

# Faith Lutheran College, Redlands

*"Faith in Christ... prepared for life"*



## **ANAPHYLAXIS POLICY**

*Last updated March, 2014*

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# Food Allergy Policy and Procedures

## Rationale:

Within the general community, there is an increasing trend for children to have severe and often life threatening reactions, otherwise known as anaphylaxis or anaphylactic shock, to a number of allergens (refer to **Appendix One: Background Information** – Information on triggers, signs and symptoms). The most common of these tend to involve foods containing peanuts, nuts, eggs, dairy products and seafood. The reactions often result from ingestion of the food however, there are more children who can now be affected by touching or simply smelling something with traces of the allergen left on it. The latter types are most often triggered by peanuts or other nuts.

## Duty of Care:

We are also witnessing this trend at Faith Lutheran College where we currently have a number of students throughout the school requiring an Epi-pen, a supply of epinephrine (adrenaline), to be kept close at hand at all times in case an anaphylactic reaction occurs. As a school community we are concerned about the safety and well being of all of our students and from time to time need to adjust our procedures to ensure that no student is placed at unnecessary risk. Therefore, the following procedures are to be viewed as a minimum requirement at Faith Lutheran College, Redlands.

Episodes of anaphylaxis are unpredictable and accidental exposure is a reality.

## Procedures:

In the case where an anaphylactic reaction to a given food allergy is present, the following procedures are to be undertaken by:

### The Parents of the Student

- The parents of the at-risk student will identify and minimise the risk by:
  - Providing the College with a response action plan for the student (**Appendix Two – Sample Action Plan**).
  - Ensuring the College is kept informed, in writing, of any risks and necessary procedures to ensure the well-being of the student, both pre-reaction and post-reaction and or any changes to the student's condition
  - Providing the College with a suitable number of auto-injectors, necessary medication and ensure that they are all clearly labelled, within their use-by date
  - Providing any additional information or guidance, as necessary, when special events such as camps or excursions are being planned
  - Providing suitable alternatives for class celebrations such as birthdays
  - If using the Outside School Hours Care service, ensure staff are aware of any risks and alternate arrangements that are necessary to ensure the safety of the student
  - Educating their child about their allergies and how to minimise risk of exposure (including encouraging **the student** to take age-appropriate / ability appropriate responsibility for managing their allergy.

### The College

- The College will identify the risks by:
  - Ensure school staff are aware of students who are at risk of anaphylaxis and the planning to support these students, including circulating the most current information
  - Identify triggers (allergens) in the environment and factor this into planning
  - Ensure a range of school staff have appropriate training to include:
    - understanding the condition

- an ability to assess potential risks during school-based activities
  - recognition of the signs and symptoms of anaphylaxis and
  - being able to confidently administer an adrenaline auto-injector
- Communicate with the college community to inform them about anaphylaxis and offer advice to minimise the risk of students experiencing anaphylaxis in the school
- The College will minimise the risks by:
  - Ensure students at risk of anaphylaxis are given every opportunity to participate in as much of the full range of college activities as possible
  - Consider anaphylaxis in risk management planning to address the needs of students with severe allergies
  - Have a photo of the student, along with individual management plan, in a visible spot in the first aid room, classroom and other high risk areas such as the canteen
  - Plan for emergency situations and minimise risks associated with the students condition, their equipment and their medication
  - Communicate any changes to information about the student's health to appropriate staff
  - Encourage parents to supply special items for the student to consume during college special events such as sports carnivals, birthday celebrations
  - Ensure relief staff are aware of student action plans
  - Maintain a back-up adrenaline auto-injector (Epi-pen or Anapen) and store it with a copy of the ASCIA Action Plan for Anaphylaxis (general). The use of this may cover situations that may include :
    - Where a second dose of adrenaline may be required
    - The first dose may not have been able to be successfully administered
    - A student not previously diagnosed with Anaphylaxis presents with signs and symptoms
    - A visitor to the school presents with symptoms of anaphylaxis
  - Have appropriate staff regularly inspect the college grounds
- The College will be prepared for an emergency event:
  - Act according to the college emergency procedure (contact emergency services) and provide immediate treatment of the student according to the student action plan
  - Implement priority arrangements including:
    - Contact the parents
    - If possible, the ambulance should be called by a person nearest to the patient rather than the school office
    - Determine who will administer the medication, who will phone for assistance
    - Raise the alarm with the office in the quickest method available at the time

