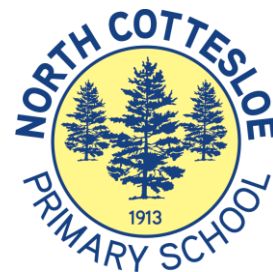


Anaphylaxis Guidelines – NCPS 2022 - 2024



Background

- Anaphylaxis is a severe, life-threatening allergic reaction. Allergies are increasing, with about 1 in 20 Australian children having a food allergy.
- The most common food allergies in children are milk (dairy), egg, peanuts, tree nuts (e.g. cashew, pistachio, almond etc), wheat, soy, sesame, fish and crustacea (shellfish). A smaller number of children have severe allergies to insect bites and stings (particularly bee stings).
- The best way to prevent anaphylaxis in schools is to know which students have been diagnosed with food, medication and insect allergies, and to then put plans in place to help prevent allergic reactions where possible. Communication between the school and parents/guardians is important to help students avoid known allergens. Parents/guardians and school staff need to work together to put procedures in place to reduce risk.
- Adrenaline (epinephrine) given through an adrenaline injector (EpiPen[®] or Anapen[®]) into the muscle of the outer mid-thigh is the first line emergency treatment for anaphylaxis.

Purpose

- To increase safety and provide a supportive environment where students at risk of anaphylaxis are able to join in school activities.
- To raise awareness about allergies, including anaphylaxis
- To work with parents/guardians of students at risk of anaphylaxis in understanding risks and identifying and implementing appropriate risk minimisation strategies to support the student and help keep them safe.
- To ensure staff know about and understand that allergies can be potentially life-threatening and train staff in recognising and treating anaphylaxis when it happens.

Definitions

- *Adrenaline* - A medication that reverses the effects of a severe allergic reaction (anaphylaxis). Adrenaline is a hormone produced naturally by the body however, the body is not able to produce enough adrenaline to treat anaphylaxis.
- *Adrenaline injector* - Adrenaline injectors contain a single, fixed dose of adrenaline, designed for use by anyone, including people who are not medically trained. Some adrenaline injectors (e.g. EpiPen[®] and Anapen[®]) are automatic injectors.
- *Adrenaline injector for general use* – An adrenaline injector for first aid kits that has not been prescribed for a specific person.
- *Adrenaline injector trainer devices* – Adrenaline injector trainer devices contain no adrenaline and no needle to allow staff to practise using the device.
- *Allergens* - Substances that can cause an allergic reaction. These include food, insects, some medicines as well as house dust mites, pet dander, pollen and moulds.

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- *Allergy* - When the immune system reacts to substances in the environment that are harmless for most people.
- *Anaphylaxis* - The most severe form of allergic reaction. Anaphylaxis is life-threatening and requires prompt administration of adrenaline.
- *ASCIA Action Plan* - A standardised response plan for people with allergies that can lead to anaphylaxis. ASCIA Action Plans must be completed by the student's doctor or nurse practitioner. There are different types of plans:
 - ASCIA Action Plan for Anaphylaxis (red) given to people who have been prescribed an adrenaline injector.
 - ASCIA Action Plan for Allergic Reactions (green) given to people with confirmed allergy but who have not been prescribed an adrenaline injector. There is still a small chance their allergic reaction may one day progress to anaphylaxis, so they need to avoid the allergy trigger.
 - ASCIA Action Plan for Drug (Medication) Allergy given to people with confirmed medication allergies. If a person has other allergies, their drug allergy will be documented on their other ASCIA Action Plan so that they don't have two plans. People with medication allergy are very rarely prescribed an adrenaline injector. As the trigger can be avoided more easily than food or insect sting, for example.
 - ASCIA First Aid Plan for Anaphylaxis (orange) for storage with general use adrenaline injectors or for use as a poster.
- *Individualised anaphylaxis care plan* - A plan that documents the student's allergies and risk minimisation strategies to prevent exposure to known allergens and treatment in the event of an allergic reaction including anaphylaxis. It also includes a copy of the student's ASCIA Action Plan.
- *Students at risk of anaphylaxis* - Students with an ASCIA Action Plan for Anaphylaxis (red) or an ASCIA Action Plan for Allergic Reactions (green) or an ASCIA Action Plan for Drug (Medication) Allergy.

The law and who is responsible

- Fear of someone taking legal action should not stop someone using an adrenaline injector. All school staff need to understand that any staff member who provides emergency treatment to students having anaphylaxis, according to information on the ASCIA Action Plan, are doing what they can to save the life of a student.
- The school will make sure personal information given by parents/guardians is collected, used, shared as needed, stored and destroyed (when no longer needed) according to the relevant Privacy Act in that state. The school needs to get written permission from the parents before the student's ASCIA Action Plan is displayed in public areas at the school.

Knowing which students have allergies

- Before enrolment, or as soon as an allergy is diagnosed, the school will develop an individualised anaphylaxis care plan for the student.
- The student's individualised anaphylaxis care plan will be developed in consultation with the student's parents/guardians and signed by the school and the parent/guardian. The

plan will include written permission to display the student's ASCIA Action Plan on the wall in the staff room and other appropriate places (such as the school canteen) and share the information in the plan with school staff.

