

Severe Allergies Policy 2016

Aims

- A. To minimise risk for students who have severe allergies.

Scope and Application

This policy is available on the school website and is included in the staff induction manual.

This policy applies to:

- A. Employees
- B. Students
- C. Parents
- D. Community members
- E. Visitors to the school

Definitions

- A. **Allergens** – Substances that can cause an allergic reaction
- B. **Allergy** – Is when the immune system responds to a substance in the environment (allergen) which is usually harmless e.g. Dust, insect venom, foods.
- C. **Severe Allergy** – An allergy which could result in a life threatening situation.
- D. **Anaphylaxis** - a severe, rapidly progressive allergic reaction resulting in low blood pressure, swelling of tissues in the respiratory system, leading to difficulty breathing and possible death.

Principles

- A. The school will provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of their schooling
- B. Accurate and up to date medical records will be stored confidentially for all students
- C. Awareness about allergies and anaphylaxis will be promoted throughout the school community
- D. Parents will be actively involved in assessing risks, developing risk minimisation and management strategies for the student
- E. Staff members will have an understanding of the causes, signs and symptoms of anaphylaxis and of their role in the school's emergency response procedures.
- F. Appropriate medications to respond to severe allergies will be stored on site and regularly checked for expiry dates
- G. Students at risk of anaphylaxis will be clearly identified to all staff

- H. Regular review of reduction strategies and management of anaphylaxis will be conducted

Responsibilities

A. Council

1. Review of policy
2. Oversee the implementation of this policy

B. Coordinator

1. Keep student health records current and accessible
2. Actively seek information to identify a student with severe life threatening allergies at enrolment (e.g. ASCIA Action Plan completed by the student's medical practitioner).
3. Meet with parents/guardians to develop an Individual Anaphylaxis Health Care Plan for the student. Request that parents/guardians provide an ASCIA Action Plan that has been completed by the student's medical practitioner and has an up to date photograph of the student.
4. Ensure that parents/guardians provide the student's adrenaline autoinjector, that it is stored correctly and that it is replaced before it expires.
5. Ensure that an adequate number of staff are trained in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector. This should also include regular practice using adrenaline autoinjector training devices (e.g. at least twice yearly).
6. Provide information to all staff (including specialist staff, new staff, sessional staff, casual/relief staff and office staff) so that they are aware of the student who is at risk of anaphylaxis, the student's allergies, the school's risk minimisation strategies and emergency response procedures. This can include providing copies or displaying the student's ASCIA Action Plan in canteens, classrooms and staff rooms (subject to parent/guardian agreement).
7. Encourage ongoing communication between parents/guardians and staff about the current status of the student's allergies, the school's procedures/strategies and their implementation.
8. In consultation with parents/guardians, review the student's Individual Anaphylaxis Health Care Plan annually, after a severe allergic reaction or if the student's circumstances change.
9. Provide or arrange post-incident support (e.g. counselling) for students and staff, if needed or appropriate
10. Work with staff to conduct regular reviews of risk minimisation strategies.
11. Work with staff to develop strategies to increase awareness about severe allergies amongst school staff, students and the school community
12. Ensure the school has current medication readily available for the treatment of anaphylaxis if a student has a diagnosed severe allergy

13. Ensure the school community has been informed and/or educated about risks to current students and how to minimise them wherever possible
14. Make recommendations to council or class teachers about modifying the school environment when necessary or possible
15. Ensure an incident report is completed if a student is treated for anaphylaxis.

C. Staff

1. Have knowledge of all students in the school with severe allergies and how to minimise risk to them
2. Understand the causes, symptoms, and treatment of anaphylaxis.
3. Understand allergens in food and the environment in order to minimize exposure to children with severe allergies.
4. Consider undertaking training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector.
5. Complete an incident report if required to administer medication for anaphylaxis
6. Know the school's first aid emergency procedures and their role in relation to responding to an anaphylactic reaction.
7. Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and ensure it is followed in the event of an allergic reaction.
8. Know where the student's adrenaline autoinjector is kept. Remember that the adrenaline autoinjector is designed so that anyone can administer it and it can be used on anyone in an emergency.
9. Know the risk minimisation strategies in the student's Individual Anaphylaxis Health Care Plan and ensure they are followed.
10. When on out of school programs, excursions or camps, take severe allergy medication and adrenaline autoinjector, instructions for use and a mobile phone.

