



RESPONDING TO ANAPHYLAXIS POLICY

1.0 INTRODUCTION

This Responding to Anaphylaxis Policy applies to Diocese of Sale Catholic Education Limited (**DOSCEL**) workplaces.

2.0 PURPOSE

The purpose of this policy is to ensure all staff can respond appropriately to an anaphylactic reaction.

3.0 POLICY

When student(s) have an anaphylactic reaction whilst in the care of the School, the School must:

- ask student(s) whether they have self-administered an adrenaline autoinjector (such as EpiPen®)
- if the student has not already done so, administer an adrenaline autoinjector (such as EpiPen®)
- call an ambulance
- contact the student's emergency contact person, followed by the DOSCEL Occupational Health and Safety (**OHS**) Adviser on 03 5622 6600.

4.0 ADMINISTERING AN EPIPEN

The table below describes:

- how to administer an EpiPen®
- steps to follow up treatment.

Note: Where possible, these devices should only be used by staff that have undertaken appropriate training to administer the treatment. However, in an emergency situation, treatments may be administered by any person following instruction from the student's Medication Administration Plan for Anaphylaxis.



Prior to use:

- Confirm the expiry date to ensure it is 'in-date' (not expired). If the device has expired, use an alternative device if an alternative is easily accessible. Only use the expired device if no alternative devices are available or easily accessible.
- Check the viewing window in the device to ensure the adrenaline is not cloudy or discoloured. If the device is cloudy or discoloured, use an alternative device if easily accessible. Only use the cloudy or discoloured device if no alternative devices are available or easily accessible.
- Ensure the device is the correct medication for the student being treated, or the device is the school adrenaline autoinjector for general use.

EpiPen

Stage	Description
1	Remove the EpiPen® from the plastic container. Note: Children under 20kg are prescribed an EpiPen Junior® which has a smaller dose of adrenaline.
2	Form a fist around the EpiPen® and pull off the blue safety release (cap).
3	Lay the student flat on the floor/ground. Do not allow them to stand or walk. If breathing is difficult allow them to sit before applying the auto injector.
4	Hold the students leg still and place the orange end of the EpiPen® against the outer mid-thigh (with or without clothing).
5	Push down hard until a click is heard or felt and hold for three (3) seconds.
6	Remove the EpiPen®, being careful not to touch the needle, and return the needle to its plastic container. Do NOT discard the device.
7	Note the time you gave the EpiPen®.
8	Call an ambulance on 000 as soon as possible.
9	The used autoinjector must be handed to the ambulance paramedics along with the time of administration and other details of treatment provided.
10	Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened. Do not move the student.
11	Ask another staff member to move other students away and reassure them separately.
12	Watch the student closely in case of repeat reaction.
13	Contact the students emergency contacts
14	When appropriate to do so, contact the DOSCEL Occupational Health and Safety (OHS) Adviser on 03 5622 6600 to advise of the treatment.



Important: Where there is no marked improvement and severe symptoms are present (as described in the student’s Medication Administration Plan for Anaphylaxis), a second injection of the same dose may be administered after 5 to 10 minutes.

5.0 STRATEGIES

This table describes how schools manage students with anaphylaxis.

Strategy	Description
School Anaphylaxis Policy	<p>This is a school-based policy that is required to be developed under s 4.3.1(6) of the <i>Education Training and Reform Act 2006</i> because the school has at least one enrolled student who has been diagnosed as being at risk of anaphylaxis.</p> <p>This policy describes the school's management of the risk of anaphylaxis. MO706 prescribes the matters which the policy must contain.</p>
Prevention Strategies	<p>Under MO706, a School’s Policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction.</p>
Communication Plan	<p>A plan developed by the school which provides information to all school staff, students and parents about anaphylaxis and the School’s Anaphylaxis Management Policy.</p>
Emergency Response	<p>Procedures which each school develops for emergency response to anaphylactic reactions for all in-school and out-of-school activities.</p> <p>The procedures, which are included in the School’s Anaphylaxis Management Policy, differ from the instructions listed on the ASCIA Action Plan of ‘how to administer the Adrenaline Autoinjector’.</p>
ASCIA Action Plans	<p>An ASCIA Action Plan should be completed by the student’s parents/guardians in consultation with the student’s medical practitioner and a copy provided to the school.</p> <p>The plan must outline the student’s known severe allergies and the emergency procedures to be taken in the event of an allergic reaction.</p>



**Individual
Management
Plans**

An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents. These plans include the ASCIA Action Plan which describes the student's allergies, symptoms and the emergency response to administer the student's Adrenaline Autoinjector should the student display symptoms of an anaphylactic reaction.



