Mid North Christian College
Hope in the Living God

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Allergies & Anaphylaxis Procedure

Overview

This procedure is for all staff working at Mid North Christian College to support children and young people with allergies and anaphylaxis.

Scope

This procedure applies to educators, principals, administration staff, grounds and maintenance staff, education support staff and bus drivers working at the College.
It describes:

- proactive and reactive strategies for children and young people with allergies and anaphylaxis
- signs and symptoms of mild to moderate allergic reactions and anaphylaxis the emergency response for anaphylaxis the requirement for general use adrenaline autoinjectors
- education and training for anaphylaxis
- risk minimisation strategies for children and young people with allergies to prevent anaphylaxis.

Detail

Anaphylaxis and allergies background

Allergic reaction

An allergic reaction happens when the immune system reacts to substances in the environment that are harmless to most people. These are known as allergens. They are found in foods, insects, pollen, mold, dust mites and some medications. Most allergic reactions are mild and do not involve the airways or circulation.

Anaphylaxis

Anaphylaxis must always be treated as a medical emergency. Anaphylaxis is a potentially life threatening, severe allergic reaction. It's characterised by rapid onset airway, breathing or circulatory problems or both, and is usually associated with skin symptoms and swelling. Not all people with allergies are at risk of anaphylaxis.

Signs and symptoms of allergic reactions including anaphylaxis

Signs of mild to moderate allergic reaction

Signs include:

- tingling mouth
- swelling of lips, face, eyes
- hives or welts
- abdominal pain, vomiting (these are signs of anaphylaxis when the trigger is insect venom).

Signs of anaphylaxis

Signs include:

- difficult or noisy breathing
- swelling of tongue
- swelling or tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough

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- persistent dizziness or collapse
- pale and floppy appearance (young children).

Anaphylaxis and asthma
Where the person concerned has both anaphylaxis and asthma, always give the adrenaline autoinjector first, and then the asthma reliever puffer.

Treat for anaphylaxis if someone has asthma as well as an allergy and they have sudden breathing difficulties, even if there are no skin symptoms.

Anaphylaxis may present with symptoms affecting the airway including breathing difficulty, persistent cough or wheeze. If the child or young person has asthma it can be difficult to determine if they are experiencing anaphylaxis or asthma.

Treatment for anaphylaxis

All staff will provide first aid measures following any relevant ASCIA action plan.

First Aid treatment for anaphylaxis

- Lay the person flat.
- Do not allow them to stand or walk. If breathing is more difficult lying down, allow them to sit. If unconscious, place in recovery position.
- Make sure the person is no longer exposed to the allergen or trigger.
- Administer the adrenaline autoinjector into the muscle of the outer mid-thigh.
- Call triple zero (000) for an ambulance.
- Phone the parent, carer or emergency contact.
- Further adrenaline doses may be given if there's no response after 5 minutes, if another adrenaline autoinjector is available.
- Commence cardiopulmonary resuscitation (CPR) at any time if the person is unresponsive and not breathing normally.
- In **all** cases of anaphylaxis, the care for the child or young person must be transferred to the ambulance officer for admission to hospital for at least 4 hours of observation.
- The person experiencing anaphylaxis should not stand or walk to the ambulance. They must be placed on a stretcher, even if they appear to have recovered from anaphylaxis. Standing may cause the blood pressure to drop and lead to the condition worsening.
- The used adrenaline autoinjector should be handed to the ambulance officer, and they should be advised of the time of administration.

If in doubt give adrenaline autoinjector. It's better to use the adrenaline autoinjector even if in hindsight the reaction is not anaphylaxis.

The potential risks of not giving adrenaline far outweigh the potential risks of giving adrenaline.

ASCIA advises that no serious harm is likely to occur from mistakenly administering adrenaline to a child or young person who is not experiencing anaphylaxis.

Adrenaline autoinjectors are automatic injectors that contain a single pre-measured dose of adrenaline. They can't be reused. They can be used by anyone in an emergency, including people who aren't medically trained. Instructions are shown on the label of each autoinjector and on the ASCIA action plan.

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Adrenaline works within minutes to reduce throat swelling, open up the airways and maintain blood pressure in people experiencing anaphylaxis. Withholding or delaying adrenaline may result in deterioration and potentially death of someone experiencing anaphylaxis.