D. Parents

1. Inform the school on enrolment or on diagnosis of their child's allergies and risk of anaphylaxis. Inform the school immediately if there is a change in the child's condition.
2. Meet with the school staff to develop their child's Individual Anaphylaxis Health Care Plan (see Appendix 2). It should include an ASCIA Action Plan (see Appendix 3) completed by their child's medical practitioner
3. Provide the adrenaline autoinjector to the school and other current medications. These must be replaced before the expiry dates.
4. Alert the school to additional risks associated with non-routine events and assist in planning and preparation for the student prior to camps, excursions and special events such as class parties.

5. For children with a food allergy,
 - a. Provide alternate food options for their child when needed e.g. School camp.
 - b. Educate their child about not sharing food and only eating food from home

E. Person with allergy

1. Be aware of their allergy, how to avoid exposure and what to do in an emergency.

F. Members of the community

1. Be aware of members of the school community with severe allergies and any ways in which they can assist to minimise risk to those people.

Related Legislation

- A. School Education Act, 1999 WA)
- B. School Education Regulations 2000 (WA)
- C. Civil Liability Act 2002 – Health Safety and Civil Liability (Children in Schools and Child Care Services) Act 2011
- D. Occupational Health and Safety Health Act 1984 (WA)
- E. Poisons Act 1964 (WA) and Poisons Regulations 1965 (WA)
- F. Privacy Act 1988

Related Kerry Street Documentation

- A. Policies including:
 1. Enrolment Policy
 2. Duty of Care Policy
 3. Illness and First Aid Policy
 4. Administration of Medication Policy
 5. Emergency Procedures Policy
 6. Communicable Diseases Policy
 7. Excursion and Camp Policies
 8. Curriculum Policy
 9. Food and drink Policy
 10. Behaviour Guidance Policy
- B. Administration of Medication Agreement
- C. Student Health Records
- D. Enrolment Form
- E. Incident Report

More Information

Anaphylaxis management guidelines Health Department of WA

<http://www.health.wa.gov.au/anaphylaxis/docs/schools/11289%20SK13%20Guidelines.pdf>

Contact Person

Enquires relating to this policy should be directed to the School Coordinator or Council President.

Breaches of this Policy

Any breach of this policy may result in disciplinary action up to and including termination.

Attachments

A. Procedures

B. ASICA First aid treatment for anaphylaxis –

http://www.allergy.org.au/images/stories/anaphylaxis/2015/ASCIA_FIRST_AID_FOR_ANAPHYLAXIS_2015.pdf

C. ASICA action plan for anaphylaxis Personal –

http://www.allergy.org.au/images/stories/anaphylaxis/2015/ASCIA_Action_Plan_Anaphylaxis_EpiPen_Personal_2015.pdf

D. ASICA action plan for anaphylaxis Personal when no adrenaline autoinjector has been prescribed –

http://www.allergy.org.au/images/stories/anaphylaxis/2015/ASCIA_Action_Plan_Allergic_Reactions_2015.pdf

E. ASICA action plan for anaphylaxis general –

http://www.allergy.org.au/images/stories/anaphylaxis/2015/ASCIA_Action_Plan_Anaphylaxis_EpiPen_General_2015.pdf

Authorisation and Review

- A. This policy was read, discussed and endorsed by the staff in December 2004
- B. It was authorised by the Kerry Street Community School Council on January 2005
- C. Reviewed on 13/1/06 by meeting of staff and council
- D. This policy was reviewed September 2012
- E. Reviewed and approved by council and coordinator September 2015
- F. Reviewed and approved by council and coordinator September 2016
- G. To be reviewed September 2017

Helen Sugars Duff

Severe Allergies Policy 2016 – Attachment A

Procedure

Enrolment

1. Parents identify that student has a severe allergy
2. Parents supply management plan and medication
3. Coordinator, Administration Assistant, Class teacher obtain all medical information and Allergy Plan and compile for school records
4. Administration assistant displays management plan in office and copies stored in first aid kits.
5. Information communicated to all staff regarding identification of student, management plan
6. Coordinator informs community if any modifications need to be made to the school environment
7. Annual review of management plan by medical professional and plans updated at school
8. Administration Assistant oversees the currency of medications and ensures that Internal Maintenance Coordinator has funds required for purchase

For a person with a diagnosed severe allergy experiencing a suspected severe allergic reaction

1. Calm the person and send for help if needed. If possible, alert the Coordinator or supervising adult.
2. Follow the student's individual response plan.
3. If there is no individual plan available follow the Anaphylaxis Response Plan (see Attachment A)
4. Stay with the person and keep calm until the ambulance arrives.
5. Complete an incident report.

