



Anaphylaxis Policy and Procedure

These guidelines have been developed to assist the Sacred Heart Catholic School community in planning for and supporting students with severe allergic reactions.

RECOGNITION 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

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
- Several factors can influence the severity of anaphylaxis, including asthma, exercise, heat, and alcohol.

MANAGEMENT

Anaphylaxis management for individual students

1. 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 these forms, all parents/carers are asked:

Part A

- *Does this student have an allergy?*
- *and if so, to list allergens*

Part B

Parents/carers are asked the following questions:

- *Has it involved hospitalisation?*
- *Is it life threatening?*
- *Has it been called anaphylaxis?*
- *Has the student been prescribed an EpiPen?*

2. If the parent/carer responds 'yes' to any of the questions in Part B, the school should provide them with a copy of the Australasian Society of Clinical Immunology and Allergy Inc. (**ASCIA**) **Action Plan for Anaphylaxis**

[http://www.allergy.org.au/aer/infobulletins/posters/Anaphylaxis_plan_\(child\)_Au.pdf](http://www.allergy.org.au/aer/infobulletins/posters/Anaphylaxis_plan_(child)_Au.pdf)

to be completed and signed by an appropriate medical practitioner and returned to the school as soon as possible. The medical practitioner will confirm with the family the seriousness of the allergy and determine whether completion of the ASCIA Action Plan for Anaphylaxis is required.

The ASCIA Action Plan for Anaphylaxis sets out the **emergency procedures** to be taken in the event of an allergic reaction. It contains the following:

- Clear identification of the child (photo)
- Documentation of the allergic triggers

- Documentation of the first aid response including any prescribed medication
 - Identification and contact details of the doctor who has signed the action plan
3. On receipt of the completed ASCIA Action Plan for Anaphylaxis, the school will organise, as soon as practical, a meeting/professional learning session on anaphylaxis. This meeting should involve parents/carers and relevant school staff, for the purpose of developing the student's **Individual Anaphylaxis Management Plan** (proforma attached) and should include a training component dealing with anaphylaxis emergency management and EpiPen administration. Phone Asthma Foundation of Tasmania for further information on anaphylaxis training.

The Individual Anaphylaxis Management Plan describes **proactive and preventative practices** and should contain information as to:

- The type of allergy or allergies
 - The student's emergency contact details
 - Practical strategies to minimise the risk of exposure to allergens in school and out of school settings such as camps and excursions
 - The name of the person/s responsible for implementing the strategies
 - Information about where the EpiPen will be stored
4. A copy of the student's Action Plan for Anaphylaxis and the Individual Anaphylaxis Management Plan will be kept in various locations around the school. They will be easily visible and/or accessible by staff in the event of an incident.
5. The student's Action Plan for Anaphylaxis and the Individual Anaphylaxis Management Plan will be reviewed with the student's parents/carers at least annually or as required.

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.

On confirming that we have enrolled student/s with anaphylaxis we would quickly endeavour to ensure:

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.

At the start of each year time will be allocated, such as in a staff meeting, to discuss and review the school's management practices and e-mail staff with relevant information and policies to ensure everyone has current information.

There is regular training of relevant staff in anaphylaxis emergency management including administration of EpiPens and that the use of the EpiPen is refreshed regularly using trainer pens. (Principal, WH&S officer and First Aid Officer to manage this)

Action Plans for Anaphylaxis and Individual Anaphylaxis Management Plans are reviewed each year.

Copies of plans are displayed in various and key locations about the school with a small laminated version in each child's bumbag with their Epi-pen.

Procedures are in place to inform relief staff and new staff members of students at risk of anaphylaxis and the steps required for prevention and emergency response. The Assistant Principal has been designated to do this and to have the new person coming into the school sight, read and sign the emergency management plans for each child.

EpiPen management and training

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).

Anaphylaxis training programs are provided by several organizations in Tasmania e.g. St. John's Ambulance, Asthma Foundation – Anaphylaxis Training. They are designed to equip people with the knowledge and skills to recognise and manage an anaphylactic reaction, including the use of EpiPen and the skills of performing Cardio Pulmonary Resuscitation (CPR).

If a child has been prescribed an EpiPen all staff are provided with the opportunity to participate in an appropriate course

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 each year.

EpiPens should be stored correctly and accessed quickly.

- EpiPens are to be stored in an unlocked, easily accessible place away from direct heat. They should not be stored in the refrigerator or freezer. At Sacred Heart there will be a wall mounted First Aid Cabinet in each class that has a student who is known to be at risk of anaphylaxis where their pen will be kept in cooler bag within a bum bag. This bum bag is to be taken with the student when they leave the room e.g. for play, to library, on excursions. A back-up Epi-Pen will also be kept in the First Aid room in a cooler bag.
- EpiPens will be clearly labelled with the student's name.

- A copy of the student's ASCIA Action Plan for Anaphylaxis will be kept with the EpiPen.
- Each student's EpiPen will be distinguishable from other students' EpiPens and medications.
- All staff will know where the EpiPen is located.
- The back-up EpiPen will be signed in and out when taken from its usual place, such as for camps or excursions.
- Where there are Epi-pen and Epi-pen Jr they will be distinguishable as per their box and pen colour of Green for Epi-pen Jr and Yellow for Epi-pen. This will be highlighted on the summary sheet.
- Trainer EpiPens (which do not contain adrenaline) will be kept in the Principal's Office so that they are separate from students' EpiPens.

