

NORTHAM PRIMARY SCHOOL ALLERGY AND ANAPHYLAXIS MANAGEMENT GUIDELINES

RATIONALE

Northam Primary School has implemented this policy to ensure that students, staff and parents are familiar with some common serious allergies and how to manage an allergic reaction. While these guidelines indicate that every effort will be made to reduce the risks associated with allergies, it cannot be guaranteed that a school is 'free' of any particular product. Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in an environment that is open to the general community. Adults should not become complacent that an allergen has been eliminated. Instead Northam Primary School recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the presence of the allergen in their immediate environment (Anaphylaxis Management Guidelines for Western Australian Schools, Government of Western Australia, 2009).

INTRODUCTION AND BACKGROUND INFORMATION

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen (such as food or an insect bite). Although death is rare, an anaphylactic reaction always requires an emergency response. Prompt treatment with injected adrenaline may halt progression and can be lifesaving. Fortunately, anaphylactic reactions are usually preventable by implementing strategies for avoiding allergens. One in two hundred people in the general population are at risk of anaphylaxis (Royal Children's Hospital EpiPen Training Manual, July 2004).

Common allergens for anaphylaxis are:

- Foods (peanuts and tree nuts, shellfish and fish, milk, egg, strawberries).
- Insect bites (bees, wasps, jumper ants).
- Medications (antibiotics, aspirin).
- Latex (rubber gloves, balloons, swimming caps, band-aids).

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. 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 in 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.
- Pale and floppy (young children).
- Light headedness, feeling faint, collapse.
- Distress, anxiety and a sense of dread.

Individual Anaphylaxis Health Care Plans

Appendix A (Form 4)

The Principal or nominee will ensure that an Individual Anaphylaxis Health Care Plan (Form 4) and Action Plan is developed in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. Form 4 will be in place as soon as practicable after the student is enrolled and where possible before their first day of school. The student's Form 4 will be reviewed, in consultation with the student's parents/guardians and their GP:

- Annually, and as applicable.
- If the student's condition changes.
- Immediately after the student has an anaphylactic reaction.

Parents should be aware that;

- student's details, including information about the severe allergy, their photos, and Form 4 will be recorded on Northam Primary School's Integris as a reference point for teaching staff to ensure they can provide the best possible care in cases of emergency,
- medications will be held in the Medical Room for Years 1-6 students,
- medications will be kept in the classroom for students in Kindergarten and Pre-Primary,
- additional EpiPens are always available in the Medical Room,
- student's Form 4 will be kept with the epi-pen provided, and
- student details provided in the classroom's Red Emergency File.

Parent Responsibilities

Parents/guardians of a child at risk of anaphylaxis shall:

- inform staff, either on enrolment or on diagnosis, of their child's allergies,
- provide staff with the ASCIA Action Plan and written consent to use the EpiPen in line with this plan,
- provide office staff with an EpiPen for their child and replace when expired,
- assist staff by offering information and answering any questions regarding their child's allergies,
- notify the staff of any changes to their child's allergy status and provide a new ASCIA Action Plan in accordance with these changes,
- communicate all relevant information and concerns to staff; for example, any matter relating to the health of their child, and
- meet with the school admin nominee to go through the provided Form 4 and Action Plan and discuss risk minimisation strategies.

Responsibilities and Strategies to Avoid Allergen Exposure

Northam Primary School will take all reasonable measures open to it to minimise allergen exposure to students and members of the school community.

The school;

- will make student medical information and the Form 4 that has been supplied by parents available to supervising staff,
- staff will make themselves familiar with the medical information relating to students under their supervision as recorded on Integris,
- will inform school community of the policy about administration of medications and monitor implementation of this policy and procedure,

- will educate students and peers about medication allergies and the importance of taking medication prescribed only for them,
- will implement effective procedures for administering prescribed medications at school,
- avoid use of party balloons and contact with swimming caps,
- will only purchase non latex gloves and bandaids,
- ensure 'sharing lunches discussions' are held with relevant classes/groups about the importance of students eating their own food and not sharing,
- will ensure careful planning of Art, Design and Technologies and Science classes will be done by teachers to attempt the removal of risk food items for classes with students who have an ASCIA Action Plan. Art items can also be risk items (egg cartons, milk containers, peanut butter jars, cereal boxes). Teachers and school staff need to exercise 'Duty of Care' and ensure risk minimization in these activities, experiments and lessons,
- will liaise with parents/guardians to provide an anaphylaxis action plan signed by the child's Doctor and an EpiPen while the child is enrolled at Northam Primary School,
- will ensure that the EpiPen is stored in a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to children; and away from direct sources of heat,
- will ensure that the EpiPen for each child at risk of anaphylaxis is carried by a trained adult on excursions that this child attends, and
- regularly check the EpiPen expiry date. (The manufacturer will only guarantee the effectiveness of the EpiPen to the end of the nominated expiry month.)

