



St Mary MacKillop School has a strong commitment to child safety as is reflected in our Vision Statement: “In and through positive relationships, we aspire to protect all children under our care, prioritising their safety and wellbeing.” We continually strive to ensure that every child is safe from harm including all forms of abuse. We exercise zero tolerance to abuse.

Statement

Saint Mary MacKillop Primary School is committed to providing, as far as is practicable, a safe, supportive environment, in which students at risk of anaphylaxis, can participate equally in all aspects of their schooling.

The school is also committed to the provision of competent and prompt emergency care, to ensure the health and optimum outcome of all students who may experience an anaphylactic reaction, whether on or off school premises. The key prevention of anaphylaxis in school is the knowledge of students who are at risk, awareness of triggers (allergens) and prevention of exposure to these allergens.

Anaphylaxis is a severe, rapidly progressive allergic reaction, that is potentially life threatening. Although allergic reactions are common among children, severe reactions are uncommon and death is rare. However, deaths have occurred and anaphylaxis must be treated as a medical emergency at all times.

The most common allergens in school age children are nuts (all varieties), eggs, cow’s milk, fish and shell fish, wheat, soy, sesame, latex, certain insect stings and some medication. Anaphylaxis is treated with adrenaline, which is given as an injection, known as an EPIPEN. This pen is injected in to the muscle of the outer mid-thigh.

Purpose

To raise awareness of anaphylaxis and the school’s Anaphylaxis Management Policy within the school community

To ensure all staff have adequate knowledge of anaphylaxis, allergens (triggers) and the school’s policy and procedures in responding to an anaphylactic reaction. To engage with parents/guardians of students who are at risk of anaphylaxis, in assessing risks and developing risk minimisation strategies and management strategies for each individual student.

Statement Guidelines:

- To provide prompt and competent care to all students who may be experiencing an anaphylactic reaction
- To proactively seek information about severe allergies from parents / guardians
- To ensure all staff know the identity of all students who are at risk of anaphylaxis
- To ensure all staff are aware of the location of all Epipens
- To provide staff with training in how to recognise and respond to an anaphylactic reaction, including the administration of an Epipen. This is to be done annually and be provided to all new staff.
- Provide information to staff, students and parents / guardians, to raise awareness of severe allergies and the school's policy
- To provide alternative plans, in consultation with parents / guardians, for students on camps, excursions and off-campus sporting events.

Implementation:

- All students' Epipens and ASCIA (Australian Society of Clinical immunology and Allergy Inc.) Action Plans for anaphylaxis, will be kept and displayed in the Health Centre. All Epipens are clearly labelled and stored in labelled pigeon holes in a clear view for all staff
- A copy of individual student's ASCIA (Australian Society of Clinical immunology and Allergy Inc.) Action Plan is to be displayed in their classroom.
- A list of students who are anaphylactic and their photos will be displayed in the staffroom, canteen (inside a lockable cupboard for privacy) and, where necessary, throughout the school
- Each Action / Care Plan is developed and signed by the child's practitioner or allergy specialist, and displays a current photo
- All Epipens will be checked at the beginning and end of each term for expiration date and cloudiness of the fluid. Parents / Guardians will be notified by phone one month prior to expiration. **It is the parents' /carers' responsibility to provide an up to date Epipen.**
- Training will be provided to all staff in how to recognise and respond to an anaphylactic reaction, understand the causes, symptoms and treatment of anaphylaxis and where Epipens are located
- The school will keep an up to date register of students at risk of anaphylaxis and their emergency contact details. This is based on the provision that parents / guardians provide up to date information
- ASICA Action / Care Plans will be updated annually as well as recent photos of the students
- The nurse will work with staff to develop strategies to raise staff, student and community awareness about allergies and prevention strategies

- The school will encourage ongoing communication between parents / guardians, the school staff and primarily, the school nurse, about the current status of the students' allergies, the school policies and their implementation. The policy will be made available to all families so that they are informed of the role of the school, the role of the nurse and the expectations of families.
- When a student is off campus for an excursion, camp or sporting event, the Teacher-in-Charge will be required to sign the students Epipen out of the Health Centre, along with their ASCIA Action / Care Plan, and then sign it back into the Health Centre on their return.
- At the end of the school year, the parent / guardian must also sign out their child's Epipen and sign it back in on return in the next academic year.

ASCIA Action / Care Plan requirements:

- Child's full name, date of birth and grade
- Current photo
- Known allergies
- Parents / Carers contact details, primarily emergency numbers
- Doctor's name, signature and date
- Any medication required and / or type of Epipen
- Any additional information

In addition to the ASCIA Action / Care Plan, individual care plans will be written for each child. This will be done in consultation with the child's parents / guardians, with a focus on: reducing the risk of exposure to triggers; planned emergency treatment that is relevant to each child; and, an emphasis on education within each child's class room as well as, the school community, in raising awareness of anaphylaxis.

