



Policy: Anaphylaxis / Allergic Reactions

INTRODUCTION

It is the policy of Sacré Cœur to live out the values that reflect its Sacred Heart tradition. These values are embodied in the Five Goals of Sacred Heart education which are:

1. A personal and active faith in God
2. A deep respect for intellectual values
3. The building of community as a Christian value
4. A social awareness that impels to action
5. Personal growth in an atmosphere of wise freedom

This policy should be read in conjunction with other Sacré Cœur policies.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis and allergic reactions in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Antihistamine medication as prescribed by a doctor as outlined on a student's ASCIA Action Plan for Allergic reactions is the most effective treatment for a mild to moderate allergic reaction.

Adrenaline given through an Epi Pen or Ana pen auto injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

RATIONALE

- To provide, as far as practicable, a safe and supportive environment in which a student at risk of allergic reactions / anaphylaxis can participate in all aspects of her schooling
- To engage with parents/carers of students at risk of allergic reaction / anaphylaxis in assessing risks, developing risk minimization strategies and management strategies for the student
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an allergic reaction / anaphylactic reaction
- To raise awareness about allergic reactions / anaphylaxis and the school's allergic reaction / anaphylaxis management policy in the school community through newsletters and parent information nights.

INDIVIDUAL ALLERGIC REACTION / ANAPHYLAXIS MANAGEMENT PLANS

The School Nurse in consultation with teaching staff and parents develops an individual allergic reaction / anaphylaxis management plan. An ASCIA action plan for allergic reactions / anaphylaxis is developed by the student's parents in consultation with their doctor, for any student who has been diagnosed by a medical practitioner as being at risk of allergic reactions / anaphylaxis.

The ASCIA individual allergic reactions / anaphylaxis action plan and school Individual allergic reactions / anaphylaxis management plan will be in place as soon as practicable after the student enrolls and where possible before their first day at school.

(See Appendices I and II – also located in Policies folder on the School Portal)

The individual ASCIA Allergic Reaction / Anaphylaxis Action Plan will include the following:

- information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner)
- sets out the emergency procedures to be taken in the event of allergic reaction / anaphylaxis
- is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan
- includes an up to date photograph of the student

An updated student individual anaphylaxis action plan will be required, annually, via the Family Information Form, and as applicable:

- if the student's condition changes, or
- immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:

- provide an ASCIA Action Plan
- inform the school if their child's medical condition changes, and if relevant, provide an updated ASCIA action plan
- provide an up-to-date photo for the ASCIA Action Plan when the plan is provided to the school and when it is reviewed annually (See Appendix II – Action Plan for Allergic Reactions / Anaphylaxis).

The Individual Allergic Reactions / Anaphylaxis Management Plan will include:

- Student's personal details including confirmed allergens, other health issues, medications required at school.
- Parents' contact details
- Emergency contacts details
- Doctor's details
- All risk management strategies identified by the school for the individual student
- Actions required to minimize the risks
- Those responsible for risk management strategies
- Completion dates for each risk management strategies
- Signature of parents and school representative ensuring the allergic reactions / anaphylaxis management plan and risk management strategies are clearly understood by parents and the school.

An updated individual allergic reactions / anaphylaxis management plan will be developed annually, and as applicable and is the responsibility of the School Nurse in conjunction with teaching staff, the Principal and parents.

COMMUNICATION PLAN

The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's allergic reactions / anaphylaxis management policy.

Each secondary student's Action Plan and Individual Management Plan will be prominently displayed in the staffroom with copies also kept in the files of the First Aid Centre and Year Level Pastoral Files. For Joigny students, the Action Plan and Individual Management Plan will be displayed in the Joigny workroom, the student's classroom and the First Aid Centre.

The communication plan will include information about what steps will be taken to respond to an allergic / anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Volunteers and casual relief staff in contact with students at risk of allergic reactions / anaphylaxis will be informed of their role in responding to an allergic reaction / anaphylactic reaction and directed to student Action Plans by the School Organiser (Secondary) via the CRT Handbook or by the Head of Joigny.

Exchange students (both ANZNET and International) and Korowa students attending Sacré Cœur must carry their own Epi Pen/Ana pen at all times. Information regarding these students will be disseminated to the relevant teachers by the Director of Mission or Director of Learning and Teaching.

All staff will be briefed once each semester by a staff member who has up to date allergic reaction / anaphylaxis management training on:

- The School's Allergic Reaction / Anaphylaxis Management Policy
- The causes, symptoms and treatment of allergic reactions / anaphylaxis
- The identities of students diagnosed at risk of allergic reactions / anaphylaxis and where their medication is located
- How to use an auto adrenaline injecting device (Epi Pen)
- The school's first aid and emergency response procedures.

