other's faces' to reduce risk of spreading germs in general but also an awareness that a food substance on the breathe can trigger a reaction in highly allergic individuals.

It should be remembered that some students who are at risk of anaphylaxis and families may not wish to be singled out or seen to be treated differently. They should be consulted when the school is considering putting in place preventative practices with implications for the class or the broader school community.

## Other Parents

Opportunities to increase understanding of anaphylaxis in the broader school community can be developed through providing information in newsletters, fact sheets, parent meetings etc.

**A range of information about anaphylaxis is available at:**

### **Anaphylaxis Australia**

<http://www.allergyfacts.org.au/index.html>

Specific information is available relevant to **schools and childcare centres**

<http://www.allergyfacts.org.au/schools.html>

This section of the Anaphylaxis Australia website contains links to other state guidelines including

### **Victorian Anaphylaxis Guidelines**

<http://www.allergyfacts.org.au/PDF/Victorian%20Anaphylaxis%20Guidelines%20DE&T.pdf>

### **NSW Health-Anaphylaxis Guidelines for Schools**

<http://www.allergyfacts.org.au/PDF/AnaphylaxisGuidelinesFinal.pdf>

General information about various allergies is available at:

**Royal Prince Alfred Hospital Allergy Unit** under **Allergies and Publications/Resources**

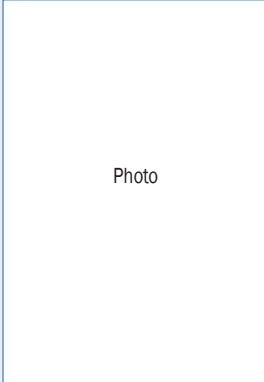
<http://www.cs.nsw.gov.au/rpa/allergy/>

# ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Confirmed allergens:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Family/emergency contact name(s):

\_\_\_\_\_  
\_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by:

Dr: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

## How to give EpiPen®



1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



2 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 10 seconds.



4 REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at [www.allergy.org.au/health-professionals/anaphylaxis-resources](http://www.allergy.org.au/health-professionals/anaphylaxis-resources)

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## MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

## ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) .....  
Dose: .....
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede anaphylaxis**

Watch for any one of the following signs of Anaphylaxis

## ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- 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)

## ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- 2 Give EpiPen® or EpiPen® Jr
- 3 Phone ambulance\*- 000 (AU), 111 (NZ), 112 (mobile)
- 4 Phone family/emergency contact
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

**If in doubt, give adrenaline autoinjector**

After giving adrenaline:

- Commence CPR if there are no signs of life
- Give asthma medication if unsure whether it is asthma or anaphylaxis

EpiPen® is generally prescribed for adults and children over 5 years.

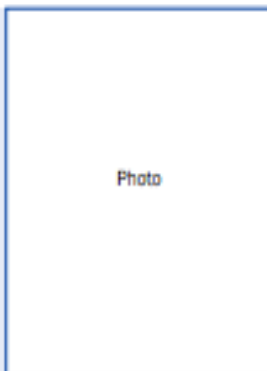
EpiPen® Jr is generally prescribed for children aged 1-5 years.

\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information \_\_\_\_\_

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_



Confirmed allergens:  
\_\_\_\_\_  
\_\_\_\_\_

Family/emergency contact name(s):  
\_\_\_\_\_  
\_\_\_\_\_

Work Ph: \_\_\_\_\_  
Home Ph: \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_

Plan prepared by:  
Dr: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

Note: The ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.  
For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline autoinjector instructions.  
Instructions are also on the device label and at [www.allergy.org.au/health-professionals/anaphylaxis-resources](http://www.allergy.org.au/health-professionals/anaphylaxis-resources)

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- Stay with person and call for help
- Give medications (if prescribed) .....
- Dose: .....
- Phone family/emergency contact

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- Persistent dizziness or collapse
- Pale and floppy (young children)

### ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)**
- 3 Phone family/emergency contact**
- 4 Commence CPR if there are no signs of life**

Additional information  
\_\_\_\_\_

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