EpiPens should not be cloudy or out of date. They should last at least 12 months from time of purchase from a pharmacy and have an expiry date printed on them. It is the parents/carers' responsibility to supply the child's EpiPen to the school and to replace it before it expires. The first aid officer will check the EpiPen at the beginning each term. At least a month before its expiry date, the first aid officer will send a written reminder to the parents/carers to replace the EpiPen. *Adopting the practice of returning the EpiPen to the family at the end of each term is suggested. Return or replacement of the EpiPen should take place when the student recommences school in the new term.*

Administration of EpiPen is quite safe: if a person is suspected of having a severe allergic reaction, it may be more harmful not to give it than to use it when it may not have been needed.

"If in doubt, give the EpiPen": from the ASCIA Action Plan for Anaphylaxis

For additional information about the use of EpiPens refer to the [NSW Department of Education and Training Anaphylaxis Guidelines for Schools](#)

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

or the [Victorian Department of Education and Training Anaphylaxis guidelines](#)

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

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:

- 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 who have food allergies
- 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.

From the 'Be a Mate' resource developed by Anaphylaxis Australia

Anaphylaxis Australia's 'Be a M.A.T.E' programme- Make Allergy Treatment Easier- assists teachers and childcare workers in educating all children and young people about the seriousness of food allergy and its daily management. A variety of story books and books for older students are also available to support the learning program.

A resource section for schools containing downloadable lesson plans and activities is available on the [Anaphylaxis Canada](http://www.safe4kids.ca) website.

(<http://www.safe4kids.ca/content/schools/schools.asp>)

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.

RESOURCES

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>

- **Interim Guidelines for Queensland Schools**

<http://education.qld.gov.au/schools/healthy/docs/anaphylaxis.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/>

➤ Information about peanut allergies can also be found at:

The Children's Hospital Westmead

http://www.chw.edu.au/parents/factsheets/peanut_allergy.htm

NSW Health

http://www.health.nsw.gov.au/public-health/pdf/peanut_fs.pdf

Sacred Heart School Geeveston acknowledges the use of the Tasmania Department of Education Anaphylactic Guidelines when developing their policy.

Date: *February 7, 2014*

Name: **Mr Luch Brighella**

Position: *Principal*

Last Policy Date: **2012**

Next Policy Review: *March 2016. This is a living document and can be altered as the need arises.*

Individual Anaphylaxis Management Plan Cover Sheet

Student's name:

Date of birth:

School:

Class:

Current Teacher/s:

Severely allergic to:

Other health conditions:

Medication at school:

Parent/carer contact:

First parent/carer

Second parent/carer

Name:

Name:

Relationship:

Relationship:

Home phone:

Home phone:

Work phone:

Work phone:

Mobile:

Mobile:

Address:

Address:

Other emergency contacts

(if parent/carer not available):

Medical practitioner contact:

Emergency procedure:

Procedures for calling ambulance:

EpiPen storage:

The following Anaphylaxis Management Plan has been developed with my knowledge and participation and will be reviewed on: _____

Parent(s) signature:

Date:

Principal (or nominee) signature:

Date:

Strategies to avoid allergens

Student's name:

Date of birth:

Class:

Severe allergies:

Other known allergies:

Place school logo here

Type the school and school address details here



Tasmania
Explore the possibilities

Risk Management Strategies

(name identified risks and strategies in place e.g. excursions, canteen, recess and lunch)

Responsibility:

STUDENT ALLERGY / ANAPHYLAXIS INFORMATION

Student's Full Name	
Class	
Date of Birth	
PART A	Does this student have an allergy? <input type="checkbox"/> No <input type="checkbox"/> Yes He/she is allergic to _____
	PART B
Office use only If a parent /guardian indicates 'yes' to any question in Part B, the school should refer to the Department's website by searching ' anaphylaxis ' for advice regarding the required process for further action.	Has it involved hospitalisation? <input type="checkbox"/> No <input type="checkbox"/> Yes Is it life threatening? <input type="checkbox"/> No <input type="checkbox"/> Yes Has it been called anaphylaxis? <input type="checkbox"/> No <input type="checkbox"/> Yes Has the student been prescribed an EpiPen? <input type="checkbox"/> No <input type="checkbox"/> Yes

Signature

Signing this form: to sign this form you must be either be: an independent or adult student; or the parent /guardian or other person who has care and control of the student.

I certify that the information provided in this form is correct.

Signed: Date: _____

✓ Tick one box below

Signed by: First parent or guardian Second parent or guardian
 Independent or adult student who is self-enrolling

Day Month Year
 ___ / ___ / _____

Personal Information Protection Statement

Personal information and medical details are collected from you so that school staff can develop a medical action plan and provide support for the student's medical condition. Personal information may be disclosed to health practitioners to support student health requirements. Personal information will be managed in accordance with the Personal Information Protection Act 2004 and may be accessed by the individual to whom it relates on request to the school.

You can obtain a copy of the Department's Personal Information Protection Policy on request or at <http://www.education.tas.gov.au/dept/about/legislation/pip/policy>

Office Use: Enter this information into the student record in SACS, List box item M - Medical Details. Enter a new code ANAPH – with the description Anaphylactic Reaction if a code has not been entered for this particular medical condition.

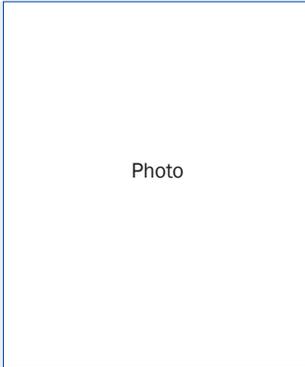
Yes (Entered into SACS) Date:

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

Name: _____

Date of birth: _____



Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr: _____

Signed: _____

Date: _____

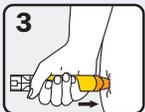
How to give EpiPen®



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

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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.