Who can administer an adrenaline autoinjector
Adrenaline autoinjectors have been designed for use by anyone in an emergency. This includes people who are not medically trained, such as a friend, teacher, childcare worker, parent, passer-by, or the individual with anaphylaxis (if they are capable and old enough).

Instructions are shown on each device and on the ASCIA action plan for anaphylaxis.

Self-administration of an adrenaline autoinjector
If a child or young person self-administers their own adrenaline autoinjector, a staff member must:

- supervise and monitor the child or young person at all times
- follow the instructions on the child or young person's ASCIA action plan
- call an ambulance (000)

The decision for a child or young person to carry their own adrenaline autoinjector can be made in consultation with the child or young person and parent or carer.

Staff cannot expect children and young people experiencing anaphylaxis to self-administer their adrenaline autoinjector. Individuals experiencing anaphylaxis can become confused and the risk of error in administration is high. In these circumstances, education staff must administer the adrenaline autoinjector.

There's no clarification on what age a child or young person is reasonably able to administer their own adrenaline autoinjector. Allergy & Anaphylaxis Australia advise that children over 10 to 12 years of age may carry their own device. ASCIA advise that the decision should be based on a combination of factors, including age, maturity and ability to use the device.

Potential for a delayed response from emergency services
Anaphylaxis management can be difficult in rural and remote sites where ambulance bases are many kilometers away or are operated by volunteer services. The College recommends children and young people who have been prescribed a personal adrenaline autoinjector carry this with them when travelling to and from the College. If a second adrenaline autoinjector needs to be administered (under the instruction of emergency services), the general use adrenaline autoinjector can be used.

General ASCIA action plan for anaphylaxis (orange plan)
The general ASCIA action plan for anaphylaxis (orange plan) does not contain any personal information and must be stored in the education and care service with the general use adrenaline autoinjector. It's used as an instruction guide.

Personal ASCIA action for Anaphylaxis (red plan)
The personal ASCIA action plan for anaphylaxis (red plan) is for a person who has been prescribed an adrenaline autoinjector. This is used as a medication agreement for the adrenaline autoinjector and antihistamine medication included in the plan.

Personal ASCIA action plan for allergic reactions (green plan)

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The personal ASCIA action plan for allergic reactions (green plan) is for a person with medically confirmed allergies considered to be at a low risk of anaphylaxis. An adrenaline autoinjector has not been prescribed. This is used as a medication agreement for antihistamine medication included in the plan.

Where allergies or anaphylaxis are identified but there is no ASCIA action plan

In some circumstances, parents or carers may indicate a child or young person has allergies or anaphylaxis, however there's no ASCIA action plan in place. In this instance, the College will:

- encourage the parent or carer to seek advice from a health professional to obtain an ASCIA action plan and an adrenaline autoinjector (if required)
- advise the parent or carer of the standard first aid response for managing anaphylaxis at the College

Copies and locations of ASCIA action plans

Original copies of the ASCIA action plans can be photocopied or scanned, preferably in colour as they are colour coded.

Copies of the child or young person's personal (red) ASCIA action plan will be located with their adrenaline autoinjector and easily accessible.

Additional copies of the personal (red) and allergic reaction (green) ASCIA action plan should be kept in various locations around the College so they're easily accessible in an emergency situation. Locations will include the child or young person's classroom, sick bay, school office and yard duty bag.

A general (orange) ASCIA action plan must be stored with the general use adrenaline autoinjector. The number and location of care plans will be decided by the principal based on a risk assessment, with consideration of timeliness of access in an emergency situation.

Review of ASCIA action plans

A review date is not an expiry date. Where a review date has expired, the care plan is still valid until an updated plan is received. Parents or carers should be contacted to provide an updated plan.

ASCIA action plans should be reviewed when the child or young person is reassessed by their treating health professional and each time they obtain a new adrenaline autoinjector prescription (approximately every 12 to 18 months).

The expiry date of the adrenaline autoinjector must be checked to make sure it's still current, and if not, it must be replaced as soon as possible.

