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ANAPHYLAXIS MANAGEMENT POLICY

Ministerial Order 706 - Anaphylaxis Management

Reviewed 2017

Next Review 2018

School Statement

St Joseph's Primary School is committed to providing, as far as is practicable, a safe, supportive environment, in which students at risk of anaphylaxis, can participate equally in all aspects of their schooling. The school is also committed to the provision of competent and prompt emergency care, to ensure the health and optimum outcome of all students who may experience anaphylactic reaction, whether on or off school premises. St Joseph's will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

Staff Training

It is the responsibility of the Principal of the School to ensure that relevant School Staff are:
trained:- Option 2- Course in First Aid Management of Anaphylaxis 22300VIC
briefed at least twice per calendar year.

St Joseph's School Staff will be appropriately trained on:

- title and legal requirements outlined in Ministerial Order 706
- pictures of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, with their allergens, year levels and risk management plan in place
- the School's Anaphylaxis Management Policy; how to use an Adrenaline Autoinjector, including hands on practice with a trainer Adrenaline Autoinjector device;
- the School's first aid policy and emergency response procedures;
- on going training and support
- the causes, symptoms and treatment of anaphylaxis;
- ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen
- ASCIA Anaphylaxis e-training

The briefing must be conducted by a member of School Staff, preferably the person is nominated as the Anaphylaxis Supervisor, who has successfully completed an approved Anaphylaxis Management Training Course in the last 12 months. (Helen McGarth has done this for us over the last 3 years)

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents 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 the student enrols, 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.

Note: A video has been developed and can be viewed from http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

Individual Anaphylaxis Management Plans

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, 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 enrols, and where possible before their first day of school.

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 and the signs or symptoms the student might exhibit in the event of an allergic reaction(based on a written diagnosis from a Medical Practitioner);
strategies to minimize 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 the school yard, at camps and excursions, or at special events conducted, organized or attended by the School;
the name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Plan;

information on where the student's medication will be stored;
the student's emergency contact details; and
an-up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan as required.
The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's Parents in all of the following circumstances:

annually;
if the student's medication 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 (eg. class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of the Parents to:

obtain the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable;
inform the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and it relevant, provide an updated ASCIA Action Plan for Anaphylaxis;
provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and each time it is reviewed.
provide the school with an adrenaline autoinjector that is current (ie the device has not expired) for their child.
participate in annual reviews of their child's plan

Prevention Strategies

The Risk Minimisation and Prevention Strategies that St Joseph's will put 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;
during recess and lunchtimes;
before and after school; and
special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.
special lunches

In-School Settings

Classrooms
1. A copy of the student's Individual Anaphylaxis Management Plan is kept in the classroom. The ASCIA Action Plan is easily accessible.
2. Liaise with Parents about food-related activities ahead of time.
3. Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of student with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4. Never 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 with milk or egg allergy and so forth.
7. Be aware of the possibility or hidden allergens in food and other substances used in cooking, food technology, science and art classes (eg. egg or milk cartons, empty peanut butter jars).

8. Ensure all cooking utensils, preparation dishes, plates and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10. The Deputy Principal will inform casual teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy,and each individual person's responsibility in managing an incident, ie. seeking a trained staff member.

Yard
1. We have students who are at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (ie. EpiPen to be able to respond quickly to an anaphylactic reaction if needed).
2. The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. **(Remember that an anaphylactic reaction can occur in as little as a few minutes).**
3. The School has a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. 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.
4. Yard duty staff can identify, by face, those students at risk of anaphylaxis.
5. Keep lawns and clover mowed and outdoor bins covered.
6. Students should keep drinks and food covered while outdoors.

Special Events (eg. sporting events, incursions, class parties, etc)
1. We will have sufficient School Staff supervising special events who are trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2. School Staff will avoid using food in activities or games, including as rewards.
3. For special occasions, School Staff will consult parents in advance to either develop an alternative food menu or request the Parents to send in a meal for the student.
4. Parents of other students will 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.

Field Trips / excursions / sporting events
1. Sufficient School Staff will be supervising the special event and are trained in the administration of an Adrenaline Autoinjector and can respond quickly to an anaphylactic reaction if required.
2. A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3. School Staff will avoid using food in activities or games, including as rewards.
4. The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis will be easily accessible and School Staff will be aware of their exact location.
5. For each field trip, excursion, etc. a risk assessment will 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 will be aware of the identify of any students attending who are at risk of anaphylaxis and be able to identify them by face.**
6. The School will consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu, or request the Parents provide a meal (if required).

