

HIGHVIEW COLLEGE

MEDICAL ANAPHYLAXIS MANAGEMENT POLICY



Responsible – Executive OPERATIONAL

(Ratified in even years)

Developed by	Principal, Stuart Glascott	2015
Updated by	Director of Pastoral Care, Marion Martin	2016 / 2018
Updated by	First Aid Officer, Sharon O'Shea	2019
Updated & Ratified by	Board Director, Nickola Allan	April 2020
		2022
		2024
		2026
		2028

Introductory Statement:

Highview College will fully comply with Ministerial Order 706: Anaphylaxis Management in Victorian Schools.

Rationale

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, sesame, latex, insect venom (bee, wasp & jack jumper ant stings) and medication.

The key to prevention of Anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between the College and parents/carers are important in ensuring that certain foods or items are kept away from the student while at the College.

Adrenaline given through an EpiPen Autoinjector into the muscle of the outer mid-thigh is the most effective First Aid treatment for Anaphylaxis.

Aims

- To provide as far as practicable, a safe and supportive environment in which students at risk of Anaphylaxis can participate in as many aspects of the student's schooling as possible
- To raise awareness about allergies and Anaphylaxis in the school community
- To engage with parents/carers of students at risk of Anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student
- To ensure that all staff members have adequate knowledge of allergies, Anaphylaxis and the College's policy and procedures in responding to an Anaphylactic reaction
- To ensure that procedures are in place to minimise risks associated with severe allergies.

Implementation

Individual Anaphylaxis Management Plans

- In the event of an anaphylactic reaction, Highview College's Anaphylaxis Management Policy and the student's Individual Anaphylaxis Management Plan must be followed

- An Individual Anaphylaxis Management Plan is to be developed in consultation with the student's family, for any student who has been diagnosed by a medical practitioner as being at risk of having an Anaphylactic reaction
- Each student's Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and where possible before the student commences at the College

Parents of a child diagnosed as Anaphylactic have a responsibility to:

- Obtain the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- Immediately inform the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and potential for anaphylactic reaction, and if relevant obtain an updated ASCIA Action Plan for Anaphylaxis
- Provide an up to date photo of the student with the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- Provide the school with an adrenaline Autoinjector at the commencement of Term 1 each year which has 11 months currency
- Meet with the relevant Head of School prior to the commencement of Term 1 every year to develop an Individual Anaphylaxis Management Plan
- Participate in reviews of their child's Individual Anaphylaxis Management Plan as required
- **NOTE - Students may not attend school without a current Individual Anaphylaxis Management Plan and an Autoinjector**

Individual Anaphylaxis Management Plans will contain:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner)
- An ASCIA Action Plan, provided by the parent, that:
 - Sets out the emergency procedure 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 procedure plan
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of College staff, for in-school and out of school settings, including camps and excursions
- 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 up to date photograph of the student
- Signatures of the Head of School and the Parent

School staff will implement and monitor the student's Individual Anaphylaxis Management Plan (Staff Drive – 'Emergency Medical Plans').

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents/carers whenever any of the following occur:

- Annually, or
- If the student's condition changes, or
- Immediately after a student has an Anaphylactic reaction at school
- When the student is to participate in any off site activity

The First Aid Officer will ensure that the school purchases adrenaline auto-injectors for general use. The number of adrenaline auto-injectors purchased will always be a minimum of two and consider the following factors:

- The number of students enrolled at risk of anaphylaxis
- Whether or not all parents have been able to comply with school policy that all parents are required to provide the school with an adrenaline auto-injector that is current and not expired for their child
- That there is sufficient supply of adrenaline auto-injectors for general use in specified locations at the school, including the school yard, at excursions, camps and special events conducted, organised or attended by the school
- That adrenaline auto-injectors have a limited life, usually expire within 12-18 months, and will need to be replaced at the school's expense (and the parents), either at the time of use or expiry, whichever comes first

