



McKinnon Primary School

Anaphylaxis Policy

1. PURPOSE:

- 1.1. To explain to McKinnon PS 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 McKinnon PS is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

2. SCOPE:

- 2.1. This policy applies during school hours to:
 - 2.1.1.all staff, including casual relief staff and volunteers
 - 2.1.2.all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

3. POLICY:

3.1. School Statement

- 3.1.1.McKinnon PS will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

4. Anaphylaxis

- 4.1. 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.
- 4.2. *Symptoms*
 - 4.2.1.signs and symptoms of a mild to moderate allergic reaction can include:
 - 4.2.1.1. swelling of the lips, face and eyes
 - 4.2.1.2. hives or welts
 - 4.2.1.3. tingling in the mouth.
 - 4.2.2.signs and symptoms of anaphylaxis, a severe allergic reaction, can include:
 - 4.2.2.1. difficult/noisy breathing
 - 4.2.2.2. swelling of tongue
 - 4.2.2.3. difficulty talking and/or hoarse voice
 - 4.2.2.4. wheeze or persistent cough
 - 4.2.2.5. persistent dizziness or collapse
 - 4.2.2.6. student appears pale or floppy
 - 4.2.2.7. abdominal pain and/or vomiting.
 - 4.2.2.8. symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

4.3. *Treatment*

- 4.3.1.Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.
- 4.3.2.Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

5. Individual Anaphylaxis Management Plans

- 5.1. All students at McKinnon PS 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 McKinnon PS is responsible for developing a plan in consultation with the student's parents/carers.
- 5.2. Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrols at McKinnon PS and where possible, before the student's first day.
- 5.3. Parents and carers must:
 - 5.3.1.obtain an Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable



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- 5.3.2.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
- 5.3.3.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
- 5.3.4.provide the school with a current adrenaline autoinjector for the student that has not expired;
- 5.3.5.participate in annual reviews of the student's Plan.

5.4. Each student's Individual Anaphylaxis Management Plan must include:

- 5.4.1.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
- 5.4.2.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
- 5.4.3.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
- 5.4.4.the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- 5.4.5.information about where the student's medication will be stored
- 5.4.6.the student's emergency contact details
- 5.4.7.an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

5.5. Review and updates to Individual Anaphylaxis Management Plans

- 5.5.1.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:
 - 5.5.1.1. as soon as practicable after the student has an anaphylactic reaction at school
 - 5.5.1.2. if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
 - 5.5.1.3. when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.
 - 5.5.1.4. 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.

6. Location of plans and adrenaline autoinjectors

- 6.1. A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the First Aid Room, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

7. Risk Minimisation Strategies

- 7.1. To reduce the risk of a student suffering from an anaphylactic reaction at McKinnon Primary School, we have put in place the following strategies:
 - 7.1.1.staff and students are regularly reminded to wash their hands after eating;
 - 7.1.2.students are discouraged from sharing food
 - 7.1.3.year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
 - 7.1.4.a general use EpiPen will be stored in the First Aid Room, and in the yard duty bag for ease of access.
 - 7.1.5.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.

8. Adrenaline autoinjectors for general use

- 8.1. McKinnon PS will maintain a supply of adrenaline autoinjectors 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.



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- 8.2. Adrenaline autoinjectors for general use will be stored in the First Aid Room, and labelled "general use" and in three yard duty bags.
- 8.3. The principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:
 - 8.3.1. the number of students enrolled at McKinnon PS at risk of anaphylaxis
 - 8.3.2. the accessibility of adrenaline autoinjectors supplied by parents
 - 8.3.3. the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
 - 8.3.4. the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

9. Emergency Response

- 9.1. 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.
- 9.2. A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the First Aid Officer and stored at in the First Aid Room. 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 autoinjectors, where appropriate.
- 9.3. If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1	<ol style="list-style-type: none">a) Lay the person flatb) Do not allow them to stand or walkc) If breathing is difficult, allow them to sitd) Be calm and reassuringe) Do not leave them alonef) Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the First Aid Roomg) 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	<ol style="list-style-type: none">a) Administer an EpiPen or EpiPen Jr (if the student is under 20kg)b) Remove from plastic containerc) Form a fist around the EpiPen and pull off the blue safety release (cap)d) Place orange end against the student's outer mid-thigh (with or without clothing)e) Push down hard until a click is heard or felt and hold in place for 3 secondsf) Remove EpiPeng) Note the time the EpiPen is administeredh) Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3	<ol style="list-style-type: none">a) Call an ambulance (000)
4	<ol style="list-style-type: none">a) 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 autoinjectors are available.
5	<ol style="list-style-type: none">a) Contact the student's emergency contacts.

- 9.4. 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.
- 9.5. If in doubt, it is better to use an adrenaline autoinjector 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.



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10. Communication Plan

- 10.1. This policy will be available on the McKinnon PS website so that parents and other members of the school community can easily access information about McKinnon Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at McKinnon PS and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.
- 10.2. The principal is responsible for ensuring that all relevant staff, including casual relief staff, are aware of this policy and McKinnon Primary School's procedures for anaphylaxis management. Casual relief staff will be directed to the CRT Folder located in their classroom and to the board displaying students identified with anaphylaxis also in the classroom.
- 10.3. The principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's Anaphylaxis Guidelines.

11. Staff training

- 11.1. The principal will ensure that all teaching staff are appropriately trained in anaphylaxis management.
- 11.2. Staff who are required to undertake training must have completed:
 - 11.2.1. an approved face-to-face anaphylaxis management training course in the last three years, or
 - 11.2.2. an approved online anaphylaxis management training course in the last two years.
 - 11.2.3. McKinnon Primary School uses the following training course: ASCIA e-Training course.
 - 11.2.4. 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 School Anaphylaxis Supervisor.
- 11.3. Each briefing will address:
 - 11.3.1. this policy
 - 11.3.2. the causes, symptoms and treatment of anaphylaxis
 - 11.3.3. the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
 - 11.3.4. how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
 - 11.3.5. the school's general first aid and emergency response procedures
 - 11.3.6. the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.
- 11.4. When a new student enrolls at McKinnon PS 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.
- 11.5. 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.

12. FURTHER INFORMATION AND RESOURCES

- 12.1. School Policy and Advisory Guide:
- 12.2. [Anaphylaxis](#)
- 12.3. [Anaphylaxis management in schools](#)
- 12.4. Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- 12.5. ASCIA Guidelines: [Schooling and childcare](#)
- 12.6. Royal Children's Hospital: [Allergy and immunology](#)
- 12.7. [Health Care Needs](#)

13. REVIEW CYCLE AND EVALUATION

- 13.1. This policy was last updated on June 2019 and is scheduled for review in June 2020.



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- 13.2. 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.
- 13.3. All policies will be available to the community via the Compass portal.

14. Revision and approval history

The section records the history and review of each policy.

Date	Reviewed by	Description of outcome	Council Approval date
September 2018	Education	Approved	20th September 2018
June 2019	Leadership	Approved	17 th June 2019