General use adrenaline autoinjector

One clearly labelled, 'general use' adrenaline autoinjector that has not been prescribed to a particular child or young person will be available at the College. Schools are to have at least 1 general use 0.3mg adrenaline autoinjector (EpiPen®). Adrenaline autoinjectors for general use are available for purchase at any pharmacy without a prescription. When purchasing an adrenaline autoinjector, it's important to make sure the date on the device has at least 12 months before expiry.

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Adrenaline autoinjectors will be replaced as soon as practicable after use, when the integrity of the medication is compromised, or before expiry.

The anaphylaxis risk assessment form (Appendix 1) will be completed annually to assist in planning and measuring the implementation and use of general use adrenaline autoinjectors.

Prescribed adrenaline autoinjector

The child or young person's treating health professional will prescribe the adrenaline autoinjector within the context of a comprehensive anaphylaxis management plan.

Two adrenaline autoinjectors are prescribed to a child or young person where they have a high risk of anaphylaxis. These are subsidised under the Pharmaceutical Benefits Scheme (PBS). One of these devices must be provided to the College. At least 1 adrenaline autoinjector should be kept within close proximity of the child or young person. Additional adrenaline autoinjectors can be purchased without prescription from a pharmacy at full cost. Not all children or young people with a diagnosed allergy will be prescribed an adrenaline autoinjector.

Storing adrenaline autoinjectors

Adrenaline autoinjectors must be kept out of reach of small children but quickly accessible and not locked in a cupboard or classroom (during recess or lunch). In some cases, exposure to an allergen can lead to anaphylaxis within 5 minutes. The ASCIA action plan for anaphylaxis must be kept with the adrenaline autoinjector. A general (orange) ASCIA action plan must be kept with the general use adrenaline autoinjector, and the personal (red) ASCIA action plan must be kept with an individual's prescribed adrenaline autoinjector.

Adrenaline autoinjectors are light and heat sensitive and must be stored in a cool dark place at room temperature (between 15 and 25 degrees Celsius). Where there is a fluctuation outside of these temperatures, the adrenaline autoinjector may be stored in an insulated wallet or travel pouch with an ice brick. However, it should not be in contact with the ice brick as this may damage the autoinjector mechanism.

Adrenaline autoinjectors must not be stored in a refrigerator or freezer as this may affect the autoinjector mechanism.

In some circumstances, the adrenaline autoinjector may be carried by the child or young person (refer to self-administration of an adrenaline autoinjector). For young children (early primary) it's not appropriate for them to carry an adrenaline autoinjector.

Labelling

Where a child or young person has a personal adrenaline autoinjector, these must have a pharmacy label and be stored in the original container that's clearly labelled with the child or young person's name. The College's general use adrenaline autoinjector must be stored within the original labelled container and clearly labelled as 'general use'.

Training Devices

Adrenaline autoinjector training devices must **never** be stored in the same location as personal use or general use adrenaline autoinjectors to avoid the risk of confusion. All adrenaline autoinjector training devices must be clearly labelled 'training device only'.

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Disposal of adrenaline autoinjectors

An EpiPen® is designed for the needle to automatically retract back into the device when administered, preventing the risk of needle stick injury. After an Anapen® is used, put it to one side and do not touch the exposed needle.

After calling for an ambulance, place the needle into the wide end of the black needle. Any used adrenaline autoinjector should be handed to the ambulance officer.

Expired or damaged adrenaline autoinjectors should be returned to the pharmacy when replacing the device.

Expired or damaged adrenaline autoinjectors

The shelf life of an adrenaline autoinjector is around 1 to 2 years from the date of manufacture. Devices must be replaced before the expiry date. It's important to check the expiry date on the device, rather than the box.

Where the adrenaline autoinjector is for a child or young person's personal use, and it's noted by the College that the expiry date is nearing, the parent or carer should be notified as soon as practicable. It's the responsibility of the parent or carer to make sure medications are in date at all times, and in the original container with a pharmacy label that includes name, dose and administration instructions.

The ASCIA adrenaline autoinjectors frequently asked questions notes that a recently expired adrenaline autoinjector should be used in preference to not be using one at all. However, the College will make sure a regular review is undertaken and general use adrenaline autoinjectors close to expiry date are replaced.