Communicating the Individual Anaphylaxis Management Plan

- The College will provide information to ensure that every staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures. Information in regards to students at risk, individual management plans, storage arrangements for medication and the College's Anaphylaxis Management Policy will be presented to all teaching and office staff
- A 'Medical Alert' icon (red heart) will appear in the student information panel in SEQTA as well as the individual information on each student. Teachers and CRTs can find Individual Anaphylaxis Management Plans on the Staff drive under 'Emergency Medical Plans'
- The College will help raise awareness about allergies and anaphylaxis in the school community. Additionally, the College will provide information to staff, students and parents about how to respond to an Anaphylactic reaction. This will occur in several ways:
 - DELTA classes
 - Newsletter articles
 - Staff Training
 - Individual Anaphylaxis Management Plan
- Refer to Appendix 3 for prevention strategies to be implemented at Highview College
- Complete and updated details of students with ASCIA Action Plans are located on the staff Drive in 'Emergency Management Plans'. These are to be copied and kept confidentially by staff teaching any students at risk
- Photo identification and relevant details will be displayed in poster form
 - at Reception near the office photo copier
 - in the Library at the Service Counter
 - the Staff Common Room
 - the upstairs Staff Room
 - the Food Technology Staff Room
 - the Art Staffroom and
 - on thumb nail cards with yard duty bum bags.
- CRT and volunteer teachers will be informed of these procedures by the Director of Administration

Advanced Training

- Heads of School and First Aid Officers identified through the annual risk assessment, will have up to date training in Anaphylaxis management. These key staff are required to renew their qualification every three years by undertaking the Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training for Victorian schools
- In addition, all staff will be briefed at least twice yearly by a staff member with advanced training. To be considered 'up to date', the staff member conducting the Briefing session must have completed the training in the previous 24 months

Training for all staff

- Briefing sessions for all staff will be held twice each year and include:
 - The College'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 Autoinjector device, including hands on practice with an Autoinjector trainer device
 - A review of prevention strategies employed by Highview College (Appendix 3)
 - The College's First Aid and emergency response procedures
 - The location of student Adrenaline Autoinjectors and school purchased back up Adrenaline Autoinjectors
- All staff will be trained annually in responding effectively to an anaphylactic event
 - The e-training course, which takes about 1 hour, can be accessed at <https://etrainingvic.allergy.org.au> and a staff meeting will be made available for staff to complete the course
 - Within 30 days of completing the e-training, staff will have their competency in using an Adrenaline Autoinjector (EpiPen) tested, with staff meeting time dedicated to this requirement
- A copy of this policy will be provided to all CRTs and volunteers. New staff will be directed to read this policy from the Highview College website as part of their induction program
- In the unlikely event that the briefing or training has not occurred as required, the Principal will develop an interim plan and consult with parents. Subsequent to this, the required training and briefing will occur ASAP after the interim plan is developed

School Management and Emergency Response

- An annual school anaphylaxis risk management checklist will be completed by the First Aid Officer. This risk assessment includes ensuring the school is maintaining an up to date list of students at risk of anaphylaxis
- All staff must be aware of first aid and emergency response procedures so that staff can react quickly if an anaphylactic reaction occurs
- The College's First Aid procedures and student's Individual Anaphylaxis Management Plan (which includes the ASCIA Action Plan) will be followed in responding to an Anaphylactic reaction

In the event of a severe allergic (anaphylactic) reaction the procedure is summarised below:

On campus

- Notify Reception immediately
- A First Aid officer from Reception will call an ambulance
- Staff member to stay with the student at all times
- For a severe reaction, lay the student flat or, if breathing is difficult, allow the student to sit but not to stand
- The First Aid Officer will bring two EpiPens
- EpiPen must be administered immediately in a severe allergic (anaphylactic) reaction, followed by a further dose after 5 minutes if there is no response to the first dose

Off campus (excursions, camps, etc.)

- For all events held off-campus, the First Aid Officer will compile First Aid Kits that include specific information and Adrenaline Autoinjector (EpiPens) for students known to be at risk of anaphylactic reactions.
- The person in charge of a school camp/excursion and any staff member supervising a student identified as having a potential for anaphylactic reaction will have a hard copy of the student's Individual Anaphylaxis Management Plan at all times throughout the camp/excursion
- Stay with the person and call for help
- Administer Adrenaline Autoinjector (EpiPen)
- Call ambulance
- Lay person flat or, if breathing is difficult, allow the student to sit but not to stand
- Contact Highview College with details
- Reception staff will contact family/carer

References or Key Legislation

[Ministerial Order 706: Anaphylaxis Management in Victorian Schools.](#)

[Education and Training Reform Act 2006](#)

School Policy – Anaphylaxis, June 2018. Retrieved from

<https://www.education.vic.gov.au/school/principals/spag/health/Pages/anaphylaxis.aspx>, April 2020.

