



Morwell Central Primary School

Anaphylaxis Policy 2024



Help for non-English speakers

If you need help to understand the information in this policy, please contact the school office on 51365568.

Commitment:

All students who attend Morwell Central Primary School have a right to feel and to be safe. The wellbeing and safety of all students in our care is our priority and we have zero tolerance to child abuse. The protection of students is the responsibility of everyone who is employed at or is engaged by Morwell Central Primary School in child-connected work. To ensure the safety and best interests of all students, we consider the needs of those with an Aboriginal or Torres Strait Islander heritage, those from culturally and/or linguistically diverse backgrounds and those with a disability.

Introduction:

Morwell Central Primary School complies with Ministerial Order 706 and the Anaphylaxis guidelines-A resource for managing severe allergies in Victorian Schools as published by the Department of Education and Early Childhood Development.

In the event of an anaphylactic reaction, Morwell Central Primary School first aid and emergency response procedures as well as the procedures in this policy, the student's ASCIA plan and Individual Anaphylaxis Management Plan (IAMP) will be followed.

The Australasian Society of Clinical Immunology and Allergy (ASCIA) plan is a device specific plan outlining the type of auto injector prescribed and is completed by the student's medical practitioner.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening, with the worst-case scenario being death in 3-5 minutes. Anaphylaxis always requires an emergency response. 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.

Signs and symptoms of anaphylaxis include swelling of the tongue, difficulty/noisy breathing, swelling/tightness in throat, difficulty talking and/or hoarse voice, wheeze or persistent cough, persistent dizziness or collapse, pale and floppy (young children). In addition, for those diagnosed at risk of anaphylaxis to insects, abdominal pain, and/or vomiting are considered as signs of a severe allergic reaction (anaphylaxis)

The signs and symptoms of anaphylaxis, usually develop within a few minutes and up to two hours following exposure to an allergen.

Adrenaline given through an auto-injector to the muscle of the outer middle thigh is the most effective first aid treatment for anaphylaxis as it raises the heart rate significantly, causing an increase in blood flow.

The key to prevention of anaphylaxis in schools is knowledge of the students who have been diagnosed at risk, awareness of triggers (allergens) and prevention of exposure to these triggers.

Morwell Central Primary School acknowledges that the management of a student diagnosed at risk of anaphylaxis is a joint responsibility of the school and staff, the student, the student's parents/guardians and the student's Medical Practitioner.

Morwell Central Primary School is **"allergy aware" and not a NUT FREE SCHOOL**. A nut free environment is not recommended as it is impossible to guarantee, which potentially provides a false sense of security to students, parents/guardians and staff.

A NUT FREE SCHOOL environment does not protect students whose allergen may be egg, insect bite etc. A NUT FREE SCHOOL environment does not enable the school to prepare a student with life skills in teaching them how to manage their risk of anaphylaxis.

Purpose:

To ensure that Morwell Central Primary School can:

- Ensure that the School Principal and School Staff, parents, students and the broader community remember that minimization of the risk of anaphylaxis is everyone's responsibility.
- Support parents/guardians in the management of their child's severe allergy
- Support students in the management of their severe allergy
- Provide resources and training to staff enabling them to respond appropriately to an anaphylactic emergency
- Instill preventative measures to minimise the risk of exposure to an identified allergen
- Promote awareness of anaphylaxis within the school community
- Design and implement an Emergency Response Strategy within Morwell Central Primary School (Morwell Central Primary School Anaphylaxis Emergency Response).

Aims:

- 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 within the school community.
- To engage with parents/guardians of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the individual student based on their activity profile.
- To ensure that each staff member has an understanding about allergies, anaphylaxis and the school's anaphylaxis management policy and procedures in responding to an anaphylactic reaction.

ASCIA PLAN:

It is the responsibility of the parent to provide a copy of the ASCIA plan prior to the student commencing at Morwell Central Primary School. The parent must also supply the school with an in date auto-injector and any other prescribed medications such as an antihistamine as per the ASCIA plan.

