



## Carlton North Primary School Overview of Anaphylaxis Management Policy

### Rationale:

- Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. It must be treated as a medical emergency requiring immediate treatment and urgent medical attention.
- Carlton North Primary School will fully comply with Ministerial Order 706 Anaphylaxis Management in Victorian Schools and the associated guidelines published and amended by the Department from time to time.

### Aims:

- To provide, so far as is practicable, a safe environment for children diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction
- To educate staff, students and parents on the seriousness of anaphylaxis
- To provide procedures to enable staff to:
  - identify children diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction
  - understand their symptoms and triggers
  - implement prevention strategies to minimise the risk of exposure to allergens as per the Anaphylaxis Guidelines for Victorian Schools
  - implement an emergency response plan in the event of a severe allergic reaction
  - administer appropriate medications
- To remove, so far as is practicable, the presence of nuts, a severe allergen, from the school environment

### Implementation

The Principal shall ensure:

- All students and staff are assessed for anaphylaxis on enrolment or as soon as practicable after enrolment or commencement at the school
- All students, staff and the school community are informed and regularly reminded of this Anaphylaxis Management Policy and its associated process and procedures and their responsibilities relating to this policy
- All staff are trained in anaphylaxis response identification and treatment
- Individual Anaphylaxis Management Plans are established prior to enrolment or as soon as practicable for each student with anaphylaxis
- The implementation, as required, of prevention strategies such as no sharing of food and “no nuts”
- Anaphylaxis medication is managed in accordance with the Distribution of Medication Policy
- Completion of the annual risk management checklist

**This policy is a risk mitigation plan and does not offer a guarantee that the school is nut- free. Children with allergies need to be educated to always maintain vigilance about their environment.**

**For the full policy please see the following pages**



# Carlton North Primary School Anaphylaxis Management Policy

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## Implementation

### **1. Individual Anaphylaxis Management Plans**

A template of an Individual Anaphylaxis Management Plan can be found in Appendix A.

- The principal will ensure that an individual management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
  - The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.
  - The individual anaphylaxis management plan must set out the following:
    - information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
    - strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings 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 strategies.
  - Information on where the student's medication will be stored.
  - The student's emergency contact details.
  - An emergency procedures plan (ASCIA Action Plan)

**Note: The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by Medical Practitioners to Parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found in Appendix 3 of the Anaphylaxis Guidelines or downloaded from <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>**

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

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

- 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; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).
- It is the responsibility of the parent to:
  - provide the ASCIA Action Plan;
  - inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
  - provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
  - provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

## **2. Prevention Strategies**

### **a) Sharing of foods between all children is actively discouraged.**

### **b) Removal of Nuts from the School Environment**

- Nuts are known as a severe allergen. Unlike other allergens, sufferers can suffer a reaction through being in close proximity to nuts (e.g. smell or skin contact) without the need to ingest nuts.
- So as to minimise risk, as far as practicable, to the school community, Carlton North Primary will no longer permit nuts to be brought on to school grounds during normal school hours, or on school excursions or camps. This policy extends to all children and staffs in all classes even where there are no children with nut allergies directly in that class. The following will not be allowed:
  - Nuts, including peanuts, almonds, cashews, pine nuts, hazelnuts, walnuts, brazil nuts, pecans or any other type of nut
  - Spreads such as Peanut Butter, other nut butters, pestos and peanut oil.
  - Dried fruit is permitted but not dried fruit and nut boxes or Muesli bars containing nuts
  - Biscuits or other cakes containing nuts, including flourless cakes with almond meal.
  - Nutella and other choc/nut spreads
- Products labelled "may contain nuts" are permitted, however children with nut allergy should not eat them.
- Should a child bring foods containing nuts, the student will, under the supervision of the Principal or nominated staff member, eat lunch in a designated area within the classroom, dispose of rubbish appropriately and wash their hands thoroughly. The Principal or nominated staff member will contact the family to remind them of the school's 'no nut' policy.
- Lunch orders will not contain nuts.
- The teacher and parent of a child with anaphylaxis will communicate whenever the class is planning to cook or have special food days
- In the event of birthday treats, the teacher will discuss alternative arrangements for the student with anaphylaxis, for example their own 'treat jar'.
- Special events conducted, organised or attended by the School out of school hours including the annual fete and soirees will not be required to be nut-free

**It is important to note that nuts are not the ONLY potential cause of a life threatening reaction. Each child's allergies need to be discussed with their classroom teacher.**

## **3. School Management and Emergency Response**

The following procedures are in place at Carlton North Primary School to deal with students diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction

### **1. Identifying the child at school – locations of photo ID**

All staff are expected to be familiar with identity of all children diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction

- First aid room photo ID inside door of first aid cupboard
- The school attendance roll has an ASCIA action plan with identifying photograph inside the front cover for each child diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction
- Classroom has a photo of the child diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction

- Staff/Office workspace @copier area – photo gallery and list of triggers of students diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction.
  - In the OHSC room (where the child is a registered user of the service)
  - In the yard duty bag.