Additional Information

- **APPENDIX A** – Facts about Anaphylaxis
- **APPENDIX B** – Roles and Responsibilities of Managing Anaphylaxis
(Including Flow Chart)
- **APPENDIX C** – Management and Prevention Strategies to avoid anaphylactic events
- **APPENDIX D** – Instructions to develop an Individual Anaphylaxis Management Plan
(Including Template)
- **APPENDIX E** – Anaphylaxis Risk Management Checklist – completed annually
- **APPENDIX F** – Terms and Definitions



APPENDIX A - FACTS ABOUT ANAPHYLAXIS

What is Anaphylaxis?

It is a life-threatening allergic reaction

- The most severe form of allergic reaction
- Potentially life threatening
- Must be treated as a medical emergency
- Requires immediate treatment
- A generalised allergic reaction
- Often involves more than one body system
- Most dangerous reactions involve the respiratory system (breathing) and/or cardiovascular system (heart and blood pressure)

Diagnosis

- Is based on history and physical findings
- Recognising the onset which can occur from minutes to hours after exposure to a substance

People with diagnosed allergies should:

- Avoid all trigger agents
- Have a readily accessible anaphylaxis action plan
- Have a medical alert device

Common triggers

- Substances, (triggers/allergens) that cause allergies can vary from child to child, or person to person.
- **Food** such as peanuts, tree nuts (eg. hazelnuts, cashews, almonds), eggs, cow's milk, wheat, soybean, etc.)
- Fish and shellfish cause 90% of allergic reactions, however, any food can trigger anaphylaxis. Even trace amounts can cause a life-threatening reaction. Some extremely sensitive individuals can react to even the smell of a food (eg. fish)
- **Insect venom** – Most common: bee, wasp and jack jumper ant stings, ticks, green ants and fire ants in susceptible individuals
- **Medication & Drugs** – Over the counter and prescribed, herbal or 'alternative' medicines
- **Latex and exercise induced anaphylaxis** – less common and occasionally the trigger cannot be identified despite extensive investigation
- **Animals and Plants** – Poisonous plants, pollen, animal scratches, animal dander, mould and mildew
- **Other possible triggers** (commonly found in childcare centres and classrooms) – Scented markers, chalk dust, perfumes, paint, carpets, fumes



APPENDIX B - ROLES AND RESPONSIBILITIES.

The College Principal has the overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis.

The Principal (and the Principal's nominee, the Heads of School) is responsible for:

- Reviewing the policy regularly and updating as circumstances change
- Ensuring that an up-to-date copy of the Anaphylaxis Management Policy is available on the College website
- Completing an annual School Anaphylaxis Risk Management Checklist

The Heads of School are responsible for, with regard to students:

- Developing an Individual Anaphylaxis Management Plan, with the help of parents/carers, for each diagnosed student, and ensuring that this is reviewed annually
- Providing parents/carers of students with anaphylaxis with a copy of the Anaphylaxis Management Policy and the Individual Anaphylaxis Management Plan for their child and to ensure that they have signed a document stating that they have read, understood and will abide by the policy
- Arranging for post-incident counselling support when needed
- Ensuring students are informed about allergies and anaphylaxis through DELTA
- Raising awareness about allergies and anaphylaxis in the school community (Newsletter)

The Heads of School are responsible for, with regard to staff:

- Providing training sessions twice yearly to ensure that all staff have up to date anaphylaxis management qualifications, including practise with a trainer autoinjector
- Maintaining qualifications which allow them to train and assess staff in anaphylaxis protocols
- Keeping records of all staff qualified in anaphylaxis management
- Providing staff with a copy of the College's Anaphylaxis Management Policy and the Individual Anaphylaxis Management Plan for each student diagnosed at risk of anaphylaxis
- Ensuring new staff have this policy explained to them as part of their induction

The Registrar is responsible for:

- Collecting up to date medical information for all students as part of the enrolment package
- Providing parents/carers of newly enrolled students diagnosed with Anaphylaxis with a copy of the Anaphylaxis Management Policy
- Ensuring parents/carers of newly enrolled students diagnosed with Anaphylaxis provide an ASCIA Plan signed by their physician

The First Aid Officers are responsible for:

- Ensuring that generic anaphylaxis response information is displayed in each classroom
- Ensuring photo identification with relevant details are displayed in poster form in the following locations:
 - at Reception near the office photo copier
 - in the library staffroom
 - the Staff Common Room
 - the upstairs staff room

- the Food Technology Staff Room
- the Art Staffroom and
- on thumb nail cards with yard duty bum bags.
- Ensuring that parent/carers supply a labelled EpiPen at the start of each academic year which has 11 months currency
- Ensuring that EpiPen's are accessible to staff at Reception and in the Library
- Ensuring that first aid kits contain up to date information and response medications
- Ensuring that kits are checked on return from an event and at least on a monthly basis, especially noting and replacing out of date items and EpiPens that are cloudy
- Organising anaphylaxis first aid for camps, excursions and off campus events
- Ensuring that 'general use' EpiPens are available
- Complete and updated Individual Anaphylaxis Management Plans (with ASCIA Action Plans) are located on the staff Drive in 'Emergency Management Plans'
 - These are to be copied and kept confidentially by staff teaching any students at risk

Director of Administration is responsible for:

- Ensuring that Individual Anaphylaxis Management Plans are placed in CRT folders when classes include Anaphylactic students

Staff Members are responsible for:

- Knowing and understanding the College's Anaphylaxis Management Policy
- Knowing the identity of students at risk
- Reading and understanding Individual Anaphylaxis Management Plans (located on the staff drive in 'Emergency Medical Plans')
- Understanding the causes, symptoms and treatment of anaphylaxis
- Being qualified in anaphylaxis management and updating this qualification annually
- Providing a copy of certificates of qualification to the relevant Head of School
- Knowing the College's first aid procedures and the staff role in responding to an allergic reaction
- Knowing where Management and ASCIA Plans are stored (on staff drive in 'Emergency Management Plans')
- Knowing where EpiPens are stored (filing cabinet next to Reception, first aid kit at the Library Service Desk)
- Planning ahead for all activities which may place students at risk and minimising these risks
- Ensuring that they (or the person in charge) has emergency first aid which includes Individual Anaphylaxis Management Plans and EpiPens before leaving the school for excursions, camps and off campus events
- Ensuring that they have a means of contacting the First Aid Officer/Reception Staff at school if needed (mobile phone/walkie talkies)
- Helping to raise student awareness about allergens and anaphylaxis

Parents/Carers are responsible for:

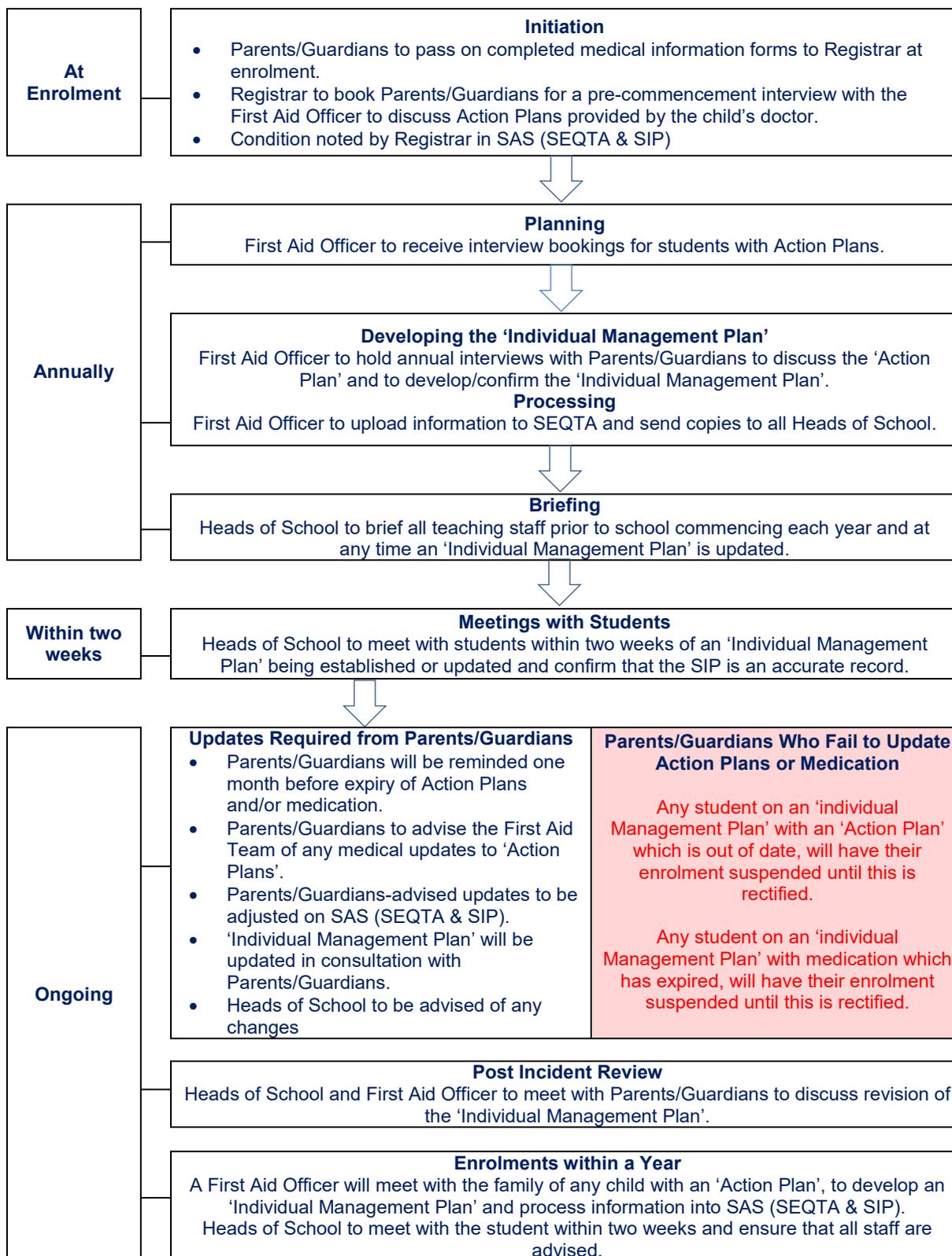
- Providing the ASCIA Action Plan prepared and signed by a physician
- Meeting with the relevant Head of School each year to develop the Individual Anaphylaxis Management Plan

