ANAPHYLAXIS POLICY

SALESIAN COLLEGE
CHADSTONE EST.1957

POLICY STATEMENT

Salesian College seeks to provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis are provided with reasonable adjustments. The school seeks to facilitate the safe participation of all students in all aspects of College life.

POLICY SYNOPSIS

The Anaphylaxis Policy includes health information, symptoms, treatment, response to an anaphylactic episode and the professional learning requirement for staff.

VERSION CONTROL

Prepared by	Health Centre Officer
Version	2.2
Approved by	The Salesian Board
Approval date	May 2025
Next review	2027

ISSUE HISTORY

Date Modified	Modified by	Version	Details
September 2022	HR, Risk & Compliance Manager	1.0	Updated using MACS template
June 2023	Health Centre Officer	2.0	Update to EpiPen storage and accessibility (approved by Leadership Team)
March 2025	Health Centre Officer	2.1	Cyclic review – responsibilities section added

RATIONALE

Where students are known to be at risk of anaphylaxis, Salesian College requires parents/guardians/carers to provide relevant information to enable the College to carry out its duty of care obligations. The College requires the active engagement of parents/guardians/carers in the provision of up to date to Anaphylaxis Management Plans (ASCIA Action Plan) that comply with Ministerial Order 706. The College's processes reflect the associated guidelines published by the Victorian government to support implementation of Ministerial Order 706 in all Victorian schools.

The Victorian guidelines on anaphylaxis management include information on anaphylaxis including:

- Legal obligations of schools in relation to anaphylaxis

- School Anaphylaxis Management Policy
- Staff training
- Individual Anaphylaxis Management Plans
- Risk minimisation and prevention strategies
- School management and emergency responses
- Adrenaline autoinjectors for general use
- Communication Plan
- Risk Management Checklist

SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction
- parents/guardians/carers of students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction

DEFINITIONS AND TERMS

The Act is the Education and Training Reform Act 2006 (Vic).

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, soy, sesame, lupin and certain insect stings (particularly bee stings).

ASCIA is an acronym, short for Australasian Society of Clinical Immunology and Allergy, the peak professional body of clinical immunology and allergy in Australia and New Zealand.

ASCIA Action Plan is the plan that 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 (e.g. EpiPen® or EpiPen® Jr) and must be completed by the student's medical practitioner. Should a different adrenaline 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.

Autoinjector is an adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis).

The Department is the Victorian Department of Education and Training

The Guidelines are the Anaphylaxis Guidelines – A resource for managing severe allergies in Victorian schools, published by the Department of Education and Training for use by all schools in Victoria and updated from time to time.

Online training course is the ASCIA Anaphylaxis e-training for Victorian Schools approved by the Secretary pursuant to clause 5.5.4 of Ministerial Order 706.

Ministerial Order 706 is Ministerial Order 706 - Anaphylaxis Management in Victorian Schools which outlines legislated requirements for schools and key inclusions for their Anaphylaxis Management Policy.

CONTENTS

1. Individual anaphylaxis management plans
2. Risk minimisation and prevention strategies
3. Register of students at risk of anaphylaxis reactions
4. Location of autoinjectors
5. Emergency response to anaphylactic reaction
6. Staff training
7. Anaphylaxis communication plan
8. Annual risk management checklist

PROCEDURES

Salesian College will engage with the parents/carers of students at risk of anaphylaxis to develop risk minimisation strategies and management strategies. The School will also take reasonable steps to ensure each staff member has adequate knowledge about allergies, anaphylaxis and the school's expectations in responding to an anaphylactic reaction. The Principal (or delegate) will purchase additional adrenaline autoinjectors for general use. These will be stored in the Health Centre and/or in the school's portable first aid kit as required.

