



ANAPHYLAXIS MANAGEMENT POLICY

Salesian College Sunbury is an inclusive Catholic Faith Community in the spirit of St John Bosco.

- We are welcoming COMMUNITY that fosters an atmosphere of joy and optimism.
- We strive for engagement in LEARNING for which we are collectively responsible.
- We promote the pursuit of EXCELLENCE in all aspects of life.
- We are inspired by our FAITH to serve others and develop as resilient, thoughtful and caring citizens of the world.

Central to these values is an unequivocal commitment to fostering the dignity, self-esteem and integrity of children and young people and providing them with a safe, supportive and enriching environment to develop spiritually, physically, intellectually, emotionally and socially.

COLLEGE STATEMENT

Salesian College Sunbury (the College) will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time. The College acknowledges the responsibility to develop, maintain and implement a best practice Anaphylaxis Management Policy.

DEFINITIONS

Allergy occurs when a person's immune system reacts to a substance in the environment that are harmless for most people. These substances are known as allergens and are found in house dust mites, pets, pollens, insects, moulds, foods and some medications. There are many different causes of allergy's and symptoms can vary from mild to potentially life threatening.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Allergic reactions, including severe life-threatening allergic reactions (anaphylaxis) are becoming more common in children. Deaths are less common, however, deaths do occur and anaphylaxis must therefore be regarded by schools as a medical emergency requiring a rapid response.

Any student that is diagnosed with an allergy is at a higher risk of their condition progressing to anaphylaxis and should be monitored carefully.

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

AIMS

- Obtaining thorough medical information about students at risk of anaphylaxis by the College
- Ongoing staff training about how to recognise and respond to a mild, moderate or severe allergic reaction, including training in the use of adrenaline auto injector.
- Implementation of practical strategies to avoid exposure to medically confirmed allergens
- Age appropriate education to students with severe allergies and their peers

STAFF TRAINING

The following College staff will be appropriately trained:

- College staff who conduct classes attended by students who are at risk of anaphylaxis
- Any other College staff as determined by the principal (Salesian College Sunbury has committed to having ALL school staff trained as far as practicable).

- College staff must complete one of the following options to meet the anaphylaxis training requirements of MO706. Salesian College has committed to **Option 1**

Option	Completed by	Course	Provider	Cost	Valid for
Option 1	All school staff	<i>ASCIA Anaphylaxis e-training for Victoria Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
	AND 2 staff per school or per campus (School Anaphylaxis Supervisor)	22579VIC Course in Verifying the Correct Use of Adrenaline Injector Devices	HeroHQ	Paid for by the school	3 years
Option 2	School staff as determined by principal	22578VIC Course in First Aid Management of Anaphylaxis	Any RTO that has this course in their scope of practice	Paid for by the school	3 years
Option 3	School staff as determined by principal	Course in Anaphylaxis Awareness 10313NAT	Any RTO that has this course in their scope of practice	Paid for by the school	3 years

In addition, all staff will participate in an anaphylaxis management briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the College year) on:

- The legal requirements as set out the Ministerial Order 706
- The Colleges Anaphylaxis Management Policy
- Identify the students (include a photo) with a medical condition that relates to an allergy and the potential for an anaphylactic reaction, and where their medication is located
- Signs and symptoms of anaphylaxis
- ASCIA Anaphylaxis e-training and verification process
- ASCIA action plans for anaphylaxis and how to administer an Adrenaline Auto Injector- including hands on practice with a trainer adrenaline auto injector
- Location of adrenaline auto injectors that have been provided by parents/guardians for students at risk and 'generic' Adrenaline Auto Injectors purchased by the College for general use
- The Colleges general first aid and emergency response procedures

The briefing must be conducted by a member of the school staff, preferably the person nominated as the School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the last 2 years.

In the event that the relevant training has not occurred for a member of staff who has a child in their class as risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected students. Training will be provided to relevant school staff

as soon as practicable after the student enrolls, and preferably before the students 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, special event days, there is a sufficient number of College staff present who have successfully completed an anaphylaxis management training course.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/guardians, 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 is enrolled and where possible before their first day of school.

