



RIVERMOUNT COLLEGE

Realising the Potential Within

7.02.02 ANAPHYLAXIS POLICY

PURPOSE OF THIS POLICY

The purpose of this policy is to support students with anaphylaxis and minimise the risk of a life-threatening allergic reaction at the College or College activities.

SCOPE

This Policy applies to employees, volunteers, parents/carers/students, and people visiting Rivermount College.

RESPONSIBILITY

Principal reporting to the Board of Directors

LEGISLATION AND REFERENCES

Australian Privacy Principles

Rivermount College Anaphylaxis Risk Management Plan

First Aid Policy 7.01.01

Administration of Medication Procedure 07.02.01

Emergency Management Plan 7.12

Workplace Health and Safety Policy 8.11.01

BACKGROUND

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).

Food (and other) allergies can be life threatening as they may cause a reaction called anaphylaxis. Common allergens for anaphylaxis are:

- foods (peanuts and nuts, shellfish and fish, milk, egg, wheat products)
- insect bites (bees, wasps, jumper ants)

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- medications (antibiotics, aspirin)
- latex (rubber gloves, balloons, swimming caps)

Although death is rare, an anaphylactic reaction always requires an emergency response.

The first signs of anaphylaxis may vary from case to case. Initial symptoms may appear as a feeling of warmth, flushing, tingling in the mouth or a red, itchy rash. Other symptoms include feelings of light-headedness, shortness of breath, severe sneezing, coughing and/or wheezing, anxiety, stomach or uterine cramps, and/or vomiting and diarrhoea. In severe cases, patients may experience a drop in blood pressure that results in a loss of consciousness and shock. Without immediate treatment, anaphylaxis may cause death.

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.

Symptoms of anaphylaxis are reversed by treatment with injectable epinephrine, antihistamines, and other emergency measures. It is essential that anyone with symptoms suggesting possible anaphylaxis get emergency treatment immediately.

POLICY STATEMENT

The policy of Rivermount College is to include allergic students into all College activities provided such inclusion does not constitute an unacceptable risk.

The College shall take reasonable steps to minimise the likelihood of anaphylactic reaction by implementing relevant measures to identify at-risk students and prepare for emergency situations.

Parents/guardians of a child with a severe allergy must supply the College with an ASCIA Action Plan developed in consultation with a GP. The College will work with the parent to implement the child's Action Plan to accommodate the child's needs as much as possible, including in the classroom, in the canteen, during College-sponsored activities and on the College bus.

Parents/guardians of an allergic child are responsible for supplying the child's adrenaline auto-injector and ensuring that the medication has not expired.

Parents are advised that students with severe allergies have their photos displayed on the College intranet as a reference point for all staff to ensure they can provide the best possible care in cases of emergency. The College Nurse is responsible maintaining the medical alert poster to include every child who is known to have an anaphylactic reaction to food, medications or other substances.

RESPONSIBILITIES

COLLEGE RESPONSIBILITIES

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To mitigate the risk of a severe allergic reaction, the College will:

1. Require first aid training for all staff to understand the risks, symptoms and treatment of allergies and anaphylaxis. Training shall encompass types of allergies (e.g. food, medication, insect, latex), symptom recognition, emergency response procedures, location of first aid facilities, and awareness around allergen materials they might use in the course of instruction (e.g. art and craft materials, cooking ingredients, prizes in class competitions).
 - a. Emphasise the importance of reacting rapidly to a suspected allergic reaction, even when initial symptoms are not severe;
 - b. Bring to the attention of staff that the College EpiPen® is available if the student's own auto-injector malfunctions or is damaged or if the student needs a second dose; and
 - c. Ensure training extends to the College bus driver/s and any new staff who join the College later in the year.
2. Request information about student medical conditions, including allergies, upon enrolment and regularly remind parents to notify the College regarding any changes to their child's medical information.
3. Ensure an ASCIA Action Plan signed by a registered medical practitioner is supplied to the College prior to the student commencing or when newly diagnosed. This plan must be reviewed on an annual basis and updated as required.
4. Request students with severe allergies to make themselves easily identifiable with medic alert bracelets.
5. Allow students to carry their own EpiPen® (if age appropriate) after approval from the student's physician/clinic, parent and the College Nurse. If not age appropriate, ensure the adrenaline injector is labelled with student's name and placed in a secure location easily available to the teacher (not locked away).
6. Ensure all staff members **and** relief teachers know the names and appearance of students with severe allergies.
 - a. College Nurse maintains the Medical Alert Poster on the College intranet to include name and photo of high-risk students each semester;
 - b. Teacher Kiosk includes alerts for at risk students;
 - c. Teachers attending camps and/or excursions are notified of any students with allergies and are familiar with their specific Action Plan. Staff from outside the College will also be notified about any students with severe allergies.
 - d. The College has relief teacher folders for each class that includes details of students with asthma that are provided to relief teachers.
7. Inform the College community of the *Anaphylaxis, First Aid and Administration of Medication* policies and monitor their implementation.