#### Excursions and Camps

A staff member will be responsible for ensuring the Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student diagnosed as having a medical condition that relates to an allergy and the potential for anaphylactic reaction is taken on any excursion or camp.

The Principal will ensure that at any special events conducted, organised or attended by the School out of school hours there are staff present who are trained in the use of adrenaline autoinjectors and who have access to the autoinjectors currently held by the school.

#### 2. Casual Relief Teachers and Volunteers

A designated staff member will inform casual relief teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

#### 3. Outside the classroom

Bum bags are carried by the teachers on yard duty at recess and lunchtime. These each contain red ID cards with the child's name and photograph. If there is an incident outside during recess, the teacher sends the child's card to the office / staffroom to alert the staff.

#### 4. Medication location

The medication for each child is held in the Main Office.

The cupboard is marked with a label Epipens.

Each child's medication is in a container labelled on the outside with their photograph and name. Inside is the medication with the action plan and signed permission form to administer medication.

The general use epipens are stored in the same location, clearly labelled as "general use".

#### 5. Information and Medication

Medication, action plans, medication permission forms etc are required to be updated each year.

- Parents/Guardians will be responsible for ensuring that their children have an adequate supply of appropriate medication available at school.

Parents of children with anaphylaxis are responsible for ensuring that medication held at the school is replaced before the expiry date. The Office Manager will check EpiPens (including those for general use) monthly to ensure they are not out of date and will notify parents one month prior to expiry.

#### 6. Training

Register of anaphylaxis trained staff is in a file in the first aid room.

Contains the dates of the training and attendees and the details of the course attended.

Twice yearly briefings of staff to be minuted at staff meetings.

### **MANAGEMENT OF ANAPHYLACTIC (SEVERE ALLEGIC) REACTION**

Signs and Symptoms may include:

- Swelling of the throat
- Swelling in and around the mouth
- Difficulty swallowing
- Red flush / very pale / clammy skin
- Breathing difficulties: coughing and wheezing. Tightness of chest, shortness of breath
- Blue around lips / fingernails
- Welts / hives on skin (in combination with any other of these symptoms)
- Goes floppy / limp
- Distressed by symptoms of a reaction
- Loses consciousness

Act quickly but don't panic.

- Stay with the child.
- Lay the child flat. If breathing is difficult allow them to sit.
- Use the nearest phone to contact the office and send two students with red ID card to the office to alert staff deliver the box containing the child's EpiPen / general use EpiPens
- Send someone else or contact office to call an ambulance 000.
- Immediately alert team / staff member.
- Staff to assist the removal of students from the area.

#### **Administration of EpiPen**

- Check the name / photograph on the EpiPen container is for correct child
- Remove EpiPen from the container
- Remove blue safety cap from the end of the EpiPen and form a fist around the EpiPen
- Place orange end of the EpiPen against the child's outer mid-thigh muscle (through clothes if necessary) and push down hard, listening for the "click" sound which indicates that the syringe has fired into the muscle.
- HOLD SYRINGE IN PLACE FOR 10 SECONDS to give the adrenalin time to enter the muscle.
- Remove the syringe and massage the site of the injection for a further 10 seconds.
- Note the time the injection was given.
- Return the syringe to the container. Hand to the paramedics when they arrive.

Reassure the child and watch them closely in case of worsening condition. If there is no improvement or condition worsens a second injection may be given after 5 minutes if the paramedics have not arrived.

#### **Contacting the ambulance**

- Tell the operator that a child (give child's name) is having an anaphylactic reaction and give precise location details: Carlton North Primary School at O'Grady Street North Carlton off Rathdowne Street. Melway Reference Map 43 K2.

Ask someone to contact student's emergency contacts.

Within 24 hours, contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

#### **Review**

After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision:

1. The Adrenaline Autoinjector must be replaced by the Parent as soon as possible.
2. In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
3. If the Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible.
4. In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided.
5. The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents.
6. The School's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.

#### **4. Adrenaline Autoinjectors for General Use**

The Principal will purchase Adrenaline Autoinjector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents.

The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:

- the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of Adrenaline Autoinjectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;

- the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the School, including in the school yard, and at excursions, camps and special events conducted or organised by the School; and
- the Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first.

Note: Adrenaline Autoinjectors for General Use are available for purchase at any chemist. No prescriptions are necessary.

Currently Carlton North Primary School holds an Epipen and an Epipen Junior for general use.

## 5. Communication

- The principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.
- The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and at special events.

### *Casual Relief Teachers and Volunteers*

A designated staff member will inform casual relief teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

### *Staff*

It is the responsibility of the Principal of the School to ensure that relevant School Staff are:

- trained; and
- briefed at least twice per calendar year

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 students 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 see section above

### *Students*

- Teachers will discuss anaphylaxis in class, and trial procedures for responding to an anaphylactic reaction. Discussion will include what type of foods may include an allergen, the importance of good hygiene (hand washing), no sharing of food and no tolerance for teasing.
- Children who do not suffer from allergies should be educated to understand medical
- issues affecting others and to act in a responsible manner.

