



# ANAPHYLAXIS POLICY

## PURPOSE

To explain to Watsonia Heights 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 Watsonia Heights 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

Watsonia Heights 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 autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

### Individual Anaphylaxis Management Plans

All students at Watsonia Heights 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 or delegate of Watsonia Heights 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 Watsonia Heights 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 autoinjector 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 Plans*

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:

- 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 autoinjectors**

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in a clearly labelled bright pink box near the door of their classroom, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

#### **Risk Minimisation Strategies**

*To reduce the risk of a student suffering from an anaphylactic reaction at Watsonia Heights 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*
- *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*
- *general use EpiPens are stored in the staff room, Grade 1 room and in the yard duty bags for ease of access.*

### **Adrenaline autoinjectors for general use**

Watsonia Heights Primary School 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.

Adrenaline autoinjectors for general use will be stored in the staffroom and the first aid room. These are stored in hot pink plastic containers and clearly labelled. There are also two adrenaline autoinjectors attached to the first aid bags that are used for recess and lunch duties. These are stored in bright orange covers.

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

- the number of students enrolled at Watsonia Heights Primary School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- 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
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors 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 Isabelle Cahill and Catherine Trethowan and stored on the staff room wall. 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.

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

<b>Step</b>	<b>Action</b>
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 autoinjector or the school’s general use autoinjector, and the student’s Individual Anaphylaxis Management Plan, stored in their classroom in a labelled bag near the door.</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.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none"> <li>• Remove from plastic container</li> </ul>

	<ul style="list-style-type: none"> <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)
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 autoinjectors 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.

[Note: 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.]

### Communication Plan

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

The principal or delegate is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Watsonia Heights Primary School’s procedures for anaphylaxis management. Casual relief staff are notified of student allergies in the CRT folder they are given at the start of their day. 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.

### Staff training

Staff at Watsonia Heights Primary School will receive appropriate training in anaphylaxis management, consistent with the Department’s *Anaphylaxis Guidelines*.

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:

- 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.

Watsonia Heights Primary School uses the ASCIA eTraining course (with 22303VIC, or 22300VIC or 10313NAT).

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 Cherrie McIntosh & Isabelle Cahill. 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 autoinjector, including hands on practice with a trainer adrenaline autoinjector

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- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Watsonia Heights 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.

## FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
  - [Anaphylaxis](#)
  - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

## REVIEW CYCLE AND EVALUATION

This policy was last updated on 17/9/2018 and is scheduled for review in 17/9/2019.

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.

**Appendix 1**

# Individual Anaphylaxis Management Plan

<p>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.</p> <p>It is the Parents' 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.</p>			
<b>School</b>		<b>Phone</b>	
<b>Student</b>			
<b>DOB</b>		<b>Year level</b>	
<b>Severely allergic to:</b>			
<b>Other health conditions</b>			
<b>Medication at school</b>			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>EMERGENCY CONTACT DETAILS (ALTERNATE)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>Medical practitioner contact</b>	<b>Name</b>		
	<b>Phone</b>		

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<b>Emergency care to be provided at school</b>	
<b>Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)</b>	

**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?

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**Name of environment/area:**

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

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This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):  
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; and  
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).

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 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent:




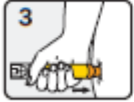
Date:

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.

Signature of Principal (or nominee):

Date:



 <small>australian society of clinical immunology and allergy</small> <a href="http://www.allergy.org.au">www.allergy.org.au</a>	<b>ACTION PLAN FOR</b> <h1 style="margin: 0;">Anaphylaxis</h1>	
Name: _____ <b>For use with EpiPen® adrenaline autoinjectors</b> Date of birth: _____		
<div style="border: 1px solid black; height: 150px; display: flex; align-items: center; justify-content: center; margin-bottom: 10px;">                 Photo             </div> Confirmed allergens: _____ Family/emergency contact name(s): _____ Work Ph: _____ Home Ph: _____ Mobile Ph: _____ Plan prepared by: Dr: _____ I hereby authorise medications specified on this plan to be administered according to the plan. Signed: _____ Date: _____ Date of next review: _____	<div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;"> <b>MILD TO MODERATE ALLERGIC REACTION</b> </div> <ul style="list-style-type: none"> <li>Swelling of lips, face, eyes</li> <li>Hives or welts</li> <li>Tingling mouth</li> <li>Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)</li> </ul> <div style="background-color: #0056b3; color: white; padding: 5px; text-align: center;"> <b>ACTION FOR MILD TO MODERATE ALLERGIC REACTION</b> </div> <ul style="list-style-type: none"> <li>For insect allergy, flick out sting if visible. Do not remove ticks.</li> <li>Stay with person and call for help.</li> <li>Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.</li> <li>Give other medications (if prescribed).....</li> <li>Phone family/emergency contact.</li> </ul> <div style="border: 1px solid red; padding: 5px; text-align: center; margin: 10px 0;"> <b>Mild to moderate allergic reactions may not always occur before anaphylaxis</b> </div> <p style="text-align: center;"><b>Watch for <u>ANY ONE</u> of the following signs of anaphylaxis</b></p> <div style="background-color: #e31a1c; color: white; padding: 5px; text-align: center;"> <b>ANAPHYLAXIS (SEVERE ALLERGIC REACTION)</b> </div> <ul style="list-style-type: none"> <li>Difficult/noisy breathing</li> <li>Swelling of tongue</li> <li>Swelling/tightness in throat</li> <li>Difficulty talking and/or hoarse voice</li> <li>Wheeze or persistent cough</li> <li>Persistent dizziness or collapse</li> <li>Pale and floppy (young children)</li> </ul> <div style="background-color: #e31a1c; color: white; padding: 5px; text-align: center;"> <b>ACTION FOR ANAPHYLAXIS</b> </div> <ol style="list-style-type: none"> <li><b>1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.</b></li> <li><b>2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector.</b></li> <li><b>3 Phone ambulance*: 000 (AU) or 111 (NZ).</b></li> <li><b>4 Phone family/emergency contact.</b></li> <li><b>5 Further adrenaline doses may be given if no response after 5 minutes, if another adrenaline autoinjector is available.</b></li> </ol> <p style="color: red; text-align: center;"><b>If in doubt, give adrenaline autoinjector</b></p> <p><b>Commence CPR at any time if person is unresponsive and not breathing normally.</b></p> <p><small>EpiPen® is generally prescribed for adults and children over 5 years.                      EpiPen® Jr is generally prescribed for children aged 1-5 years.                      *Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.</small></p> <div style="border: 1px solid red; padding: 5px; margin-top: 10px;"> <p><b>IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA</b></p> <ul style="list-style-type: none"> <li>Give adrenaline autoinjector <b>FIRST</b>, then asthma reliever.</li> <li>If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector <b>FIRST</b>, then asthma reliever.</li> </ul> <p>Asthma: Y <input type="checkbox"/> N <input type="checkbox"/> Medication: _____</p> </div>	
<p><b>How to give EpiPen®</b></p> <div style="display: flex; align-items: flex-start;"> <div style="width: 40%; text-align: center;">  <p><b>1</b></p> </div> <div style="width: 60%;"> <p>Form fist around EpiPen® and <b>PULL OFF BLUE SAFETY RELEASE.</b></p> </div> </div> <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="width: 40%; text-align: center;">  <p><b>2</b></p> </div> <div style="width: 60%;"> <p>PLACE ORANGE END against outer mid-thigh (with or without clothing).</p> </div> </div> <div style="display: flex; align-items: flex-start; margin-top: 10px;"> <div style="width: 40%; text-align: center;">  <p><b>3</b></p> </div> <div style="width: 60%;"> <p>PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.</p> <p>REMOVE EpiPen®. Massage injection site for 10 seconds.</p> </div> </div> <p style="font-size: small; margin-top: 10px;">Instructions are also on the device label and at: <a href="http://www.allergy.org.au/anaphylaxis">www.allergy.org.au/anaphylaxis</a></p>	<p><small>© ASCIA 2015. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.</small></p>	

**Dear Parents of Grade .....**

**Re: ANAPHYLAXIS**

**Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening.**

**The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medications.**

*The key to prevention of anaphylaxis in schools is knowledge of those students who are at risk, awareness of triggers (allergens) and prevention of exposure to these.*

A classmate in your child's grade has anaphylaxis. A severe nut allergy which can trigger an anaphylactic reaction. His/her allergy is so severe that even touching an item that has had contact with nuts or nut products can cause an anaphylactic reaction (even being touched by someone who has had contact with nuts or nut products).

In accordance with the Watsonia Heights PS Anaphylaxis Policy, we are requesting that all children from ..... class refrain from bringing any food items that have nuts or traces of nuts to school in particular **peanut butter and Nutella**.

I am sure that all parents will consider this request and act accordingly.

Please be advised that the child is aware of his/her condition and is well schooled in taking all necessary precautions as a matter of routine. Combined with the safeguards outlined above, we believe this to be the best course of action in dealing with anaphylaxis at our school.

If you have any concerns please contact me on 9435 4617.

Yours sincerely,

**Michael Kent**  
**PRINCIPAL**