

*Skye Primary School  
395 Ballarto Road,  
Skye 3977*

# **Anaphylaxis Management**



## **POLICY**

**RATIONALE:**

The purpose and aim of this policy is to raise awareness and education in the Skye Primary School community of the school's guidelines and processes in managing anaphylaxis at the school by:

- Raising awareness about anaphylaxis and the school's anaphylaxis management policy;
- through education, staff training and policy implementation to minimise the risk of a student having an anaphylactic reaction at school
- to provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling
- to ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures to respond to an anaphylactic reaction
- to ensure all staff members are trained to respond appropriately if a student has an anaphylactic reaction
- to facilitate communication between the school and families to ensure the safety and wellbeing of students at risk of anaphylaxis
- to actively involve parents/guardians/carers of students at risk of anaphylaxis in assessing risks
- ensuring the location of the auto-injectors (EPI-PENS) are well known, accessible and in an appropriate location

**Definition**

Allergy occurs when the immune system overreacts to a substance or 'trigger' in the person's environment that is typically harmless. This is called an allergen. The immune system responds by making an antibody to attack the allergen and this starts off a range of immune system reactions

- skin
- gastro-intestinal
- respiratory
- cardiac

Allergies can be mild, moderate or severe. Anaphylaxis is the most severe allergic reaction and affects about one person in 200. Anaphylaxis is a potentially life threatening, severe allergic reaction and should always be treated as a medical emergency. Up to 2% of the general population and up to 5% of children are at risk.

Anaphylaxis can occur within minutes – the average is around 20 minutes after exposure to the allergen. Symptoms may be mild at first, but tend to get worse rapidly.

**Typical symptoms and signs may include:**

- facial swelling, including swelling of the lips and eyelids
- swollen tongue
- swollen throat
- reddening of skin across the body
- hives (red welts) appearing across the skin
- abdominal discomfort or pain

- vomiting
- strained or noisy breathing
- inability to talk or hoarseness
- wheezing or coughing
- drop in blood pressure
- unconsciousness
- young children may get floppy and pale.

**Some of the more common triggers (allergens) that can lead to anaphylaxis include:**

- **food** – any food can be a trigger. However, the most common trigger foods that account for about 90 % of allergic reactions include crustaceans (such as lobsters, prawns and crabs), eggs, fish, milk, peanuts, tree nuts (such as almonds, cashews, pecans and walnuts) and sesame or soy products
- **insect venom** – including bees, jumper ants, ticks, fire ants and wasps
- **medicines** – from some prescription drugs (such as penicillin), over-the-counter medicines (such as aspirin) and herbal preparations
- **uncommon triggers** – include exercise, anaesthesia or latex
- **unknown triggers** – sometimes, despite exhaustive investigations, a person’s trigger or triggers cannot be identified.

**Adrenaline is the first line treatment for anaphylaxis**

Adrenaline works rapidly to reverse the effects of anaphylaxis and is the first line treatment for anaphylaxis. Adrenaline auto-injectors (EPI-PENS) contain a single, fixed dose of adrenaline, and have been designed to be given by non-medical people, such as a friend, teacher, childcare worker, parent, passer-by or by the victim themselves (if they are not too unwell to do this).

An adrenaline auto-injector (EPI-PEN) is prescribed as part of a comprehensive anaphylaxis management plan. At school students at risk of anaphylaxis require an ASCIA action plan for anaphylaxis (see appendix B) also risk minimisation strategies included in an Individual Management Plan (IMP – see appendix A) Skye Primary School staff receive education on how to reduce the risk of allergic reactions, recognise signs and symptoms of anaphylaxis and administer the adrenalin auto-injector (EPI-PEN).

EPI –PEN jnr (green in colour) prescribed for persons between 10-20kg and EPI-PEN (Yellow in colour) for children and adults over 20kg

EpiPen® Jr EpiPen®



## Guiding Principles

A reaction can develop within minutes of exposure to the allergen, resulting in a severe and potentially life threatening condition. With awareness, planning and training, a reaction could be treated effectively by using an adrenalin auto-injector injected into the muscle of the outer mid-thigh.

Blanket food bans or attempts to totally eliminate food allergens in schools is not recommended. Studies have shown food bans can result unwanted segregation and bullying of children with allergies. Skye Primary School recognises that it is difficult to achieve a completely allergen free environment in a school setting and we are committed to adopting and implementing a range of procedures and risk minimisation strategies:

- to reduce the risk of a student having an anaphylactic reaction at school
- to ensure that staff are trained to respond appropriately if a student has an anaphylactic reaction
- be inclusive of all children's needs with regards to education, social, medical, cultural and emotional

## Policy

It is the intention of Skye Primary School to provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of school life. In achieving this, the school will comply with Ministerial Order 706 (MO706) and all associated guidelines.

The school will engage with parents/guardian's/carers (families) of students at risk of anaphylaxis, in developing risk minimisation strategies and management strategies for the students. 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.

All parents/guardian/carers as part of the enrolment procedure, prior to their child's attendance at Skye Primary School, are asked whether their child has allergies and this information is documented on the child's enrolment record and the Student Management Tool.

The school will require from parents/guardians, and display in staff working areas, individual action plans (ASCIA action plan) (appendix B) for students at risk of anaphylaxis. Individual management plans (IMP's) (appendix A) for those students will also be developed in consultation with parents/guardians/carers and the school.

