ST MATTHEW’S SCHOOL

NARROGIN

ANAPHYLAXIS POLICY

Ratified February 2009 – Review Date: 2011
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RATIONALE

Anaphylaxis is potentially life threatening and always requires an emergency response. The St Matthew’s Anaphylaxis Policy has been developed to ensure that every reasonable effort is made to minimise the exposure of students at risk of an allergic reaction to known allergens within the school environment or whilst attending an official school excursion. At present we have children at the school with severe allergy to peanut and/or tree nuts and therefore the need to minimise the risk of these allergens at school is required. The policy provides a guide for teachers to follow, outlining the steps to be taken in treating students suffering from an anaphylactic reaction. It also helps to ensure that parents provide teachers with updated, relevant information on each child’s Action Plan for Anaphylaxis.

BACKGROUND

Anaphylaxis is a severe, rapidly progressing allergic reaction. It occurs when a person is exposed to an allergen (such as a food or an insect bite). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more. Anaphylaxis always requires an emergency response. Prompt treatment with injected adrenaline, known as an EpiPen, is required to halt progression and can be life saving. This can be administered even through clothing, and reverses the reaction. Fortunately, although over recent years there has been an increase in the number of children diagnosed with the risk of anaphylaxis, deaths are rare. Reactions are usually preventable by implementing strategies for avoiding allergens.

Common allergens for anaphylaxis are:
• foods (e.g. peanuts and tree nuts, eggs, cows’ milk, wheat, shellfish and fish, sesame and soybean are the most common food triggers)
• insect bites (e.g. bees, wasps, ants)
• medications (e.g. antibiotics, aspirin or other medication)
• latex (e.g. rubber gloves, balloons, swimming caps).
A number of factors including exercise, hot weather and in the case of food allergens, the amount eaten, can influence the severity of an anaphylactic reaction. In the case of severe food allergies, an anaphylactic reaction can be triggered by ingestion, touch or smell of the food.

**RECOGNISING SYMPTOMS**

The symptoms of a *mild to moderate allergic reaction* can include:

- tingling in the mouth
- flushing and/or swelling of the face, lips and/or eyes
- itchy rash or hives and welts
- abdominal pain/cramps and/or vomiting

Symptoms of *anaphylaxis- a severe allergic reaction* can include:

- difficulty breathing or noisy breathing
- swelling of the tongue and/or difficulty swallowing
- itching and/or a sense of tightness in the throat,
- difficulty talking or hoarseness
- persistent coughing and/or wheezing
- faint, rapid pulse, low blood pressure
- loss of consciousness and/or collapse
- young children may appear pale and floppy
- distress, anxiety and a sense of dread.

*A student at risk of anaphylaxis will often recognise the early symptoms of an allergic reaction before any other signs are observable.*

**PRACTICES**

- It is the responsibility of the parents to notify the school that their child is at risk of an anaphylactic reaction, either at the time of enrolment, or if the student is enrolled, as soon after diagnosis as possible. Health information is requested on enrolment documentation.
- As with other health conditions, schools provide support to assist parents in the management of their child’s health. It is important to establish a partnership between the school and parents to share information, clarify expectations and minimise the exposure of students at risk of an allergic reaction to known allergens within the school environment.
- Those students identified to be at risk are to have an ‘Action Plan for Anaphylaxis’ completed by the parents, in consultation with and signed by the student’s doctor. Action Plans, medication required and/or an EpiPen with instructions clearly displayed are to be kept in the First Aid Room (by the photocopier). EpiPens of students at risk in the kindy or PP areas, will be kept in their classrooms in an unlocked cupboard accessible only to adults.
- Emergency action plans will include documentation of parent and other emergency contact numbers, location of the EpiPen and an up to date photo of the child. All staff should be aware of children with emergency action plans, their needs and location of medication.
- Classroom teachers also are to have a copies of the action plans with photos, available for relief teachers/staff.
- All staff are to be trained in the purpose and use of an EpiPen, once a year, and the use of the EpiPen revised once a term. This would include information on anaphylaxis and allergies.
- The staff will complete regular checks on the expiry date of EpiPens. It is important for Epipens to be kept at room temperature, away from light or a direct heat source.
• EpiPens or required medication will be taken on all excursions that the identified students attend.
• Avoidance of specific triggers is the basis of anaphylaxis prevention and St Matthews’ School will follow a **risk minimisation** approach as recommended in the Australasian Society of Clinical Immunology and Allergy (ASCIA) guidelines for prevention of food anaphylactic reactions in schools.
• The school will implement practical strategies to reduce exposure to known allergens by encouraging a “No swapping, sharing or trading of food” policy in all areas of the school and encouraging children to wash hands and tables after eating.
• During 1st term, the school will provide age-appropriate education of children, parents and staff with regard to severe food allergies and anaphylaxis.
• Teachers will discourage the presence of allergens in the classroom. This will include foods brought to school for special functions and craft containers previously containing these food products.
• The canteen managers will be regularly updated on peanut and tree nut products, with the awareness that these foods are not sold in the school canteen.
• The school will include information on anaphylaxis and peanut/nut allergies in the newsletter, and will encourage parents not to bring these foods into the school.
• Severe allergic reactions, or anaphylaxis, can occur rarely when there is no history of known allergies. This situation should be treated as any other emergency. An ambulance should be called and first aid provided until expert help arrives. *At the discretion of the Principal in charge that day, the child may be urgently transported to hospital, accompanied by an additional staff member. In this case the hospital emergency department should be notified of the child’s condition and expected time of arrival.*
• This policy will be reviewed and updated annually during 1st term and at any other time that changes occur in relevant staff, in the students’ related health needs, or when an anaphylactic event occurs.

**ANAPHYLAXIS EMERGENCY PLAN**
In the case of a teacher identifying a child suffering from anaphylactic shock, the following procedure will immediately be implemented, either in the classroom, playground or external location. The Principal or Assistant Principal will assume the role of coordinator and delegate specific personnel to fulfill the roles outlined below.

**Person 1**
• Stay with child
• Send capable child with RED ALERT card or note to the office to inform the location of the child suffering anaphylactic shock
• Keep the child calm

**Person 2**
• Get the specific EpiPen from the First Aid Room marked with the child’s name.
• Go straight to the emergency scene.

**Person 3**
• Call “000” for ambulance to attend, give details of the child’s present condition.
• Contact the child’s parents.
• Wait at entrance to direct ambulance.

**Person 4 (if available)**
• Go straight to the emergency scene.
• Supervise the other children.
DETAILED INSTRUCTIONS FOR THE EPIPEN USE

1) Remove device from its protective container. Check that it belongs to the identified child.
2) Check to see if chamber is clear. Do not use if solution is brown or contains sediment.
3) Remove the grey cap from the larger end of the device.
4) Hold the EpiPen in your fist with clenched fingers wrapped around it. (There is nothing to push at the white end)
5) Press the black tip against the skin of the outer thigh and push until a click is heard.
6) Hold for 10-15 seconds (count 1 “one thousand”, 2 “one thousand”, etc)
7) Remove the pen from the thigh and be careful of the needle. Place in a secure container.
8) Massage in the adrenaline. Apply firm pressure. (There may be slight bleeding at the injection site.)
9) Record the time the EpiPen was given.
10) Wait with child for ambulance to arrive.

*The child must go to hospital after being given an EpiPen, even if symptoms disappear.*