



ANAPHYLAXIS POLICY

Tatura Primary School 1441

SCHOOL STATEMENT

Tatura Primary School will fully comply with Ministerial Order 706 Anaphylaxis management in Victorian schools (MO706) and the associated Guidelines published and amended by the Department from time to time. A copy of the order and guidelines can be found online at

http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf and <http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxisschl.aspx>

In the event of an Anaphylactic reaction, our first aid and emergency management response procedures and the student's Individual Anaphylaxis Management Plan must be followed.

PURPOSE

- 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 their schooling
- To raise community awareness about allergies and anaphylaxis and our Anaphylaxis Management Policy
- To explain to Tatura Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Tatura Primary School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

Further information can be found in the Department of Education and Training's *Anaphylaxis guidelines: a resource for managing severe allergies in school*.

SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

POLICY

School Statement

Tatura Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth
- abdominal pain and/or vomiting (signs of a severe allergic reaction to insects)

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

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

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline auto-injector for use in an emergency. These adrenaline auto-injectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Tatura Primary School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal of Tatura Primary School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Tatura Primary School and where possible, before the student's first day.

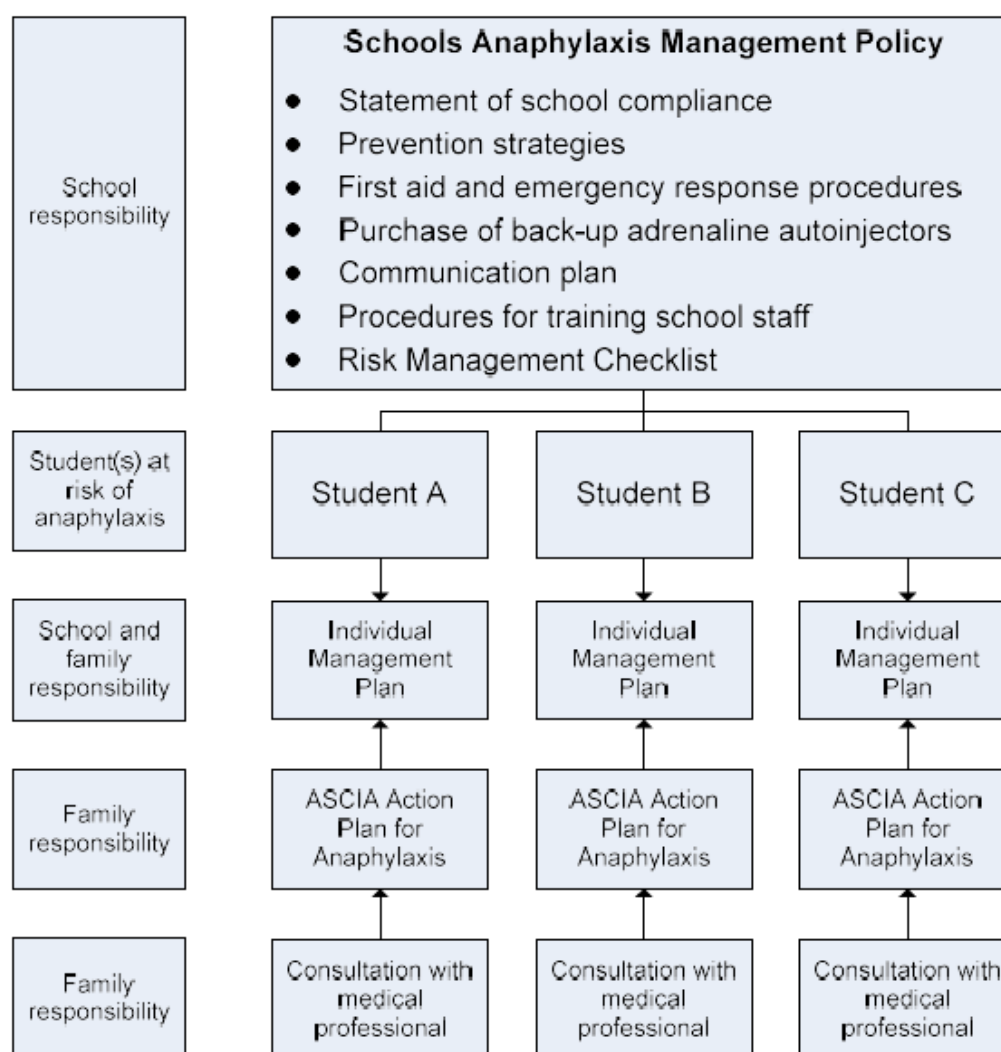
Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline auto-injector for the student that has not expired
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

The interaction between the school's anaphylaxis management policy and each student's Individual Anaphylaxis Management Plan is diagrammatically represented in the picture below, including the responsibilities of the School and the student's family.