- Informing the College if their child's medical condition changes, and, if relevant, provide an updated emergency procedures plan (ASCIA Action Plan)
- Notifying the College when emergency contact numbers change
- Providing an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed annually
- Providing an up to date, labelled adrenaline autoinjector at the start of each year with 11 months currency and any other medication
- Replacing medications when needed



‘INDIVIDUAL MANGEMENT PLAN’ PROCESS

Applies to Anaphylaxis, Severe Allergies, Diabetes, Asthma and Epilepsy





APPENDIX C - MANAGEMENT AND PREVENTION STRATEGIES

In the classrooms:

- Teachers should keep a copy of each student's Individual Anaphylaxis Management Plan with them, in a confidential place, i.e. hard copy (not accessible by students)
- Liaise with parents/carers about food-related activities ahead of time
- Use non-food treats where possible
- Never give food from outside sources to a student who is at risk of anaphylaxis
- Treats for any students in the class must not contain the substance to which a student is allergic
- Year level/specialist teachers must consider the risk-minimisation strategies of the student diagnosed at risk of anaphylaxis, even if that student is not in their class
- Teachers should have regular discussions with students about the importance of washing hands, eating their own food and not sharing food

In the yard:

- Staff on yard duty must be trained in the administration of the adrenaline Autoinjector (i.e. EpiPen) to be able to respond quickly to an anaphylactic reaction if needed
- Yard duty staff have photo identification and relevant details on thumb nail cards on yard duty bum bags
- Yard duty staff must direct another person to bring the adrenaline Autoinjector to them and should **never** leave a student who is experiencing an anaphylactic reaction unattended
- A student experiencing an anaphylactic reaction should not be moved
- Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water and flowering plants
- Students should keep drinks and food covered while outdoors

During Camps/Excursions/Special Events:

- Staff supervising the special event must be trained in the administration of an adrenaline Autoinjector in order to respond quickly to an anaphylaxis reaction if required
- The person in charge of a school camp/excursion and any staff member supervising a student identified as having a potential for anaphylactic reaction will have a hard copy of the student's Individual Anaphylaxis Management Plan (which includes their ACSEA Plan) at all times throughout the camp/excursion
- Staff must follow first aid procedure plans in the event of an anaphylactic reaction
- The teacher in charge of a camp will consult parents/carers of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parent/carer send a meal (if required)
- Party balloons should not be used if any student is allergic to latex
- Swimming caps should not be used for a student who is allergic to latex
- Teachers in charge of an activity will ensure service providers confirm that it is able to provide food that is safe for anaphylactic students
- If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone

- Staff in charge should know local emergency services and hospitals, how to contact them and the time it will take to do so
- Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water and flowering plants



APPENDIX D – INSTRUCTIONS TO DEVELOP AN INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN

Individual Anaphylaxis Management Plans

Clause 7 of the Order requires that a school's Anaphylaxis Management Policy must contain information about the development and review of Individual Anaphylaxis Management Plans.

