Management of Anaphylaxis (P-12) Policy
(see separate policy for ELC)

Audience: School Community

Purpose
St Paul’s endeavours to provide a safe learning environment for all of its students and staff, but understands that is not possible to achieve a completely allergen-free environment in any facility that is open to the general community. We believe that the safety and wellbeing of students who are at risk of anaphylaxis is the responsibility of the whole community.

This policy aims to minimise the risk of anaphylaxis for all students with this condition. This document outlines the School’s policy and procedures for the management of students with anaphylaxis when they are at School and when they are undertaking approved School activities. It complies with Ministerial Order 706 (April 2014) and with the associated guidelines of the Victorian Department of Education.

Background
What is Anaphylaxis?

Anaphylaxis is a severe allergic reaction that is potentially life threatening. Common allergens include (but are not limited to) nuts, eggs and shellfish.

Signs and Symptoms of Anaphylaxis:

- Difficulty breathing or noisy breathing
- Swelling of the tongue
- Swelling/tightness in the throat
- Difficulty talking and/or a hoarse voice
- Wheezing or persistent coughing
- Rash/welts
- Loss of consciousness and/or collapse
- Young students may appear pale and floppy.

Legislation and resources

- Anaphylaxis guidelines, Office of School Education (DEET)
- Anaphylaxis Australia www.allergyfacts.org.au
- Guidelines For Prevention of Food Anaphylactic Reactions in Schools, Preschools and Childcare Centres: ASCIA (Australian Society of Clinical Immunology & Allergy Inc.).

Definitions

Campus: unless otherwise specified, refers to Warragul Junior School (WJS), Traralgon Junior School (TJS), Warragul Year 9 Campus (Year 9), Traralgon Secondary School (TSS) and Warragul Secondary School (WSS).
1. Identification of Students with Anaphylaxis/Management Plans

The Principal, through the Head of Admissions and the Heads of School, will ensure that all students enrolled at the School will be required to detail any allergens that are known to cause anaphylaxis for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. This will form part of the enrolment process.

The parents/carers of all students with diagnosed anaphylaxis will be asked to fill in an ASCIA action plan prior to commencing at the School (see Appendix 1).


This plan details:
- 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 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 ASCIA plan, provided by the parent, that:
  - sets out the emergency procedures to be taken in the event of an allergic reaction;
  - is signed by a medical practitioner who was treating the child on the date the practitioner signed the emergency procedures plan; and
  - includes an up to date photograph of the student.

Where it is not possible for this plan to be provided prior to the child starting at the School, an interim plan must be developed in consultation with the parents/carers.

School staff will then implement and monitor the student’s Individual Anaphylaxis Management Plan.

The School will require that each student’s Individual Management Plan will be reviewed in consultation with the student’s parents/carers:
- 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 a student has an anaphylactic reaction at School
- when the student is to participate in an off-site activity, such as camps, excursions or activities or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, fetes, excursions, etc…)

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
- provide the School with an Adrenaline Autoinjector that is current and not expired, for their child.
Location of Individual Management Plans

The relevant sections of the Student’s Individual Management Plan, including an Environment Risk Assessment and an ASCIA Action Plan (see Appendix 1), will be completed by the student’s parents and the respective Head of School. The plan and accompanying documents will be kept with the child's Adrenaline Autoinjector, and a hard copy added to the student’s file.

Alert sheets, Individual Anaphylaxis Management Plans and/or ASCIA Action Plans, including a photo of the child and a summary of his/her condition, will be placed in the following locations, as appropriate:

- In Student Services at each campus
- On the walls of the main staffroom of each campus
- On the walls of the appropriate Junior School classrooms
- Key-ring photos and notes in the yard duty first aid bags carried by yard duty staff
- In each of the School Gymnasium staffrooms
- In the folder of medical contact details and records carried by excursion staff
- In the folder of medical contact details and records carried by camp staff
- In the folder of medical contact details and records carried by the staff organising special events.