STAFF TRAINING AND EMERGENCY RESPONSE

Teachers and other school staff who conduct classes which students at risk of allergic reactions / anaphylaxis attend or who give instruction to students at risk of allergic reactions / anaphylaxis must have current, accredited training in anaphylaxis management.

In 2016, all teaching staff and administration staff with direct student responsibilities received training that is nationally accredited for 3 years.

At other times, while the student is under the supervision of the school including excursions, yard duty, camps and special event days, there will be a sufficient number of staff present who have accredited training in allergic reaction / anaphylaxis management.

Training will be provided to new staff as soon as practicable after they commence at Sacré Cœur.

When a student is newly diagnosed with an allergic reaction / anaphylaxis, an interim management plan will be devised in consultation with the parents. This will be replaced by a permanent plan as soon as possible.

The school's first aid procedures and students ASCIA action plan will be followed in responding to an anaphylactic reaction.

PROCESS: TREATING ALLERGIC REACTIONS / ANAPHYLAXIS OUTSIDE CLASS TIME

JOIGNY:

- A duty bag that contains a generic Epi Pen and individual red emergency cards will be taken out on yard duty. This includes an individual card (with photograph) for each student who suffers from anaphylaxis.
- The individual's emergency card is to be given to the student who is going to Joigny Reception for help. Send another card to Sick Bay and another to the Staffroom.
- Teacher to administer student's own Epi Pen immediately if it is available otherwise give the generic Epi Pen from the duty bag. Note the time the Epi Pen is given.
- The School Nurse will ring 000 when the student comes to sick bay for help. If however the teacher on duty is carrying a mobile phone they should call 000 immediately.
- The School Nurse will come to the location with their mobile phone and a second generic Epi Pen or the student's own second Epi Pen in case the student requires a second dose.
- If the incident occurs when the School Nurse is not at school, e.g. before school in the Kirby Centre, one staff member should stay with the student. The other staff member should go to Joigny Reception to collect the student's named Epi Pen or use the Epi Pen located on the door of the Betty O'Brien Room. A student should be sent to Student Reception to ask for an ambulance to be called.

SECONDARY:

- Teacher to administer student's own Epi Pen immediately if it is available. Send a student to sickbay for the School Nurse. Note the time the Epi Pen is given.
- The School Nurse will ring 000 when the student comes to sick bay for help. If however the teacher on duty is carrying a mobile phone they should call 000 immediately. Notify the School Nurse that an ambulance has been called.
- The School Nurse will come to the location with their mobile phone and a second generic Epi Pen, or the student's own second Epi Pen in case the student requires a second dose.
- If the incident occurs when the School Nurse is not at school, eg before school or after school, the staff member should immediately administer the student's own Epi Pen and call 000 if they have a mobile phone. If a second staff member is present, they should collect a generic Epi Pen from either the Sick Bay or from the secondary staffroom. If no second teacher is present, send a student to the secondary staffroom to collect the generic Epi Pen. If no mobile phone, send a student to find somebody who has a mobile phone to call 000.

LOCATIONS OF EPI PENS:

- Sick Bay
- Year 7 and Year 9 Corridor
- Janet Erskine Stuart Corridor
- Kirby
- Library
- Senior Staff Room
- Senior Reception
- Joigny Reception
- Joigny Yard Duty Bags
- Senior Yard Duty Bags
- Joigny Physical Education First Aid Kit

MAJOR EVENTS:

- Organiser of any major event who requires a First Aid kit must ensure that one of the generic Epi Pens is placed in the First Aid Kit. The School Nurse can arrange this for you upon request.

PROCESS

The Anaphylaxis Policy will be reviewed every 3 years.

Draft sent to Leadership Team via email 21 June 2017

Ratified by Leadership Team 26 July 2017

Policy reviewed by Risk and Compliance Manager and images removed 29th May 2019

APPENDIX I – FIRST AID FOR ANAPHYLAXIS



australasian society of clinical immunology and allergy

FIRST AID TREATMENT FOR ANAPHYLAXIS

Anaphylaxis is a severe allergic reaction and potentially life threatening. It should always be treated as a medical emergency, requiring immediate treatment. Most cases of anaphylaxis occur after a person with a severe allergy is exposed to the allergen they are allergic to (usually a food, insect or medication).

MILD TO MODERATE ALLERGIC REACTION

In some cases, anaphylaxis is preceded by signs of a mild to moderate allergic reaction:

- Swelling of face, lips and eyes
- Hives or welts on the skin
- Tingling mouth
- Stomach pain, vomiting (these are signs of a mild to moderate allergic reaction to most allergens, however, in insect allergy these are signs of anaphylaxis).

