Anaphylaxis Management Policy

St Albans East Primary School

Date: May 2017

Rationale

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

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

Adrenaline given through an auto-injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

The school and staff have a duty to take reasonable steps to inform themselves as to whether an enrolled student is at risk of anaphylaxis. The school must ensure that they do not unlawfully discriminate, either directly or indirectly, against students with anaphylaxis.

Aim

- 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.
- 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 managing strategies for the student.
- 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 Ministerial Order 706: Anaphylaxis Management in Victorian Schools and DEECD Anaphylaxis Guidelines 2016. This order sets out the steps schools must take to ensure the safety of students at risk of anaphylaxis in their care. St Albans East Primary School will fully comply with this order and the associated Guidelines published and amended by the Department from time to time.

Implementation

Anaphylaxis is best prevented by knowing and avoiding the allergens. In the event of an anaphylactic reaction, the school's first aid and emergency response procedures and the student's Individual Anaphylaxis Management Plan must be followed.

Our school will manage anaphylaxis by:

- Complying with M*inisterial Order 706: Anaphylaxis Management in Victoria and DET Anaphylaxis Guidelines 2016*

Individual Anaphylaxis Management Plans (Appendix 3)

- The Principal will ensure that an individual management plan is developed and regularly reviewed for affected students, in consultation with the student's

parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

- An individual anaphylaxis management plan will be in place as soon as practicable after the student's enrolment, and where possible before their first day of school
- Each individual anaphylaxis management plan will be reviewed in consultation with the student's parent/guardian annually, if the student's condition changes or immediately after a student has an anaphylaxis reaction at school.
- Placing individual anaphylaxis management plan (with the child's photo) in a prominent place (staffroom, first aid office and student classrooms)
- The Individual Anaphylaxis Plan will set out the following:
    - Information about the student's medical condition that relates to allergy and the potential for anaphylactic reactions, including the type of allergy/allergies the student has based on written diagnoses from a medical practitioner.
    - Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff for all in school and out of school settings organised by the school.
    - The name of the person(s) responsible for implementing the strategies.
    - Information on where the students medication will be stored.
    - The student's emergency contact details.
    - ASCIA Action Plan for Anaphylaxis (Appendix 3).

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

- Annually, and as applicable.
- If the student's condition changes.
- 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.
- Immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:

- Provide a copy to the school of the individual anaphylaxis management plan and emergency procedures plan from the medical practitioner.
- Inform the school in writing if their child's medical condition changes.
- Provide an up to date photo for the individual anaphylaxis management plan when the plan is provided to the school and when it is reviewed.
- Provide the school with an adrenaline autoinjector that is current for the child.
- Participate in annual reviews of their child's plan.

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 include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.
- Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the assistant principal or student wellbeing officer.
- The school will raise awareness of Anaphylaxis through fact sheets and posters displayed in classrooms and school canteens and through the school newsletter.
- Emergency cards will be located in yard duty bags
- A student Anaphylaxis alert card will be placed in each yard duty folder.
- All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- The schools anaphylaxis management policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of students diagnosed at risk of anaphylaxis and where their medication is located
- How to use the auto adrenaline injecting device
- The school's first aid and emergency response procedures

Risk Management and Prevention Strategies:

- Please refer to Appendix 1 for the prevention and risk management strategies for during class activities, between classes and other breaks, in canteens, during recess and lunchtimes, before and after school and excursions and camps.
- The school will not ban certain types of foods (eg nuts) as it is not practical to do so, and is not the strategy recommended by the Royal Children's Hospital. However, the school will request that parents do not send these items to school if possible; that the canteen eliminate or reduce the likelihood of such allergens and the school will reinforce the rules about not sharing foods.
- The school will provide backup Adrenaline Autoinjectors for general use.

School Planning and Emergency Response

- Please refer to appendix 2 for the outlines emergency response procedure relating to an anaphylactic reaction.
- Lists of students identified with an Anaphylaxis can be found in the first aid room, staffroom, individual class rolls and CRT folders.
- ASCIA plans and autoinjectors are to be taken on all excursions and camps with the relevant students.
- Autoinjectors are stored in the first aid room including those provided by the parents/carers and those purchased by the Principal.
- Autoinjectors are regularly checked to ensure they are current and not expired.

Staff Training:

The following school staff will be appropriately trained:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- Any other school staff as determined by the principal.