As reflected in Ministerial Order 706 and the school's enrolment agreement, parents/guardians/carers are required to provide the school with up to date medical information to enable the school to carry out its duty of care. Parents/guardians/carers are responsible for the provision of an updated Individual Action Plan (ASCIA Action Plan) signed by the treating medical practitioner together with a recent photo of their child and any medications and autoinjectors referenced in the plan and recommended for administration. Parents/guardians/carers are also responsible for replacing the recommended medication and/or autoinjectors prior to their expiry date. The College will store and display completed ASCIA Action Plans to facilitate access for staff e.g. in the Health Centre (Bosco Campus), First Aid Room (Mannix Campus). Each student who has anaphylaxis (and asthma) has a medical profile on SIMON. Parents/guardians/carers must participate in an annual program to revise their child's anaphylaxis management plan and update the plan based on medical advice.

1. Individual Anaphylaxis Management Plans

Salesian College will ensure that all students who have been diagnosed by a medical practitioner as being at risk of anaphylaxis have an Individual Anaphylaxis Management Plan developed in consultation with the student's parents/guardians/carers. These plans will be updated:

- annually
- when the student's medical condition changes
- as soon as possible after a student has an anaphylactic reaction at school
- when a student is to participate in an off-site excursion or special event organised or attended by the school.

The College will require the plan to be in place as soon as practicable after the student is enrolled and where possible before their first day of school. An Interim management Plan will be put into place for a student who is diagnosed with anaphylaxis after enrolment at the school until the Plan is developed. The Principal (or delegate) will develop an interim plan in consultation with parents. Training and a briefing will occur as soon as possible after the interim plan is developed.

The Individual Anaphylaxis Management Plan will comply with Ministerial Order 706 and record:

- student allergies
- locally relevant risk minimisation and prevention strategies
- names of people responsible for implementing risk minimisation and prevention strategies
- storage of medication
- student emergency contact details
- student ASCIA Action Plans

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

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at School
- 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 (e.g. class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of the parent to:

- provide the ASCIA Action Plan, signed by the student's medical practitioner
- inform the school if their child's medical condition changes and provide an updated ASCIA Action Plan
- provide an up to date photo for the ASCIA Action Plan when the plan is provided to the College and when it is reviewed.

See Appendix for Individual Anaphylaxis Management Plan template

2. Risk minimisation and prevention strategies

Salesian College will ensure that risk minimisation and prevention strategies are 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 canteens
- during recess and lunchtimes
- before and after school where supervision is provided
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

The College will not ban certain types of foods (e.g. nuts) as it is not practicable to do so, and is not a strategy recommended by the Victorian Department of Education and Training or the Royal Children's Hospital.

The Food Technology teacher and assistant will ensure that students at risk of anaphylaxis are identified and strategies are put in place to mitigate risks.

The College will regularly review the risk minimisation strategies in light of information provided by parents related to the risk of anaphylaxis.

3. Register of students at risk of anaphylactic reactions

The Health Care Centre (School Nurse) will maintain an up-to-date register of students at risk of anaphylactic reaction. This information will be shared on SIMON (student profile) with all staff and accessible to all staff in an emergency.

4. Location of the Plans, storage and accessibility of autoinjectors (EpiPens)

The location of individual anaphylaxis management plans and ASCIA plans are located in the Health Centre (Bosco Campus) and First Aid Room (Mannix Campus), each student also has their individual plan uploaded onto SIMON, during on-site normal school activities and during off-site activities will be known to staff so they are accessible in an emergency.

Student EpiPen's and school emergency EpiPens are located in the Health Centre (Bosco Campus) and First Aid Room (Mannix Campus) in distinctive yellow pouches with the student's name. Inside each pouch is the student's Epipen and a copy of the student's Anaphylaxis Action Plan.

Emergency EpiPen's are also located in;

- Food technology classrooms
- Library
- Canteen
- Sports department and ACC sports bags
- Mannix Staffroom
- Health Centre
- VCAL office
- Yard Duty bum bags

For some medications it can be appropriate for students to carry their own medication to school and at school, for example, EpiPen® or Anapen® for anaphylaxis. For anaphylaxis it is important for students to have immediate access to their medication.