Review of adrenaline autoinjectors

The Student Services Officer will undertake a regular review of all adrenaline autoinjectors. This includes all general use devices, and personal use devices that are held by the College.

The review requires a visual inspection of each adrenaline autoinjector to check the expiry date and the integrity of the adrenaline. This should be completed on the review of adrenaline autoinjector checklist (Appendix 2).

Using a personal use adrenalin autoinjector for another person

As the College has a general use adrenaline autoinjector, this should always be used in the first instance. If the general use adrenaline autoinjector is not available and it's an anaphylaxis emergency, the priority and overarching duty of care is to help the person having the allergic reaction as it may be life-threatening. In this instance, another child or young person's personal use adrenaline autoinjector may be used.

In the event of this, the College must make sure the child or young person whose adrenaline autoinjector has been used is not exposed to any risks until a replacement device is available. This may include supervision inside if the allergen is environmental or insect related. Or if food related, it may include restricting food options to make sure exposure is minimised. If a child or young person's personal use adrenaline autoinjector has been used on another person, the College must, as soon as practicable, purchase a replacement adrenaline autoinjector from a pharmacy. The parent or carer must be notified.

Medication legislation for adrenaline autoinjectors

In all cases, the College must make sure medication is not administered to a child or young person unless the administration is authorised and complies with the College's Medication Policy.

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The requirement for an authorisation to administer doesn't apply where the emergency relates to anaphylaxis or asthma (see Regulation 94(1)). Where an adrenaline autoinjector is administered in an emergency without an authorisation, the College must notify the parent or carer, call the ambulance and transfer duty of care of the child or young person to the ambulance officer. Where an ASCIA action plan includes a description of other medication under the 'action for mild to moderate allergic reaction' section, completed by the treating health professional, this is used as the authorisation to administer.

If a parent or carer hasn't provided an adrenaline autoinjector

Enrolment or attendance won't be refused because an adrenaline autoinjector has not been provided for a child or young person who has a known risk of anaphylaxis.

Parents or carers are ultimately responsible for their child or young person's wellbeing. They have a duty of care to provide information to the College about their child or young person's healthcare needs together with the appropriate documentation, equipment and medication. The parent or carer should be strongly encouraged to provide a personal adrenaline autoinjector for their child or young person.

If a parent or carer doesn't provide the College with an adrenaline autoinjector when this has been prescribed for their child or young person, the College will:

- use their general use adrenaline autoinjector if the child or young person experiences anaphylaxis
- reduce the child or young person's involvement in high-risk activities, for example:
  - **i)** food allergy: only eating food provided from home (need to be very careful at class parties and during cooking classes, and restrict food purchases)
  - **ii)** insect allergy: kept inside if a bee swarm is present or away from grassed areas on high-risk occasions such as sports days on ovals and during recess and lunch breaks
  - **iii)** go to the communication and risk management section (in this procedure) for further risk minimisation activities.
- advise the parent or carer of the standard first aid response for managing anaphylaxis in the College.

Transport

Where a child or young person has a known health condition, consideration must be given to providing safe transport to and from the College and for excursions and offsite activities. This includes where a child or young person has been prescribed emergency response medication.

The College will develop strategies to ensure the safe management of first aid during transport in the event of an anaphylaxis incident, which includes that children and young people that have been prescribed a personal EpiPen® carry this with them when travelling to and from the College.

It's the responsibility of the College to develop strategies to ensure the safe management of first aid during transport in the event of an anaphylaxis incident. The College recommends children and young people that have been prescribed a personal EpiPen® carry this with them when travelling to and from the College.

Training and Education

The College will have at least 1 designated first aider who is trained in HLTAID004 Emergency First Aid Response in an Education and Care Setting in attendance at all times. They must be immediately available to administer

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first aid and emergency response medication (where required). All Mid North Christian College staff are encouraged to complete the free ASCIA anaphylaxis e-training. This course should be completed every year. It can be used as refresher training when a child or young person at risk of anaphylaxis is enrolled at the College.

All food technology educators should undertake the free "National Allergy Strategy All about Allergens" online training. Regular volunteers should also be encouraged to undertake this training; however, they should not have the responsibility of preparing food for children and young people or staff with food allergies.

