

Responding to Anaphylaxis Procedure

1. Objective

The purpose of this Procedure is to ensure staff can respond appropriately in the event of a child experiencing a severe allergic reaction or anaphylaxis.

2. Scope

This Procedure applies to all staff, students, parents, guardians and carers and the wider school community and sets out the required response to be taken in the event of a student having an anaphylactic reaction.

This Procedure should be read in conjunction with the Cheshire Quality Management suite of documents for:

- 05.001 Anaphylaxis Management
- 05.002 First Aid
- 05.003 Medications
- 05.004 Child Safety

On 14 July 2008, the *Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008* (Vic.) came into effect amending the *Children's Services Act 1996* (Vic.) and the *Education and Training Reform Act 2006* (Vic.) requiring that all licensed children's services and schools have an anaphylaxis management policy in place.

Ministerial Order 706 - Anaphylaxis Management and Ministerial Order No 1325 – Order amending Ministerial Order 706: Anaphylaxis Management in Victorian Schools.

3. Context and Guiding Principles

Anaphylaxis is a severe, life-threatening allergic reaction. Up to two per cent of the general population and up to five per cent (0-5 years) of children are at risk. The most common causes in children are eggs, peanuts, tree nuts, cow milk, sesame, bee and other insect stings, and some medications.

Young children may not be able to express the symptoms of anaphylaxis.

Cheshire School recognizes the importance of ensuring that all teachers/educators and staff:

- know which children are at risk
- understand the preventative measures to minimize the risks
- recognize the signs and symptoms of anaphylaxis
- know how to and are confident in administration of an adrenaline auto injector advice
- undertaking First Aid training

The Cheshire School community needs to be aware that it is not possible to achieve a completely allergen free environment in any school that is open to the general community. Therefore, the Cheshire School community should not have a false sense of security that an allergen has been

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eliminated, but rather recognize that Cheshire School has adopted a range of procedures and risk minimisation strategies to minimize the presence of allergens.

4. Definitions

Word	Definition
Act	Means the Education and Training Reform Act 2006
Adrenaline auto injector	Means an adrenaline auto injector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis
Adrenaline auto injector for general use	Means a 'back up' or 'unassigned' adrenaline auto injector
Anaphylaxis management training course	Means: <ul style="list-style-type: none"> • A course in anaphylaxis management training that is accredited as a VET accredited courses in accordance with Part 3 of the National Vocational Education and Training Regulator Act 2011 (Cth) that includes a competency check in the administration of an adrenaline auto injectors • A course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency checking the administration of an adrenaline auto injector • A course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline auto injector; and • Any other course approved by the Secretary to the Department
Online anaphylaxis management training course	Means the course, developed by the Australasian Society of Clinical Immunology and Allergy (ASCI), and approved by the Secretary pursuant to Ministerial Order 706 clause 5.5.4 at the time the Order was made called ASCIA Anaphylaxis eTraining for Victorian Schools
Anaphylaxis	Means an acute reaction to an antigen to which the body has become hypersensitive. It is a severe, potentially life-threatening allergic reaction when a person is exposed to an allergen.
Anaphylaxis allergens	Include: <ul style="list-style-type: none"> • Eggs • Peanuts • Tree nuts such as cashews • Cow's milk • Fish and shellfish • Wheat • Soy • Sesame • Insect stings and bites • Medications
Symptoms Mild reaction	Include: <ul style="list-style-type: none"> • Difficult/noisy breathing • Swelling of tongue • Swelling/tightness in throat • Difficult talking and/or a hoarse • Persistent dizziness or collapse • Pale and floppy (young children) • Abdominal pain and/or

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	voice	vomiting (signs of a severe allergic reaction to insects)
	<ul style="list-style-type: none"> • Wheeze or persistent cough 	
Symptoms		
Severe reaction	<ul style="list-style-type: none"> • Difficult/noisy breathing • Swelling of tongue • Swelling/tightness in throat • Difficult talking and/or a hoarse voice • Wheeze or persistent cough 	<ul style="list-style-type: none"> • Persistent dizziness or collapse • Pale and floppy (young children) • Abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)

5. Procedure

5.1 Procedure for providing an emergency response:

- Ensure two staff members are available to assist
- Staff member 1 to stay with the student at all times. Staff member 1 to continuously reassure and comfort the student as the student may be anxious and frightened.
- Staff member 2 to locate Adrenaline Auto Injector and student's ASCIA Action Plan (student's own or general purpose one provided by the School)
- Staff member 2 to move any other students away from the area
- Either staff member to administer Adrenaline Auto Injector (if student has not already done so)
- Staff member 2 to call Ambulance 000
- Staff member 2 to call parents/carers
- Staff member 2 to wait and direct ambulance upon arrival
- Record incident via COMPASS

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 instructions from the student's Medication Administration Plan for Anaphylaxis.

