

ANAPHYLAXIS MANAGEMENT POLICY

VALUES

Victory Christian College (VCC) believes that the safety and well-being of children who are at risk of anaphylaxis is a whole-of-community responsibility. VCC is committed 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 the student's schooling
- Raising awareness about allergies and anaphylaxis in the school community
- Actively involving the parents/carers of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student
- Ensuring that every staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures
- Having policies and procedures in place to ensure that the risks associated with severe allergies are minimised so that all students can feel safe while at school.

PURPOSE

The aim of this policy is to:

- Minimise the risk of an anaphylactic reaction occurring while the child is in the care of VCC.
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an Adrenaline Autoinjector.
- Raise VCC community's awareness of anaphylaxis and its management through education and policy implementation.

SCOPE

The Victorian Registration and Qualification Authority require schools to have policies and procedures in accordance with Ministerial Order 706 which includes an anaphylaxis management policy in place as part of the minimum standards of registration. This policy is required whether or not a child diagnosed at risk of anaphylaxis is enrolled at VCC. It will apply to children enrolled at VCC, their parents/guardians, staff and governing body as well as to other relevant members of VCC, such as volunteers and visiting specialists.

BACKGROUND AND LEGISLATION

- Anaphylaxis is the most severe form of allergic reaction and is life-threatening if not immediately treated. Anaphylaxis is an allergic reaction involving more than one body system, for example skin, respiratory, gastrointestinal and/or cardiovascular
- Young children may not be able to express the symptoms of anaphylaxis.
- Anaphylaxis can occur within minutes. It mostly occurs within 20 minutes to 2 hours after exposure to the allergen but with planning and training, a reaction can be managed by using an Adrenaline Autoinjector.
- VCC recognises the importance of all staff responsible for the child/ren at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an Adrenaline Autoinjector.
- Staff and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any school community. Instead, VCC recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a child having an anaphylactic reaction, including strategies to minimise the exposure of a child at risk of anaphylaxis to the allergen in VCC.

Legislation:

Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008
Ministerial Order 706 2015

DEFINITIONS

Allergen: A substance in the environment that can cause an allergic reaction in susceptible people is called an 'allergen'.

Allergy: Allergy occurs when a person reacts to substances in the environment that are harmless to most people. These substances are known as allergens and are found in dust mites, pets, pollen, insects, ticks, moulds, foods and some medications.

Allergic reaction: An allergic reaction occurs when the immune system overreacts to a foreign substance that usually causes few or no problems in most people. Symptoms may be localised or generalised and range from mild to severe. Mild to moderate symptoms include swelling of lips, face and eyes, hives or welts, tingling mouth, abdominal pain, and vomiting (signs of anaphylaxis for an insect allergy). Severe symptoms that indicate anaphylaxis include 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).

Anaphylaxis: Anaphylaxis is the most severe form of allergic reaction and is life threatening if not immediately treated. Anaphylaxis is an allergic reaction involving more than one body system, for example: skin, respiratory, gastrointestinal and/or cardiovascular

ASCIA Action Plan: ASCIA Action Plans are medical documents that are completed and signed by the treating doctor or nurse practitioner. They provide instructions for first aid treatment of anaphylaxis, to be delivered by people without any special medical training or equipment, apart from access to an adrenaline autoinjector.

Anaphylaxis management training: Accredited training that includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practise with an anaphylaxis verification trainer (22578VIC or 10710NAT)

Anaphylaxis verification training: Accredited training that equips nominated staff with the required skills and knowledge to verify that an individual who has undertaken the ASCIA Anaphylaxis e-Learning for Victorian Schools can demonstrate correct use of adrenaline injector devices. They will be able to verify correct use of all adrenaline injector devices prescribed in the ASCIA e-Learning and are currently approved for use and available in Australia (22579VIC)

Children at risk of anaphylaxis: those children whose allergies have been medically diagnosed and who are at risk of developing a severe allergic reaction

Adrenaline Autoinjector: Adrenaline autoinjectors are used to treat severe allergic reactions (anaphylaxis) in an emergency. They are designed to administer a single, fixed dose of adrenaline and can be given by anyone, including people who are not medically trained.

Adrenaline Autoinjector kit: A container, which holds a current Adrenaline Autoinjector, a copy of the student's ASCIA Action Plan, contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed any other medication as listed on the ASCIA Action Plan, this may be included in the kit. Adrenaline Autoinjectors are stored away from direct heat.

Intolerance: Food intolerances are sometimes confused with or mislabelled as food allergies. Food intolerances involve the digestive system, whilst food allergies involve the immune system.