- Consider the supervision of other students whilst first aid is being given and the number of adults available within the location
- Ensure a student demonstrating signs of allergy or anaphylaxis is not left alone
- Consider location of and access to phones during school based activities
- Store auto-injectors appropriately and have a system in place for the college and the parents to check expiry dates of their auto-injectors
- Review student action plans at the beginning of each year and if change occurs at other times throughout the year

### **The Teachers**

- The teacher will identify the risk by:
  - Have the student's individual action plan within easy access and ensure full understanding
  - When leaving the College grounds ensure that the student's auto-injector is always taken to where the child will be and is easily accessible at all times
  - Communicate any relevant information regarding the student's allergy to relevant parties including; volunteers, pre-service students, excursion / camp instructors
  
- The teacher will minimise the risk by:
  - Give due consideration to the student's needs when planning units of work, excursions, camps and class or College events
  - Liaise with the child's parents about alternative arrangements that may be necessary
  - Ensure vigilance to reduce use of and supply of foods to students that may put a student at risk of anaphylaxis
  - Implement classroom strategies to minimise risk such as encouraging regular hand washing, no food sharing, resources that pose a risk
  - Encourage the at-risk students to manage their own risk as much as possible; including access to auto-injector

### **The Wider College Community**

- The wider college community is requested to assist to minimise the risk by:
  - Supporting the College in its risk management procedures in relation to anaphylaxis
  - When requested, avoid sending foods that are known to cause an anaphylactic reaction to a student who will share or potentially share the same space
  - Not supply foods to student during fund-raising and entertainment events that contain nuts, peanuts or any other ingredient as may be deemed necessary by the College to avoid.

### **References**

- <http://www.allergy.org.au>
- <http://www.allergyfacts.org.au>
- *Anaphylaxis guidelines for Queensland state schools*, 2013.

*Adopted FLCR College Council - June 2006  
Updated March, 2014*

## Appendix One - Background Information

### 1.0 Allergens or trigger substances that may cause anaphylaxis in school aged children are:

- Peanuts
- Tree nuts
- Insect stings
- Shellfish
- Fish
- Eggs
- Dairy
- Certain medications
- Other potential allergens may include soy, sesame, wheat, seeds, coconut and latex. The Australasian Society of Clinical Immunology and Allergy has details of a wide range of allergens within their Anaphylaxis Resources for patients and consumers at [www.allergy.org.au/patients](http://www.allergy.org.au/patients)

### 2.0 Anaphylactic Reactions - Signs and Symptoms

The signs and symptoms of anaphylaxis may occur almost immediately after exposure or within the first 20 minutes after exposure; in some cases however, the reaction can be delayed by up to 2 hours. 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. The most dangerous allergic reactions involve the respiratory system (breathing) and/or cardiovascular system (heart and blood pressure).

#### **Mild to moderate allergic reaction**

Signs and symptoms may include one or more of the following:

- Itchiness of palms or soles
- Anxiety
- Tingling of the mouth
- Hives, welts or body redness
- Swelling of the face, lips, eyes
- Vomiting, abdominal pain

#### **Severe allergic reaction- ANAPHYLAXIS**

Signs and symptoms may include one or more of the following:

- Difficulty and/or noisy breathing
- Difficulty talking and/or hoarse voice
- Swelling of the tongue
- Swelling or tightness in the throat
- Confusion
- Shortness of breath, repetitive coughing and / wheezing
- Chest tightness
- Faint, rapid pulse, low blood pressure (may also have cool sweat skin)
- Loss of consciousness and/or collapse
- Pale and floppy (young children)

Source: [www.allergy.org.au](http://www.allergy.org.au) and *Anaphylaxis Guidelines for Queensland State Schools*, 2013.