Student's will have an individual EpiPen always kept in the Health Centre in the event of an emergency. When students are engaging in any offsite events such as sport (except off-site House sport events), excursions or camps, parents/carers/guardians will be advised (via permission forms) to have their child bring an EpiPen with them for those particular day/days and keep it with them at all times to mitigate any risk associated with their condition.

The school's general use EpiPens will always be available on such outings in the likelihood of an emergency and when a second pen is required or a pen is required for a student with no known allergies.

It is the responsibility of the Principal (or delegate) to purchase autoinjectors for the school for general use:

- as a back-up to autoinjectors that are provided for individual students by parents, in case there is a need for an autoinjector for another student/patient who has not previously been diagnosed at risk of anaphylaxis.

The Principal (or delegate) determines the number of additional autoinjector(s) required. In doing so, the Principal (or delegate) will consider the following relevant considerations:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis, including those with an ASCIA Action Plan for allergic reactions (they are potentially at risk of anaphylaxis)
- the accessibility of autoinjectors (and the type) that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis
- the availability and sufficient supply of autoinjectors for general use in specified locations at the school including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school
- that autoinjectors for general use have a limited life, and will usually expire 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.

The Principal (or delegate) will determine the type of autoinjector to purchase for general use. In doing so, it is important to note the following:

- autoinjectors available in Australia are EpiPen® and EpiPen Jnr®, Anapen
- autoinjectors are designed so that anyone can use them in an emergency.

4.1 When to use an Autoinjector for general use

Autoinjectors for general use will be used when:

- a student's prescribed autoinjector does not work, is misplaced, out of date or has already been used
- when instructed by a medical officer after calling 000
- first time reaction to be treated with adrenaline before calling 000

Note: The Royal Children's Hospital help desk advises that you do not require permission or advice, this only delays the administration of adrenaline – if in doubt, give autoinjector as per ASCIA Action Plans.

5. Emergency response to anaphylactic reaction

In an emergency anaphylaxis situation, the student's ASCIA Action Plan, the emergency response procedures in this policy and general first aid procedures of the school will be followed.

The Principal (or delegate) will ensure that when a student at risk of an anaphylactic reaction is under the care or supervision of the school outside normal class activities, such as in the school yard, on camps or excursions or at special events conducted, organised or attended by the school, there are sufficient staff present who have been trained in accordance with Ministerial Order 706.

Details of the location of Individual Anaphylaxis Management Plans within the school, during excursions, camps and special events conducted, organised or attended by the school will be communicated to staff.

All staff are to be familiar with the location and storage and accessibility of autoinjectors in the school, including those for general use.

The principal (or delegate) will determine how appropriate communication with school staff, students and parents is to occur in event of an emergency about anaphylaxis.

6. Staff training

Legislation and policy set out that all Victorian school staff working with a child or young person who is at risk of an anaphylactic reaction are required to undertake anaphylaxis training.

All Victorian school staff are required to access Departmentally funded online training - the ASCIA Anaphylaxis e-training for Victorian schools, which can be accessed via https://etrainingvic.allergy.org.au

Once staff have completed the online training they will need to have their competency in using an autoinjector tested in person. From Term 1, 2016 it is a requirement that two School Anaphylaxis Supervisors from each campus (one for Mannix Campus being smaller) undertake funded autoinjector competency check training (Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC) so they can verify the competency of all of the staff in their school who have undertaken the online training (within 30 days of completing the online module).

School staff that complete the online training course will be required to repeat that training and the adrenaline autoinjector competency assessment every two years.

Training will be provided to staff as soon as practicable. Wherever possible, training will take place before the staff commence employment with the College. The College's first aid procedures and students' Individual Anaphylaxis Management Plan will be followed in responding to an anaphylactic reaction.

Other roles who have significant contact or oversight of students at risk of anaphylaxis will have up to date training in an anaphylaxis management training course (First Aid Management of Anaphylaxis 22578VIC).