If anaphylaxis is suspected but not diagnosed

1. Call 000
2. If available, give adrenaline autoinjector on advice of medical personnel

Post incident procedure

1. Conduct a review, in consultation with the parents and the student's Individual Health Care Plan – how did the exposure occur and could it be prevented?

2. If the child has not experienced anaphylaxis previously, a new ASCIA Action Plan must be completed and signed by the child's medical doctor and an Individual Health Care Plan developed in conjunction with the parents/guardians.
3. Critical incident report to the Department of Education Services and the Chair of the school's governing body.
4. Staff debriefing.
5. Consideration of psychological services (where required).
6. Replacing the used adrenaline auto-injector(s) promptly.
7. Review the school's procedures for preventing and responding to anaphylaxis emergencies and follow through on any required adjustments.



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 in 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/hoarse 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.

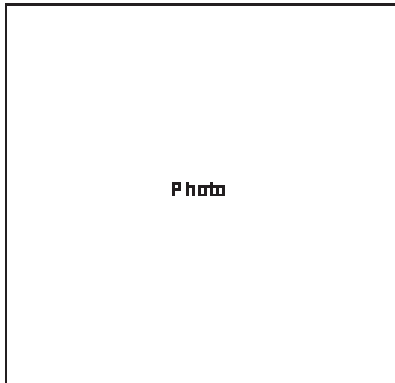
Severe Allergies Policy 2016 – Attachment C



ACTION PLAN FOR Anaphylaxis

Name: _____
Date of birth: _____

For use with EpiPen® adrenaline autoinjectors



Cont. med allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by: _____
Dr: _____
I hereby authorize medication specified on this plan to be administered according to the plan.
Signed: _____

Date: _____
Date of next review: _____

How to give EpiPen®



1. Turn the round cap (EpiPen®) and PULL OFF BLUE SAFETY CAPS ASSE.



2. 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 10 seconds.
REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at: www.allergy.org.au/medications

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. Do not remove ticks.
- 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 may not always occur before anaphylaxis

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

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 (young children)

ACTION FOR ANAPHYLAXIS

1. Lay person flat. Do not allow them to stand or walk. 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, if another adrenaline autoinjector is available.

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.
EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.
* Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma relief.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma relief.

Asthma: Y N Medication: _____

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Severe Allergies Policy 2016 – Attachment D



ACTION PLAN FOR Allergic Reactions

Name: _____
Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by:
Dr: _____

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

Signed: _____

Date: _____
Date of next review: _____

Note: The 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 autoinjector instructions.
Instructions are also on the device label and at: www.allergy.org.au/anaphylaxis.

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. Do not remove ticks.
- Stay with person and call for help.
- Give other medications (if prescribed).....
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before anaphylaxis

Watch for ANY ONE of the following signs of anaphylaxis

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 (young children)

ACTION FOR ANAPHYLAXIS

- Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- Give adrenaline autoinjector if available.**
- Phone ambulance* : 000 (AU) or 111 (NZ).**
- Phone family/emergency contact.**

Commence CPR at any time if person is unresponsive and not breathing normally.
*Medical services are not available for base 4 hours in remote areas.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector **FIRST**, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector **FIRST**, then asthma reliever.

Asthma: Y N Medication: _____

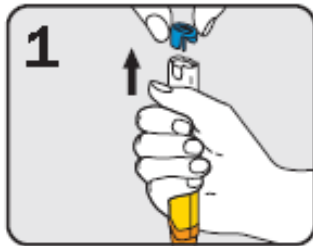
© ASCIA 2015. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.



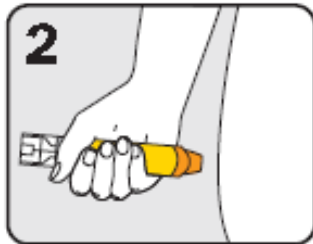
ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

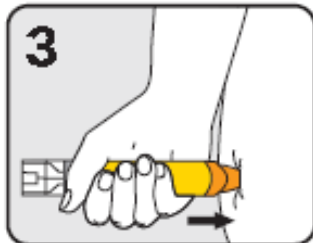
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



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®. Massage injection site for 10 seconds.

Instructions are also on the device label and at www.allergy.org.au/anaphylaxis

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. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before anaphylaxis

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

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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- 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 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, if another adrenaline autoinjector is available.**

If in doubt, give adrenaline autoinjector

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

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

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