## **Appendix Two –**

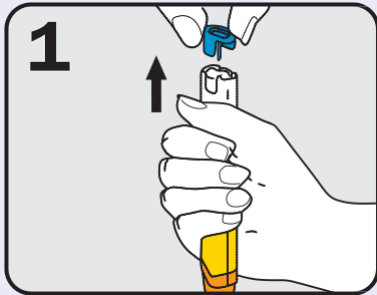
Action Plan for Anaphylaxis – For Use with Epi-Pen Auto injector

Action Plan for Anaphylaxis – For use with Anapen Auto injector

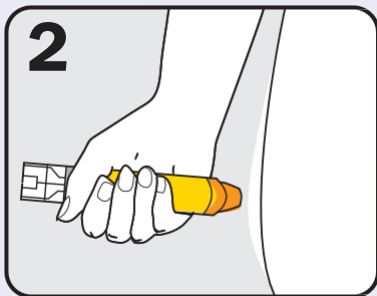
# ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

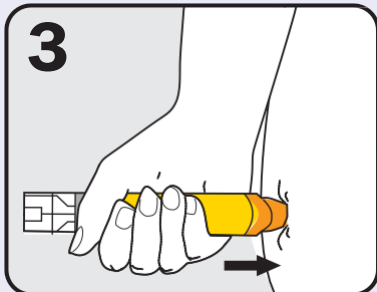
## How to give EpiPen®



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](http://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 a severe allergic reaction to insects)

## ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® (or EpiPen® Jr if aged 1 - 5 years)
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede 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

- 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 if aged 1 - 5 years)**
- 3 Phone ambulance\* 000 (AU), 111 (NZ), 112 (mobile)**
- 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

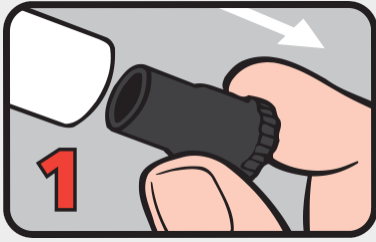
Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

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

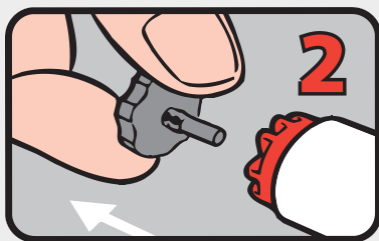
EpiPen® Jr is generally prescribed for children aged 1-5 years.

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

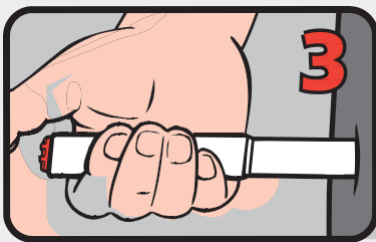
## How to give Anapen®



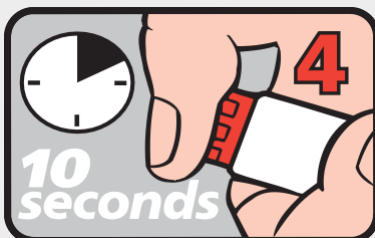
PULL OFF BLACK NEEDLE SHIELD.



PULL OFF GREY SAFETY CAP from red button.



PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing).



PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen® and DO NOT touch needle. Massage injection site for 10 seconds.

Instructions are also on the device label and at:  
[www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

For use with Anapen® Adrenaline Autoinjectors

## MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

## ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate Anapen® 300 (or Anapen® 150 if aged 1 - 5 years)
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede 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

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give Anapen® 300 (or Anapen® 150 if aged 1 - 5 years)**
- 3 Phone ambulance\* 000 (AU), 111 (NZ), 112 (mobile)**
- 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. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.**

Anapen® 300 is generally prescribed for adults and children over 5 years.

Anapen® 150 is generally prescribed for children aged 1-5 years.

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