The Principal of the school is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed for each student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis, where the school has been notified of that diagnosis. The Plan will be developed by the relevant Head of School, (acting as the Principal's nominee) in consultation with the student's parents.

The Individual Anaphylaxis Management Plan must be in place as soon as practicable after the student enrolls, and where possible, before the student's first day at the school.

What must be included in an Individual Anaphylaxis Management Plan?

As specified in the template the Individual Anaphylaxis Management Plan must include:

- 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 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 risk minimisation strategies which have been identified in the plan
- Information on where the student's medication will be stored
- The student's emergency contact details
- An up to date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner

What are the requirements for a student who is at risk of an allergic reaction but is not diagnosed with anaphylaxis?

Parents are required to provide the school with a green ASCIA Action Plan for Allergic Reaction completed by a medical practitioner. Schools are required to develop an Individual Anaphylaxis Management Plan as soon as practical.

Further information about the management of allergies in schools is available at www.education.vic.gov.au/school/principals/spag/health/Pages/allergies.aspx

Where should the Plans be kept?

A copy of each student's Individual Anaphylaxis Management Plan (which includes the ASCIA Plan) must be stored with the student's adrenaline Autoinjector.

Copies of the Individual Anaphylaxis Management Plans will be kept

- Electronically on the staff drive in 'Emergency Medical Plans'
- Downloaded and carried by each teacher who has contact with a student who has an Individual Anaphylaxis Management Plan
- In hard copy with the student's Autoinjector at Reception
- At the Library Service Counter with school provided Epipens

When must the Individual Anaphylaxis Plan be reviewed?

The relevant Head of School must review an Individual Anaphylaxis Management Plan in consultation with the student's parents in each of the following circumstances:

- annually
- as soon as practicable after the student has had an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. Class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

It is also recommended that a student's Individual Anaphylaxis Management Plan is reviewed if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

What role do the parents play in the development and review of an Individual Anaphylaxis Management Plan?

The school's Anaphylaxis Management Policy must state that it is the responsibility of the parents to:

- Obtain the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- Immediately inform the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and potential for anaphylactic reaction, and if relevant obtain an updated ASCIA Action Plan for Anaphylaxis
- Provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- Provide the school with an adrenaline autoinjector at the commencement of Term 1 which has 11 months currency
- Meet with the relevant Head of School prior to the commencement of Term 1 every year to develop Individual Anaphylaxis Management Plan
- Participate in reviews of their child's Individual Anaphylaxis Management Plan as required

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN TEMPLATE



<p>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.</p> <p>It is the parent's responsibility to provide the school with a copy of the student's ACSIA 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.</p>	<p>STUDENT PHOTO</p>		
HIGHVIEW REPRESENTATIVE COMPLETING CONSULTATION			
Name		Position	
STUDENT INFORMATION			
Student Name		Date of Birth	
Severely allergic to:			
Other Health Conditions:			
Medication at school:			
EMERGENCY CONTACT DETAILS (PARENT/GUARDIAN)			
CONTACT 1		CONTACT 2	
Name		Name	
Relationship		Relationship	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Address		Address	

EMERGENCY CONTACT DETAILS (ALTERNATE)

CONTACT 3		CONTACT 4	
Name		Name	
Relationship		Relationship	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Address		Address	

MEDICAL PRACTITIONER CONTACT

Name	
Phone	

SCHOOL ACTION

Emergency Care to be provided at School	
Storage location for adrenaline autoinjector	

ENVIRONMENTAL RISK ASSESSMENT AND MINIMISATION

To be completed by Principal or nominee. Please consider each environment / area (on and off the school site) the student will be in for the year, e.g. classroom, food Technology kitchen, sporting venues, excursions, camps, etc

