

## Anaphylaxis Policy

### Introduction

Anaphylaxis is a severe, rapidly progressive and potentially life threatening allergic reaction. The most common triggers (allergens) are peanuts, tree nuts (e.g. hazelnuts, cashews and almonds), cows' milk, eggs, wheat, soybean, sesame (seeds/oil), fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis is knowledge of those students who are diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnership between the school, parents and carers is important in ensuring that certain foods or items are kept away from the student while at school. Adrenaline given through an auto injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

St Mary's Primary School acknowledges its responsibility to develop and maintain an anaphylaxis management policy & associated procedure. The school will comply with [Victorian Government's Ministerial Order 706, 2015](#) and the associated guidelines published and amended by the Victorian Department of Education and Training from time to time.

### Aims

The aim of St Mary's Primary School's anaphylaxis management policy & associated procedure is to:

- Provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling;
- Raise awareness about anaphylaxis and the school's anaphylaxis management plan in the school community
- Engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and the management strategies for the student
- Ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

### Individual Anaphylaxis Management Plans

At the commencement of each school year the *Annual Anaphylaxis Risk Management Checklist (Appendix 3)* will be completed to identify the number of students affected by anaphylaxis and to ensure required risk mitigation strategies are planned for and implemented.

The Principal, or their nominee, will ensure that an Individual Anaphylaxis Management Plan (*Appendix 1*) 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 devised from the Action Plan and will be in place as soon as practicable after the student enrolls.

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;
- 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 (ASCIA Action Plan), provided by the parent/carer, 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
  - Is reviewed annually
  - Includes an up to date photograph of the student
  - Is printed in colour.

The Principal, or their nominee, will then implement and monitor the student's Individual Anaphylaxis Management Plan.

The student's Individual Anaphylaxis Management Plan will be reviewed Annually, in consultation with the student's Parents / Carers in all of the following circumstances:

- If the student's medical condition, in so far 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).

It is the responsibility of Parents / Carers to:

Provide an ASCIA Action Plan;

- Inform the school in writing if their child's medical condition, in so far as it relates to allergy and the potential for anaphylactic reaction, changes, and where relevant provide an updated ASCIA Action Plan
- Have the ASCIA plan reviewed by / updated by a Medical Practitioner annually
- The colour photo for the plan should be updated annually as part of the process
- Provide the School with an adrenaline auto injector that is current and not expired for their child
- St Mary's Primary School will provide spare adrenaline auto injectors for general use.

### **Prevention Strategies**

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

- » During classroom activities (including specialist and elective classes);
- » School Grounds – Before and after school, recess and lunchtimes;
- » Special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

Prevention Strategies include, but are not limited to the following:

Provide professional development for all staff including the identification and response to anaphylaxis and the proper use of an EpiPen®/Anapen®.

A copy of the student's Individual Anaphylaxis Management Plan kept in the First Aid Room.

Class teachers are to liaison with Parents / Carers about food-related activities ahead of time.

The use of non- food treats where possible, but if food treats are used it is recommended that the Parents / Carers provide a treat box.

### Classrooms

1. Never give food from outside sources to a student who is at risk of anaphylaxis.
2. Treats from other students in class should not contain the substances to which the student is allergic.
3. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contains milk or egg' should not be served to students with milk or egg allergy.
4. Staff members are to maintain an awareness of possible hidden allergens in food and other substances used in cooking, food technology, science and art classes.
5. Ensure all cooking utensils, preparation dishes, plates and knives/forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
6. Regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
7. The school Principal, or their nominee, should inform casual relief teachers, specialists teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and EpiPen, the School's Anaphylaxis Policy and each person's responsibility in managing an incident.

### School Grounds

Sufficient supervision of a student who is at risk of anaphylaxis by a Staff Member who is trained in the administration of EpiPens.

EpiPens and Individual Anaphylaxis Plans are easily accessible from the school grounds.

A communication plan is in place for Staff Members on Duty so medical information can be retrieved quickly and all Staff are aware how to respond if an anaphylactic reaction occurs during before or after school, at recess or lunch time.

Staff on duty can identify those student's at risk of anaphylaxis.

Students with anaphylactic reactions to insects are encouraged to stay away from water or flowering plants.