The school considers that management of students at risk of anaphylaxis is a shared responsibility of parents/guardians/carers and the school to take all reasonable steps to:

- share information regarding the student's medical condition;
- prevent an anaphylactic incident; and
- if such an incident occurs, to respond in a timely, informed and appropriate manner

The students individual management plan (IMP) (see appendix A) will be planned and reviewed in consultation with the students' parents/guardians/carers:

- annually
- if the student's condition is diagnosed differently or changes
- if the student has an anaphylactic reaction at school

- when a student is to participate in an off-site activity such as camps and excursions, or special events conducted, organised or attended by the school

### **Role of Parent/Guardian/Carer (Families)**

It is expected that the parent/guardian/carer will:

- provide the school with an Individual ASCIA action plan with up-to-date photo, signed by a registered medical practitioner giving written consent to use the auto-injector in line with the action plan, on enrolment or as soon as diagnosed after enrolment and updated annually or if students medical condition changes
- provide a complete auto-injector kit to school. Ensure the auto-injector (EPI-PEN) is clearly labelled with student's name and not out of date. The parent is required to supply an EPI-PEN to the school immediately when the EPI-PEN supplied becomes out of date. The student may be asked to stay at home until a new one is supplied so adequate care can be provided by the school in response to a reaction

Parent/guardian/carers must also:

- read and be familiar with the school's Anaphylaxis Management Policy
- notify the school in writing of any advice from medical practitioner
- assist staff by offering information and answering any questions regarding their child's allergies
- communicate all relevant information and concerns to staff, for example, any matter relating to the health of their child
- be actively involved in the planning and creation of their child/rens IMP
- encourage their child to follow the agreed risk minimisation strategies on their IMP in particular "food sharing" whilst at school
- provide alternative food during excursions/camp/party days as required

### **Roles of Teachers and Staff**

A copy of the student's Individual ASCIA action plan is displayed in the sick bay, classrooms and visible to all staff. A list of students with IMP's will be provided to all staff at the start of each school year. The IMP will also be attached to the student's profile for all teachers to access. It is the responsibility of all staff to make themselves familiar with these students using the available tools.

Training is provided to all staff at Skye Primary School, teachers are responsible for their attendance and ongoing education.

### **First aid officer's responsibilities**

Generic "general use" auto-injectors (EPI-PENS) are purchased, checked and replaced by the first aid officer or nominated person. General use EPI-PENS are stored in sickbay and readily available for use and also taken on excursions outside of the school grounds.

Be responsible for the appropriate storage of the EPI-PENS in accordance with the school's medication policy and device storage instructions.

- 2 general use EPI-PENS stored in the sick bay
- student EPI-PENS stored in the sick bay

It is the first aid officer's responsibility to check the EPI-PEN devices regularly, arrange replacement of generic pens and communicate with families. Providing sufficient time to have their child/rens EPI-PEN replaced.

In consultation with the principal, the first aid officer will:

- Arrange, facilitate and manage staff training and records
- Consult with families to gather information and use information provided by the students medical practitioner to develop an Individual Management Plan for the student
- undertake yearly anaphylaxis risk management procedure

### **Communication Plan**

The Principal is responsible for making sure this policy is adequately communicated to the wider school community including all employees. This will occur through newsletter articles, training, staff meetings and support as detailed previously and annual review of the policy including community input.

### **Staff Training**

Skye Primary School will comply with Ministerial order no. 706 "Anaphylaxis Management in Victorian schools" and the guidelines related to anaphylaxis management in schools as published by the Department of Education and Training (DET).

All staff will be briefed and assessed bi-annually by a staff member who has successfully completed and holds a current 22303VIC course in Verifying the Correct Use of Adrenalin Auto-Injector Devices on:

- the schools Anaphylaxis Management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis and the location of their medication, including the location of the school's general use EPI-PEN devices
- how to use an EPI-PEN device, including hands on practice and individual assessment with a trainer EPI-PEN device
- the school's first aid and emergency response procedure; to be revised annually on how to respond to an anaphylactic reaction – see pages 7-18 for reference in the following potential scenarios:
  - classroom
  - school yard
  - excursions, incursions and camps
  - extra-curricular whole school events
  - sporting events

All leading teachers conducting and planning camps or excursions will be required to undertake further risk minimisation assessments.

These assessments will take place in consultation with the student's families prior to the student participating in these excursions/camps and incorporated into the planning for such an event.

The school will ensure that the auto-injector kit for each student at risk of anaphylaxis is carried by a trained adult on excursions that the student attends. Containing the following:

- students EPI-PEN (in date)
- up to date ASCIA action plan

- emergency contact details
- additional medication prescribed e.g. ventolin/anti-histamine

The school will also take appropriate first aid supplies and generic EPI-PEN.

Staff, will, where possible, enforce the agreed risk minimisation strategies on students IMP regarding “food sharing” whilst in their care.

### **Evaluation and post incident support**

An anaphylactic reaction can be a very traumatic experience for the student, other students and persons witnessing the reaction, staff and families. In the event of an anaphylactic reaction, students and school staff may benefit from post-incident counselling, provided by the wellbeing team, school psychologist or the Employee Assistance Program.

If a child has an anaphylactic reaction, there will be a review of the adequacy of the response of the school and consideration into any corrective action.

This will include the following steps:

- the adrenaline auto-injector must be replaced by the parent/guardian/carer before the student is allowed to return to school
- if the general use adrenaline auto-injector is used this should be replaced as soon as possible
- the students IMP will be reviewed in consultation with the student’s parent/guardian/carer
- the school’s anaphylaxis management policy will be reviewed to ensure that it adequately responds to emergency situations
- incident to be documented in cases21 and reported to emergency management and security services support – IRIS alerts 03 9589 6266

The Security Services Unit (SSU) operates a 24/7 communication centre and utilises an Incident Reporting Information System (IRIS) to enable schools to meet their mandatory reporting responsibilities in an emergency, or during a crisis.

### **EMERGENCY RESPONSE PROCEDURE:**

If a student is suspected of having an anaphylactic reaction showing signs and symptoms, such as swelling of lips, face or eyes, coughing or difficulty breathing, hives or welts, abdominal pain or vomiting or unconscious it is vital to react quickly and implement the emergency management procedures outlined within this policy.

#### **Responding to an incident**

##### **1. IN THE CLASSROOM**

Raise the alarm, locate the EPI-PEN and follow the ASCIA action plan.