All staff should regularly undertake a practical training session in using an adrenaline autoinjector. The College will provide this at least twice a year.

- Adrenaline autoinjector training devices are available from pharmacies, patent support organisations and adrenaline autoinjector distributors in Australia.
- Training devices must be clearly labelled with 'training device only' and must never be stored with general or personal use adrenaline autoinjectors.

Education about allergies should go beyond affected children and young people, parents or carers, and staff. It should include non-affected children and young people, their parents or carers and the broader school community to enable a safe environment in education and care services.

ASCIA have a range of anaphylaxis e-training modules and resources available for education and care services as well as modules for community first aid that can be undertaken by the broader school community.

The Allergy and Anaphylaxis Australia Be a M.A.T.E program is an educational awareness program designed to help parents and education staff teach students about food allergies, and how to help their friends who are at risk of anaphylaxis. The Be a M.A.T.E. resources help increase allergy awareness and understanding within the whole school community.

Communication

Communication strategies where a child or young person with a known risk of allergy and anaphylaxis will be developed with an assurance that parents or carers understand the content. They should include:

- promotion of the education and care service as an allergy-aware environment
- regular communication with children and young people, parents or carers and the wider school community to promote allergy awareness
- promotion of the ASCIA website and Allergy & Anaphylaxis Australia website to access resources and e-training modules
- staff awareness of all children and young people currently enrolled with a known risk of anaphylaxis and to be informed of the general triggers, management strategies and emergency response for that child or young person
- raising awareness with all children and young people about the ways to minimise the risk for children and young people with a known risk of anaphylaxis
- regular communication with parents or carers of children and young people with a known risk of anaphylaxis to provide assurance that appropriate management, risk minimisaton and emergency response strategies are in place
- communication from parents or carers of any changes to the child or young person's allergy and risk factors to ensure education and care staff have up-to-date information

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- alternative communication mechanisms to prevent accidental exposure to allergens, such as medical identification jewellery, a MedicAlert bracelet
- where age appropriate, communication with the peers of the child or young person identified to be at risk of anaphylaxis, to identify risk minimisation strategies that apply to them, such as hand washing before and after eating, and not sharing food.

Risk minimisation strategies

Mid North Christian College will not apply blanket bans on food (for example 'nut-free environment') or other allergy triggers as these are not recommended.

Children and young people can be at risk of anaphylaxis from many foods or insect bites. It's not possible, nor practical, to ban or remove all food or insect allergens from the College. It may give parents or carers, and children and young people suffering from allergies, a false sense of security and assume the College is free from a specific allergen, for example nut-free.

It's more important to develop appropriate risk minimisation strategies and consider children and young people with anaphylaxis when planning activities. Creating an allergy-aware community will minimise the risk of exposure for children and young people.

This may include:

- asking that some food products (for example nuts) are not sent in lunch boxes
- not using some foods in cooking classes or science experiments.

The College staff won't confiscate foods that contain identified allergens, but they will carefully monitor the child or young person at risk. They will also monitor peers in close proximity who are eating, to ensure no food sharing. Children and young people should be reminded of allergy-aware strategies and the child at risk should be kept safe, making sure hand washing and wiping of tables occurs.

Children and young people with food allergies should not be isolated from their peers and friends.

Certain foods and insect stings are the most common causes of allergic reaction and anaphylaxis in children and young people, with other common allergens including some medications and latex.

- Food: the main trigger for allergic reactions in infants, children and adolescents. In Australia, there are 10 foods that cause 95% of food-induced allergic reactions including cow's milk, tree nuts, peanuts, shellfish, fish, sesame seeds, eggs, soy, wheat and lupin.
- Insects: bee venom is the most common cause of insect allergy. Other Australian insects that inject venom known to cause an allergic reaction include the Hopper ant (also known as Jack Jumper ant, located mainly in the Adelaide Hills), wasps and, rarely, other ants.
- Medication: antibiotics (usually penicillin) are the most common cause of allergic reactions. Less frequently, allergic reactions have been noted in non-steroidal ant-inflammatory medication (such as ibuprofen, Nurofen).
- Latex: exposure to latex can lead to generalised and serious allergic reactions, including anaphylaxis.
- Latex is most often associated with disposable gloves, but other common items that may contain latex include balloons, bandages, rubber bands, paint, swimming caps, and syringes.