### Excursions/Camps

1. A Risk Assessment of the excursion or camp must be completed prior to departure.
2. A Risk Assessment is to be completed for each individual student attending the event.
3. Review the Individual Anaphylaxis Management Plan prior to departure to ensure that it is up to date and relevant to the particular excursion or camp
4. Staff in charge should consult Parents / Carers of anaphylactic students in advance to discuss issues that might arise, to develop an alternative food menu or request the parent provide a meal (if required).
5. Staff Members attending must maintain current training and competence in responding to anaphylactic reaction and the administration of an EpiPen..
6. Appropriate methods of communications have been identified.
7. Individual Anaphylaxis Management Plans and EpiPens are to be easily accessible and Staff members are aware of their location.
8. Identify the location of the EpiPen ie. Who will carry it, how will it be delivered to the student?

### Special Events

1. A sufficient number of Staff Members who have been trained in the administration of an Epi-Pen are supervising the event.
2. Where possible avoid using food in activities or games.
3. Supervising Staff Members are to consult Parents / Carers in advance for special events to either develop an alternative food menu or request the parent to send a meal for the student at risk.
4. Parents / Carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk and request that they avoid providing students with treats whilst they are at a special school event.
5. Party balloons are not to be used if a student is allergic to latex.

### Raising Awareness - Students

Classroom education from teaching Staff Members and the school's 'Anaphylaxis Supervisors' will reinforce the importance of:

- » Not sharing food, and discouraging peanut and tree nut products in all forms being brought into the school;
- » Handwashing;
- » Raising peer group awareness of serious allergic reactions;
- » Ensuring trip and excursion groups, sporting teams are aware of peer needs in relation to people with severe medical alerts and those at risk of anaphylaxis.

Peer support is an important element of the welfare for students at risk of anaphylaxis. Some students at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

Teaching Staff Members discuss the topic with students in class and at parent/teacher conferences identifying simple key messages:

- » Always take food allergies seriously;
- » Do not share your food;
- » Wash your hands after eating;
- » Know what your friend is allergic to;
- » If a friend becomes sick, get help immediately;

Do not pressure your friends to eat food that they are allergic to / do not want to eat.

### **School Management & Emergency Response**

In the event of an allergic reaction, the School will follow the student's ASCIA Action Plan for Anaphylaxis, in addition to the School's emergency documents and procedures.

These emergency documents and procedures include:

- » First Aid protocol and emergency response procedures that include:
  - 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;
  - Details of Individual Anaphylaxis Management Plans (containing ASCIA Action Plans);
  - Information about the storage and accessibility of adrenaline auto-injectors;
  - How communication with Staff Members, Students, Parents / Carers is to occur in accordance with a communications plan.

Where an EpiPen is administered, St Mary's Primary School:

- » Immediately call an ambulance 000 or 112 if the mobile has no service;
- » Lay the students flat and elevate their legs. Do not stand or walk. If breathing is difficult for them, allow them to sit but not stand;
- » Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of

a worsening condition. Ask another Staff Member to move other students away and reassure them elsewhere;

- » In the rare situation where there is no marked improvement and severe symptoms are present, a second injection may be administered after five minutes, if a second EpiPen is available;
- » Then contact the Student's emergency contacts.
- » Notify the School Principal of the incident as soon as is practical.

### **Adrenaline Auto-Injectors for General Use**

St Mary's Primary School purchases additional Adrenaline-Auto Injector/s for General Use by the school.

The Principal is responsible for arranging for the purchase of additional Adrenaline-Auto Injector/s for General Use and as a back up to those supplied by parents / carers. These injectors will be clearly labelled as 'Spare'.

The Principal will determine the number of additional Adrenaline-Auto Injector/s for General Use required by considering the following:

- The number of students enrolled at the school that have been diagnosed as being at risk of anaphylaxis;
- The accessibility of Adrenaline-Auto Injector that have been provided by Parents / Carers of students who have been diagnosed as being at risk of anaphylaxis;
- The availability and sufficient supply of Adrenaline-Auto Injector 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.
- Adrenaline-Auto Injector/s 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.

Staff Members are to make sure that Adrenaline-Auto Injectors are not kept in vehicles or in any place of extreme heat, or cold (ie refrigerators) during a camp / excursion / special event.

First Aid bags have been provided by the school to store student medications and auto injectors in a cool location.

St Mary's Primary School maintains a list of the expiry date of all Adrenaline-Auto Injectors provided by Parents / Carers or purchased by the school for General Use on its Student Administration System (SAS). The currency of all Adrenaline-Auto Injectors is checked at the commencement of the school year and once a term subsequently.