**1.1** For a suspected anaphylactic reaction the teacher is to lay student down if possible and reassure. Ask a reliable student to call on the teacher in the next closest classroom

**1.2** Teacher or assisting teacher to use phone or mobile phone to call sickbay or front office, requesting the student’s EPI-PEN be ran to the classroom immediately – teacher to be explicit and clear of the student’s name and the classroom number. First aid officer or office staff (if first aid officer is not available) to bring the following to the classroom

- student's adrenaline auto-injector (EPI-PEN)
- generic adrenaline auto-injector (EPI-PEN)
- ASCIA action plan
- automated external defibrillator (AED)
- mobile phone

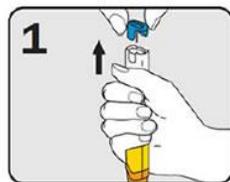
**1.3** If a phone is not available/working instruct a student to run to the office and alert first aid officer or office staff to bring the student's adrenaline auto-injector, to the classroom

**1.4** In the case of mild reaction: teachers in attendance with student determine if the student is showing signs of mild to moderate allergic reaction. If this is the case student should be taken to sickbay for strict observation and parents called – never leave the student alone

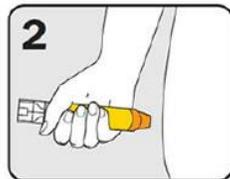
**1.5** In the case of moderate to severe reaction: If the student is showing signs of anaphylaxis such as difficulty breathing, swelling of the tongue, tightness in the throat, hoarse voice, wheeze or persistent cough or loss of consciousness then the EPI-PEN will be administered by the first aid officer/office staff member while the teacher rings 000. Record the time of administration. Staff are to follow instructions as provided by the paramedics on the phone.

**IF IN DOUBT, GIVE THE ADRENALINE AUTO-INJECTOR**

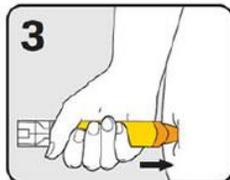
**How to give EpiPen® or EpiPen® Jr adrenaline (epinephrine) autoinjectors**



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 for 3 seconds

REMOVE EpiPen®

**Note:** All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

**1.6** First aid officer and teacher are to remain with the student and staff to remain on the phone to 000 to relay information to the paramedics

**1.7** Contact parent/guardian/carer and advise them of the incident. If parent not available, next emergency contact must be contacted

**1.8** An additional (possibly 3<sup>rd</sup> staff member) will need to attend the main gate/entrance to school to await ambulance and direct paramedics to the relevant room on arrival

**1.9** A second EPI-PEN can be administered after 5 minutes if the ambulance has not arrived yet

### 1.10 In the event of cardiac arrest follow DRSABCD



CPR is to be commenced immediately, 000 informed that student has stopped breathing and CPR has commenced. Attach automated external defibrillator (AED) and follow prompts

### 1.11 Follow post incident procedures and follow up

## 2. IN THE SCHOOL YARD

Raise the alarm, locate EPI-PEN and follow the ASCIA action plan.

**2.1** For a suspected anaphylactic reaction the teacher is to stay with student, lay them down if possible ask their name and reassure, instruct a student to locate the next closest yard duty teacher

**2.2** Teacher to use mobile phone to call sickbay or front office, 03 9786 1555 requesting the student's EPI-PEN immediately – teacher to be explicit and clear of the student's name and the location in the yard. First aid officer or office staff (if first aid officer is not available) to bring the following to the classroom

- student's adrenaline auto-injector (EPI-PEN)
- generic adrenaline auto-injector (EPI-PEN)
- ASCIA action plan
- automated external defibrillator (AED)
- mobile phone

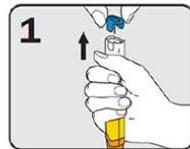
**2.3** If a phone is not available instruct a student to run to the office and alert first aid officer or office staff to bring the student's EPI-PEN to the yard

**2.4** In the case of mild reaction: teachers in attendance with student determine if the student is showing signs of mild to moderate allergic reaction. If this is the case student should be taken to sickbay for strict observation and parents called – never leave the student alone

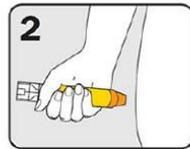
**2.5** In the case of moderate to severe reaction: If the student is showing signs of anaphylaxis such as difficulty breathing, swelling of the tongue, tightness in the throat, hoarse voice, wheeze or persistent cough or loss of consciousness then the EPI-PEN will be administered by the first aid officer/office staff member while the teacher rings 000. Record the time of administration. Staff are to follow instructions as provided by the paramedics on the phone.

**IF IN DOUBT, GIVE THE ADRENALINE AUTO-INJECTOR**

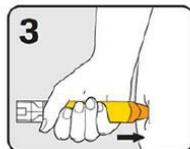
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1. Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



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 for 3 seconds

REMOVE EpiPen®

**Note:** All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

**2.6** First aid officer and teacher are to remain with the student and staff to remain on the phone to 000 to relay information to the paramedics

**2.7** Contact parent/guardian/carer and advise them of the incident. If parent not available, next emergency contact must be contacted

**2.8** An additional (possibly 3<sup>rd</sup> staff member) will need to attend the main gate/entrance to school to await ambulance and direct paramedics to the relevant room on arrival

**2.9** A second EPI-PEN can be administered after 5 minutes if the ambulance has not arrived yet

**2.10** In the event of cardiac arrest follow DRSABCD



CPR is to be commenced immediately, 000 informed that student has stopped breathing and CPR has commenced. Attach automated external defibrillator (AED) and follow prompts

2.11 Follow post incident procedures and follow up

### 3a. SPORTING ACTIVITIES

Raise the alarm, locate EPI-PEN and follow the ASCIA action plan

#### **In-School Activities:**

**3a.1** For a suspected anaphylactic reaction the teacher is to stay with student, lay them down ask their name and reassure, instruct a student to locate the next closest teacher

**3a.2** Teacher to use mobile phone to call sickbay or front office, 03 9786 1555 requesting the student's EPI-PEN be ran out immediately – teacher to be explicit and clear of the student's name and location within the school. First aid officer or office staff (if first aid officer is not available) to bring the following to the classroom

- student's adrenaline auto-injector (EPI-PEN)
- generic adrenaline auto-injector (EPI-PEN)
- ASCIA action plan
- automated external defibrillator (AED)
- mobile phone

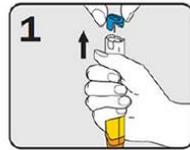
**3a.3** If a phone is not available instruct a student to run to the office and alert first aid officer or office staff to bring the student's EPI-PEN

**3a.4** In the case of mild reaction: teachers in attendance with student determine if the student is showing signs of mild to moderate allergic reaction. If this is the case student should be taken to sickbay for strict observation and parents called – never leave the student alone

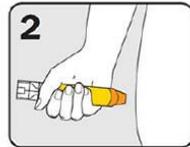
**3a.5** In the case of moderate to severe reaction: If the student is showing signs of anaphylaxis such as difficulty breathing, swelling of the tongue, tightness in the throat, hoarse voice, wheeze or persistent cough or loss of consciousness then the EPI-PEN will be administered by the first aid officer/office staff member while the teacher rings 000. Record the time of administration. Staff are to follow instructions as provided by the paramedics on the phone.