School staff must complete one of the following options to meet the anaphylaxis training requirements of MO706 and record the dates that training has occurred:

Option	Completed by	Course	Provider	Cost	Valid for

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

In addition, all staff are to 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:

- Title and legal requirements as outlined in Ministerial Order 706.
- School's Anaphylaxis Policy including the prevention strategies (appendix 1) and emergency response (Appendix 2).
- Signs and symptoms of anaphylaxis.
- Pictures of the students at your school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place.
- Where the Auto-injectors are stored including those that have been provided by the parents/carers or purchased by the school.
- Anaphylaxis e-training requirements.
- Your school's first aid policy and emergency response procedures.
- On-going support and training.

The briefing must be conducted by a member of the school staff who has successfully completed an approved anaphylaxis management training course in the last 12 months.

In the event that the relevant training has not occurred, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents/carers of any affected student. 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.

Annual Risk Assessment Checklist

The Principal will complete the annual Risk management Checklist as published by the Department of Education and training to monitor compliance with their obligations (Appendix 4).

References & Support Documents:

- Ministerial Order 706: Anaphylaxis Management in Victorian Schools
- DEECD Anaphylaxis Guidelines 2014
- Appendix 1: Risk Minimisation Strategies for Schools
- Appendix 2: Emergency Responses
- Appendix 3: Individual Anaphylaxis Plan
- Appendix 4: Annual Risk Assessment Checklist

Evaluation	This policy will be reviewed as part of the school's three-year review cycle.
Review Year	2020

Appendix 1 - Risk Minimisation strategies for schools

In-school settings

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan for Anaphylaxis is easily accessible even if the adrenaline autoinjector is kept in another location.
2.	Liaise with parents about food-related activities well ahead of time.
3.	Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Alternative 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. It is recommended to use non-food treats where possible.
6.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled ‘may contain milk or egg’ should not be served to students with milk or egg allergy and so forth.
7.	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).
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.	Children with food allergy need special care when doing food technology. An appointment should be organised with the student’s parents prior to the student undertaking this subject. Helpful information is available at: www.allergyfacts.org.au/images/pdf/foodtech.pdf

10.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
11.	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.

Canteens	
1.	Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to: · 'Safe Food Handling' in the School Policy and Advisory Guide at: www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx · Helpful resources for food services available at: www.allergyfacts.org.au
2.	Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the principal determines in accordance with clause 12.1.2 of the Order, these individual have up to date training in an anaphylaxis management training course as soon as practical after a student enrols.
3.	Display a copy of the student's ASCIA Action Plan for Anaphylaxis in the canteen as a reminder to canteen staff and volunteers.
4.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5.	Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6.	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7.	Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.).

8.	Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Yard	
1.	If a 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®) and be able to respond quickly to an allergic reaction if needed.
2.	The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis must be 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**). Where appropriate, an adrenaline autoinjector may be carried in the school's yard duty bag.
3.	Schools must have an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include 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 must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with severe allergies to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
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 a 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 events involving food, 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.
6.	If students from other schools are participating in an event at your school, consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. Agree on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host and visiting school. Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them to events outside their own school.

Out-of-school settings

Travel to and from school by school bus	
1.	School staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from school on the bus. This includes the availability and administration of an adrenaline autoinjector. The adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this child is deemed too young to carry an adrenaline autoinjector on their person at school.

Field trips/excursions/sporting events

1.	If a 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 ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
5.	For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
6.	The school should consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special 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.
9.	If the field trip, excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear. Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to events being held at other schools.

Camps and remote settings	
1.	Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.
2.	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3.	Schools 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.
4.	Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
5.	School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. **If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.**
6.	If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns in writing with the camp owner/operator and also consider alternative means for providing food for those students.
7.	Use of substances containing known allergens should be avoided altogether where possible.

8.	Camps should be strongly discouraged from 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. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.
9.	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.
10.	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. All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
11.	Contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
12.	It is strongly recommended that schools take an adrenaline autoinjector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
13.	Schools should consider purchasing an adrenaline autoinjector for general use to be kept in the first aid kit and include this as part of the emergency response procedures.
14.	Each student's adrenaline autoinjector should remain close to the student and school staff must be aware of its location at all times.
15.	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.

16.	Students with allergies 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.
17.	Cooking and art and craft games should not involve the use of known allergens.
18.	Consider the potential exposure to allergens when consuming food on buses and in cabins.

Appendix 2 - Emergency Response

How to administer an EpiPen®	
1.	Remove from plastic container.
2.	Form a fist around EpiPen® and pull off the blue safety release (cap).
3.	Place orange end against the student's outer mid-thigh (with or without clothing).
4.	Push down hard until a click is heard or felt and hold in place for 10 seconds.
5.	Remove EpiPen®.
7.	Massage injection site for 10 seconds.
8.	Note the time you administered the EpiPen®.
9.	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

How to administer an AnaPen®

1.	Remove from box container and check the expiry date.
2.	Remove black needle shield.
3.	Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap.
4.	Place needle end against the student's outer mid-thigh.
5.	Press the red button with your thumb so it clicks and hold it for 10 seconds.
6.	Replace needle shield and note the time you administered the Anapen®.