Parents / Carers will be informed of pending expiry dates at least one month prior to the date listed on the Adrenaline-Auto Injector.

Adrenaline-Auto Injectors provided by Parents / Carers are primarily kept in the First Aid Room

Adrenaline-Auto Injectors for General Use labelled 'Spare' are kept in the First Aid Room

### **Communication Plan**

St Mary's Primary School Principal is responsible for ensuring that a Communication Plan is developed to provide information to all Staff Members, Students, Parents / Carers about anaphylaxis and the School's Anaphylaxis Management Policy and Procedure.

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

Casual Relief Teachers & Volunteers responsible for the supervising students will be informed of those at risk of anaphylaxis and their role in responding to an anaphylactic reaction by the Deputy Pincipal.

CRTs will be provided with a list of students at risk for each individual class they are required to attend by the Deputy Principal upon arrival. They will be asked to familiarise themselves with the ASCIA Action Plan which will contain the student's photo; name and date of birth, allergens to be avoided, contact details and the action required if the student has a mild or serious reaction.

Volunteers will be made aware of students at risk of anaphylaxis in activities that they are to participate in and the immediate action to be taken to inform supervising Staff Members if they suspect a student is suffering a reaction.

As part of the school's Communication Plan, Staff Members, as determined by the Principal, will participate in an identified Anaphylaxis Management Training Course run by and RTO.

Staff Members are also briefed at least twice a year by a competent Staff Member who has current anaphylaxis management training on:

- » Requirements of Victorian Government's Ministerial Order 706, 2015;
- » The school's Anaphylaxis Management Policy & Procedure;
- » The causes, symptoms and treatment of anaphylaxis;
- » The identity of students diagnosed at risk of anaphylaxis and where their medication is located;
- » How to use an Adrenaline-Auto Injector device;
- » Prevention Strategies adopted by the school to reduce the potential for an anaphylactic event;
- » The school's first aid and emergency response procedures;
- » The location of, and access to, the Adrenaline-Auto Injector/s purchased by the school for General Use or provided by Parents / Carers.

### **Staff Training**

Staff Members, as determined by the Principal participate in a course First Aid Management of Anaphylaxis 22300 VIC. This course is provided by an RTO that has this course in their scope of practice and is paid for by each school. The training is valid for 3 years.

All Staff Members are also briefed at least twice a year by a competent Staff Member who has current anaphylaxis management training on:

- » Requirements of Victorian Government's Ministerial Order 706, 2015;
- » The school's Anaphylaxis Management Policy & Procedure;
- » The causes, symptoms and treatment of anaphylaxis;
- » The identity of student diagnosed at risk of anaphylaxis and where their medication is located
- » How to use an Adrenaline-Auto Injector device;
- » Prevention Strategies adopted by the school to reduce the potential for an anaphylactic event;
- » The school's first aid and emergency response procedures;
- » The location of, and access to, the Adrenaline-Auto Injector/s purchased by the school for General Use or provided by Parents / Carers.

### **Annual Anaphylaxis Risk Management Checklist**

St Mary's Primary School Principal will complete an *Annual Anaphylaxis Risk Management Checklist (Appendix 3)* as published by the Victorian Department of Education and Training to monitor compliance with their obligations.

### **References**

[Australasian Society of Clinical Immunology and Allergy \(ASCI\): Anaphylaxis Resource Page, 2018](#)

[Victorian State Government: Department of Education & Training: Anaphylaxis Guidelines, 2018](#)

[Victorian State Government: Ministerial Order 706, 2015](#)

**Ratified by School Leadership Team:** March 2019

**Review Date:** Annually

**Responsibility:** Student Wellbeing Leader

## APPENDIX 1: ANNUAL ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

St Mary's:	
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
<b>SECTION 1: Training</b>	
7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> <li>• online training (ASCIA anaphylaxis e-training) within the last 2 years, or</li> <li>• accredited face to face training (22300VIC or 10313NAT) within the last 3 years?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: <ul style="list-style-type: none"> <li>a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>SECTION 2: Individual Anaphylaxis Management Plans</b></p>	
<p>11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?</p>	
<p>a. During classroom activities, including elective classes</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. In canteens or during lunch or snack times</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. Before and after school, in the school yard and during breaks</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d. For special events, such as sports days, class parties and extra-curricular activities</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e. For excursions and camps</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>f. Other</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. Where are the Action Plans kept?</p>	
<p>15. Does the ASCIA Action Plan for Anaphylaxis include a recent coloured photo of the student?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>SECTION 3: Storage And Accessibility Of Adrenaline Auto-Injectors</b></p>	
<p>17. Where are the student(s) adrenaline autoinjectors stored?</p>	
<p>18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times?  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find?  Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis?  Who? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located?  Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: Risk Minimisation Strategies</b>	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: School Management And Emergency Response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions? .....	
44. Who will make these arrangements during camps? .....	
45. Who will make these arrangements during sporting activities? .....	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