The ASCIA plan clearly sets out the emergency procedures to be taken in the event of an allergic reaction and needs to be signed by a medical practitioner. An up-to-date colour photograph of the student must also be included.

Information regarding this will be obtained from the Student Information Medical Sheets which are to be completed by all parents / guardians, prior to the student commencing.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN (IAMP):

Morwell Central Primary School will ensure that an individual anaphylaxis management plan is developed, in consultation with the student's parents/guardians, student (where appropriate) and the Principal, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The student's individual anaphylaxis management plan will be reviewed by the Principal, in consultation with the student's parents/guardians:

- Every year, and/or
- If the student's condition changes, or
- Immediately after a student has an anaphylactic reaction at school or out of school

This is in addition to the ASCIA plan which is provided by the parents/guardians.

It is the responsibility of the Principal (or delegate) to:

- Keep up-to-date records of students with anaphylaxis
- Obtain training in the treatment of anaphylaxis and attend regular trainer updates as required
- Ensure auto injectors are stored correctly
- Notify parents/guardians to replace the student's auto injector and/or antihistamine prior to expiry
- Communicate with staff to ensure they are aware of anaphylactic students when in class, on excursion, school events or camps
- Keep staff up-to-date with any changes to information regarding students at risk of anaphylaxis and strategies to minimize the risk of exposure to allergens
- Keep an up-to-date list of anaphylactic students and ASCIA action plans to be given to all casual relief teachers (CRTs)
- Conduct staff training in an accredited anaphylaxis management training course that meet the requirements of Ministerial Order 706. These are:
 1. **ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor AND 2 staff per campus (4 in total) Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC.** These staff are the School Anaphylaxis Supervisors
 2. **22300VIC Course in First Aid Management of Anaphylaxis**
 3. **10313NAT Course in Anaphylaxis Awareness**
- Conduct twice yearly staff briefings to staff where the first one is held at the beginning of the school year. This will include: the school's anaphylaxis management policy, the causes, symptoms and treatment of anaphylaxis, the identities of students at risk of anaphylaxis and location of their medication, how to use an adrenaline auto-injector which includes hands on practice with a trainer auto-injector, Morwell Central Primary School first aid and emergency response procedures and the location of and access to adrenaline auto-injector provided to the school by parents/guardians as well as the adrenaline auto-injector which have been purchased by the school as "back up" or for general use
- Ensure that the students diagnosed at risk of anaphylaxis have their ASCIA plan displayed in the Learning Hubs, sick bay, specialist rooms and yard duty folders.
- Keep back up auto-injectors within the school which can be used where required and replace these prior to expiry

- Provide informal education to students diagnosed at risk of anaphylaxis where required
- Conduct an annual risk management checklist in conjunction with review of the Morwell Central Primary School Anaphylaxis Management Policy and Procedures in April of every year or as required in response to any legislative requirements.

Storage of auto-injectors

All students' prescribed auto-injectors will be stored in the Sick Bay, in an unlocked area with individual names clearly labeled on each.

If the student is enrolled in ELC, the auto injector, ASCIA Plan and Individual Anaphylaxis Management Plan (IAMP) will be stored in the child's classroom.

The student's emergency contact details will be stored and kept up to date on the school's database. These details are also on the ASCIA plan and the IAMP.

Back up auto injectors

Morwell Central Primary School will ensure that there are an adequate number of auto injectors available for general use. These will be stored in the following locations

- Sick bay.

It is the responsibility of the parent to:

- Provide the ASCIA action plan including an up-to-date colour photo of the student.
- Inform the school if their child's medical condition changes, and if relevant provide an updated ASCIA plan with a colour photo.
- Provide the school with their child's auto-injector and any other medications prescribed. ie antihistamine.
- Replace the auto-injector and any other medications as prescribed on the ASCIA plan **prior to expiry**
- Supply alternative food options when required.
- Supply a second auto-injector for camps and other school events if required after notification from the school.

