Anaphylaxis Procedures

On Enrolment

It is expected that on enrolment of a student with anaphylaxis, staff, parents and caregivers will develop specific procedures that reflect the specific needs of the student involved.

1. The Application for Enrolment Form contains a section on Medical Information. If parents or caregivers state that their children suffer allergic reactions, they will be requested to obtain an allergy diagnosis from a medical practitioner that identifies specific allergies, the risk of a reaction and the likely severity. If the student is diagnosed as having anaphylaxis, the parent or caregiver will need to request the student’s doctor to fill in an Allergy Management Plan form (Appendix 1).

2. The Management Plan states what signs and symptoms the student is likely to experience if he/she comes into contact with the allergen. The Management Plan also includes directions to staff to phone 000 and state that the student is experiencing an anaphylactic reaction as only intensive care ambulances carry Adrenalin (the medication required to treat Anaphylaxis).

3. Parents or caregivers must forward the Management Plan to the School. The Management Plan must be accompanied by 2 current photos. The plan will be placed in the Sick Bay area, the Staffroom, Canteen and in the class teacher’s program/Year Coordinator’s records. The issue of confidentiality must be addressed within this context to achieve a satisfactory balance between the student’s safety and privacy.

4. Permission will be sought from parents or caregivers to obtain medical information on the student’s condition and treatment from the student’s doctor in an emergency situation.

5. All student’s records, specifically parental, emergency contracts will be kept up to date.

How can you recognise an anaphylactic reaction?
Reactions usually begin within minutes of exposure and can progress rapidly at any time over a period of two hours. A student at risk of anaphylaxis will often recognise the early symptoms of an allergic reaction before any other signs are observable. Common symptoms are:

- flushing and/or swelling of the face
- itching and/or swelling of the lips, tongue or mouth
- itching and/or a sense of tightness in the throat, hoarseness, difficulty breathing and/or swallowing
- hives, itchy rash and/or swelling about the face, body or extremities
- nausea, abdominal cramps, vomiting
- shortness of breath, repetitive coughing and/or wheezing
- faint, rapid pulse, low blood pressure
- light headedness, feeling faint, collapse
- distress, anxiety and a sense of dread.

Prevention of contact with known food allergens
The most common causes of food anaphylaxis are:

- nuts, particularly peanuts or peanut products.
1. The School will **exclude the causative allergen** (nuts/nut products) from the School canteen altogether.

2. The School will need to be familiar with different names for the same food when checking food labels. Parents or caregivers of the child should be able to provide the School with a list of products/ingredients to avoid.

3. The School reinforces the idea that students should not share their food and drinks with other students.

4. Staff must be aware of the risks to students coming into contact with trigger foods, but must also be sensitive to the need for inclusion of the student in school activities.

5. Care should be taken with materials used for construction, painting, collage and cooking etc. where recycled empty food containers are being used. Egg cartons or peanut butter jars, muesli bar boxes can have traces of the food left on them and for some students this will be sufficient to trigger a reaction.

6. Staff must carefully consider plans for managing outings/excursions and discuss these with the parents or caregivers of the student with anaphylaxis, prior to the excursion.

7. All staff need to be aware of **visitors** who may bring allergens into the School and if necessary take appropriate steps to minimise the risk.

8. All visitors or parents or caregivers are not to bring confectionary to distribute to other children. eg birthday lolly bags and cakes.

**Managing a Reaction**
If there is a student in the School that has anaphylaxis, all staff must be aware of how to manage it. The parent, caregiver and medical practitioner for each child upon enrolment must develop an individual Anaphylaxis Management Plan.

The School staff should be aware of what anaphylaxis is, prevention strategies, signs and symptoms of a reaction and how to manage a reaction. This is important not only for students who have a diagnosed condition, but for the care of all as some students may experience their first allergic reaction while at the School. The student may not have been exposed to the allergen before or the allergen may have produced a minor reaction in the past.

**Guidelines for implementation**

**Action Steps for Principal/Delegated Authority**
The following steps describe how to manage a child at risk of anaphylaxis at School.

1. Seek information from the parent or caregiver about allergies that affect their child as part of health student family information updates.

2. Where the information from the parent indicates that their children have allergies, provide a copy of the form at Appendix 2 to the parent for completion, in consultation with their children’s medical practitioner.

