

## ***ANAPHYLAXIS MANAGEMENT POLICY***

### ***(including School Specific Procedures)***

#### **PURPOSE**

To explain to the parents/carers, staff and students of this school the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that the school is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

#### **SCOPE**

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents/carers.

#### **ANAPHYLAXIS**

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

##### *Symptoms*

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

### *Treatment*

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

## **POLICY**

### **School Statement**

Bellbridge Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

### **Individual Anaphylaxis Management Plans**

All students who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the school Principal is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at the school and where possible, before the student's first day.

When a new student who is at risk of anaphylaxis enrolls at the school, the Principal will develop an interim plan in consultation with the student's parents/carers and ensure that appropriate staff are trained and briefed as soon as possible.

Parents/carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired
- participate in annual reviews of the student's Plan

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan

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

### **Review and updates to Individual Anaphylaxis Plans**

A student's Individual Anaphylaxis Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

### **Location of plans and adrenaline autoinjectors**

Depending on the age of the students who are at risk of anaphylaxis, the severity of their allergies and the content of their plan, some students may keep their adrenaline autoinjector on their person, rather than in a designated location. It may also be appropriate to keep copies of the plans in various locations around the school so that the plan is easily accessible by school staff in the event of an incident. Appropriate locations may include the student's classroom, sick bay, the general office or in the materials provided to staff on yard duty.

When students may not keep their adrenaline autoinjectors on their person:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis **at the general office** together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

When students may keep their adrenaline autoinjectors on their person:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis **at the general office**. Students are encouraged to keep their adrenaline autoinjectors on their person. Adrenaline autoinjectors for general use are available **at the general office** and are labelled "general use".

Where some students keep their adrenaline autoinjectors on their person and others store them elsewhere:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis **at the general office**. Whilst some students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name **at the general office** together with adrenaline autoinjectors for general use.

### **Risk Minimisation Strategies**

The school will use the checklist and recommendations in the Anaphylaxis Guidelines to implement Risk Minimisation and Prevention Strategies in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks

- in canteens
- during recess and lunchtimes
- before and after school
- camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

The strategies chosen will depend on our school community, the age of our students and the types of allergies that they may suffer from. Appendix F of the Department's [Anaphylaxis Guidelines](#) includes detailed risk mitigation strategies that may be adopted.

To reduce the risk of a student suffering from an anaphylactic reaction ,, we have put in place the following strategies:

- staff and students are regularly reminded to wash their hands after eating
- students are discouraged from sharing food
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- gloves must be worn when picking up papers or rubbish in the playground;
- school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- a general use EpiPen® will be stored at the school canteen, office and in the yard duty bag for ease of access

Other strategies that will be implemented by the school to assist anaphylaxis management include:

- providing professional development for all staff including the identification and response to anaphylaxis and the proper use of an EpiPen®/Anapen®.
- identifying susceptible children and knowing their allergens
- informing the community about anaphylaxis via the newsletter
- not allowing food sharing and restricting food to that approved by parents
- keeping the lawns well mown and ensuring children always wear shoes
- requiring parents to provide an Emergency Management Plan developed in consultation with a health professional and an EpiPen®/Anapen® if necessary, both of which will be maintained in the general office for reference as required

### **Annual Risk Management Checklist**

The Principal will complete an annual Risk Management Checklist (please refer to separate document) as published by the Department of Education and Training to monitor compliance with the school's obligations. The annual checklist is designed to step schools through each area of their responsibilities in relation to the management of anaphylaxis in the school. (Please refer to separate document).

### **Adrenaline Autoinjectors for General Use**

Note: for guidance on the appropriate number of general use adrenaline autoinjectors for the school, we will refer to page 34 of the Department's [Anaphylaxis Guidelines](http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxisschl.aspx): <http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxisschl.aspx>

The school will maintain a supply of adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline autoinjectors for general use will be stored **at the general office** and labelled "general use".

The Principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at the school who are at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry. (A nominated staff member will be responsible for checking and replacing the Adrenaline Autoinjectors for General Use.)

### Emergency Response

**In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.**

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by **the First Aid Coordinator or if applicable the school nurse** and stored at [the general office.

For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"> <li>• Lay the person flat</li> <li>• Do not allow them to stand or walk</li> <li>• If breathing is difficult, allow them to sit</li> <li>• Be calm and reassuring</li> <li>• Do not leave them alone</li> <li>• Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored <b>at the general office</b></li> <li>• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</li> </ul>
2.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <ul style="list-style-type: none"> <li>• Remove from plastic container</li> <li>• Form a fist around the EpiPen and pull off the blue safety release (cap)</li> <li>• Place orange end against the student's outer mid-thigh (with or without clothing)</li> <li>• Push down hard until a click is heard or felt and hold in place for 3 seconds (Please note that the need to massage the site is now removed)</li> <li>• Remove EpiPen</li> <li>• Note the time the EpiPen is administered</li> <li>• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration</li> </ul>
3.	Call an ambulance (000)
4.	If 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.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff will follow steps 2 – 5 as above.

Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction. Refer to page 41 of the [Anaphylaxis Guidelines](#)

### **Communication Plan**

The Principal is responsible for ensuring that a Communication Plan is developed to provide information to all staff, children 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 child in a classroom, in the school yard, on school excursions, on school camps and special event days.

The Communication Plan will include strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction by a student in various environments including:

- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls
- during off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the school.

Procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care will be included.

As part of the Communication Plan, the school will develop summary statements to communicate with the whole school community around awareness of anaphylaxis and allergies and strategies to minimise risks.

Volunteers and casual relief staff of children at risk of anaphylaxis will be informed of children at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a child in their care by an appropriate person as determined by the Principal.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of children diagnosed at risk of anaphylaxis and where their medication is located
- how to use an autoadrenaline injecting device
- the school's first aid and emergency response procedures
- the location of, and access to, the Adrenaline Autoinjectors that have been purchased by the school for general use or provided by parents

This policy will be available on the school's website so that parents/carers and other members of the school community can easily access information about our anaphylaxis management procedures. The parents/carers of students who are enrolled at the school and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

### **Staff Training**

The Principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

All staff will complete the online training course once every two years and have their competency in using an autoinjector tested in person within 30 days of completing the course.

The online ASCIA e-training course is fully funded for all Victorian school staff. The course will take approximately one hour and can be accessed at <https://etrainingvic.allergy.org.au/>

A small number of staff will be trained to be able to assess other staff's competency in using an autoinjector in person.

In order to meet legislative requirements staff will also need to have their competency in using an autoinjector (e.g. EpiPen®) tested in person within 30 days of completing the course.

A small number of staff will be trained to be able to assess other staff's competency in using an autoinjector in person.

(Alternatively the school may opt to undertake fee-based face-to-face training in one of the accredited anaphylaxis training courses that meet the requirements of MO706:

Course in First Aid Management of Anaphylaxis 22300VIC

Course in Anaphylaxis Awareness 10313NAT.

To find registered training organisations that deliver anaphylaxis training, go to the Australian Government Department of Education and Training site at: [www.training.gov.au](http://www.training.gov.au)

In summary, school staff must complete one of the following options to meet the anaphylaxis training requirements of MO706:

Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the Principal identifies, must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

#### Option 1

**All school staff** - ASCIA *Anaphylaxis e-training for Victorian Schools* followed by a competency check by the School Anaphylaxis Supervisor. This course is provided by ASCIA, is free for all Victorian schools and valid for two years.

#### **AND**

**2 staff per school or per campus** (School Anaphylaxis Supervisor) - *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC*. This course is provided by the Asthma Foundation, is free to government schools and is valid for 3 years.

#### Option 2

**School staff (as determined by the principal)** - *Course in First Aid Management of Anaphylaxis 22300 VIC (previously 22099VIC)*. 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.

#### Option 3

**School staff (as determined by the Principal)** - *Course in Anaphylaxis Awareness 10313NAT*. This course is provided by any RTO that has this course in their scope of practice and is paid for by each school. The training is valid for 3 years.

**Please note:** First aid training does **NOT** meet the requirements of anaphylaxis training requirements under MO706.

#### Twice-yearly anaphylaxis briefing requirements

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including the School Anaphylaxis Supervisor. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

### Impact at School

An anaphylactic reaction can be traumatic for the student and others witnessing the reaction. In the event of an anaphylactic reaction, students and staff may benefit from post-incident counselling, provided, for example, by the school nurse, guidance officer, student welfare coordinator or school psychologist.

It is important to be aware that some students with anaphylaxis may not wish to be singled out or seen to be treated differently.

If in any doubt, for all anaphylaxis management enquires, (including the implementation of MO706), the school will call the Royal Children's Hospital Anaphylaxis Advisory Line on 1300 725 911 or (03) 9345 4235.

Note:

The Principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

### FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
  - [Anaphylaxis](#)
  - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

### REVIEW CYCLE AND EVALUATION

This policy, **first developed in this format in May 2019**, will be reviewed annually, following an anaphylactic incident or if guidelines change (latest DET update mid-June 2018).

This update was ratified by School Council.....

References:

[www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx](http://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx)

[www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx](http://www.education.vic.gov.au/school/principals/spag/health/Pages/respondanaphylaxis.aspx)

Please note that as outlined above, the Principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

### School Specific Procedures

#### **Prevention Strategies**

Prevention Strategies employed at Bellbridge Primary School include:

##### **❖ Classrooms**

- A copy of the student's Individual ASCIA Action Plan will be laminated and displayed in the classroom.
- Parents of other students in the class will be informed about foods that may cause allergic reactions in students at risk of anaphylaxis.
- Staff will liaise with parents about food related activities ahead of time.
- In the event of special occasions where food treats are provided, parents of students with anaphylaxis will be encouraged to provide alternative treats. Alternative treats should be clearly labelled with the student's name and only handled by that student.
- 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.
- Staff will 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).
- Cooking utensils, preparation dishes, plates, and knives and forks etc. will be washed and cleaned thoroughly after preparation of food and cooking.
- Regular discussions with students about the importance of washing hands, eating their own food and not sharing food will take place.
- Casual Relief Teachers will be provided with a copy of the ASCIA Action Plan for students in the class/es they are employed to teach.

