



ANAPHYLAXIS POLICY

PURPOSE

To explain to Queenscliff Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Queenscliff Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

POLICY

School Statement

Queenscliff Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

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

- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline auto injector for use in an emergency. These adrenaline auto injectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Queenscliff Primary School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Queenscliff Primary School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Queenscliff Primary School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline auto injector for the student that has not expired;
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Location of plans and adrenaline auto injectors

Depending on the age of the students in our school community who are at risk of anaphylaxis, the severity of their allergies and the content of their plan, it may also be appropriate to keep copies of the plans in various locations around the school so that the plan is easily accessible by school staff in the event of an incident. Appropriate locations may include the student's classroom, sick bay, and the school office or in the materials provided to staff on yard duty.

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the first aid room, together with the student's adrenaline auto injector. Adrenaline auto injectors must be labelled with the student's name.

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Queenscliff Primary School, we have put in place the following strategies:

- *staff and students are regularly reminded to wash their hands after eating*
- *students are discouraged from sharing food*
- *garbage bins at school are to remain covered with lids to reduce the risk of attracting insects*
- *gloves must be worn when picking up papers or rubbish in the playground*
- *school kitchen staff are trained in appropriate food handling during specialist classes to reduce the risk of cross-contamination*
- *during recess and lunchtimes, all yard duty staff carry a first aid kit including an EpiPen*
- *year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays*
- *a general use EpiPen will be stored at the school office and in the yard duty bag for ease of access.*
- *Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.*

Adrenaline auto injectors for general use

Queenscliff Primary School will maintain a supply of adrenaline auto injector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline auto injectors for general use will be stored at the first aid room and labelled “general use”.

The principal is responsible for arranging the purchase of adrenaline auto injectors for general use, and will consider:

- the number of students enrolled at Queenscliff Primary School at risk of anaphylaxis
- the accessibility of adrenaline auto injectors supplied by parents
- the availability of a sufficient supply of auto injectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline auto injectors, and the need for general use adrenaline auto injectors to be replaced when used or prior to expiry.

Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school’s general first aid procedures, emergency response procedures and the student’s Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by Helene Cameron First Aid Officer and stored at the first aid office. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline auto injectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"> • Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student’s adrenaline auto injector or the school’s general use auto injector, and the student’s Individual Anaphylaxis Management Plan, stored at the first aid room • If the student’s plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	<p>Administer an Epipen or Epipen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the Epipen and pull off the blue safety release (cap) • Place orange end against the student’s outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove Epipen • Note the time the Epipen is administered • Retain the used Epipen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)

4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline auto injectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

(If in doubt, it is better to use an adrenaline auto injector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction.)

Communication Plan

This policy will be available on Queenscliff Primary School's website so that parents and other members of the school community can easily access information about Queenscliff Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Queenscliff Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The principal is responsible for ensuring that all relevant staff, including casual relief staff, and volunteers are aware of this policy and Queenscliff Primary School's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

Staff training

The principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes, admin staff, first aiders and other members of school staff as required by the principal.

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Queenscliff Primary School uses the following training course ASCIA eTraining course with 22303VIC, and 22300VIC

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including Assistant Principal and First Aid Officer. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline auto injector, including hands on practice with a trainer adrenaline auto injector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline auto injectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Queenscliff Primary School who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

The principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

FURTHER INFORMATION AND RESOURCES

- Policy and Advisory Library:
 - [Anaphylaxis](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- Health care needs policy
- Duty of Care Policy
- Appendix 1 : Individual Management Plan

REVIEW CYCLE AND EVALUATION

This policy was last updated on 31/3/21 and is scheduled for review in 03/2022

The principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

Individual Anaphylaxis Management Plan

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (**ASCIA Action Plan for Anaphylaxis**) provided by the parent.