3. Determine whether the information provided by the parent or caregiver on the form (Appendix 2) indicates the need for further discussion with the parent or caregiver. If the form indicates the student has an allergy or has either been hospitalised or prescribed an EpiPen, a meeting should be organised with the parent or caregiver. If not, add the form to the student’s records.
4. Meet with the parent or caregiver and if the student has been diagnosed with Anaphylaxis:
   a. Seek written permission to contact the medical practitioner and to share information about the student’s condition with staff (Appendix 3).
   b. Request that a completed Anaphylactic Management Plan is returned to the School by the parent or caregiver.

5. Distribute written information to all staff (Appendices 7 & 8)
   - Provide staff with information about the individual student’s severe allergy as agreed with the parent or caregiver.

6. Develop an interim plan (which in rare cases where a student is seeking enrolment, may include delaying the student’s enrolment until consultations have occurred with staff and satisfactory arrangements have been made).

7. Conduct an assessment of potential exposure to allergens in the student’s routine and of issues to be addressed in implementing an emergency response plan (see Appendix 10). Consider:
   - routine classroom activities, including lessons in other locations around the School
   - non routine classroom activities
   - non routine school activities
   - before school, recess, lunchtime, other break or play times
   - sport or other programmed out of school activities
   - excursion, including overnight excursions and school camps.

8. Develop an individual health care plan in consultation with relevant staff, the parent and student (Appendix 9) to incorporate:
   - strategies for avoiding the student’s exposure to allergens
   - medical information provided by the child’s medical practitioner
   - emergency contacts.

9. Develop an implementation strategy that addresses the training needs of staff, including casual teachers and school canteen manager.

10. Review the Action Plans (Appendix 1) annually at a specified time (eg beginning of the school year) and at any other time where there are changes in:
    - the student’s health needs
    - staff, particularly class teacher, year coordinator or any staff member who has a specific role in the plan
    - other factors that affect the plan, for example, when an allergic reaction or anaphylactic event occurs.

11. In the event that the student enrolls in another school, provide the parent or caregiver with a copy of the current Action Plan and encourage them to provide a copy to the new Principal. This will assist the process of health care planning in that school.
**Action Steps for Parents**

- Inform the Principal of the health needs of the child upon enrolment and when the health needs of the child change.
- When requested by the Principal/Delegated Authority, return an Action Plan for Anaphylaxis completed by the medical practitioner.
- Return a completed Authorisation to contact medical practitioner form.
- Provide written requests for the School to administer prescribed medications (Appendix 5).
- Provide the equipment and consumables for carrying out health care support procedures as specified in the student’s Action Plan, including where relevant, the appropriate EpiPen.
- Replace the EpiPen when it expires or after it has been used.

**Action Steps for Teachers & Staff**

In case of emergency, refer to the student’s Action Plan and if required follow the steps required (refer to Appendix 6).
APPENDIX 1: ACTION PLAN FOR ANAPHYLAXIS

Action plan for Anaphylaxis

Name:

Date of birth:

Photo

Known severe allergies:

Parent/carer name(s):

Work Ph:

Home Ph:

Mobile Ph:

Plan prepared by:
Dr.
Signed
Date

How to give EpiPen® or EpiPen® Jr

1. Firm grip around EpiPen® and pull off grey cap.
2. Place black end against outer mid-thigh just above kneecap.
3. Push down HARD until a click is heard or felt and hold in place for 10 seconds.
4. Remove EpiPen® and be careful not to touch the needle. Massage the injection site for 10 seconds.

MILD TO MODERATE ALLERGIC REACTION

• swelling of lips, face, eyes
• hives or welts
• abdominal pain, vomiting

ACTION

• stay with child and call for help
• give medications (if prescribed) ........................................
• locate EpiPen® or EpiPen® Jr
• contact parent/carer

watch for signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

• 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 (young children)

ACTION

1. Give EpiPen® or EpiPen® Jr
2. Call ambulance. Telephone 000
3. Contact parent/carer
If in doubt, give EpiPen® or EpiPen® Jr

Additional Instructions

© ASCIA 2003. This plan was developed by
ascia www.allergy.org.au

St Euphemia College Anaphylaxis K–12 Procedures 2014
APPENDIX 2:

Students with severe allergies

This form is to be completed by the parent of a child with an allergy and returned to the principal. The purpose of collecting this information is to identify children whose parent will need to provide further medical information.

