

POLICY STATEMENT ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

Policy Statement:

St Joseph's promotes the inclusion of all children within the school environment. The development of this policy is to highlight awareness for the safety of children with severe allergies who are enrolled at St Joseph's on the Strand school and to ensure that they are able to participate in all areas of the curriculum. In order to achieve equitable inclusion, an individual management plan for children suffering from Anaphylaxis must be developed in consultation with the child's specialist, parent/guardian and the school, including After School Care and/or Vacation Care.

Adapted from the Crèche and Kindergarten Association of Queensland 2005

Background Information:

What is Anaphylaxis?

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention. Anaphylaxis is a generalised allergic reaction, which often involves more than one body system (e.g. skin, respiratory, gastro-intestinal, cardiovascular). A severe allergic reaction usually occurs within 20 minutes of exposure to the trigger and can rapidly become life threatening.

It is vital to note that Anaphylaxis can produce such severe swelling of the air passages that suffocation and death can occur within minutes.

What causes Anaphylaxis?

Common triggers of anaphylaxis include:

Food

Eggs, peanuts, tree nuts, crustaceans, sesame, fish, milk and soy are the most common food triggers, which cause 90% of allergic reactions, however, any food can trigger anaphylaxis. It is important to understand that even trace amounts of food can cause a life-threatening reaction. Some extremely sensitive individuals can react to skin contact or food vapours (e.g. cooking shellfish or cooking with peanut oil) or even the smell of a food (e.g. fish).

Insect Venom

Bee, wasp and jumper ant stings are the most common causes of anaphylaxis to insect stings. Ticks and fire ants also cause anaphylaxis in susceptible individuals.

Medication

Medications, both over the counter and prescribed, can cause life threatening allergic reactions. Individuals can also have anaphylactic reactions to herbal or 'alternative' medicines.

Other

Other triggers such as latex or exercise induced anaphylaxis are less common and occasionally the trigger cannot be identified despite extensive investigation.

Signs and Symptoms

The signs and symptoms of anaphylaxis may occur almost immediately after exposure or within the first 20 minutes after exposure. Rapid onset and development of potentially life threatening symptoms are characteristic markers of anaphylaxis.

Allergic symptoms may initially appear mild or moderate but can progress rapidly to be severe and life-threatening. The most dangerous allergic reactions involve the respiratory system (breathing) and/or cardiovascular system (heart and blood pressure).

Common Symptoms

Mild to moderate allergic reaction

- Tingling of the mouth
- Hives, welts or body redness
- Swelling of the face, lips, eyes
- Vomiting, Diarrhoea, abdominal pain
- Watery, itchy eyes

Severe allergic reaction- ANAPHYLAXIS

- Wheeze or persistent cough
- Swelling of the tongue
- Swelling or tightness in the throat
- Difficulty talking or hoarse voice
- Difficulty and/or noisy breathing
- Pale and floppy (young children)
- Loss of consciousness and/or collapse

(Adapted from Anaphylaxis Australia 2006)

Policy Implementation

Prior to enrolment: Responsibilities of parent/s / guardian/s

- The school must be provided with a written and current specialist medical report outlining in detail:
 - The child's medical condition
 - The recommended treatment to be provided by school staff in the event of an allergic reaction
 - Any other pertinent matters as deemed appropriate by the specialist
- A medical practitioner must conduct a session at the school with the purpose of giving information about the condition, the symptoms requiring attention, and the recommended medication and treatment.

Prior to enrolment: Responsibilities of school staff

- After familiarization of the medical report, an Anaphylaxis Action Plan will be developed in consultation with staff, the child's family and physician.
- The schools' duty of care extends to administering the EpiPen® (auto injector containing adrenaline) if it is needed in an emergency.
- All staff are to complete training in the recognition and management of anaphylaxis, including training in the administration of the EpiPen®, as detailed on the Anaphylaxis Action Plan in response to an anaphylactic reaction. Please note that currently the only verified EpiPen® training is available through St John's. Training may need to be updated yearly.
- EpiPen® practice staff meetings to take place at least once per term.