Strategy	Description
Annual Risk Management Checklist	Principals need to complete an annual Anaphylaxis Risk Management Checklist to monitor their compliance with their legal obligations and the Guidelines.
Purchase additional adrenaline auto-injection devices	<p>Schools with students at risk of anaphylaxis must purchase a spare or 'backup' adrenaline auto-injection device(s) as part of school first aid kit(s), for general use. Schools can purchase an adrenaline auto-injection device at local chemists. (Schools must regularly check the expiry date of the backup device).</p> <p>Schools must determine the number of backup adrenaline autoinjector devices to be purchased for general use, considering the number of diagnosed students attending the school and the likely availability of a backup device in various settings, including school excursions and camps.</p>
Training	All school staff with a duty of care responsibility for the wellbeing of students at risk of anaphylaxis should receive training in how to recognise and respond to an anaphylactic reaction including administering an adrenaline autoinjector (i.e. EpiPen®).
Encouraging camps and special event participation	<p>Schools should ask the parents/guardians to complete the school's Medical Information Form</p> <p>Note: Consideration should be given to the food provided.</p> <p>See: Related policies for:</p> <ul style="list-style-type: none">• Health Care Needs
Communicating with parents	Regularly communicate with the student's parents about the student's successes, development, changes and any health and education concerns.



5.1 First-time Reactions

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, the school staff should follow the school's first aid procedures.

This should include immediately:

- locating and administering an adrenaline autoinjector for general use
- following instructions on the ASCIA Action Plan for Anaphylaxis general use (which should be stored with the general use adrenaline autoinjector)

Followed by calling the ambulance **000**.

6.0 SELF-ADMINISTERING OF AN ADRENALIN AUTOINJECTOR

This table describes items in relation to students self-administering an adrenaline autoinjector, such as EpiPen®.

Item	Description
Determining capability	The decision about whether a student is able to carry and potentially self-administer the adrenaline autoinjector is made while developing the student's Medication Administration Plan for Anaphylaxis.
Duty of care	Staff duty of care extends to administering an adrenaline autoinjector for the student even if their Medication Administration Plan for Anaphylaxis states the student can self-administer.
Responsibility to inform	When students carry their own adrenaline autoinjector, they must inform staff if they use it, so an ambulance can be called immediately.
Rights	Students have a right to self-administer the adrenaline autoinjector, but may not be physically able.

7.0 BACK-UP ADRENALINE AUTOINJECTORS FOR GENERAL USE

Schools are required to purchase back-up adrenaline autoinjector devices for general use within the school environment. Parents/guardians can be asked to provide an additional adrenaline autoinjector to be stored in an easily accessible location known to all staff.

8.0 RELATED POLICIES AND RESOURCES

- DOSCEL Anaphylaxis Management Policy
- DOSCEL Duty of Care Policy
- DOSCEL First Aid Policy
- DOSCEL Health Care Needs Policy
- DOSCEL Off-Site Supervision of Students Policy
- DOSCEL On-Site Supervision of Students Policy
- DOSCEL Anaphylaxis Annual Risk Management Checklist



- Individual Anaphylaxis Management Plan Template

9.0 REFERENCES

- *Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008*
- [Ministerial Order 90 \(repealed on 22 April 2014\)](#)
- [Ministerial Order 706 \(updated on 3 December 2015\)](#)
- Department of Education and Training [Anaphylaxis Guidelines](#)

10.0 OTHER RESOURCES

- [Allergies & Anaphylaxis Australia](#) - about living with anaphylaxis
- [ASCIA Guidelines](#) - for prevention of food related [anaphylactic](#) reactions in schools, preschools and childcare
- [Royal Children's Hospital: Allergy and Immunology](#)
- [Royal Children's Hospital - Anaphylaxis Support Advisory Line](#) - for all school anaphylaxis management enquires, (including the implementation of Ministerial Order 706). The [advisory](#) line is available between the hours of 8.30 am to 5.00 pm, Monday to Friday via phone 1300 725 911 or (03) 9345 4235.

11.0 REVIEW

Implementation Date: December 2020

Review Date: December 2022