Communication Plan:

Morwell Central Primary School will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents/guardians about anaphylaxis and the school's anaphylaxis management policy. Information about anaphylaxis and the school's anaphylaxis policy can be obtained by visiting the school website.

The following steps will be taken to respond to an anaphylactic reaction by a student in the following locations:

Learning Hubs

- Details on all anaphylactic students will be posted on Learning Hub notice board and communicated in staff meetings and training.
- Staff are to be trained on prevention (ie food related class activities), recognition and treatment of anaphylactic reactions.
- There will be no burning of peanuts or tree nuts in Science experiments.

- Appropriate risk minimization strategies will be discussed and implemented where required for any classroom activities which may involve food.

No Sharing of Food Recommendation

Morwell Central Primary School recommends no sharing of food. This is important to minimize the risk of exposure to confirmed allergens whilst at school.

- Students are asked to not share food with one another which ensures that all students are eating the food packed or ordered for them by their parents/guardians. This minimizes the risk of exposure to confirmed allergens for those students at risk of anaphylaxis to food allergens.

Special Celebrations

- Parents/guardians of children who are at risk of anaphylaxis will be informed in advance by the school of any activity which involves food and risk minimization strategies will be discussed and put in place.

In the school yard

Staff on yard duty will be knowledgeable of students with anaphylaxis and will be trained in prevention, recognition and treatment of an anaphylactic reaction.

Laminated anaphylaxis alert cards are in the yard duty folders for teachers on yard duty. In the event of a child experiencing an anaphylactic reaction, the teacher on yard duty can give the laminated anaphylaxis card to a responsible student who will run to reception or the staffroom to obtain assistance.

On School excursions/camps/special events/exchanges/overseas travel

Morwell Central Primary School will ensure that all staff attending have up to date training in an accredited anaphylaxis management training course, as per Ministerial Order 706.

- School Staff taking students at risk of anaphylaxis on the above are required to always take a first aid kit which will contain a “back up” epipen. A student’s auto-injector will be kept in their designated pouch which will also contain a copy of their ASCIA Plan and antihistamine if prescribed.
- School risk management requires that for any food preparation, peanuts or tree nuts are not used as ingredients. In addition, where relevant, a review of the concerned student’s ASCIA Action Plan and Individual Anaphylaxis Management Plan will occur prior to any food related activity, which may deem that other ingredients identified as allergens will not be used.
- School risk management requires that all student medical details are screened for allergies and all relevant administrators are informed of this.
- Appropriate precautions are to be taken based on each student’s Individual Anaphylaxis Management Plan.

Students at risk of anaphylaxis are required to bring two auto-injectors, ASCIA plan and Travel ASCIA Plan if required. Parents/guardians will be notified where this may be the case.

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 principal.

Raising student awareness

Morwell Central Primary School recognises the importance of raising student awareness and will achieve this using age-appropriate resources such as allergy books within library, at school assemblies and other forums in response to specific need.

Foods served to members of our school community

Morwell Central Primary School will not serve foods to any members of our school community where peanuts or tree nuts are listed in the main body of ingredients. Please note this does not mean that we are a “nut free” school. Where packaging states that there **may be traces of nuts** and the food being served to parents, visitors or students who do not have an allergy/anaphylaxis to peanuts or tree nuts, this is acceptable. However, foods which are labeled as may contain traces of nuts should not be served to those who are known to have an allergy/anaphylaxis to peanuts or tree nuts.