Risk minimisation for camps, excursions and events

Individual risk minimisation strategies should be documented in the risk assessment (Form B) where a child or young person has allergies or anaphylaxis. It will be highlighted in green or red, so that it is clear on the risk

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assessment whether a child or young person has an allergy (green) or anaphylaxis (red) ASCIA plan. If a general autoinjector is being taken as part of the risk assessment for unknown allergies, this will be highlighted in orange.

If a student is going on a camp, the organising teacher will organise a time to meet or phone the parent/guardian to discuss whether they are happy with the risk minimisation strategies documented or whether there are other strategies that they would like to be included. The organising teacher will also contact the campsite to make sure that they are aware of allergy and anaphylaxis requirements when completing Form B. There will also be a quick medical reference sheet for all camps to ensure all staff and volunteers are aware of students with allergies or anaphylaxis.

If excursions or events require students to purchase or obtain food from an outside source, the organising teacher will discuss with parents/guardians the best way to minimise risks to the child or young person.

Mental health and anaphylaxis

Children and young people who have severe allergies and are at risk of anaphylaxis, and their parents or carers may be anxious about their allergies.

In a small number of cases, anxiety may become debilitating, preventing the child or young person from engaging in daily activities at home, school, or socially. For example, a child or young person with an insect sting allergy might completely avoid the outdoors, or a child with a food allergy might follow an overly restrictive diet or avoid friends' homes for fear of encountering an allergen. A young child with anaphylaxis might refuse to stay at school for fear of having a reaction there.

Where there are recurrent episodes of anxiety related to anaphylaxis or allergies, a health support agreement should be developed (or updated) to reflect strategies to reduce and manage the anxiety. It's important to return the child or young person quickly to class activities to distract the focus from remaining symptoms and prevent reinforcement of avoidant behaviours that may increase anxiety. Calling parents or carers to remove the child or young person from the education or care service may promote school avoidance.

There are 4 main causes of stress and anxiety relating to anaphylaxis for parents or carers:

- the potential seriousness of anaphylaxis (life-threatening)
- the inconvenience and changes in lifestyle (difficulty with shopping, reading labels, constantly having to explain the allergy)
- feeling isolated and that others don't understand
- letting go (trusting the child or young person and others to deal with the allergy).

Regular and ongoing communication with parents or carers is important to reassure them of the strategies in place to manage the child or young person's allergies.

Bullying and allergies

Studies have demonstrated that children and young people with food allergies experience a decreased quality of life across a number of areas.

Mid North Christian College has a duty of care to ensure the safety of children and young people with a known risk of allergic reaction. All incidents of bullying will be dealt with in line with our College's anti-bullying policy.

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Any attempt to harm a child or young person at risk of anaphylaxis must be treated as a serious and dangerous incident.

References:

Anaphylaxis and severe allergies/asthma: https://www.education.sa.gov.au/
Australasian Society of Clinical Immunology and Allergy (ASCIA)/online training: https://www.allergy.org.au/
Management of anaphylaxis: https://www.sahealth.sa.gov.au/
Disability Inclusion Act (SA) 2018: https://www.legislation.sa.gov.au/
Asthma and online training: https://asthma.org.au/

END OF Procedures

Authorisation

Other documents needed for procedure:
Anaphylaxis Risk Assessment https://www.education.sa.gov.au/docs/support-and-inclusion/student,-health-and-disability-support/hsp321-anaphylaxis-risk-assessment.doc
ASCIA Action Plans https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis
ASCIA How to give an Epipen https://www.allergy.org.au/hp/anaphylaxis/how-to-give-epipen
Health Support Agreement
Risk Minimisation strategies
https://www.allergy.org.au/images/scc/ASCIA_Risk_minimisation_strategies_table_030315.pdf
Other policies linked to this procedure: Student Medication at School Policy, First Aid Procedures, Management of Student Medical Emergencies: Policy Guidelines, Duty of Care Policy
Reviewed by: Principal Rachel Richardson
Department Approval: CLT
New or Revised Procedure: New
Approved Date of Procedure: 13 June, 2023
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