

# Anaphylaxis Management Policy

## References:

- Ministerial Order 706 (updated on 3 December 2015)
- <http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx>

## 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, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to those triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at school.

Adrenaline given through an EpiPen® or Anapen® Auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Cranbourne Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

## Aims:

- To provide, as far as predictable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in response to an anaphylactic reaction.

## Implementation:

1. Individual Anaphylaxis Management Plans
2. Prevention Strategies
3. Storage of Adrenaline Auto injectors
4. Adrenaline Auto injectors For General Use
5. School management and emergency response
6. Communication Plan
7. Staff training
8. Anaphylaxis Risk Management Checklist

## **1. Individual Management Plans**

The principal will ensure that an individual management plan is developed, in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls, and where possible be in place prior to or on their first day of school each school year.

### **The individual anaphylaxis management plan will set out the following:**

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including in the school yard, at camps and excursions, OSHC, or at special events conducted, organised or attended by the school.
- the name/s of the person/s responsible for implementing the strategies.
- information on where the student's medication will be stored.
- the student's emergency contact details.
- An emergency procedures plan (ASCIA Action Plan) provided by the parent that sets out the emergency procedures to be taken in an event of an allergic reaction and is signed by a medical practitioner who is treating the child and includes an up-to-date photograph of the students.

School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

### **The student's individual management plan will be reviewed, in consultation with the student's parents/guardians:**

- 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; and
- 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, cultural days, incursions)

### **It is the responsibility of the parent to:**

- Provide the ASCIA Action Plan (prepared, signed and dated by the student's medical practitioner)
- Inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- Provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the school and when it is reviewed; and
- Provide the School with an Adrenaline Auto injector that is current and not expired for their child.

Note: A management template is an appendix to this policy

ASCIA Action Plans should be reviewed when patients are reassessed by their doctor, and each time they obtain a new adrenaline auto injector prescription, which is approximately every 12 months. If there are no changes in diagnosis or management the medical information on the ASCIA Action Plan may not need to be updated. However, if the patient is a child, the photo should be updated each time, so they can be easily identified.

## 2. Prevention Strategies

It is important to remember that minimisation of the risk of anaphylaxis is everyone's responsibility: the school (including the Principal and School Staff), parents, students and the broader school community.

The School will:

### In school settings

#### **Classrooms**

- Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom attendance roll folder. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Auto injector is kept in another location.
- Liaise with parents about food-related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in the class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Casual relief teachers (CRTs), specialist teachers and volunteers will be made aware of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and the Adrenaline Auto injector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident i.e. seeking a trained staff member.

#### **Student lunches/Canteens/Parent Association Events**

- Food banning is not generally recommended. Instead a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. This approach is used for students with all food allergies, including egg, shellfish, nuts, dairy etc.
- Parents are asked to include an ingredients list when providing food for school events such as cake stalls or lunches.
- Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.
- Canteen staff (whether internal or external) should be able to demonstrate satisfactory training 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.

#### **Yard**

- If Cranbourne Primary School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Auto injector (i.e. EpiPen® Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
- Copies of each student's Anaphylaxis Management Plan and an Adrenaline Auto injector (i.e. EpiPen® Anapen®) is available in the first aid room and all staff have been trained in the use of the pen (remember that an anaphylactic reaction can occur in as little as a few minutes)
- If a reaction occurs in the yard, all staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.

- Photos of students with an Individual Anaphylaxis Management Plan are displayed in the staff room, in the first aid room and displayed in the staff office areas to ensure that yard duty staff are able to identify, by face, those students at risk of anaphylaxis.

### **Special Events (e.g. sporting events, incursions, class parties, etc.)**

- If Cranbourne Primary School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Auto injector to be able to respond quickly to an anaphylactic reaction if required.
- School staff should avoid using food in activities or games, including as rewards.
- For special occasions, School Staff should consult parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
- Parents 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 School or at a special School event.