- The student's individualised anaphylaxis care plan will be reviewed annually (at the start of each school year) in consultation with the student's parents/guardians to make sure information is up to date and strategies to reduce risk remain age appropriate.
- The individualised anaphylaxis care plan will also be reviewed when a student's allergies change or after exposure to a known allergen while attending the school or before any special activities (such as excursions, camps) to make sure information is up to date and correct, and any new procedures for the special activity are included.
- Whenever a student at risk of anaphylaxis is enrolled at the school, or newly diagnosed as being at risk of anaphylaxis, all staff will be advised:
 - the student's name, year and classroom/classes (primary/secondary school).
 - where the student's ASCIA Action Plan for Allergic Reactions is located (if the student does not have an adrenaline injector).
 - where the student's adrenaline injector and ASCIA Action Plan for Anaphylaxis are located.
- Staff will help students at risk of anaphylaxis feel safe while they are at school by:
 - Talking to the student about signs and symptoms of an allergic reaction so they learn to talk about these symptoms and how to tell staff when they are having an allergic reaction.
- New, relief and casual staff will be given information about the student's allergies during the orientation process before the student is in their care.

Adrenaline injectors

Prescribed adrenaline injectors

- Students prescribed with an adrenaline injector will be required to make one device available to the school during the school terms. Parents/guardians are responsible for supplying the adrenaline injector and making sure it has not expired.
- Staff will be informed of the location/s of the prescribed adrenaline injectors.
- The student's adrenaline injector (and any other medication) must be labelled with the name of the student and placed in a location easily available to staff (not locked away), when the student with the allergy is at school. The adrenaline injector will be stored at room temperature (not in the fridge) away from direct heat and sunlight.
- A process is in place to make sure prescribed adrenaline injectors and ASCIA Action Plans are taken whenever the child goes to off-site activities.
- A process will be in place to regularly check that students prescribed adrenaline injectors have not expired and do not need to be replaced. School staff will inform the parents/guardians if the adrenaline injector needs to be replaced (if used or about to expire).

General use adrenaline injectors

- The school will have at least one general use adrenaline injector. Staff will be informed of the location/s of the general use adrenaline injector/s.
- The general used adrenaline injector can be used if the student does not have their prescribed adrenaline injector, if their device is not administered correctly, if the student requires a second dose or if a student does not have a prescribed device.
- A process will be in place to regularly check that general use adrenaline injectors have not expired. General use adrenaline injectors will be replaced before they expire.
- A student (or staff member/school visitor) with no history of anaphylaxis may have their first anaphylaxis whilst at the school. If school staff think a student/staff member/school visitor may be having anaphylaxis, the general use adrenaline injector should be given to the individual immediately, and an ambulance called. If the general use adrenaline injector is not available, staff will follow the ASCIA First Aid Plan including calling an ambulance.

Staff training

- All staff will be trained in the prevention, recognition and emergency treatment of anaphylaxis, including the use of adrenaline injectors as this is considered best practice. [ASCIA anaphylaxis e-training for schools](#) will be undertaken at least every two years.
- All staff will also undertake [ASCIA anaphylaxis refresher e-training](#) each year. The school will have adrenaline injector trainer devices available to allow staff to have hands-on practise with the devices during training and refresher training.
- The Canteen Manager will undertake the National Allergy Council [All about Allergens for Schools](#) food allergen management training for food service at least every two years..

Planned emergency procedures

- Signs and symptoms of an allergic reaction to food usually occur within 20 minutes and up to two hours after eating the food allergen. Severe allergic reactions/anaphylaxis to insects usually happen within minutes of the insect sting or bite.
 - Where it is known that a student has been exposed to whatever they are allergic to, but has not developed symptoms, the student's parents/guardians will be contacted and asked to come and collect their child.
 - The school will carefully monitor the student following instructions on the ASCIA Action Plan until the parents/guardians arrive.
 - Staff should be prepared to take immediate action following instructions on the ASCIA Action Plan should the student begin to develop allergic symptoms.
- Anaphylaxis emergency response will always include transport by ambulance (where possible) for medical monitoring (a hospital where possible), as the student needs medical care and observation for at least four hours after being given the adrenaline injector.
- After an allergic reaction/anaphylaxis, the individualised anaphylaxis care plan will be reviewed to determine if the school's risk minimisation strategies and emergency response procedures need to be changed/improved.

Risk minimisation strategies

- Strategies used to reduce the risk of allergic reactions, including anaphylaxis, for individual students will depend on what the student is allergic to and the developmental stage of the student.
- Wherever possible, the school will reduce mitigate risk of exposure to known allergens.

Peer education

- Staff will educate students about allergies and the risk of anaphylaxis, including signs and symptoms of an allergic reaction and what to do if they think their friend is having an allergic reaction.
- Considering each student's development, staff will talk about strategies to help keep students with food allergy safe, such as students not sharing food, drinking from their own water bottle and washing their hands after they have eaten something that their classmate is allergic to.
- Staff will include information and discussions about food allergies in the programs they develop, to help students understand about food allergy and to encourage caring, acceptance and inclusion of students with food allergies.

Reporting procedures

- If a student is exposed to a known allergen, an Incident Report will be completed. A copy of the completed form will be kept in the student's file and staff will be advised of the Incident Report
- If a student has had an allergic reaction to a packaged food or to a meal provided by the school such as the canteen or camp provider, this will be [reported to the local food authority](#) for investigation. If the reaction is to a food sent from home, it is the parent's responsibility to report the reaction.
- Staff will be offered a debrief following an incident. The student's individualised anaphylaxis care plan will be reviewed to identify if further risk minimisation strategies are needed, or some strategies need to be adapted.