Review and updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Location of plans and adrenaline auto-injectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at sick bay, together with the student's adrenaline auto-injector. Adrenaline auto-injectors must be labelled with the student's name.

All student anaphylaxis medication will be stored in a plastic container, clearly labelled in sick bay. TPS has purchased two general use EpiPen auto injectors, in case of emergency. These are to be stored in Sick Bay.



Risk Minimisation Strategies

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

Minimisation of the risk of anaphylaxis is everyone's responsibility, including the Principal, all school staff, parents, students and the broader school community. In line with Department of Education and Training guidelines, Tatura Primary School does not place a blanket ban on nuts or other potentially allergenic foods or items, as this can create complacency within the school community and we cannot eliminate the presence of all allergens. A list of recommended strategies can be found within the DET guidelines

<http://www.education.vic.gov.au/Documents/school/teachers/health/AnaphylaxisGuidelines.pdf>

The school has considered risk Minimisation and Prevention Strategies for all attendees 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
- during recess and lunchtimes
- before and after school

- special events including incursions, sports, fetes, concerts, cultural days, excursions and camp
- See Appendix A for specific preventative strategies.

To reduce the risk of a student suffering from an anaphylactic reaction at Tatura Primary School, we have put in place the following strategies:

- staff and students are regularly reminded to wash their hands after eating;
- students are discouraged from sharing food
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- gloves must be worn when picking up papers or rubbish in the playground;
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- two general use EpiPen will be stored at the sick bay school for ease of access.
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

Adrenaline autoinjectors for general use

Tatura Primary School will maintain a supply of adrenaline auto-injectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline auto-injectors for general use will be stored at Sick Bay and labelled “general use”.

The principal is responsible for arranging the purchase of adrenaline auto-injectors for general use, and will consider:

- the number of students enrolled at Tatura Primary School at risk of anaphylaxis
- the accessibility of adrenaline auto-injectors supplied by parents
- the availability of a sufficient supply of auto-injectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline auto-injectors, and the need for general use adrenaline auto-injectors to be replaced when used or prior to expiry.

Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school’s general first aid procedures, emergency response procedures and the student’s Individual Anaphylaxis Management Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the ES staff member responsible for first aid and stored at sick bay. For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline auto-injectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none">• Lay the person flat• Do not allow them to stand or walk• If breathing is difficult, allow them to sit• Be calm and reassuring• Do not leave them alone• Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at sick bay• If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
2.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none">• Remove from plastic container• Form a fist around the EpiPen and pull off the blue safety release (cap)• Place orange end against the student's outer mid-thigh (with or without clothing)• Push down hard until a click is heard or felt and hold in place for 3 seconds• Remove EpiPen• Note the time the EpiPen is administered• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction. Refer to page 41 of the [Anaphylaxis Guidelines](#).

Communication Plan

This policy will be available on Tatura Primary School's website so that parents and other members of the school community can easily access information about Tatura Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Tatura Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Tatura Primary School's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

Staff training

DET training requirements that we must follow can be found online at

<http://www.education.vic.gov.au/school/principal/spag/health/Pages/anaphylaxis.asp#link81>

currently staff have been trained via option 2 – Course in First Aid Management of Anaphylaxis 22300 VIC. This course is provided by an RTO that has this course in their scope of practice and is paid for by each school. The training is valid for 3 years. TPS staff were trained early 2019. TPS will nominate two staff members as School Anaphylaxis Supervisors who will take on a coordination role with regard to anaphylaxis as well as undertake face-to-face training enabling them to assess their colleagues' ability to use an auto-injector (to be renewed every 3 years)

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including School Anaphylaxis Supervisor. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Tatura Primary School who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

The principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- Anaphylaxis Australia <http://www.allergyfacts.org.au>

REVIEW CYCLE AND EVALUATION

This policy was last updated & endorsed March 2019 and will be reviewed annually, or as required.

The principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

APPENDIX A

In-school settings

It is recommended that school staff determine which strategies set out below for various inschool settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment. Not all strategies will be relevant for each school.