St Mary MacKillop Primary School
ANAPHYLAXIS MANAGEMENT POLICY

2019

ANAPHYLAXIS MANAGEMENT PLAN

Students Name;	
Date of Birth:	Year Level:
Severely allergic to:	
Signs and Symptoms:	
Swelling of face lips and body	Generalised skin rash
Repeated vomiting	Difficulty breathing
Coughing	Difficulty swallowing
Noisy breathing	Loss of consciousness
Known and suspected triggers	
Other Health conditions	
Medication at school	
Parent/Guardian contact	
Name	Name
Relationship	Relationship

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Home phone	Home phone
Work phone	Work phone
Mobile	Mobile
Address	Address
Other emergency contacts	
Medical practitioner contact	
Emergency care to be provided at school	
EpiPen storage	
The following anaphylaxis management plan has been developed with my knowledge and input and will be reviewed on:	
Signature of parent / guardian	Date
Signature of school nurse	Date

STRATEGIES TO AVOID ALLERGIES

Risk	Strategy	who
Severe Allergies	<ul style="list-style-type: none"> • A timetabled staff meeting each semester and facilitated by the school nurse, to inform all staff of students with severe allergies / anaphylaxis, student action plans and administration of medications / Epipens • Timetabled information sessions / discussions facilitated by the school nurse with all classes about severe allergies / anaphylaxis and the importance of eating their own food and not sharing • All classes to eat lunch in their own classroom, with a focus on supervision • Advise all parents that class parties are not permitted, due to the high level of children with severe allergies / anaphylaxis • Food for a child with a severe allergy / anaphylaxis should only be supplied by that child's parent • Lunch orders for children with severe allergies / anaphylaxis are under the discretion of the child's parent • A list of children with severe allergies / anaphylaxis and their photos is to be displayed in the canteen (see above). Canteen staff to be educated on severe allergy /anaphylaxis and emergency care 	<ul style="list-style-type: none"> • Principal • First Aid Officer • School Leaders • Class room teacher • Specialist teachers • Teacher Aides • Ancillary staff (Admin., grounds & cleaning staff) • Parent Helpers

St Mary MacKillop Primary School
ANAPHYLAXIS MANAGEMENT POLICY

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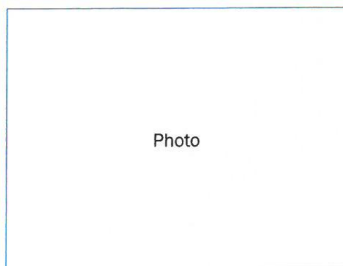
	<ul style="list-style-type: none">• Be aware that craft items can be at-risk-items, e.g. milk containers, peanut butter jars• Avoid the use of party balloons• Avoid contact with swimming caps• Only use latex free gloves <p>Only use latex free bandaids</p>	
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ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR
Anaphylaxis

Name: _____

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by: _____

Dr _____

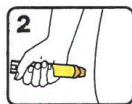
Signed _____

Date: _____

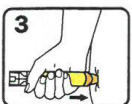
How to give EpiPen® or EpiPen® Jr



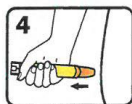
1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



2 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 10 seconds.



4 REMOVE EpiPen®. Massage injection site for 10 seconds.

© ASCIA 2011. This plan was developed by ASCIA

for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors (with blue safety release and orange needle end)

MILD TO MODERATE ALLERGIC REACTION

- swelling of lips, face, eyes
- hives or welts
- tingling mouth
- abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks
- Stay with person and call for help
- Give medications (if prescribed)
- Dose:
- Locate EpiPen® or EpiPen® Jr
- Contact family/emergency contact



Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)

ACTION

- 1 Lay person flat, do not stand or walk. If breathing is difficult allow to sit
- 2 Give EpiPen® or EpiPen® Jr
- 3 Phone ambulance*- 000 (AU), 111 (NZ), 112 (mobile)
- 4 Contact family/emergency contact
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

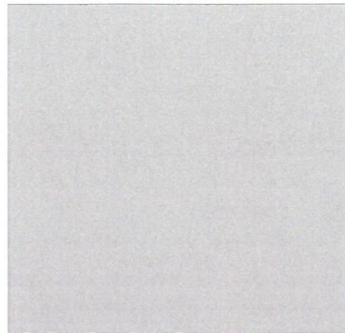
If in doubt, give EpiPen® or EpiPen® Jr

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

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: _____

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens

For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline (epinephrine) autoinjector instructions

Instructions are also on the 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
- 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 adrenaline (epinephrine) autoinjector if available

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 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

REFERENCES AND ACKNOWLEDGEMENTS

Anaphylaxis Australia Inc

Royal Children's Hospital

Ministerial Order 706 Anaphylaxis Management in Schools

<http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxisschools.aspx>

Department of Human Services

The Department of Education and Training

IMPLEMENTATION OF THE POLICY

Staff to be taken through details of Anaphylaxis Management Policy annually and participate in Anaphylaxis® training each semester.

MGGS Anaphylaxis Management Policy to be distributed to parents / caregivers and available on the School website.

The School will take all reasonable steps to implement this Anaphylaxis Management Policy.

Written 2008

Ratified 2010

Updated 2012

Reviewed 2017

Reviewed 2019