No food sharing: The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

Nominated staff member: A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and VCC. This person is responsible for ensuring medication including the Adrenaline Autoinjector

Communication plan: A plan that forms part of the policy outlining how VCC will communicate with parents, staff and other relevant persons in relation to the policy and how parents and staff will be informed about Anaphylaxis ASCIA Action Plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled in VCC.

Risk minimisation: A practice of reducing risks to a child at risk of anaphylaxis by removing, as far as is practicable, major sources of the allergen from the service and developing strategies to help reduce risk of an anaphylactic reaction.

Individual Anaphylaxis Risk Minimisation Plan: A plan specific to VCC that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the College, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The Individual Anaphylaxis Risk Minimisation Plan should be developed by families of children at risk of anaphylaxis and staff at the College, upon the enrolment or diagnosis of each child who is at risk of anaphylaxis. They are periodically reviewed (see outline on page 5)

College Community: All adults who are connected to VCC.

PROCEDURES

VICTORY CHRISTIAN COLLEGE WILL:

- Develop a School Anaphylaxis Policy
- Develop Individual Anaphylaxis Risk Minimisation Plans
- Develop a Communication Plan (Appendix 4)
- Implement Staff Training for Anaphylaxis
- Ensure that these policies are distributed to all staff and available for all parents who have children at VCC
- Comply with the orders in Ministerial Order 706
- Review the Anaphylaxis Management Policy annually.

PRINCIPAL RESPONSIBILITIES

Where a child diagnosed at risk of anaphylaxis is enrolled, the Principal will be responsible to ensure the following takes place:

- Ensure that a child's ASCIA Action Plan for allergy and/or anaphylaxis is signed by a registered medical practitioner and inserted into the enrolment records for each child and updated annually.
- When a Student with a medical condition that relates to allergy and the potential for an anaphylactic reaction is under the care or supervision of the college outside of normal class activities, including in the schoolyard, at camps and excursions, or at special events conducted, organized or attended by the college there is to be a sufficient number of school staff present who have been trained in Anaphylaxis as per the staff training requirements mentioned in this policy.
- Ensure that an Individual Anaphylaxis Risk Minimisation Plan is developed as soon as practicable after the student enrolls at VCC and attends their first day, or at the time of diagnosis, for each student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis or having a medical condition that relates to allergy. An interim plan will be developed by VCC to be used until the student's individual Anaphylaxis Risk Minimisation Plan has been completed by the nominated staff member in liaison with the Parent or Guardian.
- When a new child is enrolled and their enrolment form states that they have an allergy or a diagnosis of anaphylaxis, the Enrolments Registrar will notify the First Aid Officer to ensure that the condition is noted and appropriately added to student management systems e.g. Xuno, Operoo. Parents will then be communicated to by the First Aid Officer, who will request and distribute all appropriate documentation.
- The Individual Action Plans for Anaphylaxis and other medical conditions such as Asthma, Diabetes, Allergies and Epilepsy are located in the First Aid Room, and on SharePoint and Xuno as mentioned in the Emergency Management Plan, Anaphylaxis and First Aid Policies. These online copies on SharePoint and Xuno can be accessed by Staff on Excursions, Camps and on Special Events held offsite
- If students that are already enrolled have a new diagnosis of Anaphylaxis, or an Allergy, Parents are to advise the First Aid Officer as early as possible.
- The student's Individual Anaphylaxis Risk Minimisation Plan will also need to be reviewed if they are attending an off-site excursion/special event. This plan will outline the allergies and describe the prescribed medication for that child and the circumstances in which it should be used. It will also record information about the minimisation/prevention strategies, storage of medication, emergency contact details for the student and the student's ASCIA Action Plan.
- Ensure that no child who has been prescribed an Adrenaline Autoinjector is permitted to attend the College or its programs without their Adrenaline Autoinjector (within expiry date) and ASCIA Action Plan for anaphylaxis signed by a medical practitioner.
- Make parents/guardians aware of this policy and provide access to it on request.
- Ensure that Parents/Guardians are aware that an ASCIA Action plan is to be made available to the College prior to the student's first day and that if the child has an Anaphylactic reaction, or changes happen such as an additional food allergen being found, an updated ASCIA Action Plan must be updated by their Doctor before the Student returns to the College.
- Ensure that an up-to-date photo is provided by the child's parents if the College does not have a digital photo available.
- Ensure that a Communication Plan is developed to provide information to all staff, students and parents/carers about anaphylaxis and the School's Anaphylaxis Management Policy. (Appendix 4)
- Display an ASCIA Generic Anaphylaxis Action Plan in the First Aid Room.
- Review the adequacy of the school's response if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.