### *Parents*

The school community will be informed about allergens via:

- Quarterly reminders in the newsletter of the potentially life –threatening nature of an anaphylactic reaction and the importance of managing exposure to allergens, including the ban on bringing nuts and nut products to school.
- Anaphylaxis Management Policy available at the office

## 6. Staff Training

The following School Staff will be appropriately trained:

- School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any further School Staff that are determined by the Principal.

The identified School Staff will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior; and
- participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:

- the School's Anaphylaxis Management Policy;
- the causes, symptoms and treatment of anaphylaxis;
- the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
- how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
- the School's general first aid and emergency response procedures; and
- the location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.

The briefing must be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.

The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

Note: A video has been developed and can be viewed from

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

### **7. Annual Risk Management Checklist**

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

A template of the Risk Management Checklist can be found at Appendix B (see also <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>)

**This policy will be available on the school website and a copy will be available for viewing at the office.**

**This policy is a risk mitigation plan and does not offer a guarantee that the school is nut- free. Children with allergies need to be educated to always maintain vigilance about their environment.**

### **LINKS AND APPENDICES (including processes related to this policy)**

Links which are connected with this policy are:

- [DEECD Medication Policy](#)
- [DEECD Anaphylaxis Policy](#)
- [DEECD Health Support Planning Policy](#)
- <http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxisschools.aspx>

Appendices which are connected with this policy are:

- Appendix A: Individual Anaphylaxis Management Plan
- Appendix B:: Annual Risk Management Checklist

### **8. Evaluation**

This policy will be reviewed in 2016

This policy was ratified by School Council in June 2014

# Appendix A 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>			

### EMERGENCY CONTACT DETAILS (PARENT)

<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>	

### EMERGENCY CONTACT DETAILS (ALTERNATE)

<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>	



Emergency care to be provided at school	
Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)	

**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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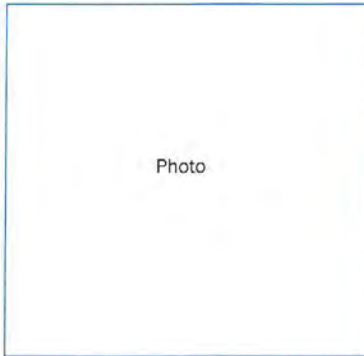
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

(continues on next page)

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: \_\_\_\_\_

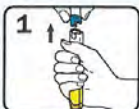
Plan prepared by: \_\_\_\_\_

Dr: \_\_\_\_\_

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

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

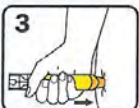
## How to give EpiPen®



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



PLACE ORANGE END against outer mid-thigh (with or without clothing).



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

REMOVE EpiPen®. Massage injection site for 10 seconds.

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

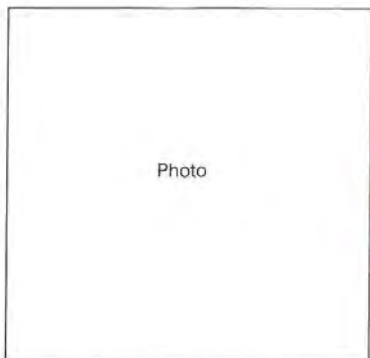
Additional information \_\_\_\_\_

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.

For use with Anapen® 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 Anapen®



PULL OFF BLACK NEEDLE SHIELD.



PULL OFF GREY SAFETY CAP from red button.



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



PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen® and DO NOT touch needle. 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)

© ASCIA 2014. This plan was developed by ASCIA

## 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 Anapen® 300 or Anapen® 150
- 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 Anapen® 300 or Anapen® 150**
- 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.**

Anapen® 300 is generally prescribed for adults and children over 5 years.

Anapen® 150 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.

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes ;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of Principal (or nominee):	
Date:	

## Appendix B: Annual Risk Management Checklist

School Name:		
Date of Review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name	
	Position	
Comments:		
<b>General Information</b>		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?		
2. How many of these students carry their Adrenaline Autoinjector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
4. Have any students ever had an Anaphylactic Reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SECTION 1: Individual Anaphylaxis Management Plans</b>		
7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after School, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors</b>	
12. Where are the student(s) Adrenaline Autoinjectors stored?	
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the storage unlocked and accessible to School Staff at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
17. Are the Adrenaline Autoinjectors easy to find?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. 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
25. Where are these first aid kits located?	
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 3: Prevention Strategies</b>	
28. 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
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: School Management and Emergency Response</b>	
32. 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



33. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all School buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Who will make these arrangements during excursions? .....	
40. Who will make these arrangements during camps? .....	
41. Who will make these arrangements during sporting activities? .....	
42. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:	
a. The School's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No

d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The School's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the Adrenaline Autoinjector(s) for General Use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: Communication Plan</b>	
44. 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
45. 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?	
46. How is this information kept up to date?	
47. 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
48. What are they?	