



# McKinnon Primary School Anaphylaxis Policy

## 1. Purpose:

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

1.2 The purpose of this policy is to:

- 1.2.1 To ensure McKinnon Primary school manages students at risk of anaphylaxis and meets the legislative requirements as outlined in ministerial order 706 (MO706) and associated guidelines.
- 1.2.2 To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling,
- 1.2.3 To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community,
- 1.2.4 To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student,
- 1.2.5 To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures for responding to an anaphylactic reaction.

## 2. Scope:

2.1 This policy applies 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

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

3.2 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.

3.2.1 Symptoms

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

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

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

- 3.2.1.2.1 difficult/noisy breathing
- 3.2.1.2.2 swelling of tongue
- 3.2.1.2.3 difficulty talking and/or hoarse voice
- 3.2.1.2.4 wheeze or persistent cough
- 3.2.1.2.5 persistent dizziness or collapse
- 3.2.1.2.6 student appears pale or floppy
- 3.2.1.2.7 abdominal pain and/or vomiting.

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

3.2.2 Treatment



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

3.2.2.2 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.

### 3.2.3 Individual Anaphylaxis Management Plans

3.2.3.1 All students at McKinnon 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.

3.2.3.2 When notified of an anaphylaxis diagnosis, the principal of McKinnon Primary School is responsible for developing a plan in consultation with the student's parents/carers.

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

3.2.3.4 Parents and carers must:

3.2.3.4.1 Obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable

3.2.3.4.2 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

3.2.3.4.3 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

3.2.3.4.4 Provide the school with a current adrenaline autoinjector for the student that has not expired;

3.2.3.4.5 Participate in annual reviews of the student's Plan.

3.2.3.5 Each student's Individual Anaphylaxis Management Plan must include:

3.2.3.5.1 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 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.

3.2.3.5.2 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

3.2.3.5.3 The name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan

3.2.3.5.4 Information about where the student's medication will be stored

3.2.3.5.5 The student's emergency contact details

3.2.3.5.6 An up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

### 3.2.4 Review and updates to Individual Anaphylaxis Plans

3.2.4.4 A student's Individual Anaphylaxis 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:



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- 3.2.4.4.1 As soon as practicable after the student has an anaphylactic reaction at school
- 3.2.4.4.2 If the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- 3.2.4.4.3 When the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.
- 3.2.4.5 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.

### 3.2.5 Location of plans and adrenaline auto injectors

3.2.5.1 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 auto injector. Adrenaline auto injectors must be labelled with the student's name.

3.2.5.2 Copies of each student's Individual Anaphylaxis Management Plan are also available in the relevant child's classroom.

3.2.5.3 Photos of all anaphylactic students are also kept in Yard Duty Bags and also on display in the school staffroom.

### 3.2.5 Risk Minimisation Strategies

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

- 3.2.5.1.1 Staff and students are regularly reminded to wash their hands after eating.
- 3.2.5.1.2 Students are discouraged from sharing food
- 3.2.5.1.3 Year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- 3.2.5.1.4 Staff liaise with parents/carers about food related activities ahead of time including a list of ingredients to be used
- 3.2.5.1.5 Whole school activities, which involve food, should always be handled in a controlled manner and must consider the guidelines and implementation principles of this policy
- 3.2.5.1.6 Staff make sure that treats from outside sources are never given to a student who is at risk of anaphylaxis
- 3.2.5.1.7 Staff are aware of hidden allergens or ingredients used for cooking, science and technology or art classes, e.g. egg or milk carton
- 3.2.5.1.8 Regular discussions with students about the importance of being allergy aware, washing hands, eating their own food and not sharing food with others,
- 3.2.5.1.9 Know where medication for 'at risk' students is stored and how to use it
- 3.2.5.1.10 Each class with an 'at risk' student, the school first aid officer will send a letter to all class parents outlining relevant allergens and risk avoidance strategies.