- Comply with the orders in Ministerial Order 706 and guidelines related to anaphylaxis management in schools as published and amended by the Department of Education and Training from time to time.
- The Principal is responsible to ensure, according to the number of students enrolled at risk of anaphylaxis, that additional adrenaline autoinjector device(s) are available for general use and as a backup to those supplied by parents/ carers. These will be placed around the college site including in the yard duty bags, food technology room, first aid room and Glenavon Site (specific locations can be found later in this policy). There will also be adequate amounts of general-use adrenaline autoinjectors so these can be taken offsite to excursions, special events and camps that are conducted organised or attended by the college.
- The Principal is responsible for ensuring that adrenaline autoinjectors are within their life span (normally 12-18 month expiry). When needing to be replaced, this will be done at an expense to the College at either expiry or use, whichever is first.
- The Principal is responsible to ensure that the Annual Anaphylaxis Risk Management Checklist is completed by the school.

STAFF TRAINING

The principal is responsible for ensuring:

- all teachers and other school staff who conduct classes or give instruction to students at risk of anaphylaxis, must have up-to-date anaphylaxis training (ASCIA Anaphylaxis e-Learning for Victorian Schools available for free at www.allergy.org.au). This includes demonstrating their competency in using an adrenaline auto-injector. These certificates are valid for two years and are required to be signed by a staff member trained in the use and training of an adrenaline autoinjector. A list of staff training and relevant dates for completion/renewal can be found in the Current First Aid Status of Staff document.
- where possible, all relief teachers undertake the ASCIA Anaphylaxis e-Learning and are aware of the symptoms of an anaphylactic reaction, the child at risk of anaphylaxis, the child's allergies, the individual ASCIA Action Plan for anaphylaxis and Adrenaline Autoinjector kit.
- a minimum of two staff members are fully trained having completed an anaphylaxis management course every two years (22578VIC or 10710NAT), and the Anaphylaxis verification training (22579VIC) every two years. Currently, these two staff members are the Compliance Manager and First Aid Officer Attendant.
- A staff member trained in anaphylaxis management within the last two years:
 - Routinely (twice yearly) reviews each Adrenaline Autoinjector kit to ensure that it is complete and the Adrenaline Autoinjector is not expired.
 - Conducts 'anaphylaxis scenarios' and supervises autoinjector verification sessions in Adrenaline Autoinjector administration procedures to determine the levels of staff competence and confidence in locating and using the Adrenaline Autoinjector kit.
 - Conducts a briefing twice yearly- once at the beginning of the year, and again during Term Three. The briefing will cover:
 - the school's anaphylaxis management policy
 - the causes, symptoms and treatment of anaphylaxis
 - the identities and details of individual students identified as being at risk of anaphylaxis (including those that have allergies)
 - where medication is located
 - supervise practice sessions in adrenaline autoinjector administration procedures to determine the levels of staff competence and confidence in locating and using the Adrenaline Autoinjector kit.
 - VCC's first aid and emergency response procedures, and how they integrate.
- an interim plan is developed and consultation with parents is arranged if training or a briefing has not occurred as required. The briefing will take place ASAP after the interim plan has been developed.

STAFF RESPONSIBLE FOR THE CHILD AT RISK OF ANAPHYLAXIS WILL:

- Ensure a copy of the child's ASCIA Action Plan is available to all staff.
- Follow the child's ASCIA Action Plan in the event of an allergic reaction, which may progress to anaphylaxis.
- In the event of a child suffering from Anaphylaxis, VCC's First Aid procedures are to be followed by the attending staff member.
- In the event of an emergency, the staff member attending to the student must follow the Anaphylaxis Management Policy in conjunction with the Emergency Management Plan.

Guide to Reacting to an Anaphylactic/Allergic Reaction

- Staff members should not leave a student who is experiencing an anaphylactic reaction unattended.
- The student's ASCIA Action Plan should be followed.
- The teacher must direct another staff member or a mature student to alert the First Aid Officer/Administration (or a teacher if these are not available) to call an ambulance.
- Administration will contact another staff member to alert the Principal.

Administration of an Adrenaline Autoinjector

- Lay person flat, do not stand or walk. If breathing is difficult allow to sit with legs outstretched.
- Administer Adrenaline Autoinjector
- Call 000 for an Ambulance
- Contact family or emergency contact
- A further Adrenaline Autoinjector may be given if there is no response after five minutes
- Note the time of administration of Adrenaline Autoinjector and advise paramedics when they arrive. Hand paramedics the used Adrenaline Autoinjector.
- If in doubt about how to use an Adrenaline Autoinjector please refer to the students individual ASCIA Action Plan.