The Individual Anaphylaxis Management Plan will set out the following (see Appendix 2):

- 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 and the signs and symptoms the student might exhibit in the event of an allergic reaction (based on a written diagnosis from a Medical Practitioner)
- Strategies to minimise the risk of exposure to known 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; and
- An up to date ASCIA Action Plan completed by the student's medical practitioner

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents/guardians:

- 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. elective subjects, cultural days, fetes, incursions).

The school Anaphylaxis Management Policy must state it is the responsibility of the parent/guardian to:

- Provide an ASCIA Action Plan completed by the child's medical practitioner with a current photo,
- Immediately inform the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and the potential for an anaphylactic reaction and provide an updated ASCIA Action Plan.
- Provide the School with an Adrenaline Auto injector that is current and not expired for their child.

RISK MINIMISATION STRATEGIES

This section details the Risk Minimisation and Prevention Strategies that Salesian College Sunbury puts in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- During classroom activities (including class rotations, specialist and elective classes);
- Between classes and other breaks;
- In canteen;
- During recess and lunchtimes;
- Before and after school; and

- Camps and excursion, or at special events conducted, organised or attended by the school (eg. Class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions and incursions)

The key to prevention of anaphylaxis is the identification of allergens and prevention of exposure to them. The school can employ a range of practical prevention strategies to minimise exposure to known allergens. The table below provides examples of risk minimisation strategies

Setting	Considerations
Classroom	<ul style="list-style-type: none"> ▪ All staff to complete ASCIA e-training and verification and attend twice annual briefing so they are aware of our students at risk of anaphylaxis ▪ Students with medically diagnosed allergies and medical conditions are clearly documented on the College intranet. ▪ Liaise with parents/guardians about food related activities ahead of time. ▪ Staff are aware that providing food for students (by staff and/or students) as a reward or part of a class activity is not permitted. ▪ Never give food from outside sources to a student who is at risk of anaphylaxis. ▪ Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons). ▪ Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. ▪ A designated staff member should inform casual relief teachers, specialist teacher and volunteers of the names of any students at risk of anaphylaxis, the location of each students Individual Anaphylaxis Management Plan and adrenaline auto injector, the schools Anaphylaxis policy and each individual persons responsibility in managing an incident.
Canteen	<ul style="list-style-type: none"> ▪ Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications for food handling practices. Including knowledge of the major food allergens triggering anaphylaxis, cross contamination issues specific to food allergy, label reading ect. Refer to 'Safe food handling' in the School Policy and Advisory guide at www.education.vic.gov.au/school/principals/spag/goverance/pages/foodhandling.aspx ▪ Canteen staff (including volunteers), should be briefed about students at risk of anaphylaxis, and have preventative strategies in place ▪ Display a copy of students at risk of Anaphylaxis in the canteen (including photo) ▪ Products labelled 'may contain traces of peanuts/tree nuts' should not be served to the student known to be allergic to peanuts/tree nuts ▪ Canteens should provide a range of healthy meals/products that exclude peanuts or nut products in the ingredient list ▪ Food banning is generally not recommended. Instead a 'no sharing food' with students policy has been adopted ▪ Be wary of contamination of other foods when preparing, handing or displaying food. ▪ Ensure tables and surfaces are wiped clean regularly.
Yard	<ul style="list-style-type: none"> ▪ All staff that are allocated yard assistance must have completed mandatory anaphylaxis training and be aware of all students at risk of anaphylaxis ▪ The adrenaline auto injector and each students individual ASCIA action plan must be easily accessible from the yard and staff should be aware of the exact location ▪ Students with severe allergies to insects should be encouraged to stay away from water and flowering plants. Students should be encouraged to wear closed toe shoes and long sleeve tops when outdoors ▪ Keep lawns and clover mowed and outdoor bins covered ▪ Student should keep open drinks and food covered while outdoors ▪ All staff are to be aware of the schools emergency response procedure in case a reaction occurs in the year