Staff Training and Emergency Response

In an emergency, all staff members have a duty of care. Staff use common sense, which dictates that in an emergency, while they should not act beyond their capabilities and qualifications, they are expected to do what they can to take appropriate action.

All staff (excluding cleaners and gardener) will complete the E-Training provided by the Australasian Society of Clinical Immunology and Allergy (ASCIA) at the commencement of each school year.

All staff (excluding cleaners and gardener) will complete hands on training annually on the use of an epi-pen using the training pen provided.

At other times while the student is under the care or supervision of the school, including excursions, playground duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training and know how to recognise, prevent and treat anaphylaxis. Training will be provided to these staff as soon as practicable after the student enrolls.

Wherever possible, training will take place before the student's first day at school. Where this is not possible, an interim plan will be developed in consultation with the student's parents/guardians. The school's first aid procedures and student's IAHCP will be followed when responding to an anaphylactic reaction.

<https://ikon.education.wa.edu.au/-/access-anaphylaxis-and-food-allergy-professional-learning>

Staff responsible for the child at risk of anaphylaxis shall:

- ensure they know where a copy of the child's Form 4 and Action Plan is,
- follow the child's Form 4 and Action Plan in the event of an allergic reaction, which may progress to anaphylaxis,
- in the situation where a child who has not been diagnosed as allergic, but who appears to be having an anaphylactic reaction:
 - Call an ambulance immediately by dialling 000.
 - Commence first aid measures.
 - Contact the parent/guardian.

- Contact the person to be notified in the event of illness if the parent/guardian cannot be contacted.
- ask all parents/guardians as part of the enrolment procedure, prior to their child's attendance at the school, whether the child has allergies and document this information on the child's enrolment record. If the child has allergies, ask the parents/guardians to provide an ASCIA Action Plan signed by a Doctor.

Risk Minimisation

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies.

Settings	Considerations
Classroom	<ul style="list-style-type: none"> • Display student details in the Red Emergency File. • Liaise with parents/guardians about food related activities ahead of time. • Use non-food treats where possible. If food treats are used in class, it is recommended that parents/guardians provide a box of safe treats for the student at risk of anaphylaxis. Treat boxes should be clearly labelled. Treats for the other students in the class should be consistent with the school's allergen minimisation strategies • Never give food from outside sources to a student who is at risk of anaphylaxis. • Be aware of the possibility of hidden allergens in cooking, design and technologies, science and art classes (e.g. egg or milk cartons). • Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. • Casual/relief teachers should be made aware of the student's health and where the Red Emergency File is in the classroom.
Playground	<ul style="list-style-type: none"> • The student with anaphylactic responses to insects should wear shoes at all times. • Staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g. recess and lunch). • In the event of an anaphylactic emergency, staff on duty need to be able to communicate that there is an anaphylactic emergency without leaving the child experiencing the reaction unattended. Staff will use their radio to notify the administration team of the situation. A member of the Administration team will assist with the student. The student will remain as still as possible and the EpiPen will be brought to them • Duty teachers and school staff on duty are not to consume high risk foods to ensure minimisation of risk.
On-site events (e.g. sporting events, in school activities)	<ul style="list-style-type: none"> • For special occasions, class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student. • Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies. • Latex balloons should not be used in the school wherever possible. If latex balloons must be used, teachers are to ensure that the risk is managed for students with allergies.

	<ul style="list-style-type: none"> • Staff must know where the adrenaline auto injector is located and how to access if it required • Staff should avoid using food in activities or games, including rewards if a student in the class is known to have anaphylaxis, particularly in the younger year levels K-3 • Non latex band-aids and rubber gloves should be purchased at all times where possible.
Off-site School Settings – camps and remote settings	<ul style="list-style-type: none"> • The student’s adrenaline auto injector, Form 4 and Action Plan, and means of contacting emergency assistance must be taken on all excursions. • One or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto injector should accompany the student on excursions. • All staff present during the excursion need to be aware if there is a student at risk of anaphylaxis. • Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction. • The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required). • Parents/guardians may wish to accompany their child on the excursion. This should be discussed with parents/guardians as another strategy for supporting the student. • Consider the potential exposure to allergens when consuming food on buses. • First aid kits only contain non-latex band-aids and gloves.

Enrolment Checklist for Children at Risk of Anaphylaxis

Form 4 and Action Plan is completed, which includes strategies to address the particular needs of each child at risk of anaphylaxis, and this plan is implemented.	
Parents of a child at risk of anaphylaxis have been provided a copy of the school’s Allergy Aware Guidelines.	
All parents/guardians are made aware of the Allergy Aware Guidelines, IAHCPC, including the ASCIA Action Plan signed by the child’s GP, is visible to all staff and understood.	
EpiPen (with expiry date) is available for use at any time the child is in the care of Northam Primary School staff.	
EpiPen is stored in an insulated container, in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat.	
All staff are aware of each EpiPen location.	
Staff responsible for the child/ren at risk of anaphylaxis undertake anaphylaxis management training, which includes strategies for anaphylaxis management, recognition of allergic reactions, emergency treatment and practise with an EpiPen trainer, and is revisited annually.	