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan for Anaphylaxis is easily accessible even in the adrenaline auto-injector is kept in another location.
2.	Liase with parents about food-related activities well ahead of time.
3.	Use non-treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Alternative treat boxes should be clearly labelled and only handled by the student.
4	Never give food from outside sources to a student who is at risk of anaphylaxis.
5	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or eggs' should not be served to students with milk or egg allergy and so forth.
7	Be aware of the possibility of hidden allergens in food & other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9.	Children with food allergy need special care when doing food technology. An appointment should be organised with the student's parents prior to the student undertaking this subject. Helpful information is available at: www.allergyfacts.org.au/images/pdf/foodtech.pdf
10.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

Canteens

1.	Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management & its implications for food handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to: ‘Safe Food Handling’ in the School Policy & Advisory Guide at: www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx helpful resources for food services available at: www.allergyfacts.org.au
2.	Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the principal determines in accordance with clause 12.1.2 of the Order, these individuals have up to date training in an anaphylaxis management training course as soon as practical after a student enrolls.
3.	Displays a copy of the student’s ASCIA Action Plan for Anaphylaxis in the canteen as a reminder to canteen staff and volunteers.
4.	Produces labelled ‘may contain traces of nuts’ should not be served to students allergic to nuts.
5.	Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a ‘may contain’ statement.
6.	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7.	Food banning is not generally recommended. Instead, a ‘no-sharing’ with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc)
8.	Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow’s milk products or peanuts.

Yard

1.	If a school has a student who is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the adrenaline auto-injector (i.e. EpiPen) & be able to respond quickly to an allergic reaction if needed.
2.	The adrenaline auto-injector & each student’s individual ASCIA Action Plan for Anaphylaxis must be easily accessible from the yard, & staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes) . Where appropriate, an adrenaline auto-injector may be carried in the school’s yard duty bag.

3.	Schools must have an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the school's emergency response procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4.	Yard duty staff must be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with severe allergies to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6.	Keep lawns and clover mowed and outdoor bins covered.
7.	Students should keep drinks and food covered while outdoors.

Special Events (e.g. sporting events, incursions, class parties, etc)

1.	If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline auto-injector to be able to respond quickly to an anaphylactic reaction if required.
2.	School staff should avoid using food in activities or games, including as rewards.
3.	For special events involving food, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.
5.	Party balloons should not be used if any student is allergic to latex.
6.	<p>If students from other schools are participating in an event at your school, consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. Agree on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host & visiting school.</p> <p>Students at risk of anaphylaxis should bring their own adrenaline auto-injector with them to events outside their own school.</p>

Out of school Settings

It is recommended that schools determine which strategies set out below for various out-of-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment. Not all strategies will be relevant for each school

Travel to and from school by school bus

- | | |
|----|--|
| 1. | <p>School staff should consult with parents of students at risk of anaphylaxis & the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from school on the bus. This includes the availability & administration of an adrenaline auto-injector. The adrenaline auto-injector and ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this child is deemed too young to carry an adrenaline auto-injector on their person at school.</p> |
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Field trips/excursions/sporting events