School to complete: ..............................................................

Dear ..............................................................
you have identified ........................................................................
as having an allergy/allergies to: ..........................................................

Please complete the questions below and return to the principal.

1. My child has an allergy to:
   - insect sting ................................................................................. (specify)
   - drug .......................................................................................... (specify)
   - food: peanuts ........................................................................... Y/N
     other nuts ............................................................................... Y/N
     fish ......................................................................................... Y/N
     shellfish ................................................................................ Y/N
   - other ........................................................................................ (specify)

   ✔ yes    ☐ no

2. My child has been hospitalised with a severe allergic reaction.  
   ✔ yes    ☐ no

3. My child has been prescribed an EpiPen.  
   ✔ yes    ☐ no

Completed by .............................................................. on ..........................

Parent

Thank you for your cooperation
APPENDIX 3: AUTHORISATION TO CONTACT MEDICAL PRACTITIONER

This form is to be completed by the parent.

My child (student’s name)

____________________________________________________
is currently enrolled or applying for enrolment at St Euphemia College.

I understand that the School may need to discuss the implications of my child’s medical condition so that the School can support my child during school hours and during activities conducted by the School.

I hereby give my permission for the School to contact my child’s medical practitioner to obtain necessary information.

Medical practitioner information:

Name: __________________________________________________________
Address: _______________________________________________________
Phone: __________________________________________________________
Mobile: _________________________________________________________
Email: __________________________________________________________
Fax: ____________________________________________________________

I understand the information obtained may be discussed by the Principal of the School with other members of the school staff, as necessary, to enable staff to care for my child.

Signed: ____________________________________________ Date: _______________

(Parent/caregiver)
APPENDIX 4: INFORMATION FOR SCHOOL STAFF

Information for school staff on anaphylaxis

What is anaphylaxis?
Anaphylaxis is a severe and sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as a food or insect sting). Although death is rare, an anaphylactic reaction always requires an emergency response. Prompt treatment with injected adrenaline is required to halt progression and can be life saving. Fortunately anaphylactic reactions are usually preventable by implementing strategies for avoiding allergens.

Common allergens that can trigger anaphylaxis are:
- foods (e.g. peanuts and other nuts, shellfish and fish and in pre-school age children, milk and egg)
- insect stings (e.g. bee, wasp, jack jumper ants)
- medications (e.g. antibiotics, aspirin)
- latex (e.g. rubber gloves, balloons, swimming caps).

The severity of an anaphylactic reaction can be influenced by a number of factors including exercise, hot weather and in the case of food allergens, the amount eaten. In the case of severe food allergies, an anaphylactic reaction is usually triggered by ingestion of the food.

The school can help by assisting the student in the avoidance of allergens and ensuring that an emergency response plan is in place for all activities. The early recognition of the signs and symptoms of anaphylaxis may save lives by allowing the earlier administration of first aid and contact of the appropriate emergency medical services.

Who is at risk of anaphylaxis?
Children who are highly allergic to any of the above allergens are at risk of anaphylaxis if exposed. Those who have had a previous anaphylactic reaction are at increased risk.

How can you recognise an anaphylactic reaction?
Reactions usually begin within minutes of exposure and can progress rapidly at any time over a period of two hours. A student at risk of anaphylaxis will often recognise the early symptoms of an allergic reaction before any other signs are observable. Common symptoms are:
- flushing and/or swelling of the face
- itching and/or swelling of the lips, tongue or mouth
- itching and/or a sense of tightness in the throat, hoarseness, difficulty breathing and/or swallowing
- hives, itchy rash and/or swelling about the face, body or extremities
- nausea, abdominal cramps, vomiting
- shortness of breath, repetitive coughing and/or wheezing
- faint, rapid pulse, low blood pressure
- light headedness, feeling faint, collapse
- distress, anxiety and a sense of dread.
Staff responsibility in an emergency
In an emergency, all staff have a duty of care. Staff are to use common sense which dictates that, while they should not act beyond their capabilities, they are expected to do as much as they can to take appropriate action.