Site 1 -

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

Site 2 -

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

Site 3 -

Risk identified	Actions required to minimise risk	Who is responsible?	Completion date?
Site 4 -			
Risk identified	Actions required to minimise risk	Who is responsible?	Completion date?
Site 5 -			
Risk identified	Actions required to minimise risk	Who is responsible?	Completion date?
<p>When the Individual Anaphylaxis Management Plan is being developed by the School (in consultation with Parents/Guardians at the start of every year) Parents/Guardians must also provide:</p> <ol style="list-style-type: none"> 1. An ASCIA Anaphylaxis Action Plan signed by a medical practitioner, and 2. An EpiPen which has 11 months currency. <p>The School will supply a second backup adrenaline autoinjector</p>			

Name: _____

For use with adrenaline (epinephrine) autoinjectors

Date of birth: _____



Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner: _____

I hereby authorise medications specified on this plan to be administered according to the plan

Signed: _____

Date: _____

Action Plan due for review - date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline autoinjector

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

4 Phone family/emergency contact

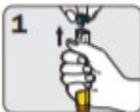
5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

If in doubt give adrenaline autoinjector

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

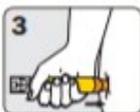
How to give EpiPen® adrenaline (epinephrine) autoinjectors



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and 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 3 seconds REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 10-20kg

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer

if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

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

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

- Annually
- If the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- As soon as practicable after the student has an anaphylactic reaction at School
- When the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organized 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.

SIGNATURES

Signature of
Parent/Guardian

I have consulted the Parents/Guardians of the student 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 E – ANNUAL ANAPHYLAXIS RISK MANAGEMENT CHECKLIST



To be completed at the start of each year

Date		
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?		
SECTION 1: Training		
6. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either:	<input type="checkbox"/> Yes <input type="checkbox"/> No	
• online training (ASCIA anaphylaxis e-training) within the last 2 years, or		
• accredited face to face training (22300VIC or 10313NAT) within the last 3 years?		

7. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	
a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
10. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. 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. 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
13. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Individual Anaphylaxis Management Plans kept?	
14. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Are Individual Anaphylaxis Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: Storage and accessibility of adrenaline autoinjectors

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

SECTION 4: Risk Minimisation Strategies	
32. 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
33. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School Management and Emergency Response	
35. 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
36. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. 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
38. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The 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
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. 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
42. Who will make these arrangements during excursions?	

43. Who will make these arrangements during camps?	
44. Who will make these arrangements during sporting activities?	
45. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
46. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
47. 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
48. 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?	
49. How will this information kept up to date?	
50. 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

51. What are they?	
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APPENDIX F – TERMS AND DEFINITIONS

ASCIA Action Plan for Anaphylaxis

This plan is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device-specific; that is, they list the student's prescribed adrenaline Autoinjector and must be completed by the student's medical practitioner. Should a different Autoinjector become available in Australia, then a different ASCIA Action Plan specific to that device would be developed. This plan is one of the components of the student's Individual Anaphylaxis Management Plan.

Department

The Department of Education and Training.

Emergency Response Procedures

Procedures which each school develops for emergency response to anaphylactic reactions for all in-school and out-of-school activities (ie how to raise the alarm to first aid staff, how to get the adrenaline autoinjector to the student, who will call the ambulance etc). The emergency response procedures, which are included in the school's anaphylaxis management policy, are not limited to the ASCIA Action Plan for Anaphylaxis.

Guidelines

'Anaphylaxis Guidelines – a resource for managing severe allergies in Victorian schools', published by the Department of Education and Training from time to time.

Individual Anaphylaxis Management Plan

An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents. The Individual Anaphylaxis Management Plan includes the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's adrenaline Autoinjector should the student display symptoms of an anaphylactic reaction. The individual Anaphylaxis Management Plan also importantly includes age-appropriate strategies to reduce the risk of an allergic reaction occurring.

Medical Practitioner

This is a registered medical practitioner within the meaning of the *Health Professions Registration Act 2005*, but excludes a person registered as a non-practising health practitioner.

Online training course

Ministerial Order 706 – Anaphylaxis Management in Victorian Schools

Parent/Guardian

In relation to a child means any person who has parental responsibility for 'major long term issues' as defined in the *Family Law Act 1975* (Cth) or has been granted 'guardianship' for the child pursuant to the *Children, Youth and Families Act 2005* or other state welfare legislation.