



St. Finbar's Primary School, Glenbrook

Anaphylaxis Policy, 2012

1.0 RATIONALE

Anaphylaxis is potentially life threatening and always requires an emergency response. The St Finbar'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. 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.

2.0 BACKGROUND

Anaphylaxis is a severe and sudden 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, anaphylactic reactions are usually preventable by implementing strategies for avoiding allergens.

Common allergens for anaphylaxis are:

- foods (e.g. peanuts and nuts, shellfish and fish, milk and egg.)
- insect bites (e.g. bee, wasp, jumper ants)
- medications (e.g. antibiotics, aspirin)
- 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.

3.0 PRACTICES

- Those students identified to be at risk, are to have an ‘Action Plan for Anaphylaxis’, completed by the parents, in consultation with the student’s doctor. Action Plans, additional medication and EpiPen with instructions clearly displayed are to be kept in the school office/first aid room.
- Classroom teachers are to have a picture of the children at risk of anaphylaxis reaction, with the action plan, with a copy also available for relief teachers.
- Where relevant, at the beginning of the year all staff are to inform the parents in their class of the anaphylactic requirements in that class.
- Teachers will discourage the presence of allergens in the classroom.
- All staff are to be trained in the purpose and use of an Epi-Pen alternate years, and revise the use of the Epi-Pen each year.
- Students will eat their food in the designated playground area, with duty teacher supervision.
- The school will implement practical strategies to reduce exposure to known allergens by encourage a “No swapping, sharing or trading of food” practice in all areas of the school.
- The school will provide age-appropriate education of children, parents and staff with regard to severe food allergies.
- Classroom teachers will inform students in the class and display checklists of possible symptoms with diagrams to assist all children in identifying warning signs.
- The office staff will complete regular checks on the expiry date of the Epi-Pens.
- Epi-Pens will be taken on all excursions.

4.0 RECOGNISING SYMPTOMS

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.

5.0 ANAPHYLAXIS EMERGENCY PLAN

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

Person 1

- Stay with child and keep them calm
- Use the Intercom if in classroom or send capable child with RED ALERT card (located inside all playground First Aid kits), to the office to inform the location of the child suffering anaphylactic shock.

Person 2

- Get the specific EpiPen from First Aid Room marked with the child's name.
- Go straight to the emergency scene.

Person 3

- Call "000" for ambulance to attend.
- Call the child's parents.
- Wait at entrance to direct the ambulance.

Person 4

- Go straight to the emergency scene.
- Supervise the other children.

6.0 DETAILED INSTRUCTIONS FOR THE EPIPEN USE

- 1) Remove device from its protective container
- 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 elephant, 2 elephant, etc)
- 7) Remove the pen from the thigh and be careful of the needle.
- 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.