A medical alert tag will be added to the child’s record in Synergetic along with details of the location of the Individual Management Plan.

2. Prevention Strategies

Food Provided on School Premises (including the canteen)

The School requests that parents, students and members of staff do not provide foods with known allergens for consumption at School. The School canteen will not use, provide nor prepare foods containing known allergens for consumption or use at School, but may stock those labelled “may contain traces of nuts”.

Volunteers and Casual Relief Teachers (CRTs)

The Head of School will ensure that there are procedures in place to inform volunteers and casual relief teachers of students at risk of anaphylaxis and the location of the individual Anaphylaxis Management Plans. These procedures will include:

- the inclusion of appropriate Management Plans in CRT folders
- ensuring that all CRT staff have current Anaphylaxis management training
- keeping a register of this training for CRT staff (as well as regular staff)
- briefing these staff on the School’s emergency response procedures and the location of the student/s and general use Adrenaline Autoinjector/s.

Yard Duty

The Head of School will ensure that there are procedures in place to ensure appropriate duty of care between classes and other breaks, including recess, lunchtime and before and after school. The procedures will include:

- all staff being familiar with the location of Individual Management Plans
- all staff being aware of the location of general use Adrenaline Autoinjectors and the appropriate signage of these locations
- the provision of yard duty first aid bags for duty areas removed from the close location of general use Adrenaline Autoinjectors. These bags will include an emergency Adrenaline Autoinjector in a thermal pack to prevent temperature variation and a ‘key ring’ of relevant student photos with the allergen and abbreviated Action Plan on the back. These photos will be drawn from the Emergency Management Plans and updated as plans change.
Special Events

The Head of School will ensure that there are procedures in place to ensure appropriate duty of care at School special events, such as class parties, fetes, incursions, fundraising barbecues, etc... The procedures will include:

- all staff being familiar with the Individual Management Plans of the students in their charge for special events
- staff completing a risk management plan for any special events involving students with anaphylaxis
- all staff being aware of the location of Adrenaline Autoinjectors in each building and the appropriate signage of these locations
- the provision of first aid bags for areas removed from the close location of emergency Adrenaline Autoinjectors. These bags will include an emergency Adrenaline Autoinjector in a thermal pack to prevent temperature variation and a ‘key ring’ of relevant student photos with the allergen and abbreviated Action Plan on the back. These photos will be drawn from the Emergency Management Plans and updated as plans change.

Elective Studies

In the case of Secondary School Year 7 - 10 Food Technology classes, recipes containing peanuts or tree nuts will not be used. In VCE Food Technology classes the requirement for nut usage will be considered in relation to the student composition of the class and, if used, all appropriate safety processes and procedures (including the completion of a risk assessment register) will be strictly followed. Where other allergens are involved, separate preparation sites, tools and alternate recipes will be provided for those students with anaphylaxis and all students in the group will be advised of the potential for anaphylaxis.

Caterers and Camp Kitchen Staff

Caterers for school functions and camps will also be notified of the requirement that recipes containing peanuts or tree nuts are to be avoided. Where other allergens are involved, separate preparation sites, tools and alternate recipes will be provided for those students with anaphylaxis and all relevant staff will be advised of the potential for anaphylaxis. In addition, agreement to fulfill this requirement will be required. All teachers and staff involved in food preparation or handling must be aware of all students with food allergies.

When an external provider is contracted they must follow all school procedures to reduce the risk of anaphylaxis. It is the responsibility of the supervising teacher to ensure that the provider is aware of the potential for anaphylaxis.

General Off-site Management

Parents will be requested to complete new medical forms prior to any overnight excursion. For day excursions, medical information must be accessed through records on Synergetic. The following procedure will then apply to all off-site activities:

- Where anaphylaxis is indicated, the Management Plan will be checked and included in the excursion documentation and the risk documented on the excursion Risk Assessment Register.
- All supervising staff must be made aware of the potential for anaphylaxis, the location of the Management Plan and the general use Adrenaline Autoinjector.
- All accompanying staff will be briefed on the student/s with Anaphylaxis and be able to identify them before the excursion departs.
- At least one staff member on the excursion must have undertaken Anaphylaxis Management Training.
3. School Management and Emergency Response

All teachers of a child with a significant allergen causing anaphylaxis must be familiar with the child's Action Plan and Environment Risk Assessment, be familiar with the location and use of the general use Adrenaline Autoinjectors and have undertaken Anaphylaxis Management Training.