What should I do?
The student’s individual health care plan will spell out what needs to be done. It includes an emergency response plan (Appendix 7) detailing how to deal with a reaction should it occur. Appendix 11 details how to use an EpiPen in an emergency. If your school has a student at risk of anaphylaxis the emergency response plan should be posted in suitable locations for easy reference as agreed by the parent and where appropriate, the student.

Early recognition of symptoms and immediate treatment could save a child’s life.

Training in the management of anaphylaxis
The principal will inform staff about anaphylaxis using Appendix 5 and advise them of relevant details of the individual student’s severe allergy. Training will need to be arranged for staff, including the use of an EpiPen.

Legal liability of staff administering medication
School education authorities have a duty of care to take reasonable steps to keep students safe while they attend school. They meet their duty of care obligations through the actions of their staff. This includes the administration of an EpiPen and/or any other emergency care provided when a student has an anaphylactic reaction at school or during school activities.

Staff acting in the course of their employment enjoy full legal protection in relation to any personal liability claims. The education authorities are liable for their employees regarding claims for compensation that may be made in the unlikely event of a student suffering injury as a result of an employee’s actions in dealing with anaphylaxis. The legal principle involved is called vicarious liability. Essentially this means employers are responsible for what employees do as part of their work.

The only exception will be where the actions of the employee amount to serious and wilful misconduct. Carelessness, inadvertence or a simple mistake does not amount to serious and wilful misconduct.
This form is to be used when a parent or caregiver requests School staff to administer medication to their child on a short term basis.

Name: ____________________________________________ Class:__________________________

Teacher/Year Coordinator: ___________________________________________________________

Medical Instructions: To be completed by parents or caregivers.

<table>
<thead>
<tr>
<th>Name of medication</th>
<th>Expiry date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dose/Frequency</td>
<td></td>
</tr>
<tr>
<td>As per pharmacist’s</td>
<td></td>
</tr>
<tr>
<td>label</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Duration</th>
<th>From:</th>
<th>to:</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Administration</th>
<th>By Administration Staff</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Storage Instructions</th>
<th>Stored at School</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Refrigerate</td>
</tr>
<tr>
<td></td>
<td>Keep out of sunlight</td>
</tr>
<tr>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>

This administration of medication form authorises School staff to follow my/our advice and/or that of our medical practitioner. It is valid for the specified time period as noted above.

Parent or Caregiver’s Signature: _________________________________________________

Date:______________________
APPENDIX 6: INSTRUCTIONS FOR USE OF EPIPEN

The EpiPen is an auto-injector device containing a single dose of adrenaline in a spring-loaded syringe. A version containing half the standard dose (EpiPen Jr) is available for small children (under 20 kg). It has been designed as a first aid device for use by people without formal medical or nursing training.

1. Remove from plastic container. Do not touch the black tip with fingers or thumb at any time when handling the EpiPen. This is where the needle comes out.

2. Form fist around EpiPen and pull off grey cap. Keep thumb and fingers away from the black tip.

3. Place black end against outer mid-thigh (with or without clothing).

4. Push down hard until a click is heard or felt and hold in place for 10 seconds.

5. Remove EpiPen and be careful not to touch the needle. Massage the injection site for 10 seconds.

Note: If the student becomes unconscious, stops breathing or there is no pulse apply immediate emergency care procedures (Airway, Breathing, Circulation)
APPENDIX 7: LETTER FOR THE PATIENT TO TAKE TO THE MEDICAL PRACTITIONER

Dear Doctor,

The parent/caregiver bearing this letter has advised the School that your patient, __________________________________________ is at risk of anaphylaxis or severe allergic reaction when exposed to certain allergens.

To assist the School in providing a safe environment for the student, I have asked this parent/caregiver to seek information from you about:

- known allergens
- medication prescribed
- when and how medication should be administered
- any other details you believe are important.

This information should be provided to the parent so that it can be conveyed to the School. Please provide this information on the attached form or in your own format. This information will be critical in managing this student should an anaphylactic reaction occur.

Please telephone the School on 97968240 if you require further information.

Thank you for your attention to this matter.

Yours sincerely

Principal: ________________________________________

School: _________________________________________

I ________________________________consent to this information being provided (parent or caregiver)

for the School’s use.

Parent/caregiver’s signature: _________________________________________