If a student has a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the school staff should follow the school's First Aid procedures.

This should include immediately contacting an ambulance using 000.

It may also include locating and administering the Adrenaline Autoinjector for general use.

INCIDENT REPORTING

If an anaphylaxis incident occurs, the attending staff member must complete an Incident Report Form detailing the circumstances and management of the incident. This form should be submitted to the First Aid Officer.

The First Aid Officer will ensure the matter is passed on to the Principal, then file the report in a restricted access part of SharePoint and add the incident to the Incident Report Log (also on SharePoint.)

More information about reporting First Aid treatment- including incidents concerning staff health- can be found in the First Aid Policy.

PARENTS/GUARDIANS OF A CHILD AT RISK OF ANAPHYLAXIS WILL:

- Inform the school, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed at the time of as being at risk of anaphylaxis or having a medical condition that relates to allergy.
- Obtain an individual ASCIA Action Plan from the student's medical practitioner that details their condition and any medications to be administered, and other emergency procedures and provide this prior to the commencement of their first day at the College.
 - Inform staff of any changes to the student's medical condition and if necessary, provide an updated individual ASCIA Action Plan.
 - provide the college with an up-to-date photo for the student's ASCIA Action Plan each time this is reviewed.
- Meet with the college to develop the student's Individual Anaphylaxis Risk Minimisation Plan.
- Provide the adrenaline autoinjector and any other medications to the school.
- Replace the adrenaline autoinjector and any other medication as needed and before their expiry date.
- Assist school staff in planning and preparation for the student prior to school camps, field trips, incursions, excursions or special events (e.g., class parties, cultural days, fetes or sport days).
- Supply alternative food options for the student when needed.
- Inform staff of any changes to the student's emergency contact details.
- Complete reviews of the student's Individual Anaphylaxis Risk Minimisation Plan and ASCIA Action Plan:
 - Annually
 - If the student's medical condition, insofar as it relates to allergy and the potential for an anaphylactic reaction, changes
 - As soon as practicable after the student has an anaphylactic reaction at school
 - When the student is to participate in an offsite activity, such as camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects, cultural days, fetes, incursions).

LOCATION OF MEDICATION

All student personal adrenaline autoinjectors are located in the First Aid Room. Further information regarding the location of specific student adrenaline autoinjectors and other medications can be found in the Student Medical Conditions List document.

Unassigned 1 (First Aid Room)	EpiPen	First Aid Room
Unassigned 2 (First Aid Room)	EpiPen	First Aid Room
Unassigned 3 (First Aid Room)	EpiPen	First Aid Room
Unassigned 4 (First Aid Room)	EpiPen	First Aid Room
Unassigned 5 (First Aid Room)	EpiPen	First Aid Room
Unassigned 6 (Food Tech)	EpiPen	Food Tech
Unassigned 7 (Yard Duty - Upper)	EpiPen	Yard Duty Bag
Unassigned 8 (Yard Duty - A/B Block)	EpiPen	Yard Duty Bag
Unassigned 9 (Yard Duty - C/D Block)	EpiPen	Yard Duty Bag
Unassigned 10 (Yard Duty - Canteen)	EpiPen	Yard Duty Bag
Unassigned 11 (Prep Office)	Epi Pen Junior	Prep Office
Unassigned 12 (Yard Duty - Glenavon Walkways)	EpiPen	Yard Duty Bag
Unassigned 13 (Yard Duty - Oval)	EpiPen	Yard Duty Bag
Unassigned 14 (Yard Duty - Courts)	EpiPen	Yard Duty Bag
Unassigned 15 (Yard Duty - Gym)	EpiPen	Yard Duty Bag
Unassigned 16 (Yard Duty - Glenavon Oval)	EpiPen	Yard Duty Bag
Unassigned 17 (Glenavon First Aid Room)	EpiPen	G First Aid Room

RELEVANT POLICIES, PROCEDURES AND DOCUMENTS:

This policy should be read in conjunction with other relevant documents such as:

- Asthma Policy
- Camps and Excursions Policy
- Current First Aid Status of Staff
- Distributing Medication Policy
- Emergency Management Plan
- Enrolment Policy
- First Aid Policy
- Incident Report Form
- Incident Report Log
- Risk Assessment Policy
- Student Medical Conditions List
- Yard Supervision Policy

CONTACT DETAILS FOR RESOURCES AND SUPPORT

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au, provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site. Contact details for Allergists can also be found on their website.
- Allergy & Anaphylaxis Australia (“A&AA”) is a registered charity and Australia’s only national support organisation, dedicated to helping individuals and carers alike in managing allergy and the risk of anaphylaxis. For more information, visit their website: www.allergyfacts.org.au
- Royal Children’s Hospital, Department of Allergy and Immunology, at www.rch.org.au, provides information about allergies and the services provided by the hospital.