##### **❖ Before and After School Care**

- A copy of the student's Individual ASCIA Action Plan will be laminated and displayed in Before and After School Care.
- Parents of other students will be informed about foods that may cause allergic reactions in students at risk of anaphylaxis.
- Staff will liaise with parents about food related activities ahead of time.
- In the event of special occasions where food treats are provided, parents of students with anaphylaxis will be encouraged to provide alternative treats. Alternative treats should be clearly labelled with the student's name and only handled by that student.
- 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.
- Staff will 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).
- Cooking utensils, preparation dishes, plates, and knives and forks etc. will be washed and cleaned thoroughly after preparation of food and cooking.
- Regular discussions with students about the importance of washing hands, eating their own food and not sharing food will take place.

#### ❖ **Canteen**

- Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to 'Safe Food Handling' in the School Policy and Advisory Guide available at <http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx>
- 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.
- Make sure that tables and surfaces are wiped down with warm soapy water regularly.
- A 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers.
- The school canteen will not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
- Staff and volunteers will 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**

- School staff on yard duty will be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
- The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are kept in an easily accessible area of the office which can be easily accessed from the yard. School staff will be made aware of their exact location.
- Yard duty first aid bags will contain emergency cards which will be sent to the staffroom and office in case of an emergency. All staff on yard duty will be made 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.
- Casual Relief Teachers will be provided with a copy of the ASCIA Action Plan for students in the class/es they are employed to teach.
- Lawns will be mowed regularly and outdoor bins will have lids.
- Students will be encouraged to keep food and drink covered while outdoors.

#### ❖ **Special Events – incursions, class parties, sporting events**

- Sufficient school staff supervising special events must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
- 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.
- Parents of other students will be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis.
- Party balloons should not be used if any student is allergic to latex.

#### ❖ **Excursions**

- Sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and will be able to respond quickly to an anaphylactic reaction if required.
- All school excursions will have in attendance a staff member or team of staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector.
- Students' Adrenaline Autoinjector and a copy of their Individual Anaphylaxis Management Plan and ASCIA Action Plan will be taken to all excursions.
- For each excursion, 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 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.
- The school will consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents provide a meal (if required)

#### ❖ **School Camps**

- Prior to engaging a camp owner/operator's services the school will make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the School should consider using an alternative service provider.
- The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- The school will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis.
- A risk assessment and risk management strategy will be developed for students at risk of anaphylaxis. This will be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
- School staff will consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur.
- If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it will consider alternative means for providing food for those students.
- Use of substances containing allergens will be avoided where possible.
- The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone will be taken on camp.
- Prior to the camp taking place, school staff will consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
- School staff participating in the camp will be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.
- Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
- The Adrenaline Autoinjector will remain close to the student and school staff must be aware of its location at all times.
- The Adrenaline Autoinjector will be carried on the transport that the student is travelling on. Whilst at the camp the Adrenaline Autoinjector will be kept in a central location at the camp and all staff will be aware of its location.
- During some activities at the camp, students will carry their Adrenaline Autoinjector with them.
- Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
- Cooking and art and craft games should not involve the use of known allergens.

Appendix A
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# Individual Anaphylaxis Management Plan

This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent.

It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

<b>School</b>		<b>Phone</b>	
<b>Student</b>			
<b>DOB</b>		<b>Year level</b>	
<b>Severely allergic to:</b>			
<b>Other health conditions</b>			
<b>Medication at school</b>			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>EMERGENCY CONTACT DETAILS (ALTERNATE)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>Medical practitioner contact</b>	<b>Name</b>		
	<b>Phone</b>		
<b>Emergency care to be provided at school</b>			

<b>Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)</b>	

**ENVIRONMENT**

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

**Name of environment/area:**

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

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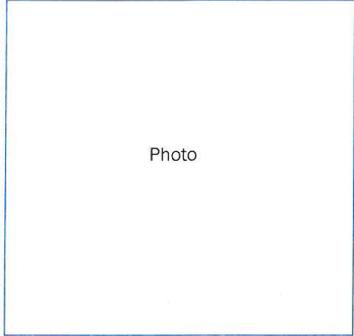
**Appendix B**



# ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

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



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

Asthma    Yes     No

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

Work Ph: \_\_\_\_\_  
Home Ph: \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_

Plan prepared by:  
Dr: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

**How to give EpiPen®**

- 

1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.
- 

2 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®. Massage injection site for 10 seconds.

Instructions are also on the device label and at: [www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

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**MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

**ACTION**

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) .....
- Dose: .....
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede anaphylaxis**

**Watch for any one of the following signs of anaphylaxis**

**ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

**ACTION**

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr**
- 3 Phone ambulance\* 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

**If in doubt, give adrenaline autoinjector**  
Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.  
EpiPen® Jr is generally prescribed for children aged 1-5 years.  
\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information \_\_\_\_\_

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