5.1 Procedure for administering anaphylaxis auto injector:

Steps	Description
1. Lay the person flat	<ul style="list-style-type: none"> • If unconscious place in recovery position • If breathing is difficult allow then to sit with leg's outstretched • Hold young children flat, not upright if unconscious, place in recovery position <div style="text-align: center;"> </div> <p>DO NOT ALLOW THE STUDENT TO STAND OR WALK</p>
2. Give Adrenaline	<ul style="list-style-type: none"> • If conscious ask if student has self-administered an adrenaline auto

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<p>Auto Injector</p>	<p>injector</p> <p>IF IN DOUBT GIVE ADRENALINE AUTO INJECTOR</p> <p>ALWAYS give adrenaline auto injector FIRST, if student has SEVERE and SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP</p> <p>5.2 Procedure for administering an adrenaline auto injector:</p> <p>If student has not self-administered their own adrenaline auto injector administer the adrenaline auto injector (Child's own or General Purpose)</p> <table border="1" data-bbox="549 728 1426 1704"> <thead> <tr> <th>Step</th> <th>Description</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Remove the EpiPen® from the plastic container. Note: Children under 20Kg are prescribed an EpiPen Junior® which has a smaller dose of adrenaline.</td> </tr> <tr> <td>2</td> <td>Form a fist around the EpiPen® and pull off the blue safety release (cap).</td> </tr> <tr> <td>3</td> <td>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</td> </tr> <tr> <td>4</td> <td>Hold the student's leg still and place the orange end of the EpiPen® against the outer mid-thigh (with or without clothing).</td> </tr> <tr> <td>5</td> <td>Push down hard until a click is heard or felt and hold for three (3) seconds.</td> </tr> <tr> <td>6</td> <td>Remove the EpiPen®, being careful not to touch the needle, and return the needle to its plastic container. Do NOT discard the device.</td> </tr> <tr> <td>7</td> <td>Note the time you gave the EpiPen®.</td> </tr> <tr> <td>8</td> <td>The used auto injector must be handed to the ambulance paramedics along with the time of administration and other details of treatment provided</td> </tr> <tr> <td>Note:</td> <td>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 Repeat steps 1 - 8</td> </tr> </tbody> </table>	Step	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 student's 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	The used auto injector must be handed to the ambulance paramedics along with the time of administration and other details of treatment provided	Note:	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 Repeat steps 1 - 8
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<p>3. Phone ambulance</p>	<ul style="list-style-type: none"> • Phone ambulance on 000 																				
<p>4. Contact Parent/Carers</p>	<ul style="list-style-type: none"> • Contact child's emergency contact 																				
<p>5. Record Keeping</p>	<ul style="list-style-type: none"> • Record all details of the incident in student management system – COMPASS, and • Retain a hard copy on student file 																				

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6. Incident Review	<ul style="list-style-type: none"> • Conduct review with parent or carer of: <ul style="list-style-type: none"> ○ ASCIA Action Plan ○ Individual Anaphylaxis Management Plan
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5.3 Self-administering of an adrenalin auto injector

Item	Description
Determine capability	The decision about whether a student is able to carry and potentially self-administer the adrenaline auto injector is made while developing the student's Medication Administration Plan for Anaphylaxis.
Duty of care	Staff duty of care extends to administering an adrenaline auto injector 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 auto injector, 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 auto injector, but may not be physically able.

6. Related Policies

- 05.001 Anaphylaxis Management Policy
- 05.002 First Aid Policy
- 05.003 Administration of Medication Policy
- 05.004 Duty of Care Policy
- 05.004a Supervision of Students Policy
- 05.001b Individual Anaphylaxis Management Plan

7. Relevant Legislation Sources

- [Children's Services and Education Legislation Amendment \(Anaphylaxis Management\) Act 2008](#)
- [Ministerial Order 90 \(repealed on 22 April 2014\)](#)
- [Ministerial Order 706 \(updated on 29 April 2021\)](#)
- Department of Education and Training [Anaphylaxis Guidelines](#)

8. 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.