

Anaphylaxis Management Policy

Orana Catholic Primary School



Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (cashews), cow's milk, fish and shellfish, wheat, soy, sesame and certain insect venom (particularly bee stings).

Aim:

To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of their schooling.

To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.

To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks and developing minimization strategies for the student.

To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylaxis reaction.

To provide staff with information related to "at risk students". (Individual student action plans, including photo identification, are displayed in the staff photocopy room.)

Guidelines:

On enrolment of a child, parents are asked to identify any student diagnosed with a life-threatening allergy.

An ASCIA Action Plan should be completed by the student's medical practitioner and handed in to the school.

Parents should provide the school with an autoinjector and any other relevant medication. This, plus a copy of the ASCIA action plan, will be kept in a labeled storage container in the school first aid cupboard. (Expiry dates on autoinjectors will be checked by office staff on a regular basis and parents will be notified when a new autoinjector is required.)

ASCIA Action Plans, with photos, will be displayed in the staff "photocopy room" to remind staff of children at risk.

Class teachers will be directly notified of a student at risk of anaphylaxis and school staff will be informed of all relevant information and concerns relating to the health of students in the school.

Staff members at risk should also be identified and provide the school with an action plan.

When students leave the school grounds for excursions/camps the class teacher should pick up any relevant medication (EpiPen and action plan).

Procedures:

If a student has a mild or moderate allergic reaction the following signs may be evident:

- *swelling of face and 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 it can be seen (but do not remove ticks)
Stay with the person and call for help
Locate EpiPen and check individual action plan
Contact family/carer

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
- *loss of consciousness and /or collapse
- *pale and floppy (young children)

ACTION:

1. Give EpiPen
2. Call ambulance *telephone 000 (medical observation in hospital for at least 4 hours is recommended after anaphylaxis)
3. Lay person flat and elevate legs. If breathing is difficult, allow to sit but do not stand
4. Contact family/carer
5. Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

If in doubt, give EpiPen.

After an emergency of this nature, call a meeting with all staff involved in order to debrief, provide pastoral care and upgrade procedures if required.

[For more information please consult the Anaphylaxis Management Guidelines for Western Australian School, located in the school sick bay.]