



# ANAPHYLAXIS POLICY

## **Rationale:**

- Anaphylaxis is an acute allergic reaction to certain food items and insect stings. The most common allergens are nuts, eggs, cow's milk and bee or other insect stings, and some medications. It can be life threatening. In order for our school to provide a safe environment for the management of anaphylaxis, our school will comply with Ministerial Order 706 and associated Guidelines and amendments as provided by the Department of Education.
- Mildura West Primary School aims to provide a safe and healthy school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis

## **Policy**

### **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.

### **What is Anaphylaxis:**

- Anaphylaxis is a severe and potentially life-threatening reaction to various foods or insect stings.
- Signs and symptoms of anaphylaxis include hives/rash, tingling in or around the mouth, abdominal pain, vomiting or diarrhoea, facial swelling, cough or wheeze, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing.
- Anaphylaxis is best prevented by knowing and avoiding the allergens.

### **Individual Anaphylaxis Management Plans:**

- All students at Mildura West Primary School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylaxis reaction must have an individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal or delegate is responsible for developing a plan with the student's parents.
- Parents and carers are responsible for organising the ASCIA Action Plan, signed by the treating medical professional, and with a current photo of their child to accompany the plan.
- Parents will immediately inform the school, in writing, if there is any relevant change in the student's medical condition and obtain an updated ACSCIA Action Plan.
- Parents of students who have an Individual Anaphylaxis Management Plan requiring an auto-injector are responsible for ensuring an appropriate 'in date' auto-injector will be supplied to school, which will be kept in the classroom, first aid room, or accompany the student on excursions with their individual management plans etc as required.
- The Principal will ensure that an [Individual Anaphylaxis Management Plan](#) is developed, in consultation with the student's parents, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.
- The Individual Anaphylaxis Management Plan will include an ASCIA action plan completed by a medical practitioner will be in place as soon as practicable after the student enrolls, and where possible, before their first day of school.
- Individual Anaphylaxis Management Plans will be kept in the First Aid room and in classrooms of anaphylactic students. Identified school staff will then implement and monitor each student's Individual Anaphylaxis Management Plan as appropriate.



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## Review of Individual Anaphylaxis Management Plan

A student's Individual Anaphylaxis Management Plan will be reviewed and updated:

- On an annual basis
- As soon as practicable after the student has an anaphylactic reaction at school
- If the student's medical condition (relating to allergy/anaphylaxis reaction) has changed
- When a student participates in an off-site activity, including camps and excursions or special events such as fetes and concerts.

## Staff Training

- Ensuring a minimum of two staff are trained as School Anaphylaxis Supervisors as provided by ASCIA. Training includes 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. (ie ASCIA eTraining 22303VIC, 223300VIC or 10313NAT)
- All staff complete online ASCIA Anaphylaxis e-training every 2 years.
- All staff demonstrate the Correct Use of Adrenaline Auto-injector Device (Epipen) every 2 years.
- All staff are to participate in a briefing, to occur once per calendar year.

## Risk Minimisation Strategies

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

- Maintain a register of any student identified as being at risk of anaphylaxis.
- Staff and students are regularly reminded to wash their hands after eating
- Students are discouraged from sharing food
- Rubbish bins at school are to remain covered with lids to reduce the risk of attracting insects
- School canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- 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 in the first aid room for ease of access.
- First aid staff will contact parents if the Use-By date of the injector is close to expiration. The school will also provide sufficient additional auto-injectors to complement those supplied by parents.
- All ASCIA Anaphylaxis Action Response Posters will be displayed in the first aid room as appropriate and will be provided to classrooms of anaphylactic students.

**Please note** that it is not the school's policy to ban certain types of foods (eg: nuts) as it is not practicable to do so, and is not a strategy recommended by the Department of Education or the Royal Children's Hospital. However, the school will request that parents do not send those items to school if at all possible; and the school will reinforce the rules about not sharing food, and not eating foods that parents have not provided or consented to.



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## Emergency Response

In the event of a suspected Anaphylaxis reaction, the ASCIA Action Plan for Anaphylaxis will be followed.



www.allergy.org.au

**ACTION PLAN FOR  
Anaphylaxis**

For use with 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 – date: \_\_\_\_\_

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 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**

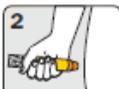
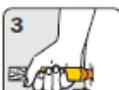
If in doubt give adrenaline autoinjector

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

**How to give EpiPen® adrenaline (epinephrine) autoinjectors**

- 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®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

© ASCIA 2018 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission

• If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.  
• Continue to follow this action plan for the person with the allergic reaction.



**MILDURA WEST  
PRIMARY**  
INTERNATIONAL  
BACCALAUREATE  
SCHOOL



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## **Communication**

Mildura West Primary School will ensure that all staff, including casual relief staff and volunteers are aware of this policy.

This policy will be available on Mildura West Primary School's website so that parents and other members of the school community can easily access information for Mildura West Primary School's anaphylaxis management procedures.

The parents of students identified as being at risk of anaphylaxis will be provided with a copy of this policy.

## **Policy Review and Approval:**

Policy last reviewed:	23/7/21
Approved by:	Anne Robinson
Next scheduled review date (annual):	July 2022