At other times while the student is under the care or supervision of the College including excursions, yard assistance, camps and special event days, the Principal will ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.

The College will consider where appropriate whether casual relief teachers and volunteers should also undertake training.

According to Ministerial Order 706, Part D all Victorian schools have to undertake a twice-yearly briefing in the management of anaphylaxis. Ideally the first briefing should occur at the start of the year.

All Salesian College staff will be briefed twice each year by a staff member or an external presenter who has up to date anaphylaxis management training on the:

1. The school's legal requirements as outlined in Ministerial Order 706
2. College's anaphylaxis management policy, what it details and where it can be located.
3. Causes, symptoms and treatment of anaphylaxis
4. Identities of students diagnosed at risk of anaphylaxis
5. Locations of medication and how to use an auto adrenaline injecting device, including hands-on practice with a trainer
6. Training options for staff
7. College's first aid and emergency response procedures

College staff will:

- Successfully complete an approved anaphylaxis management training course in compliance with Ministerial Order 706
- Participate in the school's twice-yearly briefings conducted by the school's anaphylaxis supervisor or another person nominated by the Principal, who has completed an approved anaphylaxis management training program in the past two years.

A range of training programs are available and the College will determine an appropriate anaphylaxis training strategy and implement this for staff. The College will ensure that staff are adequately trained and that a sufficient number of staff are trained in the management of anaphylaxis noting that this may change from time to time dependant on the number of students with Anaphylaxis Management Plans.

7. Anaphylaxis communication plan

The College will be responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents/guardians/carers about anaphylaxis and the school's anaphylaxis management policy.

This communication plan includes strategies for advising school staff, students and parents/guardians/carers about how to respond to an anaphylaxis reaction of a student in various environments:

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

The Communication Plan includes procedures to inform volunteers and casual relief staff of students who are at risk of anaphylaxis and of their role in responding to an anaphylactic reaction experienced by a student in their care. The College will ensure that the school staff are adequately trained (by completing):

- ASCIA e-training every 2 years together with associated competency checks by suitably trained Anaphylaxis Supervisor that has completed Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC , or
- First Aid Management of Anaphylaxis 22300VIC course every 3 years for applicable roles

AND provision of

- an in house briefing at least twice per calendar year in accordance with Ministerial Order 706

8. Annual Risk Management Checklist

The Principal (or delegate) complete an annual Risk Management Checklist to monitor the College's Anaphylaxis Management obligations (*See template in Appendix).*

RESPONSIBILITIES

Principal

- Ensure the college maintains a register of students at risk of anaphylactic reaction

- Ensure adequate autoinjectors for general use in the College and that they are replaced at time of expiry
- Ensure staff have completed required training
- Oversight of Anaphylaxis Communication Plan to provide information to Salesian Community, including parents/guardians/carers
- Ensure this policy is implemented and annual attestation is completed and signed off
- Ensure twice yearly briefings on Anaphylaxis management are conducted, with one briefing held at the commencement of the school year

College Nurse (Health Centre Officer)

- Maintains a register of students at risk of anaphylactic reaction
- Coordinates receipt of, and use of student Anaphylaxis Plans
- Coordinates supply and replacement of autoinjectors at the College
- Maintain register of staff training records in Anaphylaxis management
- Develops and delivers twice yearly staff briefings on Anaphylaxis Management using the DE template
- Responds to anaphylaxis incidents on campus

Anaphylaxis Supervisor

- Maintains qualifications
- Tests staff competency in autoinjector use every two years
- Maintain record database of staff training in autoinjector competency

Staff

- Maintains qualifications in Anaphylaxis Management
- Remind students to take their autoinjector to offsite activities
- Responds to Anaphylaxis incidents in accordance with qualifications
- Ensure spare autoinjectors are taken on camps/excursions

Students

- Carry their personal autoinjector to offsite College activities

Parents

- Provide College with up-to-date information (including an Individual Anaphylaxis Management Plan, signed by a medical practitioner) regarding their son's Anaphylaxis condition every 12 to 18 months, whenever there is a change to the student's condition, diagnosis or treatment, and after an anaphylaxis incident