### **Out of school settings**

#### **Excursions/sporting events/field trips**

- If Cranbourne Park Primary School has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Auto injector and be able to respond quickly to an anaphylactic reaction if required.
- An adrenaline Auto injector will accompany any excursion in which a student at risk of anaphylaxis is participating.
- The adrenaline Auto injector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and will accompany the nominated first aid staff member.
- Where there is a student at risk of anaphylaxis, it is the nominated first aid staff member's responsibility to ensure that the adrenaline Auto injector and a copy of the Individual Anaphylaxis Management Plan is taken on the excursion.
- For each field trip, excursion etc., a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
- All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
- The school should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents to provide a meal (if required)
- Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
- Where the student is attending a school organised event without a teacher from the school (e.g. representing the school at a district sports event) it is the parent's responsibility to ensure that the adrenaline Auto injector and a copy of the Individual Anaphylaxis Management Plan is taken on the excursion. Parents may wish to accompany their child on such excursions/events.
- Prior to the excursion taking place School Staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis

Management Plan to ensure this it is up to date and relevant to the particular excursion activity.

### **Camps and remote settings**

- Prior to engaging a camp owner/operator's services the School should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the school should consider using an alternative service provider.
- The camp cook should be able to demonstrate satisfactory training 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.
- Cranbourne Park Primary School will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
- Cranbourne Park Primary School will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
- School staff will consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
- Use of substances containing allergens should be avoided where possible.
- Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
- 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 mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
- Prior to the camp taking place school staff should consult with the student's parents to review the students Individual Anaphylaxis Management Plan to ensure this it is up to date and relevant to the circumstances of the particular camp.
- School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.
- Contact local emergency services and hospitals prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
- An adrenaline Auto injector should remain close to the student and school staff must be aware of its location at all times.
- The school's adrenaline Auto injector will accompany all camps where student at risk of anaphylaxis is attending. The Auto injector will be carried in the school first aid kit;

however, consideration will be given to allowing students, particularly adolescents, to carry their adrenaline Auto injector on camp, where it is deemed that the student has the capacity to self-use the device. This depends on the individual student and will be discussed as part of school/parent consultation before the camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own adrenaline Auto injector.

### **3. Storage of Adrenaline Auto injectors**

- Adrenaline Auto injectors for individual students will be stored in the first aid room.
- Each adrenaline Auto injector be in a container clearly labelled with the student's name/photo and be stored with a copy of the student's ASCIA Action Plan.
- An adrenaline Auto injector for general use be clearly labelled and distinguishable from those for students at risk of anaphylaxis; and
- Adrenaline Auto injectors for individual students will be signed in and out when taken from its usual place, e.g. for camps, excursions and out of school hours care (OSHC)

Cranbourne Primary School has a designated school staff member (ES- office administration) to conduct regular reviews of the adrenaline Auto injectors to ensure they are not out of date.

If the designated staff member identifies any adrenaline Auto injectors which are out of date, they will complete the following:

- Send a written reminder to the student's parents to replace the adrenaline Auto injector;
- Advise the Principal that an adrenaline Auto injector needs to be replaced by a parent; and
- Work with the Principal to prepare an interim Individual Anaphylaxis Management Plan pending the receipt of the replacement adrenaline Auto injector.

### **4. Adrenaline Auto injectors for General Use**

Cranbourne PS has two Auto injectors – one for site use and another to accompany any off-site activities. These devices are for general use and as a back-up to those supplied by parents/carers. Numbers held are based on the following assumptions:

- The number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis;
- The accessibility of Adrenaline Auto injectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis;
- The availability and sufficient supply of adrenaline Auto injectors for general use is specified locations at the school, including in the school yard, and at excursions, camps and special events conducted and organised by the school; and
- The adrenaline Auto injectors for general use have 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.

The two most common brands of Auto injector available in Australia are EpiPen® and Anapen®. These adrenaline Auto injectors are designed so that anyone can use them in an emergency.

### **5. School Management and Emergency Responses**

The school will have a complete and up to date list of students identified as having a medical condition that related to allergy and the potential for anaphylactic reaction;

All individual Anaphylaxis Management Plans and ASCIA Action Plans will be given to the class teacher and located in their attendance folder. Copies will also be available in the general office.



Anaphylaxis Management Plans and ASCIA Action Plans will also be stored with the student's Adrenaline Auto injectors in plastic containers labelled with the student's name/photo. These will be stored in the first aid room.

The school's first aid procedures and students' emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

### **Responding to an incident**

Where possible, only school staff with training in the administration of the adrenaline Auto injector should administer the student's adrenaline Auto injector. However, it is imperative that an adrenaline Auto injector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the adrenaline Auto injector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by).