A designated, appropriately trained staff member will be responsible for recording the expiry dates of the campus Adrenaline Autoinjector and each child's Adrenaline Autoinjector, to ensure that out-of-date Adrenaline Auto-injectors are replaced before they expire.

Each campus will keep at least one Adrenaline Autoinjector for general use on campus at all times. They will be stored at room temperature in an insulated container away from light in an unlocked place, inaccessible to students.

In the Event of an Anaphylactic Reaction

In the classroom, in the school yard, on special event days or on off-site activities the supervising staff member should:

- Leave student lying down (do not relocate the student)
- If on-site, contact Student Services at the campus and give the name of student, alert them to the anaphylaxis diagnosis of the child and the area of school where assistance is required. Request the immediate attendance of the first aid officer and if necessary ask them to bring general use or the child's Adrenaline Autoinjecting device and Management Plan
- If off-site, contact the First Aid Officer and if necessary ask them to bring the general use or child’s Adrenaline Autoinjecting device and Management Plan
- Ring 000 and request an ambulance
- Remain with student until help arrives
- If the student has an Adrenaline Autoinjector with them or a general use one is accessed, this should be administered by a trained staff member, where possible
- Students under 20kg are administered the EpiPen Jnr or Anapen (generally those aged 1-5 years).

On special event days such as on-site school sport days there will be a designated First Aid Officer and First Aid Facility. Staff should make themselves aware of the location of the First Aid Facility at the start of the event.

Any child on a School camp will keep their Adrenaline Autoinjector in the group’s first aid kit, although older students, particularly adolescents, may carry their own Adrenaline Autoinjector on camp. All staff on School trips(including swimming/athletics and excursions), or moving students to a remote location on the campus must be aware of students with anaphylactic conditions, ensure that a spare Adrenaline Autoinjector is taken and have undertaken Anaphylaxis Management Training. One staff member per trip is to be designated as the First Aid Officer before departure and appropriately informed about students with anaphylaxis.

General

Whenever an Adrenaline Autoinjector is used an ambulance must be called, immediately. Adrenaline lasts for a maximum of only 20 minutes.

A campus Adrenaline Autoinjector can be administered to a child with a documented allergy having a severe allergic reaction. Where a child's Adrenaline Autoinjector has been used, it must be replaced before the child returns to School. Staff must not administer one student’s Adrenaline Autoinjector to another student. An allergen that has affected one student may also affect another. Staff must call 000 and follow the operator’s instructions.
Staff must also remove, under supervision, any other child at risk of anaphylaxis from the area in which the incident is taking place.

Where possible, only staff with training in the administration of the Adrenaline Autoinjector should administer the Adrenaline Autoinjector. However, the Adrenaline Autoinjector is designed for general use and in the event of an emergency; it may be administered by any person following the instructions in the student's ASCIA Action Plan.

Each campus will keep an Adrenaline auto-injector trainer, clearly labeled “TRAINER”, for the purpose of staff training.

**Adrenaline Autoinjectors for General Use**

Adrenaline Autoinjectors for general use are located in each of the following buildings at each campus:

**TSS:** Main Staffroom, Food Technology Building, Gymnasium and Yard Duty First Aid Kit

**TJS:** Sick Bay, Gymnasium, Library, Music Room, ELC and Yard Duty First Aid Kits

**WSS:** Student Services, Gymnasium, Food Technology Building, each building’s staffroom and Yard Duty First Aid Kits

**WJS:** Sick Bay, Gymnasium, Library/Music Room, 3-6 Building, the ELC and Yard Duty First Aid Kits

**Year 9:** Main Staffroom and Yard Duty First Aid Kits

**How to administer the black tipped EpiPen®:**

1. Remove from plastic container
2. Form a fist around EpiPen® and pull off grey cap
3. Place **black** end against outer mid-thigh
4. Push down hard until a click is heard or felt and hold in place for 10 seconds
5. Remove EpiPen® and be careful not to touch the needle
6. Note the time you gave the EpiPen®
7. Return EpiPen® to its plastic container.

