

Section: Welfare  
Number: 3.3  
Version: 1  
Page: Page 1 of 4  
Approved: Executive Team  
Date: May 2018  
Review: May 2020

# ANAPHYLAXIAS

## CONTEXT

The School is committed to providing a safe school environment for students, staff and visitors.

The School wishes to protect those students who suffer from severe allergies and could be in danger of life threatening anaphylactic reaction. Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. Acute allergic reactions frequently occur away from home.

Schools are aware of the higher relative prevalence of allergy in childhood and the higher likelihood of accidental exposure to triggers with food allergy being one of the most common triggers for an allergic reaction. Insect sting anaphylaxis is also common, while other known triggers include insect bites, latex and medication. As severe reactions can occur unpredictably, any allergic reaction is to be taken seriously and treated as a potential medical emergency requiring immediate treatment.

## What is an Allergy?

An allergy is when the immune system reacts to substances (allergens) in the environment which are usually harmless (e.g. food proteins, pollen, dust mites). Once an allergy has developed, exposure to the particular allergen can result in symptoms that vary from mild to life threatening (anaphylaxis).

## What is Anaphylaxis?

Anaphylaxis is a severe, rapidly progressive allergic reaction that may occur unpredictably and is potentially life threatening. It should always be regarded as a medical emergency requiring immediate treatment with adrenaline. For these reasons staff must be prepared and be able to respond appropriately. While most allergic reactions usually occur within minutes after exposure to a food, insect or medicine to which a person may already be allergic, some reactions may take up to two (2) hours between the time of contact/ingestion and signs/symptoms presenting.

Adrenaline auto-injectors, (eg EpiPen®) are designed to be given by non-medical people, such as parents, school staff, friends, passers-by or the allergic person themselves (if they are well and old enough). An adrenaline auto-injector device contains a single, fixed dose of adrenaline that works rapidly to treat anaphylaxis.

## PROCEDURES

As a facet of a school's overriding duty of care, care of the allergic child requires accurate, up to date information obtained from parents and carers, staff training in the recognition and management of acute allergic reaction, risk management planning (including in those children not previously identified as being at risk), age appropriate education of children with severe allergies and their peers and implementation of practical strategies to reduce the risk of accidental exposure to known allergic triggers.

### Risk identification and minimisation

At the point of enrolment and for the duration of the enrolment, parents are required to ensure that updated student information is supplied and recorded by the School so as to identify students at risk of an allergic reaction, the known triggers, higher risk activities/events and how to recognise the allergy/anaphylaxis symptoms.

There are a range of risk identification and mitigation strategies employed by the School which include, but are not limited to:

- Well communicated and implemented school policy and procedure
- Provide information to the parent community on severe allergy and the risk of anaphylaxis (e.g. personally addressed or through the school newsletter, at appropriate intervals)
- Alert parents to strategies that the school has in place and the need for their child to not share food and to wash hands after eating
- Educate students to be allergy aware and supportive of those at risk
- Cultivate and maintain the school's 'Allergy Aware' profile
- Ensure awareness and consideration of children at risk in relation to special school events (such as fundraisers and cultural days, e.g. listed ingredients on food items for sale)
- Minimising the risk of exposure to known allergens (e.g. canteen hygiene/cross contamination, ingredients for cooking classes etc.)
- Staff training on prevention, recognition and treatment of anaphylaxis, ensuring there is regular refresher training and that regular relief and casual staff are included in the training (this includes trainer device demonstrations)
- Good communication of the identity of children at risk to the assigned teacher (including yard duty and relief staff)
- At risk children bring their own class event 'treats,' excursion/camp food
- Easily accessible Personal and General ASCIA Action Plans with accompanying appropriate adrenaline auto-injector (in date), where prescribed
- Routine checking of adrenaline auto-injector and ASCIA Action Plan to ensure currency and suitability for use, including amendments and replacement adrenaline auto-injector after an anaphylactic reaction
- Creation and maintenance of up to date Individual Health Care Plans for students known to be at risk
- Maintenance of in date spare adrenaline auto-injector(s) for use in cases of undiagnosed episodes. These should be stored with a copy of the ASCIA Action Plan (general)
- Assign student tasks so as to minimise risk (e.g. student at risk does not pick up litter; when on camp student sets the table rather than clears away)
- Class/School events - parental permission slips that include a request for updated student health information

- Good risk analysis of offsite locations/on site special events
- Identify and notify emergency/medical services that you will be in the area, before going off site.

A comprehensive list of risk minimisation strategies can be found at the following location:  
[http://www.allergy.org.au/images/scc/ASCIA\\_Risk\\_minimisation\\_strategies\\_table\\_030315.pdf](http://www.allergy.org.au/images/scc/ASCIA_Risk_minimisation_strategies_table_030315.pdf):

### **Managing adrenaline auto-injectors (e.g. EpiPens):**

- Maintenance of age/weight appropriate prescribed and non-prescribed (general use device in first aid kits)
- Stored, in an UNLOCKED location, between 15 and 25 degrees, not refrigerated, kept away from heat/sunlight, shelves, sports bags, etc.
- Replacement of out of date, visibly unsuitable (e.g. discoloured and/or containing sediment) adrenaline auto-injectors
- Provision and procedure for off campus activities
- Self-management for students
- Privacy concerns
- Availability of Individual Health Care Plans
- Availability with personal and general ASCIA Action Plans
- Trainer device stored well away from the 'real' adrenaline auto-injector(s).

### **Emergency response procedure (on-site and off-site):**

- Prompt response as trained
- Call an ambulance immediately after administering the adrenaline auto-injector, monitoring at a medical facility for 4-6 hours is usual as more adrenaline may be required
- Contact parents/carers (after phoning for an ambulance)
- An ambulance should not be cancelled until the student is handed into the parent's/carer's care.

### **Post incident procedure**

- Conduct a review, in consultation with the parents and the student's Individual Health Care Plan – how did the exposure occur and could it be prevented?
- If the child has not experienced anaphylaxis previously, a new ASCIA Action Plan must be completed and signed by the child's medical doctor and an Individual Health Care Plan developed in conjunction with the parents/guardians
- Critical incident report to the Department of Education Services and the Chair of the school's governing body
- Staff debriefing
- Consideration of psychological services (where required)
- Replacing the used adrenaline auto-injector(s) promptly
- Review the school's procedures for preventing and responding to anaphylaxis emergencies and follow through on any required adjustments.

## Training for Staff

The School provides staff training in how to prevent exposure to known allergens and how to recognise and respond to an allergic reaction including the administration of an adrenaline auto-injector, in order to discharge their duty of care.

Under the National Quality Standards and the Registration Standards it is a requirement that staff in pre-Kindergarten and Kindergarten have completed and maintain currency of an ACECQA approved First Aid, Asthma and Anaphylaxis management training course. The list of approved courses and codes, including online courses, is available from the ACECQA website at: <http://www.cecqa.gov.au/First-aid-qualifications-and-training>