7. 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.
8. Prior to the excursion taking place School Staff will consult with the student's Parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps and Remote Settings
1. Prior to engaging a camp owner/operator's services the School will make enquiries as to whether it can provide this confirmation to the School, then the School should consider using an alternative service provider.
2. The camp cook should be able to demonstrated 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.
3. Our 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. We have a duty of care to protect our students in our care from reasonably foreseeable injury and this duty cannot be deleted to any third party.
4. We will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This will be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5. Our staff will consult with Parents of student 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.
6. If the School is concerned about whether the food provided on a camp will be safe for student at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
7. Use of substances containing allergens should be avoided where possible.
8. 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.

9. The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone will be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency will be considered, eg. a satellite phone.
10. Prior to the camp taking place School Staff will consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.

11. School Staff participating in the camp will 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. We will 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.
12. We will contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. We will ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
13. We will take an Adrenaline Autoinjector for General Use on school camp, even if there is no student at risk of anaphylaxis, as a back up device in the event of an emergency.
14. We will purchase an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
15. The Adrenalin Autoinjector will remain close to the student and school staff will remain aware of its location at all times.
16. The Adrenaline Autoinjector will be carried in the school first aid kit.
17. Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
18. Cooking and art and craft games will not involve the use of known allergens.
19. Consider the potential exposure to allergens when consuming food on buses and in cabins.

School Management and Emergency Response

St Joseph's Anaphylaxis Management Policy includes procedures for emergency response to anaphylactic reactions. The procedures include the following:

a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction:

Oliver Conrad	Gr 3	Mrs. Cooke	2017
Helena Papas	Gr 3	Mrs. Cooke	2017
Cooper Gleeson	Gr 4	Mrs. Martell/ Mrs. Conway	2017
Grace Dias	Gr 5	Mr Sandison	2017
Chloe Nimorakiotakis	Gr 5	Mr Sandison	2017

Individual Anaphylaxis Management Plans and ASCIA Action Plans are located:
in the individual child's classroom;
in the sick bay;
in CRT folders;
in school excursions classroom files;
on school camps in the medication folder;
at special events conducted they will be in the excursion classroom folders.

Storage of Adrenaline Autoinjectors

St Joseph's Epipens for individual students, or for general use, will be stored in the staffroom so they are easily accessible to all staff.
Each Epipen will be clearly labelled with the student's name and be stored with a copy of the student's ASCIA Action Plan.
The Epipen for general use is clearly labelled and distinguishable from those students at risk of anaphylaxis.
Adrenaline Autoinjectors for individual students, or for general use, are stored in the staffroom on an open shelf for quick access.
Each Adrenaline Autoinjector is clearly labelled in an appropriate bag with the student's name and stored with a copy of the student's ASCIA Action Plan.
An Adrenaline Autoinjector for General Use be clearly labelled and distinguishable from those students at risk of anaphylaxis.

Regular Review of Adrenaline Autoinjectors

Regular reviews of students' EpiPens and those for general use will be reviewed regularly. When undertaking a review, the following factors could be checked and/or considered.

Michelle Herd, a Learning Support Officer, will be responsible for conducting regular reviews of the Adrenaline Autoinjectors to ensure they are not out of date.

If the designated staff member identified any Adrenaline Autoinjectors which are out of date she/he should consider:

sending a written reminder to the student's Parents to replace the Adrenaline autoinjector;

advising the Principal that an Adrenaline Autoinjector needs to be replaced by a Parent; and

working with the Principal to prepare an interim Individual Anaphylaxis Management Plan pending the receipt of the replacement Adrenaline Autoinjector.

1. Adrenaline Autoinjectors are: * Stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes; * Stored in an unlocked, easily accessible place away from direct light and heat. They should not be stored in the refrigerator or freezer; * Clearly labelled with the student's name, or for general use; and * Signed in and out when taken from its usual place, eg. for camps or excursions.
2. Each student's Adrenaline Autoinjector in distinguishable from other students' Adrenaline Autoinjectors and medications. Adrenaline Autoinjectors for General Use are also clearly distinguishable from students' Adrenaline Autoinjectors.
3. All School Staff know where the Adrenaline Autoinjectors are located.

4. A copy of student's ASCIA Action Plan is kept with their Adrenaline Autoinjector.

5. Depending on the speed of past reactions, it may be appropriate to have a student's Adrenaline Autoinjector in class of or in a yard-duty bag.
6. It is important to keep trainer Adrenaline Autoinjectors (which do not contain adrenaline) in a separate location from students' Adrenaline Autoinjectors.

Communication Plan - School Management and Emergency Response

The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy/plan.

The Communication Plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in classroom, in the school yard, on school excursions and special event days.

The Deputy Principal (or designated person) will ensure CRTs are informed of students at risk and what their role is in responding to an anaphylactic reaction by a student in their care.

This includes:
being alerted to the relevant anaphylaxis information in class rolls, and if replacing a specialist teacher, having access to the specialist timetable, which identifies classes with anaphylactic students.

All staff will be briefed once each semester by a staff member with up-to-date anaphylaxis management training on

the school's anaphylaxis management policy
the causes, symptoms and treatment of anaphylaxis
the students diagnosed at risk of anaphylaxis and the location of medication
the correct use of the auto adrenaline injecting device
the school's first aid and emergency response procedures

Staff Training and Emergency Response

Teachers and other school staff who conduct classes with students at risk of anaphylaxis will have up-to-date training in an anaphylaxis management training course.

At other times while a student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the Principal will ensure that there is a sufficient number of staff present who have up-to-date training in anaphylaxis management.

General

Auto adrenaline injecting devices are located in the staffroom in insulated bags labelled with the student's name and instructions for us
Each student's ASCIA plan is located in the sick bay and readily accessible

A photo of each individual student at risk is displayed in the sickbay and each classroom / roll has a record of anaphylactic children.
The designed first aid officer is responsible for checking the expiry dates of the auto adrenaline injecting devices and will notify parents prior to expiry.
Each student's action plan is updated annually by the student's medical practitioner.
Each yard duty first-aid pack contains a photo about students at risk of anaphylaxis.
In the event of a suspected anaphylactic emergency, during recess or lunch time, the appropriate card is sent to the sickbay so that a staff member can execute a rapid response.
In the event of a suspected anaphylactic emergency, during recess or lunch time, the appropriate card is sent to the sickbay so that a staff member can execute a rapid response.
In the event of a suspected anaphylactic emergency, an ambulance will be called.
The school will liaise with parents / carers about food related activities.

Communication Plan

Adrenaline Autoinjectors for General Use

The Principal will purchase Adrenaline Autoinjector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents.

The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:

the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
the accessibility of Adrenaline Autoinjectors 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 Autoinjectors for General Use in specified locations at the School, including in the school yard, and at excursions, camps and special events conducted or organised by the School; and
the Adrenaline Autoinjectors 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 or use or expiry, whichever is first.

Anaphylaxis Communication Plan

The Communication Plan takes steps to ensure effective communication of students at risk of anaphylactic reaction.

St Joseph's Primary School has taken steps to ensure effective communication of students at risk of anaphylaxis.

1. Anaphylaxis action plans are located in the sick bay and include students' photos.
2. Anaphylaxis action plans including photos are located in attendance rolls in all classrooms.
3. All staff undergo regular briefings on anaphylaxis, the symptoms and emergency responses.
4. All staff with a student risk of anaphylactic responses in their classroom, will be briefed at the beginning of the year, to ensure their awareness of the issues related to these students.

5. Parents/carers of anaphylactic students will be contacted each year to ensure we have the most up-to-date anaphylactic management plan available.

Emergency Management

In the event of an anaphylactic episode
In the classroom:
The teacher in charge will contact the office. If possible the child will be taken to the sick bay where their personal auto adrenaline injecting device (EpiPen) can be used.
When it is decided to use the EpiPen; 000 will be rung immediately.
A mobile phone will be used if the child is not located in the office area.

In the school playground:
All yard duty teachers carry a first aid bag, which will contain photographs of anaphylactic students.
In the event of an anaphylactic episode, the yard duty teacher will contact the office and provide the name of the student so their personal auto adrenaline injecting device can be taken to the scene directly.
After contacting the office, the yard duty teacher will call 000 for ambulance/emergency advice.