APPENDICES:

- Appendix 1 - Individual Anaphylaxis Risk Minimisation Plan
- Appendix 2 - Enrolment checklist for children at risk of anaphylaxis
- Appendix 3 - Annual Anaphylaxis Risk Management Checklist
- Appendix 4 - Communication Plan
- Appendix 5 - ASCIA Action Plan

Appendix 1 INDIVIDUAL ANAPHYLAXIS RISK MINIMISATION PLAN TEMPLATE

Please note that the forms on Operoo have been tailored from the information below. Most content is the same, however, specific information is included at times for 'Bees', 'Drugs/Medication' and 'Unknown allergens'.

The following procedures should be developed in consultation with the parent or guardian and implemented to help protect the child diagnosed at risk of anaphylaxis or with a medical condition that relates to allergy:

In relation to the child at risk (General list only):

- This child should only eat food that has been specifically prepared for him/her.
- There should be no trading or sharing of food, food utensils and containers with this child.
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Parents/guardians can provide a safe treat box for this child if desired. Parents may request that this be kept in the freezer in the First Aid Room.
- Promote and encourage hand washing by children who have consumed allergen products.
- Provide an eating area for students that are anaphylactic where the allergens are minimised and moved away from the immediate area and communicate this with all students.
- Increase supervision of this child on special occasions such as excursions, incursions or family days.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Staff should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the risk assessment action plan guides.

In relation to the child at risk (Bees only):

- Avoid wearing perfumes and bright colours, which attract bees.
- Always wear shoes when outdoors.
- Avoid provoking bees and wasps.
- Drive with the windows up and the air conditioner on.
- VCC will have nearby nests removed as soon as is practicable when it is safe to do so (e.g. when students are offsite).
- Increase supervision of this child on special occasions such as excursions, incursions or family days.

In relation to the child at risk (Drugs/Medication only):

- There should be no sharing of medications, including headache medication such as paracetamol or ibuprofen.
- Increase supervision of this child on special occasions such as excursions, incursions or family days.
- Any medication administered to this child will be given in accordance with the Distributing Medication Authority Form issued and signed by parents/guardians. Staff will have a second person check the medication and dosage prior to administration.

In relation to the child at risk (Unknown allergens only):

- This child should only eat food that has been specifically prepared for him/her.
- There should be no trading or sharing of food, food utensils and containers with this child.
- In some circumstances it may be appropriate that a highly allergic child does not sit at the same table when others consume food or drink containing or potentially containing the allergen. However, children with allergies should not be separated from all children and should be socially included in all activities.
- Parents/guardians can provide a safe treat box for this child if desired. Parents may request that this be kept in the freezer in the First Aid Room.
- Promote and encourage hand washing by children who have consumed allergen products.
- Provide an eating area for students that are anaphylactic where the allergens are minimised and moved away from the immediate area and communicate this with all students.
- Increase supervision of this child on special occasions such as excursions, incursions or family days.
- Restrict use of food and food containers, boxes and packaging in crafts, cooking and science experiments, depending on the allergies of particular children. Staff should discuss the use of foods in such activities with parents/guardians of this child and these foods should be consistent with the risk assessment action plan guides.
- Avoid wearing perfumes and bright colours, which attract bees.

- Always wear shoes when outdoors.
- Avoid provoking bees and wasps.
- Drive with the windows up and the air conditioner on.
- VCC will have nearby nests removed as soon as is practicable when it is safe to do so (e.g. when students are offsite).

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	
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Storage location for adrenaline autoinjector	
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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?

This Individual Anaphylaxis Risk Minimisation 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 Risk Minimisation plan. I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available in the DET's Anaphylaxis Guidelines:
<https://www2.education.vic.gov.au/pal/anaphylaxis/print-all>

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 Risk Minimisation Plan.	
Signature of principal (or nominee):	
Date:	

