ACS Anaphylaxis Policy V1

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1. Anaphylaxis is a type of severe allergic reaction, which can be potentially fatal and requires immediate medical treatment. It occurs after exposure to an allergen to which the person is allergic, such as foods, medicines or insect bites. Within minutes of the exposure, an individual can have potentially life-threatening symptoms, including difficulty breathing or heart symptoms.

2. ACS recognises that many students may have allergies, and is committed to taking appropriate steps to minimise as far as reasonably practicable the risk of students suffering an anaphylactic reaction, and to plan for effective and immediate response if an incident should occur.

3. While the management of Anaphylaxis risk at ACS events continues to require oversight by member schools in relation to their students, ACS acknowledges its role in also remaining vigilant in relation to such risks.

1. TRIGGERS AND RISK FACTORS

1.1 Common allergens (triggers) that can lead to anaphylaxis include:

(a) Foods. Any type of food can be an allergen. However common examples include shellfish, fish, eggs, milk, wheat, peanuts, tree nuts, sesame and soy. (These account for approximately 90% of allergic reactions);

(b) Insect bites and stings, including bees, wasps, jack jumper ants, green ants and fire ants. Ticks (arachnids) can also trigger anaphylaxis;

(c) Medicines, including some prescription drugs (such as penicillin), over-the-counter medicines (such as aspirin) and herbal preparations;

(d) Less common triggers include exercise, anaesthetic drugs and latex; and

(e) Sometimes, despite many investigations, a person's trigger allergen(s) cannot be identified (known as 'unknown triggers'). Similarly, a person may suffer from an allergy and not be aware.

1.2 The risk or severity of anaphylactic reaction at the time of exposure to the allergen can be increased by the following factors:

(a) Poorly controlled asthma;

(b) Exercise;

(c) Alcohol;

(d) Fatigue /tiredness;

(e) Posture – standing and walking;

(f) Hormonal changes;

(g) Amount of food eaten and how it is prepared (in people with a food allergy); and

(h) Taking a non-steroidal anti-inflammatory medication, such as aspirin or ibuprofen.

2. SIGNS AND SYMPTOMS

2.1 Anaphylaxis can occur within minutes.

2.2 It mostly occurs within 20 minutes to 2 hours after a person's exposure to the allergen.

2.3 Whilst signs and symptoms may be mild at first, they can develop and worsen rapidly. In some cases, a person can suddenly develop signs and symptoms of anaphylaxis without first showing any signs of a mild to moderate allergic reaction.

2.4 Signs of a **mild to moderate** allergic reaction include:

(a) swelling of lips, face and eyes;

(b) hives or welts appearing on the skin;

(c) tingling mouth; and

(d) abdominal pain, vomiting (signs of anaphylaxis for insect allergy).

2.5 Signs of a severe reaction (anaphylaxis) include:

(a) difficult/noisy breathing;

(b) swelling of tongue;

(c) swelling/tightness in the throat;

(d) difficulty talking and/or hoarse voice;

(e) wheeze or persistent cough;

(f) persistent dizziness or collapse; and

(g) in young children, pale and floppy.

3. EMERGENCY FIRST AID

3.1 Anaphylactic reaction will always constitute an emergency.

3.2 Follow the advice set out in the student's ASCIA Action Plan. (This is a standardised written response plan for people with allergies than can lead to anaphylaxis. The plan is completed by the individual's doctor and provides medical information concerning the individual's known allergies and the emergency procedures to be taken in the event of an allergic reaction).

3.3 If the student does not have an ASCIA Action Plan or it is not available, the ASCIA First Aid Plan for Anaphylaxis should be followed (https://www.allergy.org.au/hp/anaphylaxis/first-aid-for-anaphylaxis), which includes the following steps:

(a) Lay the student flat, do not permit them to stand or walk. If they are unconscious, place them in the recovery position;

(b) Where there is an in-date adrenaline injector (such as EpiPen or Anapen), this should be given;

(c) Call an ambulance - triple zero (000);

(d) Phone the student's parent/guardian;

(e) If there is no response after 5 minutes or the student is more unwell, further adrenaline may be given;

(f) The student should be transferred to hospital immediately and observed for at least four hours;

(g) If in doubt, give the adrenaline injector;

(h) Commence CPR at any time should the student not be responding and not breathing normally;

(i) If the person is known to have asthma and severe allergy to food, medication or insect, always give adrenaline injector **first**, and then asthma reliever puffer **second** if the person has sudden breathing difficulty, even where there are no skin signs present (such as hives or welts);

(j) Ensure someone remains with the student having the anaphylactic reaction; and

(k) Do not expect the student having the reaction to manage the emergency on their own. Someone having an anaphylactic reaction may not be able to administer their own adrenaline injector, even if they know how to use it.

3.4 Adrenaline injectors are designed to be used by people who do not have medical training, and are given by injecting into the outer mid-thigh (around halfway between the hip and knee). They can be given through a single layer of clothing (taking care to avoid seams, pockets and very thick clothing).

4. PREVENTION AND MANAGEMENT

4.1 The best way to avoid anaphylaxis is to:

(a) avoid all known allergens that will trigger a reaction;

(b) where an individual has a known allergy, take reasonable steps to avoid exposure to the extent reasonably practicable;

(c) be aware of environments and conditions that may increase the risk of exposure, for example prevalence of insects;

(d) ensure that the individual's known allergies are appropriately documented and records held and readily available to access in an emergency and to provide treatment; and

(e) consider directing the individual to wear a medical identification bracelet, to alert others of the condition should the individual lose consciousness.

4.2 Managing a severe allergic reaction includes completing an **ASCIA Action Plan** for Anaphylaxis / Allergic reactions. This outlines emergency management and offers education on how to use an adrenaline injector if prescribed.

4.3 Not everyone with a severe allergy will be prescribed an adrenaline injector. Those with a medication allergies are generally not prescribed an adrenaline injector as the trigger is usually easier to avoid as opposed to a food or insect allergy. People with severe allergies should consult regularly with a clinical immunology/allergy specialist for appropriate management.

5. MEMBER SCHOOL RESPONSIBILITIES

5.1 The prevention and management of anaphylaxis risk at ACS sanctioned events continues to require close attention by member schools. It is the member schools who continue to supervise their students at ACS events and have direct knowledge of any of their students susceptible to anaphylaxis and in what circumstances.

5.2 Member schools are required to obtain and maintain up-to-date information concerning students' medical conditions including known allergies. Parents/carers should provide the student's ASCIA Action plan, with an up-to-date photo of the student to be attached to this plan, and to inform the school if their child's medical condition changes.

5.3 Where a student is known to have a severe allergy, the student's school representative present at the ACS event must ensure:

(a) they hold a current copy of the student's ASCIA Action Plan;

(b) they hold at least one in-date adrenaline injector; and

(c) that these items are immediately available in the event of an anaphylactic reaction.

5.4 At all ACS events, there will be at least one of the school representatives present who has undergone registered anaphylaxis training.