### **In-School Environment**

Staff may use classroom phones/personal mobile phones to raise the alarm depending on the situation and location.

### **Out-of-School Environments**

Excursions and camps: each individual camp and excursion requires risk assessment for each individual student attending camp who is at risk of anaphylaxis. Therefore emergency procedures will vary accordingly. A team of school staff trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue.

### **Students at risk of anaphylaxis**

A member of the school staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan:

"Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit" A member of the school staff should immediately locate the student's adrenaline Auto injector and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan. The adrenaline Auto injector should then be administered following the instructions in the student's ASCIA Action Plan.

### **First-time reactions**

If a student has 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 contacting an ambulance using 000

It may also include locating and administering an adrenaline Auto injector for general use.

### **Post-incident support**

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and parents. In the event of an anaphylactic reaction, students and school staff may benefit from post-incident counselling, provided by the school nurse, guidance officer or student welfare coordinator.

## Review

After an anaphylactic reaction has taken place that has involved a student in the school's care and supervision, it is important that the following review processes take place:

1. The adrenaline Auto injector must be replaced by the parent as soon as possible.
2. In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement adrenaline Auto injector being provided.
3. If the adrenaline Auto injector for general use has been used this should be replaced as soon as possible.
4. In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement adrenaline Auto injector for general use being provided.
5. The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents.
6. The School's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of school staff.

## 6. Communication Plan

### Staff Awareness

At the beginning of each school year staff will be provided with a list of students that have medical conditions including allergies and the potential for anaphylactic reaction. These will be updated throughout the year if necessary. Copies of this list are also included in the CRT folders.

Any student identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction will have their photo displayed in the staffroom.

Volunteers and casual relief teaching staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Principal or Assistant Principal.

### Student Awareness

Class teachers can discuss the topic with students in class, with a few simple key messages:

- Always take food allergies seriously- severe allergies are no joke.
- Don't share your food with friends who have food allergies.
- Wash your hands after eating.
- Know what your friends are allergic to.
- 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.
- Don't pressure your friends to eat food that they are allergic to.

*Source: Be a MATE kit, published by Anaphylaxis and Allergy Australia*

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. Any attempt to harm a student diagnosed at risk of anaphylaxis must be treated as a serious and dangerous incident and dealt with in line with the Cranbourne Park Primary School Student Engagement Policy.



### **Working with parents**

Parents of children who are at risk of anaphylaxis are encouraged to develop an open and co-operative relationship with the school to ensure they feel confident that appropriate management strategies are in place. This is especially important when planning and preparing for off-site activities.

### **Raising school community awareness**

Information about allergies will be published in the newsletter to raise awareness of anaphylaxis Parent Information Sheets that promote greater awareness of severe allergies can be downloaded from the royal Children's Hospital website at [www.rch.org.au/allergy/parent\\_information\\_sheets/Parent\\_Information\\_Sheets](http://www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets)

## **7. Staff Training**

Teachers and other staff who conduct classes which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis will have up to date training in an anaphylaxis management training course.

School staff will have completed an anaphylaxis management training course at least every three years on anaphylaxis management and will participate in briefings yearly on the school's anaphylaxis management policy; the causes, symptoms and treatment of anaphylaxis; the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, where their medication is located, how to use an adrenaline Auto injector and the school's general first aid and emergency response procedures.

## **8. Anaphylaxis Risk Management Checklist**

The school will complete an annual Anaphylaxis Risk Management Checklist as published by the Department of Education and Training to monitor their compliance with their obligations and these Guidelines.

Note: A risk assessment tool is an appendix to this policy.

Appendix 1. Anaphylaxis Risk Management Checklist template

Appendix 2: Individual Anaphylaxis Management Plan template

This policy was last ratified by School Council in....