☑	Task
	<p>An Individual Anaphylaxis Risk Minimisation Plan is completed in consultation with the parent/guardian and the First Aid Officer/Administration Staff, which includes strategies to address the particular needs of each child at risk of anaphylaxis. This individual plan is reviewed</p> <ul style="list-style-type: none"> ▪ 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).
	<p>The Individual Anaphylaxis Risk Minimisation Plan sets out strategies to minimise the risk of exposure to allergens in the classroom, during elective classes, during lunch breaks including the canteen, before and after school including the schoolyard, special events such as sports days, class parties, excursions, camps and any other events that may put the child at risk.</p>
	<p>All parents/guardians are made aware of the Anaphylaxis Management Policy which is available on the college website.</p>
	<p>A coloured individual ASCIA Action Plan for the child is to be provided to the College prior to commencement of enrolment, signed by the child's Doctor and is made available to all staff, including the First Aid Officer who will commence the process of staff notification and any relevant documentation.</p>
	<p>Adrenaline Autoinjector (within expiry date) is available for use at any time the child is in the care of VCC, as well as any prescribed medication as listed on the child's ASCIA Action Plan.</p>
	<p>Adrenaline Autoinjector is stored in a container, in a location easily accessible to adults (not locked away), inaccessible to children and away from direct sources of heat</p>
	<p>All staff, including relief staff, are aware of each Adrenaline Autoinjector kit location</p>
	<p>Staff responsible for the child/ren diagnosed at risk of anaphylaxis undertake ASCIA anaphylaxis e-training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment, and practise with an Adrenaline Autoinjector trainer. This is reinforced at the briefings held in six-month intervals by a staff member who has completed the anaphylaxis management training.</p>
	<p>Contact details are available for both Parent/Guardians and Emergency Contacts on the Enrolment Form.</p>
	<p>Information regarding any other medications or medical conditions (for example asthma) is available to staff</p>
	<p>If food is prepared at VCC, measures are in place to minimise contamination of the food given to the child at risk of anaphylaxis</p>
	<p>Staff members taking a child diagnosed at risk of anaphylaxis on excursions outside of the College grounds are aware that they will be responsible for taking the Adrenaline Autoinjector kit for that child, as well as an Adrenaline Autoinjector for general use.</p>

Appendix 3

ANNUAL ANAPHYLAXIS 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?	<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 who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (22578VIC or 10710NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

SECTION 3: Storage and accessibility of adrenaline autoinjectors

17. Where is the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Risk Minimisation Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Risk Minimisation Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no, please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Risk Minimisation Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	

45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice 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	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information be kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	<input type="checkbox"/> <input type="checkbox"/>

Appendix 4 COMMUNICATION PLAN

Staff responsible for the child/ren diagnosed at risk of anaphylaxis undertake accredited anaphylaxis e-training, which includes strategies for anaphylaxis management, risk minimisation, recognition of allergic reactions, emergency treatment and practise with an Adrenaline Autoinjector trainer. This is reinforced at the briefings held in six-month intervals by a staff member who has completed the anaphylaxis management training, who is delegated to do this by the responsibility of the Principal.

Posters with up-to-date photos of Anaphylactic Students, their name, and allergens, as well as how to use an adrenaline autoinjector, will be displayed in all staff office areas, CRT Folders, Specialist Classrooms (eg. Food Tech) Administration Office and the First Aid Room. This is to ensure staff are visually able to identify the students who have Anaphylaxis and proceed with the next step in administering first aid in the event of an anaphylactic reaction.

College Staff will continue to raise awareness through displayed fact sheets or posters displayed in the First Aid room and help facilitate discussion about Anaphylaxis. Some key messages for staff to discuss with their students could include:

- Always take food allergies seriously, severe allergies are not funny.
- Don't share food with other students.
- Always wash your hands after eating.
- If you have friends with allergies, help keep them safe by being careful around times with food
- Always get help if your friend who has allergies gets sick or suddenly becomes unwell.
- Be respectful of your friend's medication that they may use.
- Don't pressure your friends into eating something that they are allergic to.

It is important that staff do not exclude a child with anaphylaxis in a negative way or treat them in a way that could see them treated harshly by other students.

The First Aid Officer will communicate with the parents of those students with Anaphylaxis to ensure communication is always open and to develop a cooperative relationship to ensure they are confident with the level of care being provided.

Information about Anaphylaxis will be periodically shared to Parents via the newsletter to raise awareness. This information will be sought from Australian sources such as:

- Royal Children's Hospital
- Australian Society of Clinical Immunology and Allergy (ASCIA)
- Allergy & Anaphylaxis Australia

RESPONDING TO AN ANAPHYLACTIC REACTION

At all times the treating staff member must follow the DRSABCD principles of first aid and must also consider the other students who may be affected by witnessing this event.

Debriefing of staff and students must be considered after any such event.

IN THE CLASSROOM

- Teacher to call for support from the teacher in the closest classroom.
- Teacher to contact the Office for assistance and to locate the Adrenaline Autoinjector kit which may be stored in the Office or in the school room or student's bag.
- A staff member or student must administer the Adrenaline Autoinjector, and other medication as required/indicated by the ASCIA Action Plan.
- Call for Ambulance and notify parents. Staff member to stay with patient and reassure, supporting staff member to direct ambulance to student via closest entry point.

