



Mount Pleasant Primary School
Anaphylaxis Policy
Revised 2023

- *Working Together* -



Anaphylaxis Policy Rationale and Purpose

RATIONALE

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 and certain insect venom (particularly bee stings).

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between school and parents/guardians are important in helping the student avoid exposure.

In the event of an anaphylactic reaction, schools must ensure that an adequate number of staff members can identify signs and symptoms and implement emergency response procedures including administering an adrenaline auto-injector. Adrenaline given through an adrenaline auto-injector (such as an EpiPen or Anapen) into the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

PURPOSE

- 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 their school.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.
- To raise awareness about anaphylaxis and the school's anaphylaxis policy in the school community.



Anaphylaxis Policy Emergency Response Plan

If you suspect that a child is experiencing an anaphylactic reaction:

- Stay with the child
- Send the red emergency card to the office with another adult or responsible child/ren - ensure that they understand the urgency.
- Lay the child down and keep them calm until a staff team member arrives with an EpiPen.
- If the child is known to have anaphylaxis implement the steps of their individual Action Plan
- If the child is unknown to have anaphylaxis but appears to be experiencing an anaphylactic reaction implement the steps of ASCIA First Aid Plan for Anaphylaxis using the school EpiPen.
- An incident report form should be completed ASAP after.



Anaphylaxis Policy

Emergency Response Plan- EpiPen



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www.allergy.org.au

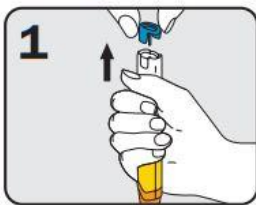
FIRST AID PLAN FOR

Anaphylaxis

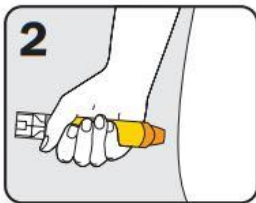


For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

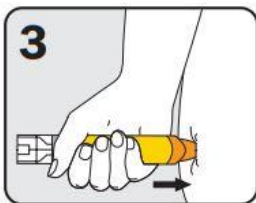
How to give EpiPen® adrenaline (epinephrine) autoinjectors



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



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 7.5-20kg.

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 seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- 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
- Difficulty talking and/or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling/tightness in throat
- Wheeze or persistent cough
- 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, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

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



Anaphylaxis Policy Emergency Response Plan- Anapen

ascia

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FIRST AID PLAN FOR

Anaphylaxis

Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine), which is injected into the outer mid-thigh muscle. If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

How to give Anapen® adrenaline (epinephrine) injector



PULL OFF **BLACK** NEEDLE SHIELD



PULL OFF **GREY** SAFETY CAP from red button



PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)



PRESS **RED** BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Instructions are also on device labels. For video instructions scan this QR code:



Anapen® doses are:
Anapen® 150 Junior for children 7.5-20kg
Anapen® 300 for children over 20kg and adults
Anapen® 500 for children and adults over 50kg

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS

- Stay with person, call for help
- Locate adrenaline injector
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for **ANY ONE** of the following signs:

- Difficult or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR

- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Further adrenaline 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 INJECTOR

Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS give adrenaline injector **FIRST** if someone has **SEVERE AND SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. **THEN SEEK MEDICAL HELP.**

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

Anaphylaxis Policy Responsibilities

Parents/Guardians:

- Inform the principal of their child's allergies and provide an ASCIA Action Plan for anaphylaxis completed by the child's medical practitioner with a current photo if the student is at risk of anaphylaxis. **(Records are to be updated every 12 months).**
- If a new diagnosis, provide the adrenaline auto-injector and other relevant medications (e.g. antihistamines) to the Deputy Principal via the Office.
- If returning medications, provide the adrenaline auto-injector and any other relevant medications (e.g. antihistamines) to the Classroom Teacher. These are to be left at the school long term and to be placed in the following areas:
 - Kindergarten in individual Kindy areas
 - Junior Block Medical Area (centre room)
 - Interview Room Year 2 -6 except for Room 10 which is stored in the classroom
- If left at the school it is the parent's responsibility to replace medications before expiry. Deputy Principals to monitor 'use by dates' and communicate with parents.
- The school recommends that medication is taken home at the end of each term and returned on the first day of the new term.
- Communicate with the school to develop or review their child's Individual Anaphylaxis Health Care Plan.
- Alert staff to the additional risks associated with non routine events and assist in planning and preparation for the student prior to excursions, school camps, field trips, in school activities or special events such as class parties or sports days.
- Educate their child about only eating food provided from home. It is important to reinforce that their child should not share food with other students.
- Are encouraged to provide a box of safe treats for students at risk of anaphylaxis. Food from outside sources (e.g. birthday cakes) will not be given to the student (unless permission is given by the parent/guardians prior).
- It is the responsibility of the parents/guardians to check that the canteen food is safe prior to allowing the student to purchase canteen food.
- Inform staff of any changes to their child's condition or emergency contact details.
- If medical bag is taken from the Designated Areas for an off-site event or taken home, then it must be signed out and signed back in by an adult (including date, time and reason).
- Medications must be collected by an adult (or with written parent permission).



