

# Anaphylaxis Management Policy

## 1. PURPOSE

Anaphylaxis is a severe, rapidly progressive allergic reaction that involves various areas of the body simultaneously and is potentially life threatening.

Hamlyn Views School recognises the keys to prevention of anaphylaxis are planning, risk minimisation, awareness and education. It acknowledges its responsibility to develop, maintain and regularly review an Anaphylaxis Management Policy and fully comply with a revised **Ministerial Order 706** and associated guidelines published and amended by the Department from time to time.

Adrenaline given through an EpiPen® to the muscle of the outer mid-thigh is one the most effective first aid treatments for anaphylaxis.

## 2. AIMS

- a. 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 schooling.
- b. To raise awareness about anaphylaxis and the school's Anaphylaxis Management Policy in the school community.
- c. To engage with parents/carers of students 'at risk of anaphylaxis' in assessing risks, developing risk minimisation strategies and management strategies for the student.
- d. To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

## 3. IMPLEMENTATION

The school will require from parents/carers and display in staff working areas, Individual Action Plans (ASCI Action Plan) for students at risk of anaphylactic reaction. Individual Management Plans for those students will be developed in consultation with parents/carers and the school.

The school considers the management of students at risk of anaphylaxis a shared responsibility of parents/carers and the school to take all reasonable steps to;

- Share information regarding the student's medical condition
- Prevent an anaphylactic incident
- If such an incident occurs, respond in a timely, informed and appropriate manner.

### **Individual Anaphylaxis Management Plans:**

The Principal will ensure that an 'Individual Anaphylaxis Management Plan' is developed in consultation with a student's parents/carers, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.

The Individual Anaphylaxis Plan will be set out in the format used by the Australian Society of Clinical Immunology and Allergy (ASCIA). **See 'Individual Anaphylaxis Management Plan' (Appendix A).** It should include the following:

- a. Information about the student's medical condition that relates to an allergy and the potential for an anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner).
- b. Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, including for in-school and off-site activities, such as the school yard, at camps and excursions, or at special events conducted, organised or attended by the school.
- c. The name of the person/s responsible for implementing the strategies.
- d. Information on where the student's medication will be stored.
- e. The student's emergency contact details.
- f. An 'ASCIA Action Plan' provided by the parents/carers that:
  - Sets out the emergency procedures to be taken in the event of an allergic reaction
  - Is signed by a medical practitioner who was treating the child on the date the practitioner signs the Plan
  - Includes an up to date photograph of the student.

### **Review of Individual Anaphylaxis Management Plan:**

A student's Individual Management plan will be reviewed, in consultation with the student's parents/carers in all of the following circumstances:

- a. Annually.
- b. If the student's medical condition, in so far as it relates to allergy and the potential for anaphylactic reaction, changes
- c. As soon as practicable after the student has an anaphylactic reaction at school.
- d. 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 (e.g. class parties, elective subjects, cultural days, fetes, or incursions)

### **Responsibility of Parents:**

- a. Provide the ASCIA Action Plan.
- b. Inform the school in writing of their child's medical condition, in so far as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan.
- c. Participate in a yearly review of their child's Individual Anaphylaxis Management Plan.
- d. Provide an up to date photo for ASCIA Action Plan when that Plan is provided to the school and when it is reviewed.

- e. Provide the school with an Adrenaline Auto-injector such as an EpiPen® that is current and not expired for their child.

### Risk Minimisation and Prevention Strategies:

The school will ensure that risk minimisation and prevention strategies are in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- Between classes and other breaks
- In Canteens
- During recess and lunchtimes
- Before and after school
- Special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

IN-SCHOOL SETTINGS	
Classrooms	
1	Copy of students' Individual Anaphylaxis Management Plans are displayed in their classrooms, First Aid Room, Staff Room and Canteen.
2	Liaise with parents/carers about food-related activities ahead of time.
3	Use non-food rewards or treats where possible, but if food treats are used on special occasions, it is recommended that parents/carers of students with food allergies provide a box with alternative treats. Treats must be clearly labelled and only handled by the student.
4	<b>NEVER</b> give food from outside sources to a student who is at risk of anaphylaxis.
5	Treats for the other students in the class should not contain the substance to which the student is allergic.
6	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy.
7	Awareness of possible of hidden allergens in food and other substances used in cooking, food technology, science activities, and art classes.
8	Ensure all cooking utensils, preparation dishes, plates, knives etc., are washed and cleaned thoroughly after preparation of food and cooking.
9	Regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10	All CRT folders should contain the student's Individual Anaphylaxis Management Plan. The Assistant Principal/First Aid Coordinator should inform relief staff and volunteers of the names of students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan, the location of Adrenaline Auto-injectors, the schools' Anaphylaxis Management Policy, and people's responsibility in managing an incident.
Canteen	
1	Canteen staff should be trained in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading etc.
2	Canteen staff are briefed about students at risk of anaphylaxis and where the Principal determines, have up to date training in an Anaphylaxis Training Course.
3	Display the student's name and photo in the Canteen as a reminder to staff.
4	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5	Canteen provides a range of healthy meals/products that exclude peanut or other nut products in the ingredient list.

6	Benches and surfaces are sanitised daily with a proper sanitised product.
7	No sharing of food approach is adopted.
8	Awareness of contaminating other foods when preparing, handling or displaying food.
<b>School Grounds</b>	
1	Sufficient supervision of a student who is at risk of anaphylaxis by a staff member who is trained in the administration of an Adrenaline Auto-injector.
2	Adrenaline Auto-injectors and Individual Anaphylaxis Plans are easily accessible from the school grounds.
3	A Communication Plan is in place for staff on yard duty so medical information can be retrieved quickly and all staff are aware how to inform the First Aid Coordinator if an anaphylactic reaction occurs during recess or lunchtime.
4	Yard duty staff can identify those students at risk of anaphylaxis.
5	Students with anaphylactic responses to insects are encouraged to stay away from water or flowering plants.
6	Lawns are mowed regularly and outdoor bins covered.
7	Students encouraged to keep drinks and food covered while outdoors.
<b>Special Events</b>	
1	Sufficient staff supervising the special event are trained in the administration of an Adrenaline Auto-injector.
2	Minimise the use of food in activities or games.
3	Consult parents/carers in advance for special events to either develop an alternative food menu or request they send a meal for the student at risk.
4	Parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at a special school event.
5	Party balloons should not be used if any student is allergic to latex.
6	Visitors to the school who provide activities for students (e.g. science incursions) are to be informed of any students at risk of anaphylactic reactions.
<b>OUT-OF-SCHOOL SETTINGS</b>	
<b>Field trips, excursions, sporting events</b>	
1	Sufficient staff trained in the administration of an Adrenaline Auto-injector to attend.
2	Appropriate methods of communication must be discussed.
3	Identify the location of the Adrenaline Auto-injector i.e. <i>Who will carry it? How will it be delivered to the student?</i>
4	Individual Anaphylaxis Management Plans and Adrenaline Auto-injectors are to be easily accessible and staff must be aware of their location.
5	Risk assessment of the activity must be completed prior to departure.
6	Teacher in Charge should consult parents/carers of students at risk of anaphylaxis in advance to discuss issues that might arise, to develop an alternative food menu or request the parents/carers provide a meal (if required).
7	Review Individual Anaphylaxis Management Plans prior to departure to ensure that it is up to date and relevant to the particular excursion or activity.
8	Students who are at risk from insect bites and stings should be encouraged to wear appropriate protective clothing.
9	First Aid Kits and mobile phones will be taken on every out-of-school activity.
<b>Camps</b>	
1	The school attempts to only use providers/operator services who can provide food that is safe for anaphylactic students.
2	The Teacher in Charge will conduct a risk assessment and develop a risk management strategy for students (in consultation with parents and camp operators) at risk of anaphylaxis to ensure appropriate risk minimisation strategies are in place.
3	The school will consider alternative means of providing food for at risk students on camp if there are any concerns about the food being safe for students at risk of anaphylaxis.

<b>4</b>	The use of substances containing allergens will be avoided where possible
<b>5</b>	The student's Adrenaline Auto-injector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis, and a mobile phone must be taken on camp. If there is no mobile phone access, alternative methods e.g. satellite phone will be considered.
<b>6</b>	Adrenaline Auto-injectors should remain close to the students and staff must be aware of its location at all times.
<b>7</b>	Students with anaphylactic responses to insects should wear closed shoes and long-sleeved garments when outdoors and be encouraged to stay away from water or flowering plants.
<b>8</b>	General Use Adrenaline Auto-injectors are included in camp First Aid Kits.
<b>9</b>	Consider potential exposure to allergens when consuming food during travel on buses/plane etc. and whilst in cabins/tents/dormitories.
<b>10</b>	Cooking, and art and craft games, should not involve the use of known allergens.
<b>OTHER</b>	
<b>Work Experience Students</b>	
<b>1</b>	The school will involve parents/carers and the student in discussions regarding risk management prior to a student at risk of anaphylaxis attending Work Experience at the school. The school must be shown the ASCIA Action Plan for Anaphylaxis and their Adrenaline Auto-injector presented as a precaution whilst on work experience at the school.
<b>Pre-Service Teachers</b>	
<b>1</b>	The school will involve Pre-Service Teachers at risk of anaphylaxis in discussions regarding risk management prior to commencing a school placement. The school must be shown the ASCIA Action Plan for Anaphylaxis and their Adrenaline Auto-injector presented as a precaution whilst on placement at the school.

**Individual Anaphylaxis Management Plans and Auto-injectors are located as detailed in the table following:**

<b>Location</b>	<b>Adrenaline Auto-injector Location</b>	<b>Student's Action Plan Location</b>
<b>Administration Building</b>	First Aid Room	Main Staff Room First Aid Room
<b>Primary Learning Community</b>	Teacher's Office	Classroom PLC Staff Room First Aid Room
<b>Secondary Learning Community</b>	Teacher's Office	Classroom SLC Staff Room First Aid Room
<b>Canteen</b>	Office	Canteen

**The following information is available in the School Emergency Management Folders:**

- A complete, up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction.
- The information contained in Individual Anaphylaxis Management Plans (Original Plans located in the student's individual central file).

It is the responsibility of the Teacher-In-Charge of a camp or excursion to ensure that all relevant medical information, medicines and equipment are available and that all supervisors and staff members are familiar with those students at risk of anaphylaxis.

## **School Management and Emergency Response:**

### **If an Adrenaline Auto-injector is administered, the school must:**

1. Immediately call an ambulance 000
2. Lay the student flat and elevate their legs. Do not stand or walk. If breathing is difficult for them allow them to sit but not stand.
3. Reassure the student experiencing the reaction, as they are likely to be feeling anxious and frightened as a result of the adrenaline. Watch the student closely in case of a worsening condition. Ask another staff member to move other students away and reassure them elsewhere.
4. In the rare situation where there is no marked improvement and severe symptoms are present, a second injection may be administered after five minutes, if a second Adrenaline Auto-injector is available.
5. Then contact the student's emergency contacts.
6. Notify the Principal or their delegate.
7. Document the incident and provide information to a medical practitioner.

**(Refer to ASCIA 'Action Plan for Anaphylaxis' - Appendix B)**

The School will purchase spare Adrenaline Auto-injectors for general use and as a back-up to those supplied by parents/carers.

The number of spare Adrenaline Auto-injectors will be determined by the Principal using a risk management approach taking into account the following:

- The number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis.
- The accessibility of Adrenaline Auto-injector that have been provided by parents/carers of students who have been diagnosed as being at risk of anaphylaxis.
- The availability and sufficient supply of Adrenaline Auto-injectors for general use in specified locations at the School.
- An Adrenaline Auto-injector has a limited life, usually expiring within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

### **Communication Plan:**

The Principal will be responsible for ensuring that a 'Communication Plan' is developed to provide information to all staff, students and parents/carers about anaphylaxis and the school's Anaphylaxis Management Policy.

The Communication Plan will include information about what next steps will be taken to respond to an anaphylactic reaction by a student in various environments including:

- During normal school activities, including in the classroom, in the school grounds, in all school buildings and sites including recreation hall and swimming pool.
- During off-site or out-of-school activities including, on excursions, school camps and at special events conducted or organised by the school.

The Assistant Principal/CRT Coordinator will be responsible for informing volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

The Principal will ensure that all relevant staff are:

- Trained
- Briefed at least twice per calendar year.

The school will raise awareness about anaphylaxis in the school community by providing information in the school newsletter. Parents/Carers will be given timely reminders about the school's Anaphylaxis Management Policy and the need for the school to be kept well informed about children at risk.

The school's Anaphylaxis Management Policy will be made available to all parents/carers through the school website.

Staff will raise student awareness through class discussions, providing the following key messages:

- Always take food allergies seriously – severe allergies are life threatening.
- Never share your food with your friends who have food allergies.
- Wash your hands after eating.
- Know what your friends are allergic too.
- If a school friend becomes sick get help immediately even if the friend does not want to.
- Be respectful of a school friend's Adrenaline Auto-injector.
- Never pressure your friends to eat food they are allergic too.

#### Staff Training:

The following school staff will be appropriately trained:

- Staff who conduct classes that have students with a medical condition that relates to allergy and the potential for anaphylactic reaction.
- Any further school staff that are determined by the Principal.

School staff must complete one of the following options below to meet the anaphylaxis training requirements of **Ministerial Order 706** and record the dates training has occurred. Hamlyn Views School will adopt Option One.

Option	Completed by	Course	Provider	Cost	Valid for
<b>Option 1</b>	<b>All school staff</b>	<i>ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor</i>	ASCIA	Free to all schools	2 years
	<b>AND</b> <b>2 staff</b> per school or per campus (School Anaphylaxis Supervisor)	<i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years
<b>Option 2</b>	School staff as determined by the principal	<i>Course in First Aid Management of Anaphylaxis 22300VIC</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years
<b>Option 3</b>	School staff as determined by the principal	<i>Course in Anaphylaxis Awareness 10313NAT</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years

**Please note:** General First Aid training does **NOT** meet the anaphylaxis training requirements under MO706.



All staff will be briefed once each semester by a School Anaphylaxis Supervisor that includes:

- Pictures of the students at the school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
- Signs and symptoms of anaphylaxis
- ASICA Action Plan for Anaphylaxis and how to administer an Adrenaline Auto-injector
- The school's First Aid Policy and emergency response procedures.

A template presentation for the briefing can be downloaded from the DET website @ [www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx)

The briefing must be conducted by a member of the school staff, preferably the person nominated as the School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the last 2 years. In the event that the relevant training has not occurred, the Principal will develop an interim Anaphylaxis Management Plan in consultation with the parents/carers of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction.

Training will be provided to relevant school staff as soon as practicable after a student enrolls, and preferably before the student's first day at school.

The Principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of school staff present who have successfully completed an Anaphylaxis Management training course.

**For more information:**

- The Royal Children's Hospital Anaphylaxis Advisory Line on 1300 725 911 (toll free) or (03) 9345 4235
- 1300 728 000 or [www.allergyfacts.org.au](http://www.allergyfacts.org.au)

**Annual Risk Management Checklist**

The Principal will ensure the Annual Risk Management Checklist is completed each year to ensure compliance with DET guidelines. **(See Appendix G).**

**4. DEFINITIONS**

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen. Common allergens include:

- eggs
- peanuts
- tree nuts such as cashews
- cow's milk
- fish and shellfish
- wheat
- soy
- sesame
- latex
- insect stings and bites
- medications.



Signs of mild to moderate allergic reaction include:

- swelling of the lips, face and eyes
- hives or welts
- tingly mouth
- abdominal pain and / or vomiting (signs of a severe allergic reaction to insects).

Signs of anaphylaxis (severe allergic reaction) include any **one** of the following:

- difficult / noisy breathing
- swelling of tongue
- swelling / tightness in throat
- difficulty talking and / or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and / or vomiting (signs of a severe allergic reaction to insects).