7.	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

If an adrenaline autoinjector is administered, the school must	
1.	**Immediately** call an ambulance (000).
2.	Lay the student flat – if breathing is difficult, allow them to sit. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand. If vomiting or unconscious, lay them on their side (recovery position) and check their airway for obstruction.
3.	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 member of the school staff to move other students away in a calm manner and reassure them. These students should be adequately supervised during this period.
4.	In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available (such as the adrenaline autoinjector for general use).
5.	**Then** contact the student's emergency contacts.
6.	**For Government and Catholic schools - later,** contact Security Services Unit, Department of Education and Training to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

Appendix 3 - Individual Anaphylaxis Management Plan

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (**ASCIA Action Plan for Anaphylaxis**) provided by the parent.
It is the parent's responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

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**	
Mobile		**Mobile**	
Address		**Address**	

Medical practitioner contact	**Name**	
	Phone	
Emergency care to be provided at school		
Storage location for adrenaline autoinjector (device specific) (EpiPen®)		

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?**

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ascia
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name:
Date of birth:

Confirmed allergens:

Family/emergency contact name(s):

Work Ph:
Home Ph:
Mobile Ph:

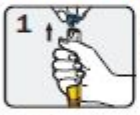
Plan prepared by Dr or NP:

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

Signed:

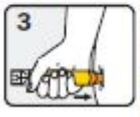
Date:
Action Plan due for review:

How to give EpiPen®



Form flat around EpiPen® and PULL OFF BLUE SAFETY RELEASE

Hold leg still and 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® and gently massage injection site for 10 seconds

Instructions are also on the device label

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

Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan from: http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis

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 – Risk Minimisation 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 4 - Annual risk management checklist

(to be completed at the start of each year)

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

General information	
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?	£ Yes £ No
a. If Yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	£ Yes £ 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?	£ Yes £ 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)?	£ Yes £ No

SECTION 1: Training	
7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: · online training (ASCIA anaphylaxis e-training) within the last 2 years, or · accredited face to face training (22300VIC or 10313NAT) within the last 3 years?	£ Yes £ No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	£ Yes £ 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.	£ Yes £ No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	£ Yes £ No
b. 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?	£ Yes £ No
SECTION 2: Individual Anaphylaxis Management Plans	
11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	£ Yes £ No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	£ Yes £ No
13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	£ Yes £ No
b. In canteens or during lunch or snack times	£ Yes £ No
c. Before and after school, in the school yard and during breaks	£ Yes £ No
d. For special events, such as sports days, class parties and extra-curricular activities	£ Yes £ No

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

22. Are the adrenaline autoinjectors easy to find? Comments:	£ Yes £ No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	£ Yes £ 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?	£ Yes £ No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who? ……	£ Yes £ No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	£ Yes £ No
27. Has the school signed up to EpiClub (optional free reminder services)?	£ Yes £ 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?	£ Yes £ 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)?	£ Yes £ No
30. Where are these first aid kits located? Do staff know where they are located?	£ Yes £ No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	£ Yes £ No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	£ Yes £ No
SECTION 4: Risk Minimisation strategies	
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?	£ Yes £ 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.	£ Yes £ No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	£ Yes £ 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?	£ Yes £ No
37. Do school staff know when their training needs to be renewed?	£ Yes £ No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	£ Yes £ No
a. In the class room?	£ Yes £ No
b. In the school yard?	£ Yes £ No
c. In all school buildings and sites, including gymnasiums and halls?	£ Yes £ No
d. At school camps and excursions?	£ Yes £ No
e. On special event days (such as sports days) conducted, organised or attended by the school?	£ Yes £ No
39. Does your plan include who will call the ambulance?	£ Yes £ 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?	£ Yes £ 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:	£ Yes £ No

a. The class room?	£ Yes £ No
b. The school yard?	£ Yes £ No
c. The sports field?	£ Yes £ No
d. The school canteen?	£ Yes £ 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?	£ Yes £ 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?	£ Yes £ 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?	£ Yes £ No
b. The causes, symptoms and treatment of anaphylaxis?	£ Yes £ No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	£ Yes £ No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	£ Yes £ No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	£ Yes £ No

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

52. What are they?	