Anaphylaxis Policy Responsibilities

Principal/Delegate:

- Communicate parents/guardians to develop or review the Individual Anaphylaxis Health Care Plan for the student and request that parents/guardians provide an ASCIA Action Plan for anaphylaxis that has been completed by the student's medical practitioner.
- Ensure that parents/guardians provide the student's adrenaline auto-injector and other relevant medications (e.g. antihistamine). Confirm that all medical bags can be located in the designated areas.
- Ensure that there is an adequate number of staff trained in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline auto-injector. This should also include regular practice using adrenaline auto-injector training devices.
- Provide or arrange post-incident support (e.g. counselling) for students, parents and staff, if needed or appropriate.
- Work with staff to develop risk management strategies and to increase awareness about severe allergies amongst school staff, students and the school.
- Maintain a medication register for Teachers/Parents/Adults to sign if medical bag is taken from the Designated Areas for an off-site event or taken home, (including date, time and reason).

Staff:

- Receive medication from the parent and notify the Principal/Delegate (Deputy Principal) and place (asap) in the correct area.
- Know the identity of the student's in their care that are at risk of anaphylaxis. Medical Alert summary sheet in duty folder and Medical Action Plans visible in classrooms.
- Know the school's risk minimisation strategies and individual student's strategies as indicated in the Individual Anaphylaxis Health Care Plan.
- Understand the causes, symptoms and treatment of anaphylaxis.
- Know where the students adrenaline auto-injector and other medication are kept.
- Know that the adrenaline auto-injector is designed so that anyone can administer it in an emergency.
- Undertake training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline auto-injector, minimum every 3 years.
- Know their role in relation to responding to an anaphylactic reaction.
- Ensure that the ASCIA Action Plan for anaphylaxis, adrenaline auto-injector and other medication is taken on any excursions, field trips, sports events or camps.
- Plan ahead for special class activities or occasion such as excursions, in school activities, sports days, camps and parties. Work with parents/guardians to provide appropriate food for the student.
- If medical bag is taken from the Designated Areas for an off-site event or taken home, then it must be signed out and signed back in (including date, time and reason).



Anaphylaxis Policy Risk Minimisation Strategies

Universal Setting

- The parents must provide the adrenaline auto-injector, and ASCIA action plan for anaphylaxis and any other relevant medications (e.g. antihistamines) to the school (refer to comments under parent responsibilities).
- These items will all be stored in an individual bag. The bag is easily identified by the outward facing ASCIA Action Plan for anaphylaxis which has a photo of the student. The expiry date of medications is noted on a sticker on the front of the bag. Staff will take the entire bag in the event of an emergency.
- For Years K to 6 the individual bags will be stored in designated areas around the school. These are central unlocked locations which are easily accessible to staff.
- One 'general use' adrenaline auto-injector and ASCIA General Action Plan for anaphylaxis will be stored in the conference room a second one in the Junior Block medical area and a third in Kindy Red/Blue. These auto-injectors will not replace the prescribed adrenalin auto-injector. It is to be used if a student is experiencing anaphylaxis for the first time, if a second dose of adrenalin is required because symptoms persist after five minutes or if there is a problem with administering the student's prescribed adrenalin auto-injector.
- A copy of the student's ASCIA Action Plan for anaphylaxis will also be located in the classroom and conference room, junior medical area, kindy rooms and Room 10.
- The school Emergency Response Plan will be implemented in the event of an anaphylactic emergency to ensure prompt access to medication.
- The school community is made aware of anaphylaxis including risk minimisation strategies through the school newsletter, meetings and allergy awareness week. In particular the school community is reminded of the Nut Minimisation Policy which indicates that nut and nut products should not be brought to school.
- New parents receive a copy of the Nut Minimisation Information Sheet included in the school handbooks which are given to all new students at the Parent Information Meeting.



