Introduction

St Albert’s Catholic School is committed to ensuring that all students in our care are safe and that their wellbeing is maintained.

Anaphylaxis is a severe and sudden allergic reaction. It occurs when a person is exposed to an allergen (such as a food or an insect bite). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more.

Rationale

Anaphylaxis is potentially life threatening and always requires an emergency response. Fortunately anaphylactic reactions are uncommon and usually preventable. St Albert’s Catholic School is sensitive to the needs of students whose health is affected by allergies. Our policy is designed to help educate the school community about safe practices that will enable all our students to be in a safe learning environment.

Who is at risk of Anaphylaxis?

Children who are highly allergic to any of the above common allergens are at risk of anaphylaxis if exposed. Those who have had a previous anaphylactic reaction are at increased risk.

How can you recognise an Anaphylactic reaction?

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. Common symptoms are:

- Flushing and/or swelling of the face.
- Itching and/or swelling of the lips, tongue or mouth.
- Itching and/or a sense of tightness in the throat, hoarseness, difficulty breathing and/or swallowing.
- Hives, itchy rash and/or swelling about the face, body or extremities.
- Nausea, abdominal cramps, vomiting.
- Shortness of breath, repetitive coughing and/or wheezing.
- Faint, rapid pulse, low blood pressure.
- Light headedness, feeling faint, collapse.
- Distress, anxiety and a sense of dread.
Providing support to students at risk of Anaphylaxis

It is the responsibility of the parent to notify the school if their child is at risk of an anaphylactic reaction either at the time of enrolment, or if the student is enrolled, as soon after diagnosis as possible.

As with other health conditions, schools provide support to assist the parent in the management of their child’s health. For this support to be effective it is important that:

- A partnership is established between the parent and the school to share information and.
- Expectations are clarified.
- Every reasonable effort is made to minimise the exposure of students at risk of an allergic reaction to known allergens within the school environment.
- An emergency response strategy is developed and implemented.

If written information provided by the parent confirms that their child has been assessed as being at risk of anaphylaxis, an individual health care plan will be formulated by the principal in consultation with the parent and staff. The individual health care plan will incorporate an emergency response plan and a plan for the avoidance of known allergens, based on advice from the student's parents and medical practitioner.

Educating a student’s peers about anaphylaxis is important in helping to prevent exposure to allergens and to ensure the affected student is protected from teasing or provocation that may result in risk taking associated with allergens, e.g. nuts.

The role of the parent

It is the role of the parent to:

- Inform the principal of the health needs of the child(ren) upon enrolment and when the health needs of the child(ren) change.
- When requested by the principal, negotiate an individual health care plan for school support of the student's health with the principal and staff.
- Provide the Anaphylaxis (severe allergy) care plan (Appendix 1) letter to their child's medical practitioner and return it to the school when the form is completed – Annually
- Provide written requests for the school to administer prescribed medications.
- Provide the equipment and consumables for carrying out health care support procedures as specified in the student's individual health care plan, including where relevant, the appropriate Epi-Pen.
- Replace the Epi-Pen when it expires or after it has been used.

The role of the school

To ensure all staff:

- including new /relieving/student are informed about each known child’s allergies and Medical Care Plan.
- Work in partnership with the child’s family to ensure safe practices are in place.
- Receive up to date training in the correct use of an Epi-pen yearly.
**Please note that the use of the generic term: Epi-Pen is a trade name and other brand/type are/can be also used. Ie. Anapen**

*Note: Severe allergic reactions or anaphylaxis may also occur when there is no history of known allergies. This situation should be treated as any other emergency. An ambulance should be called and first aid provided until expert help arrives.*

***THIS POLICY SHOULD BE READ IN CONJUNCTION WITH ST ALBERT’S ALLERGY SMART & FIRST AID POLICIES***

Website: [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

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<td>Chairperson School Board: Sean Drake ................................</td>
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<td>Principal: Jason Mittiga .............................................</td>
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APPENDIX 1

Anaphylaxis (severe allergy) care plan
for education, child/care and community support services*

CONFIDENTIAL
To be completed by the DOCTOR and the PARENT/GUARDIAN and/or ADULT STUDENT/CLIENT.

This information is confidential and will be available only to supervising staff and emergency medical personnel.

Name of child/student/client __________________________________________Date of birth __________

Family name (please print) First name (please print)

MedicAlert Number (if relevant) ____________________________________Date for next review __________

Description of the condition

Possible observable signs and symptoms:

☐ Presence of known allergen ☐ Repeated vomiting ☐ Difficulty swallowing
☐ Swelling of lips, face or body ☐ Difficulty talking ☐ Loss of consciousness
☐ Generalised skin rash ☐ Cough Difficulty with noisy breathing(wheeze or stridor)

Known and suspected triggers________________________________________________________________________

If a child/student/client shows any of the above observable signs and symptoms, staff will

First aid
administer first aid in accordance with Basic Emergency Life Support and including, as relevant, administration of prescribed adrenalin via EpiPen® or EpiPen® Jr as described on page 2 of this plan.

If you anticipate this person will require anything other than this standard first aid response, please provide detailed written recommendations. Staff will use this plan to discuss with families how support can be provided in line with the capacities of their service.

Additional information attached to this care plan

☐ Medication authority (if medication is other than the adrenalin via EpiPen® or EpiPen® Jr as described on page 2 of this plan)

☐ Individual first aid plan (Australasian Society of Clinical Immunology and Allergy [ASCIA] Action Plan)
☐ General information about this person’s condition  ☐ Other (please specify)

**This plan has been developed for the following services/settings: * **

☐ School/education  ☐ Outings/camps/holidays/aquatics  ☐ Work

☐ Respite/accommodation  ☐ Home  ☐ Child/care

☐ Transport  ☐ Other (please specify)

**Authorisation and Release**

Health professional ________________________________________________________ Professional role ________________________

Address ________________________________________________________________________

Telephone ________________________

Signature ________________________ Date ________________________

I have read, understood and agreed with this plan and any attachments indicated above. I approve the release of this information to supervising staff and emergency medical personnel.

Parent/guardian or adult student/client ____________________________________________

Family name (please print) __________________________________________________________________________

First name (please print) __________________________________________________________________________

Signature ________________________ Date ________________________