FURTHER TRAINING AND RESOURCES

Anaphylaxis Policy and Guidelines: published by Department of Education & Training at:

https://www2.education.vic.gov.au/pal/anaphylaxis/policy

Anaphylaxis Advisory Support Line: 1300 725 911 or 93454235

anaphylaxisadviceline@rch.org.au

ASCIA Action Plans for Anaphylaxis: can be downloaded from the ASCIA

http://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis

ASCIA Action Plans e-Training Course **for Victoria Schools:**
https://etrainingvic.allergy.org.au

Department of Allergy & Immunology, Royal Children's Hospital:
www.rch.org.au/allergy

Allergy & Anaphylaxis Australia Inc: website or phone line support 1300 728 000 or
www.allergyfacts.org.au

RELATED POLICIES

First Aid Policy

OH&S Policy

Risk Management Policy

Medical Management Policy

Individual Anaphylaxis Management Plan

Annual Anaphylaxis Risk Management Checklist

Risk Assessment for camps, excursions, etc.

Anaphylaxis Communication Plan

Annual Anaphylaxis Checklist

APPENDIX

INDIVIDUAL ANAPLYLAXIS MANAGEMENT PLAN

This plan is to be completed by the principal or delegate on the basis of the information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the parent/guardian/carer.

It is the responsibility of the parent/guardian/carer to:

- provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency response plan (signed by the medical practitioner)
- provide an up-to-date photo of the student (to be appended to this plan)
- inform the school if the child's medical condition changes.

School:	**Telephone:**
Student:	
Date of birth:	**Year level:**
Severely allergic to:	
Other health conditions:	
Medication at school:	

Emergency contact details (Parent/guardian/carer)

Name:	**Name:**
Relationship:	**Relationship:**
Home telephone:	**Home telephone:**
Work telephone:	**Work telephone:**
Mobile:	**Mobile:**
Address:	**Address:**

Emergency Contact Details (Alternative)

Name:	**Name:**
Relationship:	**Relationship:**
Home telephone:	**Home telephone:**
Work telephone:	**Work telephone:**
Mobile:	**Mobile:**
Address:	**Address:**
Medical practitioner name:	**Phone:**
Emergency care to be provided at school:	
Storage location for autoinjector device:	

Environment

To be completed by the principal or delegate. Please consider each environment/area (on or off school site) the student will be in for the year, e.g. classrooms, school yards, specialist teaching areas, excursions, camps.

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

APPENDIX

ANNUAL ANAPLYLAXIS RISK MANAGEMENT CHECKLIST

To be completed at the start of each year by the Principal or delegate.

Date of review:		
Completed by:	Name:	Position:
Review given to:	Name:	Position:
Comments:		

General information

How many current students have been diagnosed as being at risk of anaphylaxis and have been prescribed an adrenaline autoinjector?		
How many of these students carry their adrenaline autoinjector with them?		
Have any students ever had an allergic reaction requiring medical intervention at school? • If yes, how many times?	Yes	No
Have any students ever had an anaphylactic reaction at school? • If yes, how many students? • If yes, how many times?	Yes	No
Has a staff member been required to administer an adrenaline autoinjector to a student? • If yes, how many times?	Yes	No
Have all school staff who conduct classes with students at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: • online training (ASCIA e training) in the last two years? • an accredited face to face training course in the last three years?	Yes	No
Does your school conduct twice yearly briefings annually? *(Requirement of registration)*	Yes	No
Do all staff participate in twice yearly briefings? *(Requirement of registration)*	Yes	No
If you are intending to use the ASCIA Anaphylaxis e-training course: • has your school trained a minimum of two staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors? • are your staff being assessed within 30 days of completion of the ASCIA e-training course to demonstrate their competency in using an autoinjector?	Yes Yes	No No

