



St Finbar's Primary School

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Faith Truth Knowledge

Allergy & Anaphylaxis Policy

Updated 2024

1.0 Rationale

In order to meet the duty of care obligations to ensure the health and wellbeing of all students attending *St Finbar's Glenbrook Primary*, the school recognises the importance of staff education and the implementation of an Allergy & Anaphylaxis policy.

Anaphylaxis is potentially life threatening and always requires an emergency response. The *St Finbar's Glenbrook Primary Allergy & 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 Aims

St Finbar's Glenbrook Primary is committed to:

- 2.1 Making all staff aware of individuals that have anaphylaxis.
- 2.2 Providing, as far as reasonably practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all activities.
- 2.3 Improving knowledge and raising awareness about anaphylaxis and the School's Allergy & Anaphylaxis Policy within the *St Finbar's Glenbrook Primary* community.
- 2.4 Engaging with parents/carer of children at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for the child.

3.0 Implementation (SCHOOL & STAFF)

- Medications, with instructions clearly displayed, are to be kept in the school first aid room.
- Classroom teachers are to have a picture of the children at risk of anaphylaxis reaction, with the action plan, and a copy available for casual 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 EpiPen or Anapen every second year.
- The school will implement practical strategies to reduce exposure to known allergens by encouraging 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 EpiPen or Anapen.
- An EpiPen or Anapen will be taken on all excursions.

4.0 Implementation (PARENT/CARERS)

- Students with anaphylaxis will be identified during the enrolment process.
- Parents of students with anaphylaxis will be made aware of the school’s Allergy & Anaphylaxis Policy.
- For those students identified to be at risk, parents must provide an ‘Action Plan for Anaphylaxis’, completed by and in consultation with the student’s doctor. This is reviewed annually and kept in the medication file.
- Parents provide their child’s additional medication and EpiPen or Anapen, clearly dated and in the original labelled container.

5.0 Evaluation

The Principal, with delegated responsibility to the Leadership Team is responsible for the planning, implementation and review of this policy.

Anaphylaxis First & Aid Information

Common allergens for anaphylaxis

- 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.

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
- lightheadedness, feeling faint, collapse
- distress, anxiety and a sense of dread.

Anaphylaxis Emergency Plan

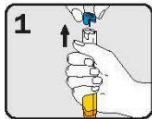
In the case of a teacher identifying a child suffering an anaphylactic shock the following procedure will immediately be implemented either in the classroom, playground or external location.

1. The Australasian Society of Clinical Immunology and Allergy Inc. (ASCIA) action plan for anaphylaxis and the adrenaline auto-injector (an EpiPen or Anapen) should be brought to the student and the action plan followed.
2. If the EpiPen or Anapen should be administered, the time of administration should be noted.
3. If the student has been diagnosed with asthma as well as anaphylaxis and has been prescribed asthma reliever medication the EpiPen or Anapen should be administered before the student is given asthma reliever medication.
4. An ambulance should be called.
5. If the student gets worse or shows no signs of improvement after 5 minutes, a second EpiPen or Anapen should be administered to the student if available.
6. Another student's EpiPen or Anapen can be used for this purpose if required.

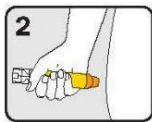
Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine), which is injected into the outer mid-thigh muscle. If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

How to give adrenaline (epinephrine) injectors

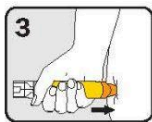
EpiPen®



1 Form fist around EpiPen® and PULL OFF **BLUE** SAFETY RELEASE



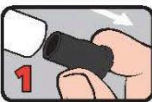
2 Hold leg still and PLACE **ORANGE** END against outer mid-thigh (with or without clothing)



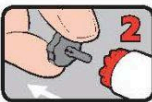
3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

EpiPen® doses are:
EpiPen® Jr (150 mcg) for children 7.5-20kg
EpiPen® (300 mcg) for children over 20kg and adults

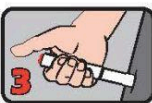
Anapen®



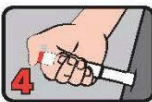
1 PULL OFF **BLACK** NEEDLE SHIELD



2 PULL OFF **GREY** SAFETY CAP from red button



3 PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)



4 PRESS **RED** BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® doses are:
Anapen® 150 Junior for children 7.5-20kg
Anapen® 300 for children over 20kg and adults
Anapen® 500 for children and adults over 50kg

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS

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

ACTIONS

- Stay with person, call for help
- Locate adrenaline injector
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

Mild to moderate allergic reactions may not always occur before anaphylaxis

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for **ANY ONE** of the following signs:

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

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR

- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Further adrenaline 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 INJECTOR

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

ALWAYS give adrenaline injector FIRST if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. **THEN SEEK MEDICAL HELP.**

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.