On enrolment – Responsibilities of parent/s / guardian/s

Parents are required to:

- Provide a written and current specialist medical report outlining in detail: (This report will need to be updated yearly).
 - The child's medical condition
 - The recommended treatment to be provided by school staff in the event of an allergic reaction to their child's class teacher
- Ensure that all emergency contact details are current
- Provide all of the child's food requirements for the day's attendance in sealed and labelled container/s
- Provide a current kit containing: EpiPen®, Anaphylaxis Action Plan and other medication (where appropriate) as prescribed by the child's specialist. This will be stored at the school. It is recommended by the school that a kit be kept within the child's classroom, one in the tuck-shop, and one in the office. The Anaphylaxis Action Plan "should be reviewed annually and following any anaphylactic events". (www.allergy.org.au). The parent/s / guardian/s will be responsible in ensuring that the medication is within its date of expiry.
- Provide the child with a Medic Alert bracelet or other suitable identification

- Continue to educate their child about their medical condition.
- Support the school by providing current educational information about Anaphylaxis to staff and other parents. This will include resources that may be used with children within the classroom.
- Take an active role in anaphylaxis awareness activities in which the school engages.

On enrolment – Responsibilities of School Staff

- With agreement from the child/s parent/s / guardian/s, the principal and appropriate class teacher should educate all families attending the school about the child's condition and the agreed management strategies within the school.
- The school management plan, along with The Anaphylaxis Action Plan must be displayed in a prominent position within the classroom, office and tuckshop. This school management plan should include a current photo of the child involved to aid in immediate identification.
- The school management plan should be reviewed annually and following any anaphylactic event. (www.allergy.org.au)
- All staff must be familiar with the child/children and their specific condition/s (including which allergens require avoidance) and likely symptoms, along with being able to readily locate the Emergency Kit.
- Hand washing with soap immediately following eating for all children should be requested and regularly encouraged and monitored, to avoid children with traces of allergen from touching the child with anaphylaxis. It is most probable that an anaphylactic episode will occur during or after the eating period/s, prior to returning to the classroom.
- Through sensitive and informed discussion and through the use of resources, other children should be educated about Anaphylaxis and which children within the school suffer from it. It is likely that it will be during playtime after eating that the child exhibits initial symptoms of an anaphylactic reaction – informed peers may be the first to alert an adult. (Crèche and Kindergarten Association of Qld 2005)
- Discussion with the child's family prior to school excursions, cooking experiences and special events must be ensured.
- Engage in school-based anaphylaxis awareness activities on a regular basis.

IN THE EVENT OF AN ANAPHYLACTIC EMERGENCY:

- The closest staff member must immediately administer the EpiPen® as instructed in the Action Plan, whilst calling for help. (please note that all staff must be trained in the administration of the EpiPen®)
- Once administered, call 000 for an intensive care ambulance. **The caller must state that it is “for an anaphylactic reaction and that rapid transportation to hospital is needed via an Intensive Care Ambulance”.**
- Contact the child's parent/s/guardian/s
- On the arrival of the ambulance, staff must provide details to the paramedics of the preceding action, i.e. whether an EpiPen® was administered, the dosage, time given etc.

FOLLOWING THE EMERGENCY:

- The principal must send a detailed report on the emergency to the:
 - Catholic Education Office
 - The child's parents, who are then responsible for forwarding it to the child's specialist and/or G.P
- A detailed report of the emergency must be kept on file at the school
- Access to counselling for staff involved may be required, upon which the Principal will access appropriate personnel
- Review and critique the school management plan and procedures taken to be conducted in conjunction with the child's family, and amendments made as necessary to the school management plan and procedures.
- Staff meeting to be held to outline emergency event and review of the school management plan and procedures.
- Principal and parent/s / guardian/s to meet to outline emergency event and review of the school management plan and procedures.

References

Crèche and Kindergarten Association of Queensland (2005) Policy Statement – Health. Anaphylaxis (Severe Allergic Reactions)

Batty, Geraldine, Operations Manager, Anaphylaxis Australia Inc. April 2006.

Web Site - www.allergyfacts.org.au

Web Site - www.allergycapital.com.au

Web Site - www.allergy.org.au

**CONSENT FORM
FOR INJECTION OF EPINEPHRINE**

In the event of my/our child _____ experiencing an
(Name)

Anaphylactic emergency, I/We _____
(Name/s)

Consent to the injection of epinephrine (via an EpiPen®) for the duration of _____.
(Year e.g. 2006)

Child's Name: _____

Parent/Guardian's Name/s: _____

Signature of Parent/Guardian 1: _____ Date _____

Signature of Parent/Guardian 2: _____ Date _____

Signature of Witness: _____ Date _____