Individual Anaphylaxis Management Plans

Does every student diagnosed as at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action plan for anaphylaxis and signed by a prescribed medical practitioner?	Yes	No
Are all Individual Anaphylaxis Management Plans reviewed regularly with parents/guardians/carers at least annually?	Yes	No
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
• During classroom activities, including elective classes	Yes	No
• In canteen or during lunch or food breaks	Yes	No
• Before or after school and during breaks in the school yard	Yes	No
• For special events, such as sports days and extracurricular activities	Yes	No
• For excursions and camps	Yes	No
• Other		
Do all students who carry an adrenaline autoinjector with them have a copy of their ASCIA Action Plan for Anaphylaxis, provided by the parent/guardian/carer, kept at the school?	Yes	No
Where are the Action Plans kept?		
Does the ASCIA plan include a recent photo of the student?	Yes	No
Are individual Anaphylaxis Management Plans reviewed prior to any off-site activities and in consultation with parents?	Yes	No

Storage and accessibility of adrenaline autoinjectors

Where are the student/s' adrenaline autoinjectors stored?		
Do all staff know where the school's autoinjectors for general use are stored?	Yes	No
Are the autoinjectors stored at room temperature (not refrigerated) and out of direct light?	Yes	No
Is the storage safe?	Yes	No
Is the storage unlocked and accessible to school staff at all times? Comment	Yes	No
Are the autoinjectors easy to locate? Comment	Yes	No
Is a copy of the student's Individual Anaphylaxis Management Plan kept with their autoinjector?	Yes	No
Are the autoinjectors and Individual Anaphylaxis Management Plans clearly labelled with the students' names?	Yes	No
Has someone been designated to check the autoinjector expiry dates on a regular basis? Who?	Yes	No

Are there autoinjectors which are currently in the possession of the school which have expired?	Yes	No
Has the school signed up to EpiClub *(optional free reminder services)*?	Yes	No
Do all school staff know where the autoinjectors, ASCIA action plans for Anaphylaxis and the individual Anaphylaxis Management Plans are stored?	Yes	No
Has the school purchased autoinjectors for general use and have they been placed in the school's first aid kits?	Yes	No
Where are these first aid kits located?		
Do all staff know where they are located?	Yes	No
Is the autoinjector for general use clearly labelled as the General use autoinjectors?	Yes	No
Is there a register for signing autoinjectors in and out when taken for excursions, camps, etc?	Yes	No

Risk management

Have you completed a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed at risk of anaphylaxis?	Yes	No
Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines?	Yes	No
Are there always sufficient school staff members on yard duty who have current Anaphylaxis management training?	Yes	No

School management and emergency response

Does the school have procedures for emergency responses to anaphylactic reactions?	Yes	No
Are they clearly documented and communicated to staff?	Yes	No
Do school staff know when their training needs to be renewed?	Yes	No
Have you developed emergency response procedures for when an allergic reaction occurs:		
• in the classroom?	Yes	No
• in the school yard?	Yes	No
• in all school buildings including gyms, halls, etc?	Yes	No
• at school camps and on excursions?	Yes	No
• on special event days, such as sports carnivals, conducted, organised or attended by the school?	Yes	No
Does your plan include who will call the ambulance?	Yes	No
Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA plan for anaphylaxis?	Yes	No
Have you checked how long it takes to get an individual's adrenaline autoinjector and individual ASCIA Action Plan for anaphylaxis to the student experiencing an anaphylactic reaction in various school locations including:		
• the classroom?	Yes	No
• the school yard?	Yes	No
• sports field?	Yes	No
• canteen?	Yes	No