## 5. REFERENCES

- a. Australasian Society of Clinical Immunology and Allergy (ASCIA)  
<https://allergy.org.au/health-professionals/anaphylaxis-resources/first-aid-for-anaphylaxis>
- b. DET School Policy and Advisory Guide: Anaphylaxis  
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx>
- c. DET School Policy and Advisory Guide: Responding to Anaphylaxis  
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx>
- d. DET School Policy and Advisory Guide: Safe Food Handling  
<http://www.education.vic.gov.au/school/principals/spag/governance/Pages/foodhandling.aspx>
- e. Ministerial Order 706: Anaphylaxis Management in Schools  
[http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis\\_MinisterialOrder706.p  
df](http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf)

## 6. EVALUATION

- This policy will be monitored and reviewed regularly by the Leadership Team, First Aid Coordinator and class teachers in conjunction with the parents/carers of students with Individual Anaphylaxis Action Plans.
- This policy will be reviewed as part of the school's four yearly review cycle, or at anytime DET policy or guidelines change, influencing practices in schools.

**This policy was ratified in 2017.**  
**Date for next review: 2018**

## APPENDIX A: Individual Anaphylaxis Management Plan

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.


It is the parent's 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.

<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>		
<b>Emergency care to be provided at school</b>			
<b>Storage location for adrenaline Auto-injector (device specific) (EpiPen®)</b>			
<b>ENVIRONMENT</b>			
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.			
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Name of environment/area:</b>			
<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>	
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

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**ascia**  
australian society of clinical immunology and allergy  
[www.allergy.org.au](http://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 medical or nurse practitioner: \_\_\_\_\_

I hereby authorize medications specified on this plan to be administered according to the plan

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Action Plan due for review: \_\_\_\_\_

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

**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
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- 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	• Difficulty talking and/or hoarse voice
• Swelling of tongue	• Persistent dizziness or collapse
• Swelling/tightness in throat	• Pale and floppy (young children)
• Wheeze or persistent cough	

**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 EpiPen® or EpiPen® Jr 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, 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

**How to give EpiPen®**



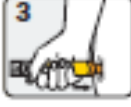
**1**

Form flat around EpiPen® and PULL OFF BLUE SAFETY RELEASE



**2**

Hold leg still and 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 3 seconds REMOVE EpiPen®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

© ASCIA 2017 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission

Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan from  
<https://www.allergy.org.au/health-professionals/ascia-plans-action-and-treatment>

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
- 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 (e.g. 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 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

<b>Signature of parent:</b>	
<b>Date:</b>	
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.	
<b>Signature of principal (or nominee):</b>	
<b>Date:</b>	

Appendix B




www.allergy.org.au

# ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

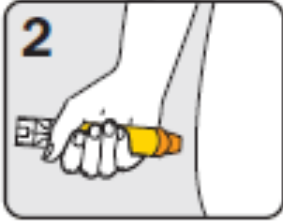
### How to give EpiPen®

**1**



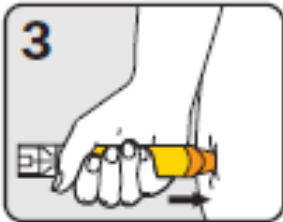
Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE

**2**



Hold leg still and 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 3 seconds  
REMOVE EpiPen®

**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
- Locate EpiPen® or EpiPen® Jr 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	• Pale and floppy (young children)
• Wheeze or persistent cough	

**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 EpiPen® or EpiPen® Jr 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  
EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

**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

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## Appendix G: Annual risk management checklist

(to be completed at the start of each year)

School name:		
Date of review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name	
	Position	
Comments:		
<b>General Information</b>		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?		
2. How many of these students carry their adrenaline autoinjector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION 1: Training	
7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> <li>online training (ASCIA anaphylaxis e-training) within the last 2 years, or</li> <li>accredited face to face training (22300VIC or 10313NAT) within the last 3 years?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 3: Storage and accessibility of adrenaline autoinjectors</b>	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No

25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located?  Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: Risk Minimisation strategies</b>	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 5: School management and emergency response</b>	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No

d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions? .....	
44. Who will make these arrangements during camps? .....	
45. Who will make these arrangements during sporting activities? .....	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No

g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 6: Communication Plan</b>	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	