**How to administer the orange tipped EpiPen®:**

1. Remove from plastic container
2. Form a fist around EpiPen® and pull off **blue safety release**
3. Place **orange** end against outer mid-thigh
4. Push down hard until a click is heard or felt and hold in place for 10 seconds
5. Remove EpiPen® and massage injection site for 10 seconds
6. Note the time you gave the EpiPen®.

NB: See Action Plan for Anapen in Appendices.
After the administration of either EpiPen or Anapen:

Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a repeat reaction. Ask another staff member to move other students away and reassure them elsewhere.

In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan) are present, a second injection (of the same dosage) may be administered after 5 to 10 minutes if available.

4. Communication Plan

In addition to the above advice to parents, students and staff, in regard to responding to an anaphylactic reaction of a student in various environments, the following methods of communication will be employed:

- Parents will be advised, in writing at the start of each year, and at regular intervals throughout the year, that St Paul’s is an allergy aware school. The School requests that students, parents and members of staff do not provide foods with known allergens for shared consumption at School and that students avoid bringing them in school lunches. In the ELC and Junior Schools, they will be asked not to provide known allergens, such as nuts and eggs, in their child’s lunch or at other School events.
- The Principal, through the Heads of School, will ensure that the School community is regularly reminded about anaphylaxis and the School’s anaphylaxis policy. Methods of communication may include (but are not limited to) updates in The Grammarian, notes to parents, reminders at parent information sessions and at staff briefings.
- Staff will be briefed twice a year on the School’s Anaphylaxis Management Policy and processes by a staff member with up to date Anaphylaxis training.

5. Staff Training

All staff will be briefed in the recognition of anaphylactic reactions and the administration of the Adrenaline Autoinjector twice per calendar year (with the first briefing to be held at the beginning of the school year). This briefing is required for all teaching staff and for non-teaching staff who work with students. Regular CRT staff will be invited to this training. An accurate record of who has been trained and the date of the training will be kept.

The Principal, through the Heads of School, will ensure that all School staff are briefed by a staff member who has completed an Anaphylaxis Management Training course within the last 12 months, 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 Adrenaline Autoinjecting device, including hands on practise with a trainer Adrenaline Autoinjecting device;
- the School’s first aid and emergency response procedures; and
- the location of, and access to, Adrenaline Autoinjectors that have been provided by parents or purchased by the School for general use.

The School’s first aid procedures and the student’s emergency procedure plan must be followed in responding to an anaphylactic reaction.
'Up to date’ training is considered to be the completion of an approved Anaphylaxis Management Training course within the last three years. The School will also ensure that there is a sufficient number of staff present at these training sessions who have up to date training in an approved anaphylaxis management training course. With this in mind, all staff will undertake an approved anaphylaxis management training course every three years.

6. Annual Risk Management Checklist

The Principal, through the Heads of School will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations. This checklist will be completed annually at each campus of the School. (See Appendix 2)
## Appendix 1

### 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.

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### EMERGENCY CONTACT DETAILS (PARENT)

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<th>Medical practitioner contact</th>
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| 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.