	<ul style="list-style-type: none"> All staff, students and parents are aware that no student can have a delivery of food to the school, or school sanctioned event from non-authorised person/s (example, non-custodial guardian, Fast Food Delivery Services).
Special events (e.g. sporting events, in school activities, class parties)	<ul style="list-style-type: none"> All staff to complete ASCIA e-training and verification and attend twice annual briefing so they are aware of our students at risk of anaphylaxis Staff to avoid using food in activities or games, including as rewards In the event that the College provides food for students for special events, the College will undertake appropriate risk minimisation strategies, including appropriate menu planning and consultation with parents in advance to develop an alternative food menu or request the parents to send a meal for the student. Party balloons should not be used if a student is allergic to latex. Staff must know where the adrenaline auto injector is located and how to access if it required. For sporting events, it may be appropriate to take the student's adrenaline auto injector to the oval. If the weather is warm, the auto injector should be stored appropriately to protect it from the heat. If students at risk of anaphylaxis from other schools are participating in an event at your school, they are expected to bring their own adrenaline auto injector and ASCIA plan with them
Off-site school settings – field trips, excursions	<ul style="list-style-type: none"> The student's adrenaline auto injector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions All staff members attending activity must have completed the mandatory training in anaphylaxis and be competent in the administration of an adrenaline auto injector if needed. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction The staff planning the trip should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required). For each trip a risk assessment should be undertaken prior to departing. The risk may vary depending on the amount of anaphylactic students attending, the nature of the trip, size of the venue, distance to medical assistance & corresponding staff to student ratio Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student.
Off-site school settings– camps and remote settings	<ul style="list-style-type: none"> Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis. The camps cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. All staff members attending camps must have completed the mandatory training in anaphylaxis and be competent in the administration of an adrenaline auto injector if needed. All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis. A risk assessment should be completed and management strategies put into place for any student at risk of anaphylaxis. This should be developed by staff in consultation with parents/guardians and camp owner/operator. School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure appropriate procedures are in place to manage an anaphylactic reaction should one occur.

	<ul style="list-style-type: none"> ▪ Camp providers should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that ‘may contain’ traces of peanuts/tree nuts may be served, but not to the student who is known to be allergic to peanuts/tree nuts. If eggs are used there must be suitable alternatives provided ▪ Use of substances containing allergens should be avoided (e.g. soaps, lotions or sunscreens containing nut oils). ▪ The student’s adrenaline auto injector and ASCIA Action Plan and a mobile phone must be taken on camp. If mobile phone is not available an alternative mode of communication in an emergency must be considered, eg. Satellite phone. ▪ The staff should take a ‘generic’ adrenaline auto injector with them as a backup device in the event of an emergency. ▪ Local emergency services and hospitals in the area should be notified of the camp and contact details for these services should be distributed to all staff attending the camp ▪ The adrenaline auto injector should remain close to the student at risk of anaphylaxis and staff must be aware of its location at all times. It may be carried in the school first aid kit, although schools can consider allowing students, particularly adolescents, to carry it on their person. Remember, staff still have a duty of care towards the student even if they carry their own adrenaline auto injector. ▪ Students with allergies to insect should always wear closed shoes and long sleeved garments when outdoors. ▪ Cooking and art and craft games should not involve the use of known allergens. ▪ Consider the potential exposure to allergens when consuming food on buses/airlines and in cabins.
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EMERGENCY RESPONSE PROCEDURE

Staff action to be taken if a student shows signs and symptoms of an allergic reaction

- A member of school staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on ASCIA action plan for anaphylaxis ‘lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit’.
- Call an ambulance and stay on the line to them (this should not delay locating and administering the Adrenaline Auto Injector)
- Another member of staff is to locate the students Adrenaline Auto Injector and ASCIA management plan or a generic Adrenaline Auto Injector and notify College nurse/ first aid attendant ASAP
- The adrenaline auto injector should be administered as soon as possible as per the instructions on the ASCIA action plan, note the time it is administered
- Stay with the student until the ambulance arrives and follow all instructions given by the 000 staff.
- Contact parents as soon as practicable
- If a student appears to be having a severe allergic reaction but has not previously been diagnosed with anaphylaxis, locate and administer a ‘generic’ Adrenaline Auto Injector & follow instructions on the ASCIA Action plan for general use, ensure an ambulance has been called & contact parents ASAP

ADRENALINE AUTOINJECTORS FOR GENERAL USE

The College will purchase Adrenaline Auto injectors for General Use and as a back up to those supplied by parents. The number of additional Adrenaline Auto injectors required by the school will be determined by the following considerations:

- The number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- The accessibility of Adrenaline Auto injectors 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 Auto injectors 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 Auto injectors 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.