**October 2017**

# Annual Risk Management Checklist

School Name:	
Date of Review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	

## General Information

1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Auto injector?	
2. How many of these students carry their Adrenaline Auto injector 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 Auto injector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. 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: Individual Anaphylaxis Management Plans

7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Auto injector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. 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
10. Do all students who carry an Adrenaline Auto injector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 2: Storage and Accessibility of Adrenaline Auto injectors</b>	
12. Where are the student(s) Adrenaline Auto injectors stored?	
13. Do all School Staff know where the School's Adrenaline Auto injectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are the Adrenaline Auto injectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the storage unlocked and accessible to School Staff at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
17. Are the Adrenaline Auto injectors easy to find?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Auto injector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the Adrenaline Auto injectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No

20. Has someone been designated to check the Adrenaline Auto injector expiry dates on a regular basis? Who? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are there Adrenaline Auto injectors which are currently in the possession of the School and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do all School Staff know where the Adrenaline Auto injectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has the School purchased Adrenaline Auto injector(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
25. Where are these first aid kits located?	
26. Is the Adrenaline Auto injector for General Use clearly labelled as the 'General Use' Adrenaline Auto injector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Is there a register for signing Adrenaline Auto injectors in and out when taken for excursions, camps etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 3: Prevention Strategies</b>	
28. 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
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: School Management and Emergency Response</b>	
32. 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
33. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. 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
35. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is there a designated person who will be sent to collect the student's Adrenaline Auto injector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the Adrenaline Auto injector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student 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
38. On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Auto injector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the Adrenaline Auto injector for General Use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Who will make these arrangements during excursions? .....	
40. Who will make these arrangements during camps? .....	
41. Who will make these arrangements during sporting activities? .....	
42. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed 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 with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Auto injector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an Adrenaline Auto injector, including hands on practise with a trainer Adrenaline Auto injector?	<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 Auto injector(s) for General Use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No

g. Where the Adrenaline Auto injectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: Communication Plan</b>	
44. 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
45. 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?	
46. How is this information kept up to date?	
47. 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
48. What are they?	



# 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 Parents' 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>		

Emergency care to be provided at school	
Storage for Adrenaline Auto injector (device specific) (EpiPen®/Anapen®)	

## ENVIRONMENT

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.

**Name of environment/area:**

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

**Name of environment/area:**

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

**Name of environment/area:**

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

**Name of environment/area:**

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

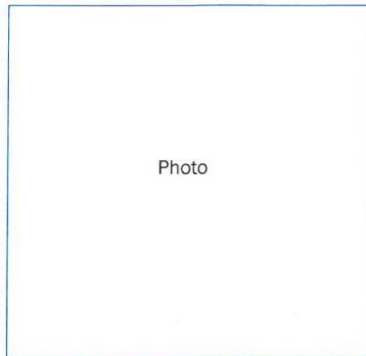
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

(Continues on next page)

# ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_



Photo

Confirmed allergens: \_\_\_\_\_

Asthma Yes ☐ No ☐

Family/emergency contact name(s): \_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_

Dr: \_\_\_\_\_

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

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

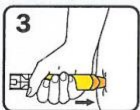
## How to give EpiPen®



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



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 10 seconds.

REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at:  
[www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

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## 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
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) .....
- Dose: .....
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede anaphylaxis**

**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 allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr**
- 3 Phone ambulance\* 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone 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 adrenaline autoinjector

**Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.**

EpiPen® is generally prescribed for adults and children over 5 years.

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: \_\_\_\_\_

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.



# ACTION PLAN FOR Anaphylaxis

For use with Anapen® Adrenaline Autoinjectors

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Photo

Confirmed allergens:

Asthma Yes ☐ No ☐

Family/emergency contact name(s):

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by:

Dr: \_\_\_\_\_

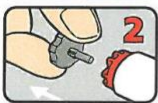
Signed: \_\_\_\_\_

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

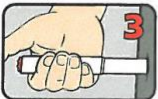
## How to give Anapen®



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 10 seconds.  
REMOVE Anapen® and DO  
NOT touch needle. Massage  
injection site for 10 seconds.

Instructions are also on the device  
label and at:  
[www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

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## 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
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed) .....
- Dose: .....
- Phone family/emergency contact

**Mild to moderate allergic reactions may  
or may not precede anaphylaxis**

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 allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give Anapen® 300 or Anapen® 150**
- 3 Phone ambulance\* 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone 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 adrenaline autoinjector**

**Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.**

Anapen® 300 is generally prescribed for adults and children over 5 years.

Anapen® 150 is generally prescribed for children aged 1-5 years.

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

Additional information \_\_\_\_\_

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

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; and
- 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 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
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.	
Signature of Principal (or nominee):	
Date:	