

PROCEDURE	ALLERGY AWARENESS
------------------	--------------------------

P-8-9	VERSION	1	ISSUE DATE	21 JULY 2008
	AUTHOR	R V H MORGAN	B A KENNEWELL	I SCOULLER
	APPROVED	PRINCIPAL		

<i>Statement / Action</i>		<i>Responsibility</i>
1	OBJECTIVE	
1.1	To provide a school-wide strategy for dealing with allergy-sufferers	
1.2	To provide a safe environment for students, staff and visitors through the minimisation of risks from allergens	all
2	NOTIFICATION BY PARENTS / GUARDIAN	
2.1	It is the responsibility of the parent to notify the school that their child is at risk of an anaphylactic reaction. This notification should occur either at the time of enrolment, or if the pupil is already enrolled, as soon after diagnosis as possible	Enrolments Officer and Nursing Sister
2.2	A partnership is established between the parent and the school to share information and clarify expectations. The School will seek information from the parent about allergies that affect their child as part of health information at enrolment or as part of regular health updates (annual Information Up-date Form and Health Up-date Form)	Nursing Sister
3	INDIVIDUAL ACTION PLANS	
3.1	Every reasonable effort is made to minimise the exposure of pupils at risk of an allergic reaction to known allergens within the school environment - an emergency response strategy is developed and implemented	Nursing Sister
3.2	Educating a pupils' peers about anaphylaxis is important to gain their support for preventing exposure to allergens and to ensure that the affected pupil is protected from any teasing or provocation that may result in risk taking associated with allergens, e.g. nuts.	All teachers
3.3	Where the information from the parent indicates that their child has allergies, provide a copy of the form in <i>Anaphylaxis Guidelines for Schools</i> at Appendix 1 to the parent for completion in consultation with their child's medical practitioner. Determine whether the information provided by the parent on the form indicates the need for further discussion with the parent.	Nursing Sister
3.4	If the form indicates the pupil has an allergy/s or has either been hospitalised or prescribed an EpiPen2, a meeting should be organised with the parent. If not, add the form to the pupil's records.	Head of School
3.5	<ul style="list-style-type: none"> • Ensure all staff have read this procedure document • Provide staff with information about the individual pupil's severe allergy as agreed with the parent. • Develop an interim plan (which in rare cases where a pupil is seeking enrolment, may include delaying the pupil's enrolment until consultations have occurred with staff and satisfactory arrangements have been made). 	Head of School

3.6	<p>Conduct an assessment of:</p> <ul style="list-style-type: none"> • potential exposure to allergens in the pupil's routine and • issues to be addressed in implementing an emergency response plan. <p>Consider:</p> <ul style="list-style-type: none"> • 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 • excursions, including overnight excursions and school camps 	Head of School
3.7	<p>Develop an individual health care plan in consultation with relevant staff, the parent and pupil to incorporate:</p> <ul style="list-style-type: none"> • strategies for avoiding the pupil's exposure to allergens • medical information provided by the child's medical practitioner • emergency contacts. • review the individual health care plan annually at a specified time (e.g. beginning of the school year) and at any other time where there are changes in the pupil's health needs, staff, particularly class teacher, pastoral heads or any staff member who has a specific role in the plan 	Nursing Sister
4	STAFF TRAINING	
4.1	Address the training needs of staff, including casual teachers and school canteen managers, and communication strategies for relevant aspects of the individual health care plan, including with other parents and pupils	Nursing Sister
4.2	Provide Anaphylaxis training regularly to staff	Nursing Sister
5	RISK MINIMISATION	
5.1	The following guidelines are to be used for the day-to-day operation of the school.	All
5.2	No nuts or nut products are to be stocked or sold at the School Canteen (Note 4)	Canteen Supervisor
5.2	Nuts and nut products if served / provided at school functions or during extra curricular activities are to be clearly identified (Note 5)	All
5.3	Pupils, staff and visitors are discouraged from bringing foods that may trigger allergic reactions. Ingredients for all food products should be made clear.	All
6	EMERGENCY RESPONSE	
6.1	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	All
6.2	The pupil's individual health care plan will spell out what needs to be done. <i>Early recognition of symptoms and immediate treatment could save a child's life.</i>	All

NOTES

1. Severe allergic reactions or anaphylaxis can occur 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. 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.

2. A useful statistic : “Severe food allergies are a part of everyday life and severe peanut allergies affect between 0.25% and 3% of children. Peanuts and tree nuts are the most common foods associated with food related anaphylaxis and death during childhood, with one EpiPen being given to every 544 children under the age of 10 years”, De Bortoli , L: “Managing Severe food allergies in schools” *Education Today*, Feb 2008, p.4

3. Peanut-free schools are not endorsed by organisations such as the Australian Society of Clinical Immunology and Allergy (ASCIA). There are practical difficulties of monitoring what children bring to school.

4. It is noted that many food products are made on machines that produce nut products and traces of nuts cannot effectively be controlled in the canteen

5. Food served or provided on out-of-school activities are generally beyond the control of the school, e.g. Defence Force rations provided to cadets, and may include allergens

6. **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 pupil 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.



REFERENCES

Anaphylaxis Guidelines for Schools, Second Edition, 2006, NSW Department of Education and Training
De Bortoli , L: “Managing Severe food allergies in schools” *Education Today*, Feb 2008

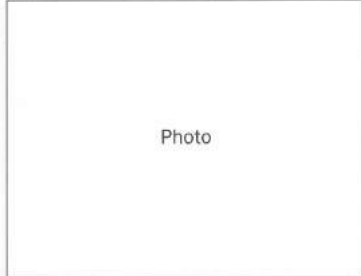
ENCLOSURES

- A. Action Plan for anaphylaxis
- B. Information for School Staff on Anaphylaxis

Action plan for Anaphylaxis

Name: _____

Date of birth: _____



Known severe allergies: _____

Parent/carer name(s) _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

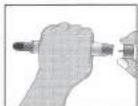
Plan prepared by: _____

Dr. _____

Signed _____

Date _____

How to give EpiPen® or EpiPen® Jr



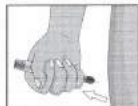
1. Form fist around EpiPen® and pull off grey cap.



2. Place black 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 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

australian society of clinical immunology and allergy inc.

www.allergy.org.au

DC0682

Anaphylaxis Information Sheet for School Staff

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.