**IF IN DOUBT, GIVE THE ADRENALINE AUTO-INJECTOR**

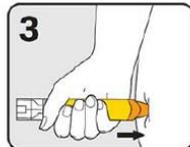
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1. Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



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 for 3 seconds  
REMOVE EpiPen®

**Note:** All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

**3a.6** First aid officer and teacher are to remain with the student and staff to remain on the phone to 000 to relay information to the paramedics

**3a.7** Contact parent/guardian/carer and advise them of the incident. If parent not available, next emergency contact must be contacted

**3a.8** An additional (possibly 3<sup>rd</sup> staff member) will need to attend the main gate/entrance to school to await ambulance and direct paramedics to the relevant room on arrival

**3a.9** A second EPI-PEN can be administered after 5 minutes if the ambulance has not arrived yet

**3a.10** In the event of cardiac arrest follow DRSABCD



CPR is to be commenced immediately, 000 informed that student has stopped breathing and CPR has commenced. Attach automated external defibrillator (AED) and follow prompts

**3a.11** Follow post incident procedures and follow up

**3b Out of school sporting activities:**

Raise the alarm, locate the EPI-PEN and follow the ASCIA action plan

**3b.1** For a suspected anaphylactic reaction the teacher is to stay with student, lay them down ask their name and reassure, instruct a student to locate the next closest teacher or parent helper to locate the first aid bag

**3b.2** Teacher to use mobile phone to call 000, locate students EPI-PEN and if available generic EPI-PEN

**3b.3** In the case of mild reaction: teachers in attendance with student determine if the student is showing signs of mild to moderate allergic reaction. If this is the case student should be monitored for deterioration and action plan followed

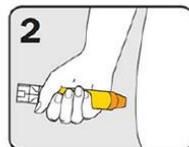
**3b.4** In the case of moderate to severe reaction: If the student is showing signs of anaphylaxis such as difficulty breathing, swelling of the tongue, tightness in the throat, hoarse voice, wheeze or persistent cough or loss of consciousness then the adrenaline auto-injector will be administered by the teacher/staff member/first aider. Record the time of administration. Staff are to follow instructions as provided by the paramedics on the phone.

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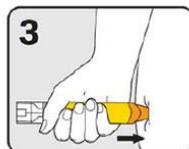
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**3b.5** staff to remain with the student at all times, persons calling 000 to remain on the phone to relay information to the paramedics

**3b.6** Contact parent/guardian/carer and advise them of the incident. If parent not available, next emergency contact must be contacted

**3b.7** An additional adult will need to attend the main gate/entrance to sporting complex/facility/grounds to await ambulance and direct paramedics to the relevant area

**3b.8** A second EPI-PEN can be administered after 5 minutes if the ambulance has not arrived yet

**3b.9** In the event of cardiac arrest follow DRSABCD



CPR is to be commenced immediately, 000 informed that student has stopped breathing and CPR has commenced. Locate AED if sporting facility has one, attach automated external defibrillator and follow prompts

**3b.10** Follow post incident procedures and follow up

#### 4. EXCURSIONS

Raise the alarm, locate the EPI-PEN and follow the ASCIA action plan

**4.1** Prior to excursions, teachers will identify students at risk of anaphylaxis who will be under their care and complete a full excursion risk assessment. In completing the risk assessment for the excursion, the teacher must include how long it could take an ambulance to reach their location of the excursion to assist with determining communications and amount of EPI-PENS required. It will also be determined which teacher/staff member will be the first aid officer and responsible for the EPI-PENS storage whilst away from school

**4.2** For a suspected anaphylactic reaction the teacher is to stay with student, lay them down if possible ask their name and reassure, instruct a student to locate the next closest teacher/first aider or parent helper to locate the first aid bag

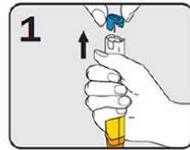
**4.3** teacher to use mobile phone to call 000, locate students EPI-PEN and if available generic EPI-PEN

**4.4** In the case of mild reaction: teachers in attendance with student determine if the student is showing signs of mild to moderate allergic reaction. If this is the case student should be monitored for deterioration and action plan followed

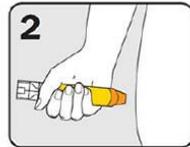
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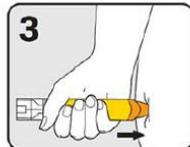
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**4.6** Staff to remain with the student at all times, persons calling 000 to remain on the phone to relay information to the paramedics

**4.7** Contact parent/guardian/carer and advise them of the incident. If parent not available, next emergency contact must be contacted

**4.8** An additional adult will need to attend the main gate/entrance to complex/facility/grounds to await ambulance and direct paramedics to the relevant area

**4.9** A second EPI-PEN can be administered after 5 minutes if the ambulance has not arrived yet

**4.10** In the event of cardiac arrest follow DRSABCD



CPR is to be commenced immediately, 000 informed that student has stopped breathing and CPR has commenced. Locate AED if sporting facility has one, attach automated external defibrillator and follow prompts.

**NOTE** if the students parent/guardian/carer is not on the excursion a staff member must accompany the student to hospital in the ambulance and stay with them until their family member arrives.