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## 3.2.6 Adrenaline auto injectors for general use

3.2.6.1 McKinnon Primary School will maintain a supply of adrenaline auto injectors for general use, as a back up to those provided by parents and carers for specific students, and for students who may suffer from a first time reaction at school.

3.2.6.2 Adrenaline auto injectors for general use will be stored at in the First Aid Room and labelled “general use”.

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

3.2.6.4 The number of students enrolled at Example School at risk of anaphylaxis the accessibility of adrenaline auto injectors supplied by parents

3.2.6.5 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

3.2.6.6 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.

## 3.2.7 Emergency Response

3.2.7.1 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.

3.2.7.2 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 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 auto injectors, where appropriate.

3.2.7.3 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"> <li>• Lay the person flat</li> <li>• Do not allow them to stand or walk</li> <li>• If breathing is difficult, allow them to sit</li> <li>• Be calm and reassuring</li> <li>• Do not leave them alone</li> <li>• 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 in the First Aid Room or relevant student’s classroom.</li> <li>• If the student’s plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li> </ul>
2.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <ul style="list-style-type: none"> <li>• Remove from plastic container</li> <li>• Form a fist around the EpiPen and pull off the blue safety release (cap)</li> <li>• Place orange end against the student’s outer mid-thigh (with or without clothing)</li> <li>• Push down hard until a click is heard or felt and hold in place for 3 seconds</li> <li>• Remove EpiPen</li> <li>• Note the time the EpiPen is administered</li> <li>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul>
3.	Call an ambulance (000)



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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.

3.2.7.4 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.

### 3.2.8 Communication Plan

3.2.8.1 This policy will be available on McKinnon Primary School's 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 Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

3.2.8.2 The School Anaphylaxis Supervisor is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and McKinnon Primary School's procedures for anaphylaxis management.

3.2.8.3 The School Anaphylaxis Supervisor will communicate information about what steps will be taken to respond to an anaphylactic reaction of a student in a classroom, in the schoolyard, on a school excursion and/or camp and special event days

3.2.8.4 Staff briefings once a semester by the School Anaphylaxis Supervisor to develop awareness and information for the whole school community through and the school newsletter twice yearly

### 3.2.9 Staff training

3.2.9.1 Staff at McKinnon Primary School will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

3.2.9.2 Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the principal identifies, must have completed:

3.2.9.2.1 An approved face-to-face anaphylaxis management training course in the last three years, or

3.2.9.2.2 An approved online anaphylaxis management training course in the last two years.

3.2.9.2.3 McKinnon Primary School Example School uses the following training course for the School Anaphylaxis Supervisor *Verifying the Correct Use of Adrenaline Auto injector Devices 22303VIC*.

3.2.9.2.4 Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including the School Anaphylaxis Supervisor. Each briefing will address:

3.2.9.2.4.1 This policy

3.2.9.2.4.2 The causes, symptoms and treatment of anaphylaxis

3.2.9.2.4.3 the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located



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3.2.9.2.4.4 how to use an adrenaline auto injector, including hands on practice with a trainer adrenaline auto injector

3.2.9.2.4.5 The school's general first aid and emergency response procedures

3.2.9.2.4.6 The location of, and access to, adrenaline auto injectors that have been provided by parents or purchased by the school for general use.

3.2.9.5 When a new student enrolls at McKinnon 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.

## 4. Further Information and Resources:

4.1 School Policy and Advisory Guide:

- [Anaphylaxis](#)
- [Anaphylaxis management in schools](#)

4.2 Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)

4.3 ASCIA Guidelines: [Schooling and childcare](#)

4.4 Royal Children's Hospital: [Allergy and immunology](#)

4.5 Related Policies:

4.5.1 Health Care Needs

4.5.2 First Aid

4.5.3 Administration of Medication

## 5. Evaluation

5.1. This policy will be reviewed as part of the school's one-year review cycle.

Next Review Date: October 2019

This policy was last ratified by School Council in: September 2018