It is the parent's responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		
Emergency care to be provided at school			

Storage location for adrenaline autoinjector (device specific) (EpiPen®)	

ENVIRONMENT

To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

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Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

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ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

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

Signed: _____

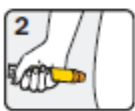
Date: _____

Action Plan due for review: _____

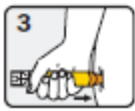
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and 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 3 seconds REMOVE EpiPen®

All EpiPen® should be held in place for 3 seconds regardless of instructions on device label

SIGNS OF 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
- For tick allergy - freeze dry tick and allow to drop off
- 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 (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- 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 unconscious, place in recovery position
- 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

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan from:

<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

<p>This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):</p> <ul style="list-style-type: none"> • annually • if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes • as soon as practicable after the student has an anaphylactic reaction at school • when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions). <p>I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines</p>	
Signature of parent:	
Date:	
<p>I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.</p>	
Signature of principal (or nominee):	
Date:	

Anaphylaxis Management School Twice-Yearly Briefing

For all Victorian Schools



The children that are diagnosed at risk of anaphylaxis at our school are:

Insert
picture of child
here
please

Insert
picture of child
here
please

Insert
picture of child
here
please

Insert
picture of child
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picture of child
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picture of child
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Signs & symptoms of anaphylaxis

Anaphylaxis is the most severe form of allergic reaction

It involves a change to BREATHING & / or CIRCULATION

Symptoms and signs of anaphylaxis:

- Difficult/noisy breathing
- Swelling of the tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

www.allergy.org.au/anaphylaxis

ASICA Anaphylaxis e-training

Legislation and policy sets out that all Victorian school staff working with a child or young person who is at risk of an anaphylactic reaction are required to undertake anaphylaxis training.



On advice from experts and stakeholders the Department is implementing a new best practice online training strategy. All Victorian school staff are now able to access Departmentally funded online training at their own convenience.



Once staff have completed the online training they will need to have their competency in using an autoinjector tested in person. From Term 1, 2016 every school will be asked to provide the names of 2 staff members (per campus) to undertake funded autoinjector competency check training, so they can verify the competency of all of the staff in their school who have undertaken the online training.



ASCIA Anaphylaxis e-training Cont.



Education
and Training

In our school (INSERT NAMES OF STAFF TRAINED TO UNDERTAKE AUTOINJECTOR COMEPETENCY CHECKS) have been trained to undertake autoinjector competency check training.



ALL staff are asked to undertake the ASCIA e-training course. You will need to have your competency in using an autoinjector tested within 30 days of completing the online course.



Insert details on how your school will undertake the in-person autoinjector competency checks.

i.e. [School Anaphylaxis Supervisor's Name] will be undertaking competency checks in the school staff room on [insert date]



ascia
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____
Date of birth: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for most people)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - remove tick and allow to drop off
- 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 (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- 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 unconscious, place in recovery position
 - If breathing is difficult allow them to sit
- 2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector
- 3 Phone ambulance - 000 (001) or 113 (012)
- 4 Phone family/emergency contact
- 5 Further adrenaline doses may be given if no response after 5 minutes
- 6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffs if someone with known asthma and allergy to food, insects or medication has difficulty breathing DIFFICULTY breathing wheeze, persistent cough or hoarse voice) even if there are no other symptoms

Adrenaline release mechanism: 1 2

How to give EpiPen®

- 1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE
- 2 Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)
- 3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

All EpiPen® autoinjectors have a date on the orange cap. Check the date before use.

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How to give EpiPen®



1 ↑

Form fist around EpiPen® and **PULL OFF BLUE SAFETY RELEASE**



2

Hold leg still and **PLACE ORANGE END** against outer mid-thigh (with or without clothing)



3

PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds **REMOVE EpiPen®**

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

First Aid and Emergency Response



Education
and Training

- All staff need to know the school's Anaphylaxis Policy and Emergency Procedures
- The student's ASCIA Action Plan For Anaphylaxis must be followed if responding to an anaphylactic reaction
- Using the adrenaline autoinjector (trainer) devices, practice scenarios requiring treatment

On-going support and training resources



Anaphylaxis Guidelines:

published by Department of Education & Training in 2016

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

Anaphylaxis Advisory Support Line:

1300 725 911 or 93454235

ASCIA Action Plans for Anaphylaxis:

can be downloaded from the ASCIA website

www.allergy.org.au

<https://etrainingvic.allergy.org.au>

**Department of Allergy & Immunology,
Royal Children's Hospital:**

www.rch.org.au/allergy

Allergy & Anaphylaxis Australia Inc:

website or phone line support 1300 728 000 or

www.allergyfacts.org.au