4.11 Follow post incident procedures and follow up

5. SCHOOL CAMPS

Raise the alarm, locate the EPI-PEN and follow the ASCIA action plan

5.1 Prior to camp leading teachers will identify students at risk of anaphylaxis and arrange a meeting with their families to discuss strategies to avoid allergens and a management plan is to be developed. As a result of the meeting it will be decided who will be responsible for looking after the EPI-PEN supervising the student, monitoring food supply, providing alternative foods and informing all staff and supervisors of the student’s allergy In completing, the risk assessment for the camp the lead teacher must determine how long it could take an ambulance to reach their most remote location of the camp as to assist with deciding on communications and amount of EPI-PENS required. NOTE if it is determined that an ambulance may be more than 20 minutes away parents must be notified of the **INCREASED RISK**

5.2 For a suspected anaphylactic reaction the teacher is to stay with student, lay them down if possible ask their name and reassure, instruct a student to locate the next closest teacher/first aider or parent helper to locate the first aid bag

5.3 teacher to use mobile phone to call 000, locate students EPI-PEN and if available generic EPI-PEN

5.4 In the case of mild reaction: teachers in attendance with student determine if the student is showing signs of mild to moderate allergic reaction. If this is the case student should be monitored for deterioration and action plan followed

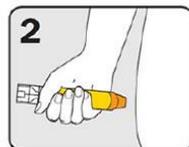
5.5 In the case of moderate to severe reaction: If the student is showing signs of anaphylaxis such as difficulty breathing, swelling of the tongue, tightness in the throat, hoarse voice, wheeze or persistent cough or loss of consciousness then the adrenaline auto-injector will be administered by the teacher/staff member/first aider. Record the time of administration. Staff are to follow instructions as provided by the paramedics on the phone.

**IF IN DOUBT, GIVE THE ADRENALINE AUTO-INJECTOR**

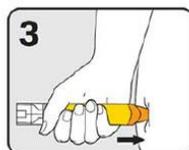
How to give EpiPen® or EpiPen® Jr adrenaline (epinephrine) autoinjectors



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 for 3 seconds

REMOVE EpiPen®

**Note:** All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

**5.6** Staff to remain with the student at all times, persons calling 000 to remain on the phone to relay information to the paramedics

**5.7** Contact parent/guardian/carer and advise them of the incident. If parent not available, next emergency contact must be contacted

**5.8** An additional adult will need to attend the main gate/entrance to complex/facility/grounds to await ambulance and direct paramedics to the relevant area

**5.9** A second EPI-PEN can be administered after 5 minutes if the ambulance has not arrived yet

**5.10** In the event of cardiac arrest follow DRSABCD



CPR is to be commenced immediately, 000 informed that student has stopped breathing and CPR has commenced. Locate AED if facility/complex/grounds has one, attach automated external defibrillator and follow prompts

NOTE: if student's parent is not on the camp then a staff member must accompany the student to the hospital in the ambulance and stay with them until their family member arrives

**5.11** Follow post incident procedures and follow up

## 6. SPECIAL EVENT DAYS

Raise the alarm, locate the EPI-PEN and follow the ASCIA action plan

**6.1** For special event days such as athletic or swimming carnivals, held outside the school, classroom teachers/supervisors will need to be aware of the students in their care who are at risk of anaphylaxis and collect and take the students EPI-PEN on the morning of the event

**6.2** For a suspected anaphylactic reaction the teacher is to stay with student, lay them down ask their name and reassure, instruct a student to locate the next closest teacher/first aider or parent helper to locate the first aid bag

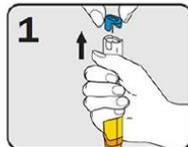
**6.3** teacher to use mobile phone to call 000, locate students EPI-PEN and if available generic EPI-PEN

**6.4** In the case of mild reaction: teachers in attendance with student determine if the student is showing signs of mild to moderate allergic reaction. If this is the case student should be monitored for deterioration and action plan followed

**6.5** In the case of moderate to severe reaction: If the student is showing signs of anaphylaxis such as difficulty breathing, swelling of the tongue, tightness in the throat, hoarse voice, wheeze or persistent cough and loss of consciousness then the adrenaline auto-injector will be administered by the teacher/staff member/first aider. Record the time of administration. Staff are to follow instructions as provided by the paramedics on the phone.

**IF IN DOUBT, GIVE THE ADRENALINE AUTO-INJECTOR**

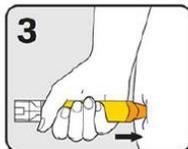
**How to give EpiPen® or EpiPen® Jr adrenaline (epinephrine) autoinjectors**



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 for 3 seconds  
REMOVE EpiPen®

**Note:** All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

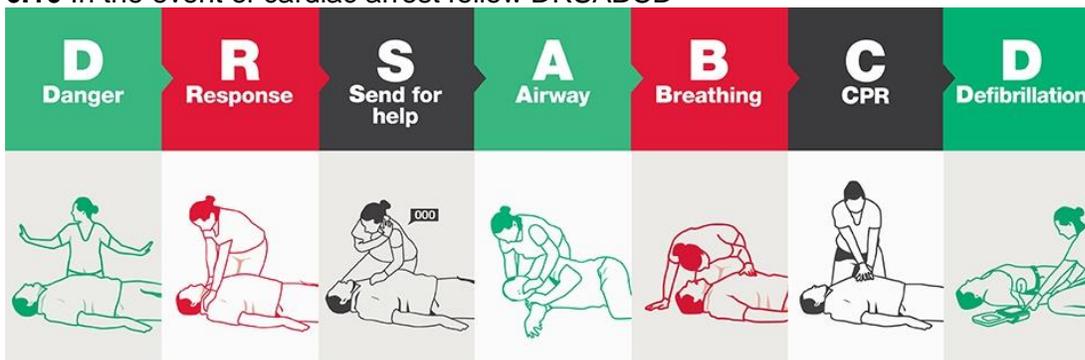
**6.6** Staff to remain with the student at all times, persons calling 000 to remain on the phone to relay information to the paramedics

**6.7** Contact parent/guardian/carer and advise them of the incident. If parent not available, next emergency contact must be contacted

**6.8** An additional adult will need to attend the main gate/entrance to sporting complex/facility/grounds/school to await ambulance and direct paramedics to the relevant area

**6.9** A second auto-injector can be administered after 5 minutes if the ambulance has not arrived yet

**6.10** In the event of cardiac arrest follow DRSABCD



CPR is to be commenced immediately, 000 informed that student has stopped breathing and CPR has commenced. Locate AED if facility has one, attach automated external defibrillator (AED) and follow prompts

**6.11 Follow post incident procedures and follow up**

**RISK MINIMISATION STRATEGIES AT SKYE PRIMARY SCHOOL**

All staff members are to be made aware of who the child/student at risk of anaphylaxis is by sight. They are not to be left alone when complaining of feeling unwell, even in sickbay. Their complaint should always be taken seriously.