## **APPENDIX 2: RECOGNISING SIGNS AND SYMPTOMS**

A student at risk of anaphylaxis will often recognise the early symptoms of an allergic reaction before any other signs are observable.

### **Symptoms of a mild to moderate allergic reaction can include:**

- Swelling of the lips, face and eyes
- Hives or welts
- Abdominal pain and / or vomiting

### **Symptoms of a severe allergic reaction can include:**

- Difficulty breathing or noisy breathing
- Swelling of the tongue
- Swelling/tightness in the throat
- Difficulty talking and / or a hoarse voice
- Wheezing or persistent coughing
- Loss of consciousness and / or collapse
- Young children may appear pale and floppy.

### APPENDIX 3: ANAPHYLAXIS EMERGENCY PLAN

In the case of a teacher identifying a child suffering an anaphylaxis shock the following procedure will immediately be implemented either in the classroom, playground or external location.

#### Person 1

- Stay with child.
- Use mobile/intercom if appropriate or send a capable child with the RED ALERT card (located inside all class attendance rolls and First Aid kits), to the office to inform the location and name of the child suffering anaphylactic shock.
- Keep the child calm.

#### Person 2

- Get the specific EpiPen from First Aid Room marked with the child's name.
- Go straight to the emergency scene.

#### Person 3

- Call "000" for ambulance to attend.
- Call the child's parents.
- Wait at entrance to direct the ambulance.

#### Person 4

- Go straight to the emergency scene.
- Supervise the other children.

### DETAILED INSTRUCTIONS FOR THE EPIPEN USE

Where possible, only staff with training in the administration of the EpiPen should administer the EpiPen. However, the EpiPen is designed for general use and in the event of an emergency it may be administered by any person, following the instructions in the student's ASCIA Action Plan.

1. Remove from plastic container.
2. Form a fist around EpiPen and pull off **GREY** cap.
3. Place **BLACK** end against outer mid-thigh.
4. Push down hard until a click is heard or felt and hold in place for 10 seconds.
5. Remove EpiPen and be careful not to touch the needle.
6. Note the time you gave the EpiPen.
7. Return EpiPen to its plastic container.

**APPENDIX 4: SAMPLE ANAPHYLAXIS ACTION PLAN**



www.allergy.org.au

# ACTION PLAN FOR Anaphylaxis

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

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

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

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

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

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

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

Plan prepared by Dr or NP: \_\_\_\_\_

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

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

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

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

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

**SIGNS OF MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

**ACTION FOR MILD TO MODERATE ALLERGIC REACTION**

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

**Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis**

**WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough

- Difficulty talking and/or hoarse voice
- 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 unconscious, place in recovery position
- If breathing is difficult allow them to sit





**2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector**

**3 Phone ambulance\* - 000 (AU) or 111 (NZ)**

**4 Phone family/emergency contact**

**5 Further adrenaline doses may be given if no response after 5 minutes**

**6 Transfer\* person to hospital for at least 4 hours of observation**

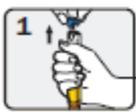
**If in doubt give adrenaline autoinjector**

**Commence CPR at any time if person is unresponsive and not breathing normally**

**ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer** if someone with known asthma and allergy to food, insects or medication has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

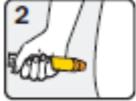
Asthma reliever medication prescribed:  Y  N

**How to give EpiPen®**



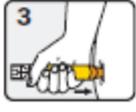
**1**

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



**2**

Hold leg still and **PLACE ORANGE END** against outer mid-thigh (with or without clothing)



**3**

**PUSH DOWN HARD** until a click is heard or felt and hold in place for 10 seconds

**REMOVE EpiPen®** and gently massage injection site for 10 seconds

Instructions are also on the device label

© ASCIA 2016 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission