



## Anaphylaxis Management Policy

### **Background**

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 (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 these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at the school.

Adrenaline given through an Adrenaline Autoinjector to the muscle of the outer thigh is the most effective first aid treatment for anaphylaxis.

- *Given the number of foods to which a student may be allergic, it is not possible to remove all allergens from the school – therefore no food products will be excluded (from the school).  
The school will, however, build an awareness of these potentially fatal allergens and communicate this to the school community.*

### **School Statement**

**Blackburn Primary School will comply with Ministerial Order 706 made 3rd December 2015**  
**Blackburn Primary school will comply with all guidelines related to anaphylaxis management in schools as published and amended by the department from time to time.**  
**The principal at Blackburn Primary School must complete an annual Risk Management Checklist to monitor the school's obligations, as published and amended by the Department from time to time.**

### **Purpose**

- To provide, as far as is practicable a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of a 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 undertakes professional development related to allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.
- 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.

The key reference and support for the school regarding anaphylaxis is the [DET Anaphalaxis Guidelines](#)

### **Individual Management Plans (IMP)** (see Appendix B)

The school 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 enrolls and where possible before their first day of school.

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

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Information on where the student’s medication will be stored.
- The student’s emergency contact details.
- An emergency procedures plan (ASCIA Action Plan – see Appendix B), provided by the parent, 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 student and
  - includes an up to date photograph of the student.

The student’s Individual Management Plan (IMP) will be reviewed:

- with the student/carers
- annually, (or as applicable), through being returned at the beginning of every school year
- if the student’s condition changes, or
- immediately after a student has had an anaphylactic reaction at school.

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

- communicate their child's allergies and risk of anaphylaxis to the School at the earliest opportunity, preferably on enrolment;
- continue to communicate with School Staff and provide up to date information about their child's medical condition;
- provide the emergency procedures plan (ASCIA Action Plan – see Appendix B) each year;
- inform the school if the child’s medical condition changes, and provide an updated emergency procedures plan (ASCIA Action Plan) to the school and when it is reviewed;
- provide the school with an Adrenaline Autoinjector that is current and not expired for their child;
- ensure all medication kept at school is up to date.

**School Risk Prevention and Minimisation Strategies and Management:** School Staff are reminded that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The development and implementation of appropriate prevention strategies to minimise the risk of incidents of anaphylaxis is an important step to be undertaken by School Staff when trying to satisfy this duty of care.

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2.	Liaise with Parents about food-related activities ahead of time.
3.	Food treats should not be used in class.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.

5.	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 and so forth.
6.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
7.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
8.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
9.	A designated staff member should inform casual relief 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. Information about any students at risk of Anaphylaxis within a classroom should also be clearly displayed in the appropriate classroom planning folder and near to the red box containing the student's Adrenaline Autoinjector.

#### Yard

1.	If the 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 Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
2.	The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan should be easily accessible from the yard, and staff should be aware of their exact location. <b>(Remember that an anaphylactic reaction can occur in as little as a few minutes).</b>
3.	The School must have 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 includes all yard duty staff carrying emergency cards in yard-duty first aid kits. 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 must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants.
6.	Keep lawns and clover mowed and outdoor bins covered.
7.	Students should keep drinks and food covered while outdoors.

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

1.	If the School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2.	School Staff should avoid using food in activities or games, including as rewards.
3.	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.
4.	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.
5.	Party balloons should not be used if any student is allergic to latex.

### Field trips/excursions/sporting events

1.	If the School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to 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 should 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 should be easily accessible and School Staff must be aware of their exact location.
5.	<p>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.</p> <p>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.</p>
6.	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 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 should 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

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.

The School must 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.

The school should 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 should 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.**

If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.

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 Autoinjector, 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 that 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.

The School should consider taking an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back up device in the event of an emergency.

The School should consider purchasing an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.

The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.

The Adrenaline Autoinjector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.

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.

Cooking and art and craft games should not involve the use of known allergens.

Consider the potential exposure to allergens when consuming food on buses and in cabins.

## INDIVIDUAL ANAPHYLAXIS MANGEMENT PLANS

*Note: A template of an individual anaphylaxis management is part of the [DET Anaphylaxis Management Guidelines](#)*

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls and where possible before their first day at the school.

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.  
*Note: Appendix 2 of the Anaphylaxis Guidelines contains advice about a range of prevention strategies that can be put in place.*
- The name 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 (ASCI Action Plan), provided by the parent, 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 emergency procedures plan; and
  - includes an up to date photograph of the student.

Note: The red and blue 'ASCIA Action Plan' is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. **This should be used to complete the individual anaphylaxis management plan.**

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

- annually, and as applicable;
- if the student's condition changes, or;
- immediately after a student has an anaphylactic reaction at school.
- when a 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

It is the responsibility of the parent to:

- provide the emergency procedures plan (ASCIA Action Plan).
- inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
- provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.

The School is responsible for ensuring 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 having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of the diagnosis.

### **Communication Plan:**

The School 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.

The communication plan will ensure the following:

- that all staff are aware of which students are diagnosed at risk of anaphylaxis and where their medication is located (e.g. in a red box visible to all and clearly labelled with child's name)
- where necessary class teachers need to inform visiting instructors, volunteers and casual relief staff about children diagnosed at risk of anaphylaxis
- that at the start of each term all class newsletters contain a statement/reminder about anaphylaxis

Note: the Anaphylaxis Guidelines provide advice about strategies to raise staff and student awareness, working with parents/carers and engaging the broader school community.

### **Staff Training and Emergency Response**

All School Staff will be appropriately trained:

- School staff who conduct classes where students with a medical condition relating to allergy and the potential for anaphylactic reaction attend; and
- Any further School Staff that are determined by the Principal.

The principal will identify the school staff to be trained based on a risk assessment of an anaphylactic reaction occurring while a student is under the care of supervision of the school.

School staff who are subject to training requirements must have successfully completed

a) a face to face anaphylaxis management training course in the three years' prior

OR

B) an online anaphylaxis management training course in the two years prior  
(<http://etrainingvic.allergy.org.au/>) and

**In addition** to the above, school staff who are subject to training requirements should participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:

- the School's Anaphylaxis Management Policy;
- the causes, symptoms and treatment of anaphylaxis;
- the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
- how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
- the School's general first aid and emergency response procedures; and
- the location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.

The briefing must be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

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 enrolls, and preferably before the student's first day at School.

### **Annual Risk Management Checklist**

The principal will be responsible for ensuring:

1. 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 is compiled, stored in the main office, the sick bay, the staff room and the principal's office and is made available to all staff
2. Individual Anaphylaxis management Plans and ASCIA Management Plans will be completed and revised as per guidelines and will be available in the staff room, the sick bay and held by classroom teachers. Copies of these plans must accompany all off site activities including excursions, camps and special events conducted, organised or attended by the school. This should include all sporting activities off site
3. Specialist teachers shall be provided with a list of all children who have the potential for an anaphylactic reaction.

4. Adrenaline Autoinjectors provided by parents will be stored in clearly marked red boxes within the affected student's classroom – It is the responsibility of the parents to ensure these have not expired.
5. The principal and/or business manager shall arrange for the purchase of additional current Adrenaline Autoinjectors for general use and as back up for those supplied by parents
6. The purchase of additional Adrenaline Autoinjectors shall be decided by the principal/business manager based on
  - a) number of children enrolled at the school with a potential for anaphylactic reactions.
  - b) the accessibility of Adrenaline Autoinjectors that have been provided by parents.
  - c) the availability of a sufficient supply of Adrenaline Autoinjectors for general use in specified locations at the school, including the school yard, on excursions, camps, special events and sporting activities. (Note: current adrenaline injectors must be included in yard duty bags and first aid bags which accompany off site activities).
  - d) An inventory of Adrenaline Autoinjectors and expiry dates will be undertaken at least once per term.

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

**Appendices:**

- Emergency Management Policy (including First Aid)
- Anaphylaxis Risk Management Checklist
- Anaphylaxis Management Plan
- 

**References:**

- [DET Anaphylaxis Management in Schools](#)
- [DET Anaphylaxis Policy](#)
- [DET Health Support Planning Policy](#)

**RATIFIED BY SCHOOL COUNCIL**

**DATE: October 2016**

<b>Date</b>	<b>Version Number:</b>	<b>Update information</b>	<b>Next Review:</b>
August 2014	1.0	N/A	October 2016
October 2016	2.0	Changes in line with Ministerial Order 706 regarding new provisions to provide appropriate training. Amendments in line with DETR guidelines.	2018

## Appendix A



### Emergency Management Policy (including First Aid)

#### Emergency Action Plan

A number of steps must be followed when faced with an emergency. This is an emergency action plan to help deal with such situations in a structured approach and aid in remaining calm while performing first aid. An emergency action plan is a guideline for you to follow, assisting you to effectively treat the casualty. Following the emergency action plan will keep you safe, whilst still being effective. Remember, safety first. The emergency action plan recognises the need for an instant evaluation of the safe operating requirements that you as a first responder are required to follow. This ensures the prevention of personal injury, whilst ensuring the safety of the casualty and other bystanders.

#### First Aid Protocol (see also DRSABCD)

##### Assess the scene

- Look at the scene and identify any risks or hazards.
- Remove hazards or risks if safe to do so.
- For suspected serious injury or ill health call ambulance immediately if able on triple zero, '000' (fixed or mobile), or '112' (GSM mobile phones only).
- **If emergency, in class or on duty, teacher is to stay with patient and give 'red card' to nearest person. They are to run this to the office to get further assistance. On seeing the 'red card, office is to immediately ring ambulance and send assistance to the emergency.**

##### Assess the casualty:

- "Is the casualty responding?"
- "Is the casualty breathing normally?"
- "Is the casualty moving?"
- "Are there signs of life?"
- If able, find out background information of the patient and events leading to this situation. What happened?

##### Assess what to do next:

- Administer First Aid within your level of experience or training. Protect yourself and ensure you do not injure yourself whilst carrying out first aid.
- Provide confidence and reassurance.
- Be calm, firm, compassionate and know when and how to obtain further help.
- No medication, including pain killers (Panadol), shall be administered without the permission of parents.
- All students with a documented asthma and/or anaphylaxis management plan, should be treated according to individual action plans.

##### Please Note:

- *All injuries or illnesses that occur during class time will be referred to the school office where the incident will be managed. All injuries or illnesses that occur during recess/lunch break or before/after school will be referred to the teacher on duty who will then refer to the school office for First Aid if necessary.*



## Appendix B

### 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>		
<b>Emergency care to be provided at school</b>			
<b>Storage for adrenaline autoinjector (device specific) (EpiPen®)</b>			

**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:**

<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

**Name of environment/area:**

<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

**Name of environment/area:**

<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

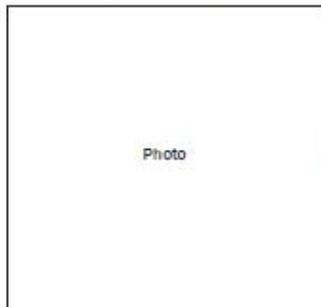

<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?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

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# ACTION PLAN FOR Anaphylaxis

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

For use with EpiPen® adrenaline autoinjectors



Confirmed allergens:

\_\_\_\_\_

Family/emergency contact name(s):

\_\_\_\_\_

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

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

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

Plan prepared by:

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

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

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

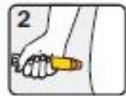
Date: \_\_\_\_\_

Date of next review: \_\_\_\_\_

## 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)

## 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. Do not remove ticks.
- 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 may not always occur before 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 FOR ANAPHYLAXIS

- 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 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, 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.

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.

## IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y  N  Medication: \_\_\_\_\_

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 (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:	

## Appendix C

Annual risk management checklist (reviewed 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 with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an approved Anaphylaxis Management Training Course, either: <ul style="list-style-type: none"><li>• ASCIA 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, 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 briefing? If no, why as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 day of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 2: Individual Anaphylaxis Management Plans

12. 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
13. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. 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
15. Do all students who carry an adrenaline autoinjector 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 the Action Plans kept?	
16. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have the Individual Management Plans (for students at risk of anaphylaxis) been reviewed prior to any off site activities (such as sport, camps or special events), and where appropriate reviewed 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>	
18. Where are the student(s) adrenaline autoinjectors stored?	
19. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are the adrenaline autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. 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

25. Are the adrenaline autoinjectors 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
26. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis?  Who? ..... ...	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Are there adrenaline autoinjectors which are currently in the possession of the school and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Has the school signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. 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
30. 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
31. Where are these first aid kits located?  Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. 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: Prevention strategies</b>	
34. 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
35. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why not as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. 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>	
37. 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
38. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

39. 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
40. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. 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
42. Have you checked how long it will take to get to the adrenaline autoinjector and the individual ASCIA Action Plan for Anaphylaxis 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
43. 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
44. Who will make these arrangements during excursions? ..... .....	
45. Who will make these arrangements during camps? ..... .....	
46. Who will make these arrangements during sporting activities? ..... .....	
47. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

48. Have all school staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction attend, 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 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 practise 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>	
49. 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
50. 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?	

51. How is this information kept up to date?	
52. 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
53. What are they?	