The many areas of risk and the strategies one might implement to reduce the risk of an allergic reaction vary greatly according to a number of factors including:

- the age of the child at risk
- the age of their peers
- what the child is allergic to
- the severity of the child’s allergy
- additional medical conditions such as being asthmatic
- the environment they are in
- the level of training staff have received

The following list of strategies is to be used as a guide or as a tool to prompt thought on achievable risk minimisation practices at school.

Skye Primary School will work with families of the child at risk of anaphylaxis in the production of an (individual management plan) IMP. Once the school and families agree to the plan, it is to be signed off by both parties (see appendix A).

We also acknowledge that each student’s allergy will differ from another and a child may outgrow an allergy, their allergy may increase or develop another allergy.

RISK	RISK LEVEL	Strategies for students at Skye Primary School
<p><b>Food brought to school</b></p>	<p><b>HIGH</b></p>	<ul style="list-style-type: none"> <li>• At the beginning of the new school year and more often if required consider sending out an information sheet to the parent community on severe allergy and the risk of anaphylaxis, particularly if the grade has someone at risk, without naming the child</li> <li>• Alert parents to strategies that the school has in place and the need for their child to not share food and to wash hands after eating</li> <li>• Teachers will educate children in their grade around school expectations</li> </ul>

		<p>regarding food sharing, food brought to school and personal hygiene</p> <ul style="list-style-type: none"> <li>Total blanket food bans are not effective treatment or a risk minimisation strategy</li> </ul>
<p><b>School fundraising/special events/cultural days</b>  <i>(popcorn days/hot dog days/sausage sizzles, pizza, pies, hotcross buns etc)</i></p>	<p><b>HIGH</b></p>	<ul style="list-style-type: none"> <li>Consider children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc. notices may need to be sent to parent community discouraging rather than banning specific food products e.g. nuts</li> <li>PTF to run any purchasing past the principal and business manager; prior to an event, with special consideration to food allergies</li> <li>Volunteers and staff to have appropriate food handling training if preparing food onsite</li> </ul>
<p><b>Food rewards</b></p>	<p><b>MEDIUM</b></p>	<ul style="list-style-type: none"> <li>Food rewards should be discouraged and non-food rewards encouraged</li> <li>Children at risk of food anaphylaxis should eat food that is supplied by their families or food that is agreed to by families prior (a special treat box is supplied for their child only)</li> </ul>
<p><b>Class parties birthday celebrations</b></p>	<p><b>HIGH</b></p>	<ul style="list-style-type: none"> <li>Discuss these activities with families of allergic child well in advance</li> <li>It is highly recommended that a notice is sent home to all parents prior to the event, discouraging specific food products being brought in or baked, to be arranged by level leaders</li> <li>The teacher may want to ask a parent or family member of the allergic child to attend the party as a 'parent helper'</li> <li>For a child with a severe allergy it is recommended that families supply food for their child on these celebration</li> </ul>

		<ul style="list-style-type: none"> <li>The allergic child can still participate in spontaneous birthday celebrations by families supplying a 'treat box' or safe foods e.g. cupcakes stored in freezer in labelled sealed container ready for these types of celebration events</li> </ul>
<p><b>Cooking and Food Technology</b></p> <p><b>Kitchen Garden program</b></p>	<b>HIGH</b>	<ul style="list-style-type: none"> <li>Engage families in discussion prior to cooking sessions and activities using food</li> <li>Supply families with ingredients list used for classes</li> <li>It may be necessary for the allergic child to wear gloves or mask during lesson time, see sickbay for PPE</li> <li>Remind all children to not share food they have cooked with others at school</li> <li>The Kitchen Garden Specialist will be notified of all children with food allergies by sight and have displayed in the food preparation area their anaphylaxis action plans</li> <li>Aprons are worn by students and staff during food preparation to avoid cross contamination of food</li> <li>Students are explicitly taught food hygiene practices including handwashing, sanitising and cleaning of food preparation areas and equipment as part of the kitchen garden program</li> </ul>
<p><b>Science experiments</b></p>	<b>MEDIUM</b>	<ul style="list-style-type: none"> <li>Engage families in discussion prior to experiments containing foods</li> <li>Gloves, masks and aprons used when required</li> <li>Students allergic to animal dander not to handle any of the animals in science</li> </ul>
<p><b>Students picking up papers</b></p>	<b>HIGH</b>	<ul style="list-style-type: none"> <li>Students at risk of food or insect sting anaphylaxis should be excused from this duty</li> </ul>

		<ul style="list-style-type: none"> <li>• Non rubbish collecting duties are encouraged</li> </ul>
<b>Music</b>	<b>MEDIUM</b>	<ul style="list-style-type: none"> <li>• Appropriate cleaning of wind instruments</li> <li>• Speak with the families about supplying the child's own instrument if required</li> </ul>
<b>Art and craft classes</b>	<b>MEDIUM</b>	<ul style="list-style-type: none"> <li>• Ensure containers used by students at risk of anaphylaxis do not contain allergens e.g. egg white or yolk on an egg carton, biscuit boxes that may contain traces or nuts, cereal boxes that have had traces of allergens etc.</li> <li>• Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with families prior to the class, as products used may contain food allergens such as peanut, tree nut, milk or egg</li> <li>• Care to be taken with play dough etc. check that nut oils have not been used in manufacture. Discuss options with families of wheat allergic child for e.g. they can not use home made glue containing flour</li> </ul>
<b>Canteen</b>	<b>MEDIUM</b>	<p>Skye Primary school currently does not run a canteen onsite. The school however does engage subway for weekly orders.</p> <ul style="list-style-type: none"> <li>• Parents of children at high risk of anaphylaxis are discouraged from ordering subway. Skye Primary School has no control over the food handling of orders</li> </ul>
<b>Sunscreen</b>	<b>LOW</b>	All families are asked to provide sunscreen for their children.
<b>Hand washing</b>	<b>IMPORTANT MINIMISATION STRATEGY</b>	All students encouraged to wash their hands after eating, toileting, sneezing, attending science and kitchen garden programs
<b>Part-time educators, casual</b>	<b>IMPORTANT MINIMISATION</b>	