IN THE SCHOOL YARD

- Where there is no other staff member available, yard duty teacher sends another child to call for the closest teacher. The yard duty teacher also can use their mobile phone for emergency situations.

- Teacher nearby to locate the Adrenaline Autoinjector kit and notify the Administration office and ask for assistance.
- A staff member or student must administer the Adrenaline Autoinjector, and other medication as required/indicated by the ASCIA Action Plan.
- Call for Ambulance and notify parents. Staff member to stay with patient and reassure, supporting staff member to direct ambulance to student via closest entry point.

SPORTS EVENTS

- Teachers are required to check if they have a child with Anaphylaxis in their care and take their Adrenaline Autoinjector kit to all sport classes and sporting events on or off campus. Notify Administration Staff that this has been taken off site, along with an Adrenaline Autoinjector for generic use.
- A staff member or the student must administer the Adrenaline Autoinjector, and other medication as required/indicated by the ASCIA Action Plan.
- Call for Ambulance and notify parents. Staff member to stay with patient and reassure, supporting staff member to direct ambulance to student via closest entry point.

ON SCHOOL EXCURSIONS

- Teachers are required to check if they have a child with Anaphylaxis in their care and take their Adrenaline Autoinjector kit to all sport classes and sporting events on or off campus. Teachers are to notify, or organise this through, Administration Staff that this has been taken off site, along with an Adrenaline Autoinjector for generic use.
- Risk assessment must reflect the number of students on excursion with Anaphylaxis and procedures to be followed.
- A staff member or the student must administer the Adrenaline Autoinjector, and other medication as required/indicated by the ASCIA Action Plan.
- Call for Ambulance and notify parents. Staff member to stay with patient and reassure
- Teacher in charge will contact the ambulance and the parents.

ON SCHOOL CAMP

- Teachers are required to check if they have a child with Anaphylaxis in their care and take their Adrenaline Autoinjector kit to all sport classes and sporting events on or off campus. Teachers are to notify, or organise this through, Administration Staff that this has been taken off site, along with an Adrenaline Autoinjector for generic use.
- Risk assessment must reflect the number of students on excursion with Anaphylaxis and procedures to be followed.
- A staff member or the student must administer the Adrenaline Autoinjector, and other medication as required/indicated by the ASCIA Action Plan.
- Call for Ambulance and notify parents. Staff member to stay with patient and reassure
- Teacher in charge will contact the ambulance and the parents.

SAMPLE COMMUNICATION - SENT DIGITALLY

To: PARENTS OF STUDENTS WITH ANAPHYLAXIS

Dear Parents and Guardians,

As part of VCC's on-going commitment to the support of children with Anaphylaxis, an Individual Anaphylaxis Risk Minimisation Plan has been compiled for your child. A copy of this document is below and must be returned to the College after signing. If any amendments are needed, or if you wish to discuss the contents of this document further, please feel free to contact the Administration Office at your earliest convenience and speak to the First Aid Officer.

While every effort is made to minimise the risk to your child whilst at the College, we ask that parents also take the responsibility of educating their children in relation to their specific triggers and the symptoms they may experience, so they will be aware that they must seek help should accidental exposure occur. As most children have their Adrenaline Autoinjector and other medication stored in the First Aid Room, it is imperative that the child is instructed to either come straight to the First Aid Room/ Administration Office, seek the closest teacher for help or to send someone on their

behalf to seek support. Storage of the Adrenaline Autoinjector and any medication as listed on their ASCIA Action Plan will remain together in a labelled container in the First Aid Room.

A copy of your child’s ASCIA action plan will be found in their hardcopy confidential student file, Xuno student file (Staff only access) and in the First Aid Room. All ASCIAs Action Plans must be updated regularly and should not be more than one year old. This needs to also be updated in the case of an Anaphylactic reaction, or if their condition changes (eg. Any new allergens are added). It is also the parent’s responsibility to ensure that the Adrenaline Autoinjector and any relevant medication has not expired. Please see the expiry dates for these items below for your reference:

ASCIA Action Plan	Expires:
Adrenaline Autoinjector (EpiPen or other)	Expires:
Other Medication (E.g., Antihistamines, Ventolin)	Expires:

A new ASCIA Action Plan has also been included with this package for when this is due to be updated. Please ensure all documentation is provided in colour, as different colours mean different severity.

Thank you for taking the time to read this information and again, if you have any enquiries regarding any of these matters, please do not hesitate to contact the Office.