Generic Adrenaline auto injectors are located in:

- Student Hub
- Bosco campus office
- Savio east campus office
- Savio west campus office
- OLC science prep room
- Year 9 retreat centre
- Food technology kitchens
- Agriculture (Patch) office
- Mansion
- Lakeside stadium
- Excursion first aid kits

COMMUNICATION PLAN

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 information about what steps will be taken to respond to an anaphylactic reaction by a students in various environments, including:

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

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of the students at risk of anaphylaxis. This information is available on the College intranet and staff can seek further clarification on their role in responding to an anaphylactic reaction by contacting the College nurse. It is recommended that all casual staff complete the ASCIA e-training and verification process.

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

- Complete the ASCIA e-training and verification process; and
- Attend briefing at least twice per calendar year.

ANNUAL RISK MANAGEMENT CHECKLIST

The Principal or his delegate will complete an Annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations. (Refer Appendix 1)

RELATED DOCUMENTS

Appendix 1 Risk Management Checklist

Appendix 2 Individual Anaphylaxis Management Plan

Status of Document	Date(s)	Modification Details
Written by: College Nurse/Student Wellbeing Team	01/04/2014	
Approved by: College Council	07/03/2017	
Post Implementation Review: College Nurse/ Executive Directors	07/05/2018 05/06/2020 17/08/2022	Reviewed by Executive, with no changes. Added: Locations of injectors

	25/07/2024	Reviewed by Executive Campus Directors and College Nurse. Added 'Excursion First Aid Kits' to where auto injectors are located Updated the course details
Next Approval: College Nurse/ Executive Directors	25/07/2026	

Annual Risk Management Checklist

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. 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: Individual Anaphylaxis Management Plans		
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
SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors	
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? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are the Adrenaline Autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
SECTION 3: Prevention Strategies	
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
SECTION 4: School Management and Emergency Response	
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
SECTION 4: Communication Plan	
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?	

Individual Anaphylaxis Management Plan

This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent.			
It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.			
School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		
Emergency care to be provided at school			
Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ 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?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
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Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

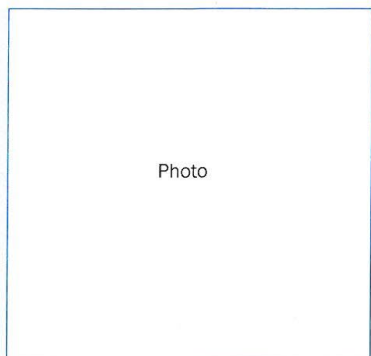
(Continues on next page)

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name: _____

Date of birth: _____



Confirmed allergens:

Asthma Yes ☐ No ☐

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr: _____

Signed: _____

Date: _____

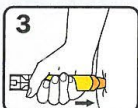
How to give EpiPen®



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

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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 _____

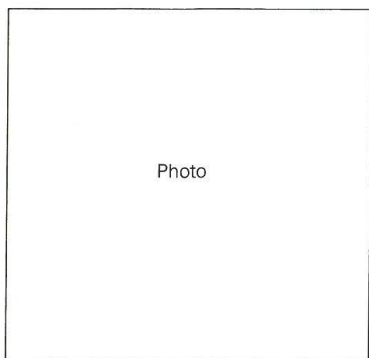
Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

ACTION PLAN FOR Anaphylaxis

For use with Anapen® Adrenaline Autoinjectors

Name: _____

Date of birth: _____



Photo

Confirmed allergens:

Asthma Yes ☐ No ☐

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr: _____

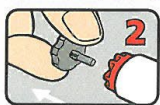
Signed: _____

Date: _____

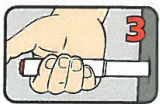
How to give Anapen®



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

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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 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:	