<p>relief teachers, psychologists &amp; religious instruction teachers</p> <p><b>Suggestions:</b></p>	<p><b>STRATEGY</b></p>	<p>These educators need to know the identities of children at risk of anaphylaxis and should be aware of the school's management plans, which includes minimisation strategies initiated by the school community. Casual staff and CRT's may not have received training in anaphylaxis management and emergency treatment. This needs to be considered when a teacher is chosen for a class with a child at risk of anaphylaxis and if this teacher is on playground/yard duty</p> <ul style="list-style-type: none"> <li>• Casual staff, who work at school regularly, are included in anaphylaxis training sessions</li> <li>• The school has interim educational tools such as auto-injector training devices and DVDs available to all staff</li> <li>• Free online training course in management of anaphylaxis is available for teachers and staff. Skye Primary School have two trained staff in the verification of the correct use of auto-injectors to assess staff's competence</li> </ul> <p>ASCIA <a href="http://www.allergy.org.au">www.allergy.org.au</a></p>
<p><b>Use of food as counters</b></p>	<p><b>MEDIUM</b></p>	<p>Be aware of children with food allergies when deciding on 'counters' to be used in mathematics or other class lessons. Non-food 'counters' such as buttons /discs are a safer option than cocoa beans, coffee beans, dried peas/beans etc.</p>
<p><b>Class rotations</b></p>	<p><b>MEDIUM</b></p>	<p>All teachers will need to consider children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class</p>
<p><b>Class pets/ pet visitors /school farmyard</b></p>	<p><b>MEDIUM</b></p>	<ul style="list-style-type: none"> <li>• Be aware that some animal feed contains food allergens. e.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food</li> <li>• Chickens hatching in classroom. The school at times organise incubators from hatcheries and hatch chicks for observation and learning. Generally speaking, simply watching chicks hatch in an incubator poses</li> </ul>

		<p>no risk to children with egg allergy, but all children should be encouraged to wash their hands after touching the incubation box in case there is any residual egg content on it.</p> <ul style="list-style-type: none"> <li>• The allergic child can touch a chick that hatched the previous day (i.e. a chick that is more than just a couple of hours old); no wet feathers should be present</li> <li>• If there is concern about the child having a skin reaction, consider the child wearing gloves</li> <li>• All children need to wash hands after touching the chicks in case there is any residue of egg protein, in addition to usual hygiene purposes. Whilst care needs to be taken, this is an activity that most children can enjoy with some safe guards in place</li> </ul>
<b>Incursions</b>	<b>MEDIUM</b>	Prior discussion with parents if incursions include any food activities and risk assessment undertaken
<b>Excursions, Sports carnivals, Swimming program</b>	<b>HIGH</b>	<ul style="list-style-type: none"> <li>• Teachers organising/attending excursion or sporting event plan an emergency response procedure prior to the event. This will outline the roles and responsibilities of teachers attending, if an anaphylactic reaction occurs.</li> </ul>
<b>Staff should also:</b>	<b>IMPORTANT MINIMISATION STRATEGY</b>	<ul style="list-style-type: none"> <li>• Carry mobile phones. check that mobile phone reception is available and if not, consider other forms communication</li> <li>• Consider increased supervision depending on size of excursion/sporting event i.e. if students are split into groups at large venue e.g. zoo, or at large sports venue for sports carnival</li> <li>• Consider adding a reminder to all parents regarding children with allergies on the excursion/sports authorisation form and encourage parents not to send in specific foods in lunches (e.g. food containing nuts)</li> <li>• Check if excursion includes a food related activity, if so discuss with parent</li> </ul>

		<ul style="list-style-type: none"> <li>• Ensure that all teachers are aware of the location of the emergency medical kit containing adrenaline auto-injector</li> </ul>
<p><b>Medical Kits</b></p>	<p><b>IMPORTANT MINIMISATION STRATEGY</b></p>	<p>Medical kit containing ASCIA Action Plan for Anaphylaxis and adrenaline auto-injector should be easily accessible to child at risk and the adult/s responsible for their care at all times. On excursions ensure that the teacher accompanying the child’s group carries the medical kit. For sporting events this may be more difficult, however, all staff and parent volunteers must always be aware of who has the kit and where it is</p> <p><b>Be aware</b> - adrenaline auto-injectors should not be left sitting in the sun, in parked cars or buses</p> <p>Parents are often available to assist teachers on excursions If child at risk is attending without a parent, the child should remain in the group of the teacher who has been trained in anaphylaxis management, rather than be given to a parent volunteer to manage. This teacher should carry the medical kit</p>
<p><b>School camps</b></p>	<p><b>IMPORTANT MINIMISATION STRATEGY HIGH RISK ENVIRONMENT</b></p>	<ul style="list-style-type: none"> <li>• Parent involvement at primary school camps is often requested. Skye Primary School invite the parent/guardian/carer of the child at risk of anaphylaxis to attend as a parent helper.</li> <li>• Parent of child at risk will have a face to face meeting with school staff/camp coordinator prior to camp to discuss safety including the following:</li> <li>• School’s emergency response procedures, clearly outlined roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction</li> <li>• All teachers attending the camp are briefed on the location of the camp and correct</li> </ul>