Anaphylaxis Policy Risk Minimisation Strategies

Staff

- All staff will be familiar with the Anaphylaxis Policy and Emergency Response Plan.
- Staff trained to provide an emergency response to anaphylaxis will be readily available during class and non class times (e.g. recess and lunch).
- Relief teachers should refer to ASCIA plans displayed in the classroom and refer to the class information folder in the blue magazine box to ascertain students at risk of anaphylaxis in their classroom.

Classroom Setting

- The classroom teacher will liaise with parents/guardians about food related activities ahead of time.
- Staff will avoid using food activities or games, including rewards.
- Staff will be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons).
- Staff will be aware that other substances containing allergens should not be used in the presence of students at risk of anaphylaxis (e.g. soaps, lotions, sunscreens, birdseed).
- Food from outside sources (e.g. birthday cake) will not be given to students at risk of anaphylaxis (unless permission is sort from the parents/guardians).
- Teachers will have regular discussions with all students about the importance of their role in fostering a safe school environment for their peers (e.g. no sharing food, washing hands, reporting the presence of nut products).
- Staff to be aware of their own food choices, for example not consuming drinks in the classroom that contain almond milk.



Anaphylaxis Policy Risk Minimisation Strategies

Meal Time

- Students at risk of anaphylaxis will eat food supplied by parents/guardian only. Sharing food, utensils or containers is not permitted.
- The canteen staff are aware of this Anaphylaxis Policy. Food containing peanuts/tree nuts will not be served by the canteen. However products which are labelled 'may contain traces of peanut/tree nuts' may be available from the canteen. It is the responsibility of the parent/guardians to check prior to allowing the student to purchase canteen food.
- Children bringing 'nut products' for lunch or morning tea will be moved to different location to eat and required to wash their hands and face after eating.
- Reminders to parents/guardians not to send nut products to school will be sent through the newsletter.

Off-Site

- The school will consult parents/guardians in advance to discuss issues that may arise during excursions or school camps. Parents/guardians may wish to accompany their child to provide support. Depending on the duration and location of a school camp, an emergency response plan may be developed.
- The student's adrenaline auto-injector, ASCIA Action Plan for anaphylaxis and a mobile phone to contact emergency assistance will be taken on all excursions and school camps. If the Medical bag is taken from the Staff Room, it must be signed out and back in by the staff member taking it.



Anaphylaxis Policy

Nut Minimisation Information

Due to a severe life threatening allergy (ANAPHYLAXIS) that affects some children when exposed to nuts, we have a NUT MINIMISATION POLICY at Mount Pleasant Primary School. Most life-threatening reactions occur when nuts are eaten. Serious reaction can also occur from skin contact, eye contact and inhalation of nut particles.

Young children eat with their whole bodies. They tend to wipe their food on clothing, equipment and toys. Please help us provide a safe environment and prevent a tragedy occurring by keeping to our "Nut Minimisation Policy".

Nut Minimisation Policy:

- No peanuts or tree nuts
- No 'nut spreads' such as peanut butter, nutella, hazelnut and cashew butters
- No products containing nuts in their ingredient list such as satay sauce, nougat, and certain muesli bars, chocolates, cakes, biscuits and ice creams.
- No 'nut oils' such as peanut oil or arachis oil.

Q. What about foods that states "may contain traces of nut"?

Food which 'may contain traces of nuts' should be safe for NON-ALLERGIC children to eat at school. They cannot be eaten by the allergic child. To reduce the risk, children are encouraged not to share their lunches.

Q. What about birthday cake?

Be aware of the ingredients used in birthday cakes. Peanuts and almond flakes are often used as toppings. Marzipan contains nuts.

Q. When can my child eat nuts?

At anytime other than school. Bringing nuts could put other students at risk. We are only asking you to do your best to ensure you do not send food containing nuts to school. Please remind your child to wipe/wash their hands and mouth if they have eaten nuts (especially peanut butter) before coming to school.

Q. Where can I get more information?

Please speak to the teacher or the Principal if you have any concerns. Further information on anaphylaxis can be obtained from www.allergy.org.au or www.allergyfacts.org.au.