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8. Maintain a minimum of one general use adrenaline auto-injector (EpiPen®) and determine, through a risk assessment process, the purchase of any additional adrenaline auto-injectors.
9. Regularly check the general use adrenaline injectors to ensure these are not expired, are stored appropriately (in a secure, cool, dark, unlocked location) and readily available for both classroom and non-classroom activities.
10. Identify all foods supplied by the College Tuckshop/Sports Canteen that contain or may contain trigger substances and replacing them where practicable with other nutritious foods. Any foods which may contain nuts/gluten are to be clearly labelled.
11. Communicate regularly to parents/guardians to not include nuts and nut products, especially peanut butter and Nutella, in school lunch or snack items. Discourage parents/guardians from supplying food to the College for individual birthday celebrations or food to be handed out (for example, Easter eggs, Christmas foods) as this cannot be monitored as it can be in a planned class party activity.
12. Avoid the use of latex based products (e.g., party balloons, swimming caps, gloves) in the case where a student has a known latex allergy.
13. Treat any student who provokes food allergic reactions as a breach of the principles contained in the Student Code of Behaviour.
14. Evaluate College procedures after any incident to determine if any changes need to be made.

STAFF RESPONSIBILITIES

As a part of the duty of care owed to students, teachers are required to administer first aid when necessary and within the limits of their skill, expertise and training. In the case of anaphylaxis this includes following the student's Action Plan and administering an EpiPen® if necessary.

Teachers have responsibility to be familiar if their student has an individual Allergy Management Plan which will document the action required. Any student with an identified anaphylactic reaction will have his/her Action Plan documented in the anaphylactic area of the medical details section on Teacher Kiosk.

Teachers shall take reasonable steps to minimise the risk of an anaphylactic reaction:

1. Follow a risk assessment process to plan for and manage the risk of a student's exposure to allergens during curriculum activities and special events such as cooking, craft, art lessons, sport, excursions and camps.
 - a. As part of excursion and camp planning, ensure a prescribed adrenaline injector and ASCIA Action Plan are taken whenever the student goes to off-site activities.

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2. Discuss with students the importance of not sharing food with others.
3. Utilise safe food handling procedures including reminding students to wash hands.
4. Use the class newsletter to alert classroom parents of any relevant triggers at the beginning of each school year.
5. Advise parents ahead of time when class parties are planned and ask them to provide suitable foods and avoid risk foods. Parent/s of an allergic student are asked to organise specific food for their child.
6. Arrange seating to manage Primary School students who have food containing allergens (e.g., eggs/dairy).
7. Specify recreation areas that are safest to the student and encouraging the student and his/her peers to stay in the area.

In addition, all staff have a responsibility to inform the College if they themselves have a known allergy and provide the College with the necessary medical response.

PARENT RESPONSIBILITIES

It is the responsibility of parents to inform the College if their child suffers from severe allergies and to provide an Action Plan that has been developed in consultation with a GP.

Parents must supply a personal anaphylaxis emergency kit in cases where their child is diagnosed at risk of anaphylaxis and has been prescribed an adrenaline auto-injector.

Parents/carers must also provide:

1. Emergency contact information;
2. Written medical documentation and instructions as directed by their doctor including any updates when an Action Plan is reassessed.
3. Information to their child regarding self-management so that their child knows:
 - a. safe and unsafe foods
 - b. how to avoid exposure to unsafe foods
 - c. symptoms of an allergic reaction
 - d. how and when to tell an adult they may be having an allergic reaction
 - e. how to read food labels, where age appropriate
 - f. how to administer medication, where age appropriate
4. Medication that is correctly labelled;
5. Replacement medication when current medications has been used or has passed its use by date; and
6. A photograph of their child.

If an exposure to an allergen is thought to have occurred and the student feels unwell in any way the student Action Plan will be followed and the parents notified. Parents will be asked

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to collect their child from the College in order to closely monitor for the development of an anaphylactic reaction.

STUDENT RESPONSIBILITIES

Students can help minimise their risk of exposure to an allergen by:

1. Not sharing food with others at the College.
2. Washing hands before and after eating.
3. Educating their peers about their risk of anaphylaxis to gain support for preventing exposure to allergens.

Some students may be able to identify their own signs and symptoms of an allergic reaction or anaphylaxis and should alert staff immediately if they experience a reaction.

IMPLEMENTATION

The College takes reasonable steps to prevent the risk of an allergic reaction including the establishment of this policy and its regular promotion via staff professional development days and first aid training.

COMPLIANCE AND MONITORING

The College will conduct an assessment at regular intervals (at least annually, or more frequently where it is determined that changes at the College may impact on first aid needs) to determine the adequacy and appropriateness of this policy and existing first aid facilities.

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Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine), which is injected into the outer mid-thigh muscle. If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

How to give adrenaline (epinephrine) injectors

EpiPen®



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



Hold leg still and **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 3 seconds. **REMOVE EpiPen®**

EpiPen® doses are:
EpiPen® Jr (150 mcg) for children 7.5-20kg
EpiPen® (300 mcg) for children over 20kg and adults

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 3 seconds. **REMOVE Anapen®**

Anapen® doses are:
Anapen® 150 Junior for children 7.5-20kg
Anapen® 300 for children over 20kg and adults
Anapen® 500 for children and adults over 50kg

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS

- Stay with person, call for help
- Locate adrenaline injector
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

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

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

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR

- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Further adrenaline 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 INJECTOR

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

ALWAYS give adrenaline injector **FIRST** if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. **THEN SEEK MEDICAL HELP.**

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.