ACTION

- For insect allergy, flick out the sting if it can be seen (but do not remove ticks)
- Stay with person and call for help
- Give medications if prescribed (whilst non-drowsy antihistamines may be used to treat mild to moderate allergic reactions, if these progress to anaphylaxis then adrenaline is the only suitable medication)
- Locate **adrenaline autoinjector** if available (instructions are included in the ASCIA Action Plan for Anaphylaxis which should be stored with the adrenaline autoinjector)
- Contact parent/guardian or other emergency contact.

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

Continue to watch for any one of the following signs of 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 (in young children)

ACTION

- **Lay person flat - if breathing is difficult, allow to sit - do not allow them to stand or walk**
- **Give the adrenaline autoinjector** if available (instructions are included in the ASCIA Action Plan for Anaphylaxis, stored with the adrenaline autoinjector)
- **Call Ambulance** (Telephone 000 in Australia, 111 in New Zealand)
- Contact parent/guardian or other emergency contact
- Further adrenaline doses may be given (when an additional adrenaline autoinjector is available), if there is no response after 5 minutes.

If in doubt, give the adrenaline autoinjector.

Commence CPR at any time if person is unresponsive and not breathing normally.

If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

NOTE:

- **Adrenaline is life saving and must be used promptly. Withholding or delaying the giving of adrenaline can result in deterioration and death.** This is why giving the adrenaline autoinjector is the first instruction on the ASCIA Action Plan for Anaphylaxis. If cardiopulmonary resuscitation (CPR) is given before this step there is a risk that adrenaline is delayed or not given.
- **In the ambulance** oxygen will usually be administered to the patient by paramedics.
- **Medical observation** of the patient in hospital for at least 4 hours is recommended after anaphylaxis.
- **Adrenaline autoinjectors** available in Australia and New Zealand include EpiPen[®] and EpiPen[®] Jr.. EpiPen Jr is generally prescribed for children aged 1 to 5 years.

© ASCIA 2015 For further information on anaphylaxis visit www.allergy.org.au - the web site of ASCIA.
ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand.

APPENDIX II – ACTION PLANS FOR ALLERGIC REACTION / ANAPHYLAXIS

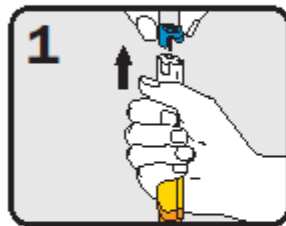


www.allergy.org.au

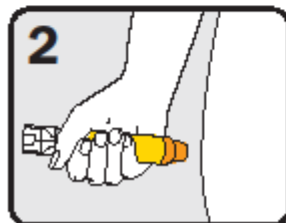
ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

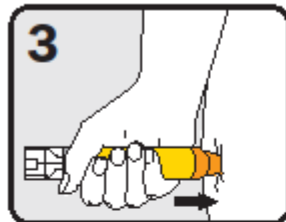
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds
REMOVE EpiPen®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

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SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- | | |
|--------------------------------|------------------------------------------|
| • Difficult/noisy breathing | • Difficulty talking and/or hoarse voice |
| • Swelling of tongue | • Persistent dizziness or collapse |
| • Swelling/tightness in throat | • Pale and floppy (young children) |
| • Wheeze or persistent cough | |

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____

Date: _____

Action Plan due for review: _____

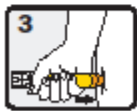
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds
 REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

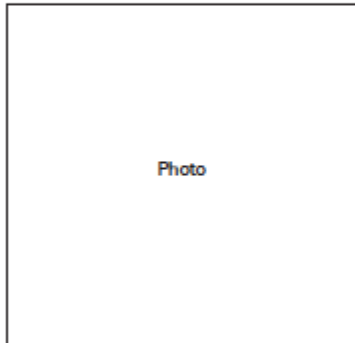
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

Name: _____

Date of birth: _____



Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____

Date: _____

Action Plan due for review: _____

Note: This 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 (epinephrine) autoinjector instructions

Instructions are also on the device label

Note: All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
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- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

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

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WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position

- If breathing is difficult allow them to sit



2 Give adrenaline (epinephrine) autoinjector if available

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST if available, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

APPENDIX III - CONTACT DETAILS FOR RESOURCES AND SUPPORT

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site (see also Appendix II). Telephone 0425 216 402
- Anaphylaxis Australia Inc, at www.allergyfacts.org.au is a non-profit support organization for families with food anaphylactic children. Items such as storybooks, tapes, Epi Pen trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc provides telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children's Hospital, Department of Allergy, at www.rch.org.au provides information about allergies and the services provided by the hospital. Contact may be made to evaluate a child's allergies and if necessary, provide an Epi Pen prescription, as well as to purchase Epi Pen trainers. Telephone (03) 9345 5701.