Yours sincerely,
Anne Marie Rodgers - Principal

SAMPLE COMMUNICATION
TO: ALL PARENTS/GUARDIANS RE: ANAPHYLAXIS

Dear Parents and Guardians,

Anaphylaxis is the most severe form of allergic reaction and is life threatening if not immediately treated. Anaphylaxis is an allergic reaction involving more than one body system, for example: skin, respiratory, gastrointestinal and/or cardiovascular

At VCC, we have several children who are at risk for potentially life-threatening allergies. There have been [insert number] children identified as ‘at risk’ within our College. Most are allergic to foods - in particular nuts – but the children are also affected by [insert other allergens].


At VCC, we have an Anaphylaxis Management Policy that complies with the Victorian Ministerial Order 706, which is designed to ensure that children at risk are identified, strategies are in place to minimise the potential for accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

We strongly suggest that you speak to your child/ren about the importance of washing their hands after eating, and not sharing food in order to reduce the risk of accidental exposure to these students. While we cannot claim to be ‘nut free’, we do wish to minimise risk.

Further information may be obtained from the school Office or the following links: www.allergy.org.au or www.allergyfacts.org.au

Thank you for your cooperation in this matter.

Yours sincerely,
Anne Marie Rodgers
Principal



austrasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR

Anaphylaxis

Name: _____

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np): _____

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: _____

Date: _____

For use with **Anapen®** adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Give antihistamine (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 or noisy breathing
- Swelling of tongue
- Swelling or tightness in throat
- Wheeze or persistent cough
- Difficulty talking 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 or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

- 2 GIVE ADRENALINE AUTOINJECTOR**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline may be given if no response after 5 minutes**
- 6 Transfer person to hospital for at least 4 hours of observation**

IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR

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

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

Asthma reliever medication prescribed: Y N

How to give Anapen®



1
PULL OFF BLACK NEEDLE SHIELD



2
PULL OFF GREY SAFETY CAP from red button



3
PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)



4
PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen®

Anapen® is prescribed as follows:

- Anapen® 150 Junior for children 7.5-20kg
- Anapen® 300 for children over 20kg and adults
- Anapen® 500 for children and adults over 50kg

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2021 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

ACTION PLAN FOR Anaphylaxis

Name: _____ For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: _____

Date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- 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 seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Give antihistamine (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 or noisy breathing
- Difficulty talking or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling or tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

ACTION FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE AUTOINJECTOR

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

4 Phone family/emergency contact

5 Further adrenaline 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

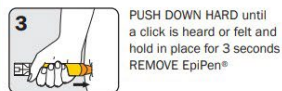
Commence CPR at any time if person is unresponsive and not breathing normally

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

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

How to give EpiPen®



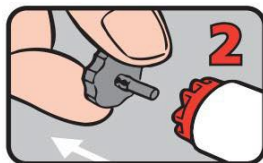
EpiPen® is prescribed as follows:

- EpiPen® Jr (150 mcg) for children 7.5-20kg
- EpiPen® (300 mcg) for children over 20kg and adults

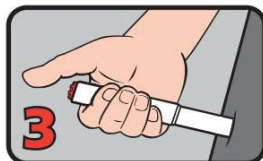
Anapen®



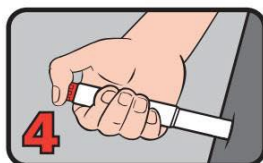
1
 PULL OFF BLACK
 NEEDLE SHIELD



2
 PULL OFF GREY SAFETY CAP
 from red button

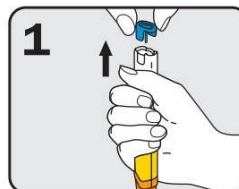


3
 PLACE NEEDLE END FIRMLY
 against outer mid-thigh at 90°
 angle (with or without clothing)

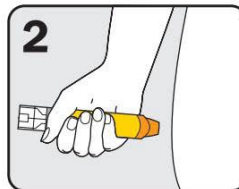


4
 PRESS RED BUTTON so it clicks
 and hold for 10 seconds.
 REMOVE Anapen®

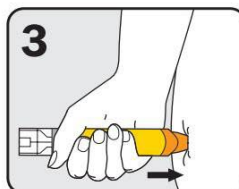
EpiPen®



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



2
 Hold leg still and PLACE
 ORANGE END against
 outer mid-thigh (with or
 without clothing)



3
 PUSH DOWN HARD until a
 click is heard or felt and
 hold in place for 3 seconds
 REMOVE EpiPen®

Follow the ASCIA Action Plan or First Aid Plan for Anaphylaxis.

Provide ambulance with the used injector and the time it was given.