Staff Training:

All school staff who conduct classes where a student has a medical condition that relates to allergy and the potential for an anaphylactic reaction will have up-to-date training in an anaphylaxis management training course which complies with Ministerial Order 706 and includes a competency check in the administration of an adrenaline auto injector. These courses which are approved by the Secretary, Department of Education and Training are:

- **ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor AND 2 staff per campus (4 in total) Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC.** These staff are the School Anaphylaxis Supervisors
- **22300VIC Course in First Aid Management of Anaphylaxis,**
- **10313NAT Course in Anaphylaxis Awareness**

In addition, the Principal will provide the staff briefings to all staff twice a year. The first session will occur at the beginning of the school year.

The content will include information on:

- The Morwell Central Primary School anaphylaxis management policy and procedures.
- The Morwell Central Primary School first aid and emergency response procedures.
- A demonstration of how to use an adrenaline auto injector device, including “hands on” practice with a trainer adrenaline auto injector.
- The causes, symptoms and treatment of anaphylaxis.
- Identities of students diagnosed with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and where their medication is located and their ASCIA anaphylaxis action plan and their IAMP which includes risk minimization.

Information will also be regularly disseminated to staff throughout the course of the year reflecting any changes where this occurs.

At other times while the student is under the care or supervision of the school, including sporting activities, excursions, yard duty, camps and special event days, the school will ensure that the staff present have up

to date training in an anaphylaxis management training course including how to administer an auto injector.

Staff will also be made aware of preventative measures including use of food, possible hidden allergens such as in milk or egg cartons, food handling, cleaning and raising student awareness. All staff will be made aware of students with anaphylaxis during the training course and via regular updates from the Principal.

Emergency Response/First Aid Procedure:

1. Always follow the student's ASCIA Plan which outlines the emergency response required as well as the relevant first aid for an anaphylactic reaction.
2. Person 1 must remain with the student.
3. Person 2 obtains student's kit which contains the student's auto-injector, ASCIA plan, IAMP and antihistamine if prescribed. They must also obtain a back-up auto-injector which is the same dose of the student's prescribed auto injector. These are located next to the student's kits.
4. Person 2 returns to the student and the ASCIA plan is followed.
5. Person 1 is to remain with the student at all times and wait for an ambulance.
6. Person 2 is to notify the Principal, Assistant Principal and the other members of the leadership team as relevant.
7. Parents/guardians are to be contacted.
8. The incident is to be recorded in CASES.
9. Follow up and counselling/debrief to be offered to relevant parties.
10. Update of the student's IAMP as soon as is practicable.

Important Points:

Always follow the student's ASCIA Plan.

A copy of the most recent Anaphylaxis Management Briefing with an up-to-date list of the students at risk of anaphylaxis at Morwell Central Primary School is available to staff in the sick bay, Learning Hub Offices and specialist classrooms.

Further information can be obtained from:

- The Royal Children's Hospital Anaphylaxis Advisory Line on 1300 725 911 or (03) 9345 4235
- 1300 728 000 or www.allergyfacts.org.au

Appendix:

1. Annual Risk Management Checklist
2. Individual Anaphylaxis Management Plan

Evaluation:

This Anaphylaxis Policy will be reviewed as part of the school's one-year review cycle or earlier as required.

This policy was last ratified by School Council:

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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:		
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?	<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"> • ASCIA e-training within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<small>Annual risk management checklist (reviewed at the start of each year)</small>		

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

SECTION 3: Storage and accessibility of adrenaline autoinjectors

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
SECTION 4: Prevention strategies	
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
SECTION 5: School management and emergency response	
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 checked="" 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
SECTION 6: Communication Plan	
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?	

Individual Anaphylaxis Management Plan

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the parent.			
It is the parents' responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.			
School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		

Emergency care to be provided at school	
Storage 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?

(continues on next page)

For use with EpiPen® adrenaline autoinjectors

Name: _____
 Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____
 Home Ph: _____
 Mobile Ph: _____

Plan prepared by:
 Dr: _____

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

Signed: _____

Date: _____

Date of next review: _____

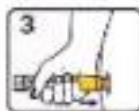
How to give EpiPen®



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

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:	