On excursions or other off-site events, is there a plan for who is responsible for ensuring the adrenaline autoinjectors and Individual Anaphylaxis Management Plans, including ASCIA Action Plans, and the adrenaline autoinjectors for general use are correctly stored and available for use?	Yes No
Who will make these arrangements during excursions?	
Who will make these arrangements during school camps?	
Who will make these arrangements during sporting activities?	
Is there a process in place for post-incident support?	Yes No
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 two years on:	
• the school's anaphylaxis management policy?	Yes No
• the causes, symptoms and treatment of anaphylaxis?	Yes No
• the identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	Yes No
• how to use an adrenaline autoinjector, including hands on practices with a trainer adrenaline autoinjector?	Yes No
• the school's general first aid and emergency response procedures for all in-school and off-site environments?	Yes No
• where the adrenaline autoinjectors for general use are kept?	Yes No
• where the adrenaline autoinjectors for individual students are located including if they carry on their person?	Yes No

Communication Plan

Is there a communication plan in place to provide information about anaphylaxis and the school's policies:	
• to school staff?	Yes No
• to students?	Yes No
• to parents/guardians/carers?	Yes No
• to volunteers?	Yes No
• to casual relief staff?	Yes No
Is there a process for distribution this information to the relevant staff?	Yes No
What is the process?	
How will this information be kept up to date?	
Are there strategies in place to increase awareness about severe allergies among students for all in- school and off-site activities? What are the strategies?	Yes No

APPENDIX

ASCIA ANAPHYLAXIS MANAGEMENT ACTION PLAN TEMPLATE (EPIPEN)

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

_____

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

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

Signed: _____

Date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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

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

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

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

ACTION FOR ANAPHYLAXIS

1 **LAY PERSON FLAT - do NOT allow them to stand or walk**
- **If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below**
- **If breathing is difficult allow them to sit with legs outstretched**
- **Hold young children flat, not upright**

2 **GIVE ADRENALINE AUTOINJECTOR**

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

4 **Phone family/emergency contact**

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

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

IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR

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

How to give EpiPen®

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

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

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

EpiPen® is prescribed as follows:
- EpiPen® Jr (150 mcg) for children 7.5-20kg
- EpiPen® (300 mcg) for children over 20kg and adults

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

Asthma reliever medication prescribed: ☐ Y ☐ N

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

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ASCIA ANAPHYLAXIS MANAGEMENT ACTION PLAN TEMPLATE (ANAPEN)

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name:
Date of birth:

For use with Anapen® adrenaline (epinephrine) autoinjectors

Confirmed allergens:

Family/emergency contact name(s):
1.
Mobile Ph:
2.
Mobile Ph:

Plan prepared by doctor or nurse practitioner (np):

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

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

Signed:
Date:

How to give Anapen®

1 PULL OFF BLACK NEEDLE SHIELD

2 PULL OFF GREY SAFETY CAP from red button

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

4 PRESS RED BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® is prescribed as follows:
- Anapen® 150 Junior for children 7.5-20kg
- Anapen® 300 for children over 20kg and adults
- Anapen® 500 for children and adults over 50kg

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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

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

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

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

ACTION FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk
- **If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below**
- **If breathing is difficult allow them to sit with legs outstretched**
- **Hold young children flat, not upright**

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

IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR

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

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

Asthma reliever medication prescribed: ☐ Y ☐ N

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

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ASCIA DRUG (MEDICATION) ALLERGY ACTION PLAN TEMPLATE

ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Drug (Medication) Allergy

Name: _____
Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):
1. _____
Mobile Ph: _____
2. _____
Mobile Ph: _____
Plan prepared by doctor or nurse practitioner (np):
_____

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

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

Signed: _____
Date: _____

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

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Sudden onset sneezing, rhinitis
- Tingling mouth
- Abdominal pain, vomiting

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- Stay with person and call for help
- Locate adrenaline (epinephrine) injector (if available)
- Give antihistamine (if prescribed) _____
- Phone family/emergency contact

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

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

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

ACTION FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk
- **If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below**
- **If breathing is difficult allow them to sit with legs outstretched**
- **Hold young children flat, not upright**

2 GIVE ADRENALINE INJECTOR IF AVAILABLE
3 Phone ambulance - 000 (AU) or 111 (NZ)
4 Phone family/emergency contact
5 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE INJECTOR 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

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