

POLICY STATEMENT

ANAPHYLAXIS POLICY

Rationale:

Anaphylaxis is a severe and potentially life-threatening allergic reaction. Anaphylaxis may occur within minutes of exposure to the allergen, although sometimes it can take hours. It can be life threatening if not treated quickly with adrenaline. Any allergic reaction including anaphylaxis occurs when the body's immune system overreacts to a substance that it perceives as a threat. Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto-injector device.

The most common allergens in school aged children are:

- Peanuts and tree nuts.
- Eggs.
- Fish / shellfish.
- Cow's milk.
- Kiwi Fruit.
- Wheat.
- Soya.
- Insect stings.
- Latex.
- Drugs.

Aim

Foremarke School recognizes the importance of raising awareness about anaphylaxis and ensuring that each staff member has adequate knowledge about allergies and management of anaphylaxis. The risk of anaphylaxis is reduced when staff, pupils and parents work together to ensure that a pupil with allergies does not come into contact with their particular allergen by assessing risk and developing robust management strategies.

Management:

- A Medical Alert file will be available in the Early Years staffroom, Prep Staff room, on the common drive and in both clinics detailing all pupils with allergies / medical conditions, their triggers and medication required.
- An Individual Action plan (see Appendix A) will be formulated in conjunction with the child's parents providing detailed information about their child's specific allergens,

history / medications and the management of an allergic reaction and anaphylaxis. This will be displayed in the classroom and available in the Medical Alert Files.

- Teaching staff should be aware of food ingredients that are brought into class and pupils are discouraged from sharing food and drink.
- Handwashing should be promoted before and after eating.
- Foremarke School promotes a nut free environment. Parents should be made aware that nuts are not allowed in school.
- Designated staff will receive up to date first aid training that includes anaphylaxis management and the correct use of the auto adrenaline injecting device (Epipen).
- Refresher training sessions will be offered by the School Medical team to ensure that all staff are confident in their ability to manage an anaphylaxis situation and administer the auto adrenalin injecting device (Epipen).

Emergency Management of Anaphylaxis (See Appendix A):

- Member of staff to take the child to the School Nurse clinic (if safe to do so) where the Epipen can be administered by the School Nurse.
- If it's not safe to move the child, then the school nurse must be informed using the Classroom emergency protocol about the nature of reaction and name of the child in order that their personal Epipen can be brought to the scene.
- The member of staff present with the child is allowed to administer the Epipen if they have received the appropriate training and feel competent in administering it.
- 999 to be contacted for emergency medical assistance and it must be stated that the child is having an anaphylactic reaction.
- On day trips / sports fixtures –
 - Epipens must accompany the students who are at risk of anaphylaxis on all trips outside of school premises.
 - The pupils must be accompanied by a member of staff who feels competent and has had the required training to manage anaphylaxis and administer the required medication.

Use of auto-adrenalin injector (Epipen / Epipen Junior) in school:

Adrenaline given through an Epipen to the outer thigh muscle is the most effective treatment for anaphylaxis as when it is injected, it rapidly reverses the effects of a severe allergic reaction. It is a single use pre-loaded injection and is designed to be used as a first aid device by people

without formal medical training. The most common brand names used in the UAE are Epipen, Epipen Jr and Jext.

- Parents of the pupil must provide the school with the prescribed auto adrenalin injector device and sign the administration of medication consent form which will then be kept in the students health file in the School Clinic.
- Epipens must be readily accessible to school staff in order that it can administered promptly in case of an anaphylactic reaction. The child will need to have two Epipens in class and two Epipens in the School Clinic in a designated labelled cupboard.
- Auto-Adrenalin injector devices can be administered by anyone who has received the appropriate training and feels competent in using the device.
- Epipens must accompany the student on all trips / excursions outside of school premises.
- The school nurse is responsible for ensuring that the auto adrenalin injectors that are kept in clinic are clearly labelled and in date.
- Parents are advised to ensure that their child's adrenalin auto-injector (for class) is in date and labelled with the child's name and class.



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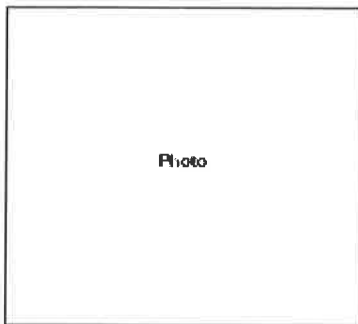
australian society of clinical immunology and allergy

www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

Name: _____
Date of birth: _____



Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by:

Dr: _____

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

Signed:

Date: _____

Date of next review: _____

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

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- 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. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Give other medications (if prescribed).....
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before 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 FOR ANAPHYLAXIS

- 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 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, 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.

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.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y N Medication: _____

© ASCIA 2015. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

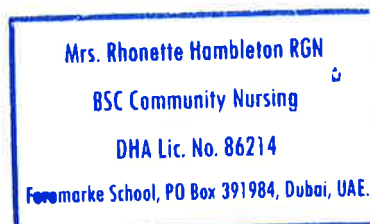
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References:

1. <http://www.torontowaldorfschool.com/Current Families/Student Health/Anaphylaxis/index.php#.Wlgu2NJ97IU>
2. <http://www.aaaai.org/conditions-and-treatments/allergies/anaphylaxis>
3. <http://www.mayoclinic.org/diseases-conditions/anaphylaxis/basics/definition/con-20014324>
4. <https://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>