		<p>procedure for calling ambulance, advising the call centre that a life threatening allergic reaction has occurred and adrenaline is required</p> <ul style="list-style-type: none"> <li>• Staff to practise with adrenaline auto-injector training device (EpiPen® Trainers) and view DVDs prior to camp</li> <li>• Consider contacting local emergency services and hospital prior to camp and advise that xx children in attendance at xx location on xx date including child/ren at risk of anaphylaxis</li> <li>• Ascertain location of closest hospital, ability of ambulance to get to camp site area i.e. consider locked gates etc. in remote areas</li> <li>• Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged</li> <li>• Parents should be encouraged to provide two adrenaline auto-injectors along with the Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp</li> <li>• Clear advice should be communicated to all parents prior to camp on what foods are not allowed</li> <li>• Parents of child at risk of anaphylaxis and school need to communicate about food for the duration of the camp. Parent should communicate directly with the provider of the food/chef/caterer and discuss food options/menu, cross contamination risks, safest food choices and the possibility of bringing own food</li> <li>• Parents may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised as well</li> </ul>
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<p>School camps (continued)</p>	<p><b>IMPORTANT MINIMISATION STRATEGY HIGH RISK ENVIROMENT</b></p>	<p><b>Discussions by school staff and parents with the operators of the camp facility should be undertaken well in advance of camp.</b></p> <p>Discussions that are required:</p> <ul style="list-style-type: none"> <li>• Removal of peanut/tree nut from menu for the duration of the camp</li> <li>• Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed i.e. egg, milk, wheat</li> <li>• Discussion of menu for the duration of the camp</li> <li>• Games and activities should not involve the use of known allergens</li> <li>• Camp organisers need to consider domestic activities which they assign to children on camp. It is safer to have the child with food allergy set tables, for example, than clear plates and clean up</li> </ul> <p>Allergy &amp; Anaphylaxis Australia has launched a new publication titled Preparing for Camps and Overnight School Trips with Food Allergies. This comprehensive booklet consists of concise and easy-to-read information and ideas on preparing for school camp when you have students at risk of anaphylaxis</p> <ul style="list-style-type: none"> <li>• To purchase or for more information call 1300 728 000 or</li> <li>• visit <a href="http://www.allergyfacts.org.au">www.allergyfacts.org.au</a></li> </ul>
<p><b>*Insect sting allergy</b></p>	<p><b>IMPORTANT MINIMISATION STRATEGY HIGH RISK ENVIRONMENT</b></p>	<p>Children who have a severe insect sting allergy and are at risk of anaphylaxis need to have their adrenaline auto-injector and Action Plan for Anaphylaxis easily accessible at all times.</p> <p>Strategies that reduce the risk of insect stings vary depending on the insect the person is allergic to. Strategies both at school and on excursions can include:</p> <ul style="list-style-type: none"> <li>• Avoiding being outdoors at certain times of the day</li> </ul>

		<ul style="list-style-type: none"> <li>• Using insect repellents that contain DEET (Diethyltoluamide, N, N - diethyl - 3-methylbenzamide)</li> <li>• Wearing light coloured clothing that covers most exposed skin</li> <li>• Avoid wearing bright clothing with 'flower' type prints</li> <li>• Wearing shoes at all times</li> <li>• Avoiding perfumes or scented body creams/deodorants</li> <li>• Wearing gloves when gardening</li> <li>• Avoid picking up rubbish which may attract insect/s</li> <li>• Being extra careful where there are bodies of water i.e. lake/pond/swimming pool</li> <li>• Drive with windows up in the car/windows closed in a bus</li> <li>• Keep your drink (glass/bottle/can) indoors or covered. Always check your drinks before you sip i.e. don't drink blindly from container</li> <li>• Keep garbage bins covered – lids on</li> <li>• Keep grass areas mowed (reduce weed such as clover which attracts insects)</li> <li>• Wearing boots and thick clothing such as denim material if ant sting allergic and in area where specific ants reside. Avoid ant mounds</li> <li>• Not provoking bees, wasps or ants. Have mounds/nests removed by professionals</li> <li>• Removal of nests when students/teachers are not present</li> <li>• When putting in new plants consider location and select plants less likely to attract stinging insects</li> </ul>
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**FURTHER INFORMATION**

**References and Acknowledgments**

- Australian Society of Clinical Immunology and Allergy
- Royal Children's Hospital
- Ministerial order 706 Anaphylaxis management in schools
- Department of Human Services
- The Department of Education and Early Childhood Development
- Better Health Channel

**Related Policies:**

Medication administration policy

First aid policy

Allergies policy

Appendix A: Individual Anaphylaxis Management Plan

Appendix B: ASCIA action plan for anaphylaxis

Appendix C: Annual Risk Management Checklist

**Appendix A: Individual Anaphylaxis Management Plan (IMP)**

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the parent.  
 It is the parents' responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

<b>School</b>		<b>Phone</b>	
<b>Student</b>			
<b>DOB</b>		<b>Year level</b>	
<b>Severely allergic to:</b>			
<b>Other health conditions</b>			
<b>Medication at school</b>			

**EMERGENCY CONTACT DETAILS (PARENT)**

<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	

**EMERGENCY CONTACT DETAILS (ALTERNATE)**

<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	

<b>Medical practitioner contact</b>	<b>Name</b>	
	<b>Phone</b>	

<b>Emergency care to be provided at school</b>	
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<b>Storage for adrenaline auto injector (device specific) (EpiPen®)</b>	
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**ENVIRONMENT**

To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

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

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

Appendix B: ASCIA action plan for anaphylaxis



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# ACTION PLAN FOR Anaphylaxis

**For use with adrenaline (epinephrine) autoinjectors**

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_

Photo

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: \_\_\_\_\_

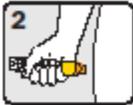
Date: \_\_\_\_\_

Action Plan due for review – date: \_\_\_\_\_

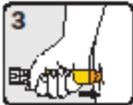
**How to give EpiPen® adrenaline (epinephrine) autoinjectors**



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

**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**

**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.

© ASCIA 2018 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission

**Appendix C: Annual Risk Management Checklist**

School Name:		
Date of Review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name	
	Position	
Comments:		
<b>General Information</b>		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?		
2. How many of these students carry their Adrenaline Autoinjector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
4. Have any students ever had an Anaphylactic Reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SECTION 1: Individual Anaphylaxis Management Plans</b>		
7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?		
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No	
c. Before and after School, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No	
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No	
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No	
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

a.	Where are they kept?	
11.	Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors</b>		
12.	Where are the student(s) Adrenaline Autoinjectors stored?	
13.	Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14.	Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15.	Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16.	Is the storage unlocked and accessible to School Staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17.	Are the Adrenaline Autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
18.	Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19.	Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20.	Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who? ..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
21.	Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22.	Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23.	Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24.	Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25.	Where are these first aid kits located?	
26.	Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27.	Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 3: Prevention Strategies</b>		
28.	Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: School Management and Emergency Response</b>	
32. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all School buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Who will make these arrangements during excursions? ..... .....	
40. Who will make these arrangements during camps? ..... .....	
41. Who will make these arrangements during sporting activities? ..... .....	
42. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:	
a. The School's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The School's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the Adrenaline Autoinjector(s) for General Use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: Communication Plan</b>	
44. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?	
a. To School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To Parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
45. Is there a process for distributing this information to the relevant School Staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
46. How is this information kept up to date?	
47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. What are they?	