Parent/guardian's current contact details are available.	
Information regarding any other medications or medical conditions (for example asthma) is available to staff.	
If food is prepared within the classroom, measures are in place to prevent contamination of the food given to the child at risk of anaphylaxis.	

Resources

Various resources for the Management and Support of students with allergies can be found on the following website.

<https://www.allergy.org.au/>

School staff may access anaphylaxis and allergy support through the Department's IKON page

<https://ikon.education.wa.edu.au/-/respond-to-student-anaphylaxis>

FORM 4 - SEVERE ALLERGY/ANAPHYLAXIS MANAGEMENT AND EMERGENCY RESPONSE PLAN

Name: _____ DOB: _____ Year: _____

Teacher: _____ Room: _____

SECTION A: Student Health Care Planning – to be completed by parent/carer

(Please list specific allergens and most recent reactions in the table below).

My child is allergic to:		For each allergen, provide specific information (e.g. peanuts – even small quantities)	Describe your child's most recent symptoms and date of reaction to the allergen (e.g. anaphylaxis, hay fever, hives, eczema).
Peanuts	<input type="checkbox"/>		
Tree Nuts	<input type="checkbox"/>		
Milk	<input type="checkbox"/>		
Eggs	<input type="checkbox"/>		
Soy Products	<input type="checkbox"/>		
Wheat Products	<input type="checkbox"/>		
Shellfish	<input type="checkbox"/>		
Fish	<input type="checkbox"/>		
Insect Stings or Bites (Please specify insect(s) if known)	<input type="checkbox"/>		
Medication (Please specify medicine(s) if known)	<input type="checkbox"/>		
Other/Unknown (Please specify food(s) if known)	<input type="checkbox"/>		

SECTION B: Daily Management

List strategies that would minimise the risk of exposure to known allergens: _____

SECTION C: Medication Instructions (Note: All medication must be provided by parents/carers)

	Medication 1		Medication 2		Medication 3	
Name of medication						
Expiry date						
Dose/frequency – may be as per the pharmacist's label						
Duration (dates)	From :		From :		From:	
	To:		To:		To:	
Route of administration						
Administration – tick appropriate box	By self	<input type="checkbox"/>	By self	<input type="checkbox"/>	By self	<input type="checkbox"/>
	Requires assistance	<input type="checkbox"/>	Requires assistance	<input type="checkbox"/>	Requires assistance	<input type="checkbox"/>
Storage instructions – tick appropriate box(es)	Stored at school	<input type="checkbox"/>	Stored at school	<input type="checkbox"/>	Stored at school	<input type="checkbox"/>
	Kept and managed by self	<input type="checkbox"/>	Kept and managed by self	<input type="checkbox"/>	Kept and managed by self	<input type="checkbox"/>
	Refrigerate	<input type="checkbox"/>	Refrigerate	<input type="checkbox"/>	Refrigerate	<input type="checkbox"/>
	Keep out of sunlight	<input type="checkbox"/>	Keep out of sunlight	<input type="checkbox"/>	Keep out of sunlight	<input type="checkbox"/>
	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>	Other	<input type="checkbox"/>

SECTION D: Emergency Response – as per anaphylaxis (ASCIA) action plan attached (This must be completed by your child’s medical practitioner).

If unavailable go to the ASCIA website for Action Plans: <https://www.allergy.org.au/health-professionals>

SECTION E: Authority to Act

This severe allergy/anaphylaxis management and emergency response plan authorises school staff to follow my/our advice and/or that of our medical practitioner. It is valid for one year or until I/we advise the school of a change in my/our child’s health care requirements.

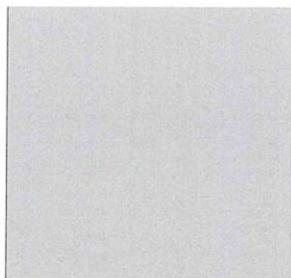
Parent/Carer Name: _____ _____	Medical Practitioner Name and Medical Practice: _____ _____	Review Date:
Signature: _____	Signature: _____	
Date: _____	Provider Number: _____ Date: _____	

When completed, please attach the *Student Health Care Summary* to the front of this document.

ACTION PLAN FOR Anaphylaxis

Name: _____ For use with adrenaline (epinephrine) autoinjectors

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

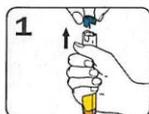
I hereby authorise medications specified on this plan to be administered according to the plan

Signed:

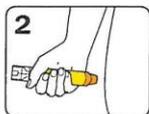
Date: _____

Action Plan due for review – date:

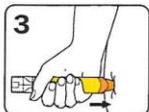
How to give EpiPen® adrenaline (epinephrine) autoinjectors



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® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- 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
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give 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

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

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

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.