At excursions / sports / camp:
The school will inform the camp of any students with anaphylaxis to ensure that appropriate arrangements are made for students participating at camp.
The auto adrenaline injecting device will accompany students at risk of anaphylaxis to all excursions, sports camps and camps.
The injecting device will be kept within close proximity to the student.
In the event of an anaphylactic episode, the supervising teacher will administer the auto adrenaline injection.
The supervising teacher will ring 000 for medical assistance.
If the episode takes place at another school or establishment, first aid assistance will be sought.
For school camps: Parents will be fully informed of the relevant considerations such as:
- the remoteness of the camp (distance to nearest hospital)
- the mobile telephone coverage (in some locations, coverage is not reliable).

Anaphylaxis Communication / Management

Classroom including specialists:
Every teacher will receive individual anaphylactic management plans (including photographs) for all anaphylactic children in their grade level. If the child goes to different maths groups or literacy groups (or specialists) this allows for all staff to be aware of potential hazards. Individual management plans will be placed in all classroom rolls and displayed in all specialist rooms. Specialists will have the names of all children who have anaphylaxis.

CRTs
Photocopies of anaphylaxis management plans are placed in classroom rolls.
The Deputy Principal will draw attention to any child who is at risk of anaphylaxis.
Specialist teachers have a booklet with the names of all anaphylactic children.

Minimising Exposure
Children are expected to eat their play lunch and lunch in the classroom.
In an attempt to minimise exposure, all children in classrooms sit at their own table and do not move around whilst eating, this will help minimise contamination.
There will be regular communication with parents via the newsletter and notes sent home reminding them that nuts are not banned however, they should exercise caution when preparing lunches and snacks.

Emergency Response Instructions

During recess and lunch times

Anaphylactic Episode

1. Identify the student and verify they have an individual anaphylactic management plan.
2. Contact the office immediately and if feasible take the child to the sick bay and locate the management plan.
3. If the child cannot be moved from the playground, send for the EpiPen and administer treatment there whilst contacting 000 for a mobile phone for emergency medical assistance.

* Clearly explain that this child is suffering a suspected anaphylactic reaction

During instruction time (in classrooms or specialists)

Anaphylactic Episode

1. Identify the student and verify that they have an individual anaphylactic management plan. See classroom roll or display if in a specialist room.
2. Get assistance from classroom teacher next door as help is sought from the office. Move child to the office if possible, and then undertake emergency response management.
3. The office will ring 000 for emergency medical assistance and notify relevant staff to provide support as soon as practicable.

Communication to Parents
This information will be provided to parents at the start of each school year via the newsletter. A separate note may be sent home to parents at specific year levels if deemed necessary.

What are the main causes?

Research shows that students in the 10-18 year age group are at greatest risk of suffering a fatal anaphylactic reaction. Certain foods and insect stings are the most common causes of anaphylaxis. Eight foods cause ninety-five per cent of food allergic reactions in Australia and can be common causes of anaphylaxis

- peanuts;
- tree nuts (ie. hazelnuts, cashews, almonds, walnuts, pistachios, macadamias, brazil nuts, pecans, chestnuts and pine nuts);
- eggs
- cows milk;
- wheat;
- soy;
- fish and shellfish (eg. oysters, lobsters, clams, mussels, shrimps, crabs and prawns); and
- sesame seeds.

Other common allergens include some insect strings, particularly bee stings but also wasp and jumper jack ant stings, tick bites, some medications (eg. antibiotics and anaesthetic drugs) and latex.

Signs and Symptoms

Mild to moderate allergic reaction can include:

swelling of the lips, face and eyes;
hives or welts'
tingling mouth; and
abdominal pain and/or vomiting (these are signs of a severe allergic reaction to insects).

Anaphylaxis (severe allergic reaction) can include:

difficult/noisy breathing;
swelling of tongue;
swelling/tightness in throat;
difficulty talking and/or hoarse voice;
wheeze or persistent cough;
persistent dizziness or collapse; and
pale and floppy (young children).

Symptoms usually develop within 10 minutes to several hours after exposure to an allergen, but can appear within a few minutes.

Treatment of Anaphylaxis

Adrenaline given as an injection into the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis reaction.
Children diagnosed as being at risk of an anaphylaxis reaction are prescribed Adrenline auto injector in an emergency.

Medical Information about Anaphylaxis

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life-threatening allergic reactions are uncommon and deaths are rare. However,deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency requiring rapid response.

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.

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			

EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	

Emergency care to be provided at school	
Storage for Adrenaline Autoinjector (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?

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

(Continues on next page)

ascia

www.allergy.org.au

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: _____

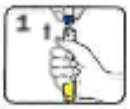
Plan prepared by:

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

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.

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 (eg. 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:	