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ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

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.
**ANAPHYLAXIS**

**ACTION PLAN FOR Anaphylaxis**

For use with Anapen® Adrenaline Autoinjectors

### MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
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### 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)

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### ACTION

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**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, fêtes, 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

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# Appendix 2

## Annual Risk Management Checklist

<table>
<thead>
<tr>
<th>School Name:</th>
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<tbody>
<tr>
<td>Date of Review:</td>
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<tr>
<td>Who completed this checklist?</td>
<td>Name:</td>
</tr>
<tr>
<td></td>
<td>Position:</td>
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<tr>
<td>Review given to:</td>
<td>Name:</td>
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<td></td>
<td>Position:</td>
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<td>Comments:</td>
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### General Information

1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?  
   □ Yes □ No

2. How many of these students carry their Adrenaline Autoinjector on their person?  
   □ Yes □ No

3. Have any students ever had an allergic reaction requiring medical intervention at school?  
   □ Yes □ No
   a. If Yes, how many times?

4. Have any students ever had an Anaphylactic Reaction at school?  
   □ Yes □ 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?  
   □ Yes □ 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)?  
   □ Yes □ 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?  
   □ Yes □ No

8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?  
   □ Yes □ 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?  
   □ Yes □ No
   a. During classroom activities, including elective classes
   b. In canteens or during lunch or snack times
c. Before and after School, in the school yard and during breaks  □ Yes □ No

d. For special events, such as sports days, class parties and extra-curricular activities  □ Yes □ No

e. For excursions and camps  □ Yes □ No

f. Other  □ Yes □ 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)? □ Yes □ No

a. Where are they kept?

11. Does the ASCIA Action Plan include a recent photo of the student? □ Yes □ 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? □ Yes □ No

14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)? □ Yes □ No

15. Is the storage safe? □ Yes □ No

16. Is the storage unlocked and accessible to School Staff at all times?
   Comments:

17. Are the Adrenaline Autoinjectors easy to find?
   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? □ Yes □ No

19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names? □ Yes □ No

20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis?
   Who? ........................................................................................................................................

21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired? □ Yes □ No

22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)? □ Yes □ No

23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored? □ Yes □ 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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?

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<tr>
<th>Yes</th>
<th>No</th>
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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?

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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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?

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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### 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?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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33. Do School Staff know when their training needs to be renewed?

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<th>Yes</th>
<th>No</th>
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34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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- a. In the class room?

<table>
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<tr>
<th>Yes</th>
<th>No</th>
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- b. In the school yard?

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<tr>
<th>Yes</th>
<th>No</th>
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- c. In all School buildings and sites, including gymnasiums and halls?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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- d. At school camps and excursions?

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<th>Yes</th>
<th>No</th>
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- e. On special event days (such as sports days) conducted, organised or attended by the School?

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<tr>
<th>Yes</th>
<th>No</th>
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35. Does your plan include who will call the Ambulance?

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<th>Yes</th>
<th>No</th>
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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)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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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:

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
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</table>
a. The class room? ☐ Yes ☐ No

b. The school yard? ☐ Yes ☐ No

c. The sports field? ☐ Yes ☐ 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 ASCIAAction Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use? ☐ Yes ☐ 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? ☐ Yes ☐ 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? ☐ Yes ☐ No

   b. The causes, symptoms and treatment of anaphylaxis? ☐ Yes ☐ 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? ☐ Yes ☐ No

   d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector? ☐ Yes ☐ No

   e. The School’s general first aid and emergency response procedures for all in-school and out-of-school environments? ☐ Yes ☐ No

   f. Where the Adrenaline Autoinjector(s) for General Use is kept? ☐ Yes ☐ No

   g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person? ☐ Yes ☐ 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? ☐ Yes ☐ No

   b. To students? ☐ Yes ☐ No

   c. To Parents? ☐ Yes ☐ No

   d. To volunteers? ☐ Yes ☐ No

   e. To casual relief staff? ☐ Yes ☐ No

45. Is there a process for distributing this information to the relevant School Staff? ☐ Yes ☐ No
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<tbody>
<tr>
<td>a.</td>
<td>What is it?</td>
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<tr>
<td>46.</td>
<td>How is this information kept up to date?</td>
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<tr>
<td>47.</td>
<td>Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?</td>
</tr>
<tr>
<td>48.</td>
<td>What are they?</td>
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