



Richmond Primary School

ANAPHYLAXIS POLICY

BACKGROUND

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 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.

Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

PURPOSE

To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.

To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community

To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation 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 anaphylactic reaction.

SYMPTOMS

Signs and symptoms of anaphylaxis include hives/rash, tingling in or around the mouth, abdominal pain, vomiting or diarrhoea, facial swelling, cough or wheeze, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing.

IMPLEMENTATION

Anaphylaxis is best prevented by knowing and avoiding the allergens.

Our school will manage anaphylaxis by:-

- identifying susceptible students and knowing their allergens
- informing the community about anaphylaxis via the newsletter
- not allowing food sharing, and restricting food to that approved by parents
- requiring parents to provide an emergency management plan developed by a health professional and an EpiPen if necessary, both of which will be maintained in the first aid room for reference as required
- ensuring each student has an individual management plan for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis
- ensuring staff are provided with regular professional development on the identification and response to anaphylaxis and the proper use of an EpiPen.
- The school won't ban certain types of foods (eg: nuts) as it is not practicable to do so, and is not a strategy recommended by the Department of Education and Early Childhood Development or the Royal Children's Hospital. However, the school will request that parents do not send those items to school if at all possible and the school will reinforce the rules about not sharing and not eating foods provided from home.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The principal will ensure that an individual management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimize the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.

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 anaphylaxis management policy.

The communication plan will include information about what steps will be

taken to respond to an 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 of students at risk of anaphylaxis will be informed students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by a staff member.

EVALUATION

This policy will be reviewed in 2012 or as required due to legislative changes.

Ratified by School Council: February 2009

INDIVIDUAL ANAPHYLAXIS FORM

This Plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner provided by the parent/carer.

School:				
Phone:				
Student's name:				
Date of birth:		Year level:		
Severely allergic to:				
Other health conditions:				
Medication at school:				
Parent/carer contact:	Parent/carer information (1)		Parent/carer information (2)	
	Name:		Name:	
	Relationship:		Relationship:	
	Home phone:		Home phone:	
	Work phone:		Work phone:	
	Mobile:		Mobile:	
	Address:		Address:	
Other emergency contacts (if parent/carer not available):				
Medical practitioner contact:				
Emergency care to be provided at school:				
EpiPen® storage:				
The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on (insert date of proposed review).				
Signature of parent:			Date:	
Signature of principal (or nominee):			Date:	

Student's name:

Date of birth:

Year level:

Severe allergies:

Other known allergies:

Risk	Strategy	Who?
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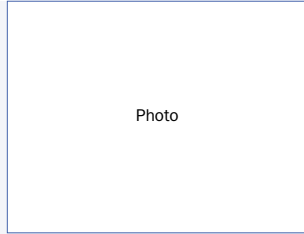
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Action plan for Anaphylaxis

Name: _____

Date of birth: _____



Known severe allergies: _____

Parent/carer name(s) _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

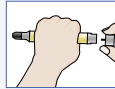
Plan prepared by: _____

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.



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 _____

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ascia
australian society of clinical immunology and allergy inc.

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