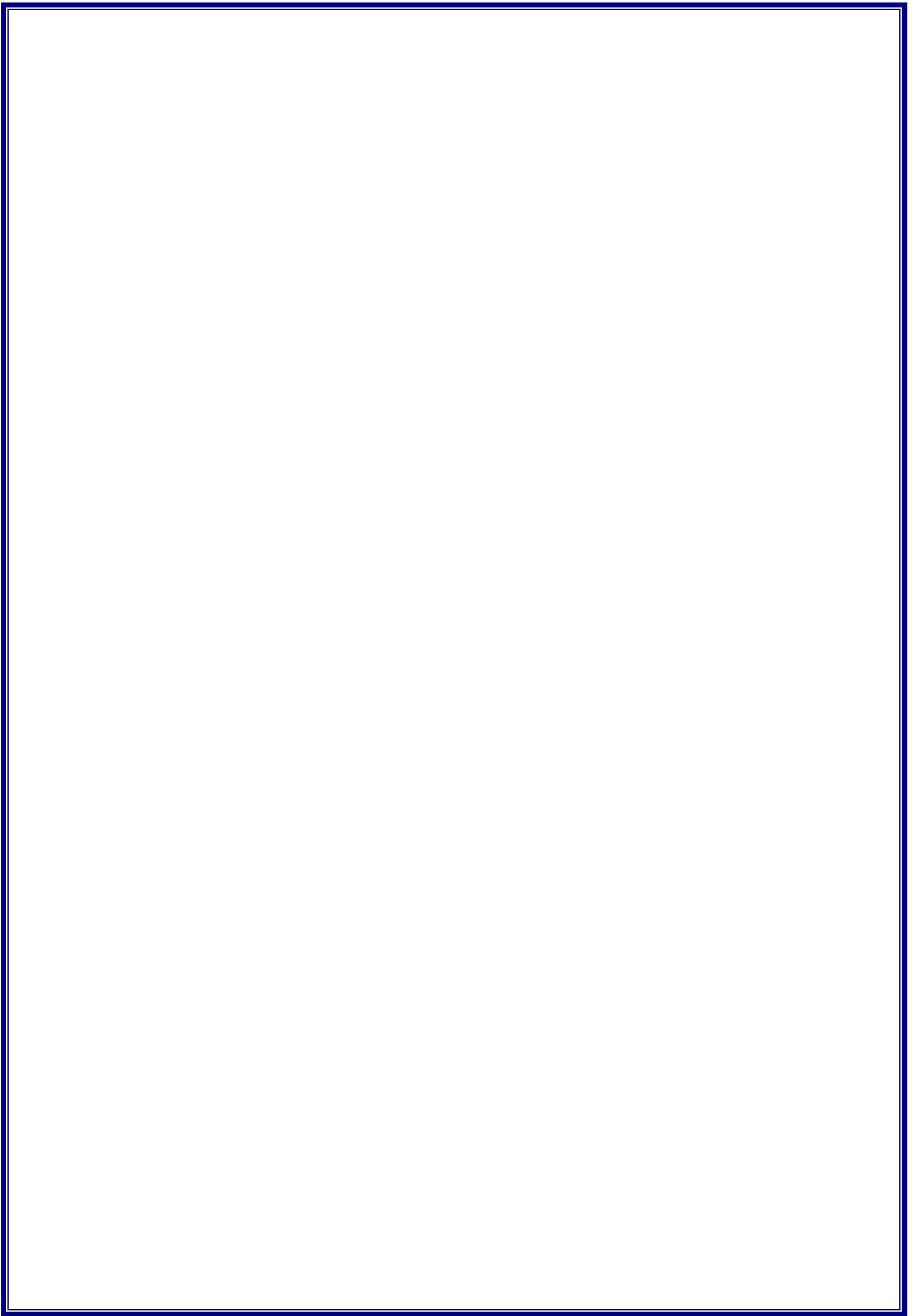
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|----|--|
| 1. | <p>If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline auto-injector and be able to respond quickly to an anaphylactic reaction if required.</p> |
| 2. | <p>A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector must accompany any students at risk of anaphylaxis on field trips or excursions.</p> |
| 3. | <p>School staff should avoid using food in activities or games, including as rewards.</p> |
| 4. | <p>The adrenaline auto-injector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible & school staff must be aware of their exact location.</p> |
| 5. | <p>For each field trip, excursion, etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.</p> <p>All school staff members present during the field trip or excursion need to be aware of the identify of any students attending who are at risk of anaphylaxis and be able to identify them by face.</p> |
| 6. | <p>The school should consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required)</p> |
| 7. | <p>Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.</p> |
| 8. | <p>Prior to the excursion taking place school staff should consult with the student's parents & medical practitioner (if necessary) to review the student's Individual</p> |

	Anaphylaxis Management Plan to ensure that it is up to date & relevant to the particular excursion activity.
9.	<p>If the field trip, excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles & responsibilities of the host & visiting school are clear.</p> <p>Students at risk of anaphylaxis should take their own adrenaline auto-injector with them to events being held at other schools.</p>

Camps and remote settings

1.	Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.
2.	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3.	Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools should have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4.	Schools should conduct a risk assessment & develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
5.	School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. <i>If these procedures are deemed to be inadequate, further discussions, planning & implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.</i>
6.	If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns in writing with the camp owner/operator & also consider alternative means for providing food for those students.
7.	Use of substances containing known allergens should be avoided altogether where possible.
8.	Camps should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but

	<p>not to students who are known to be allergic to nuts.</p> <p>If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.</p>
9.	Prior to the camp taking place school staff should consult with the student's parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date & relevant to the circumstances of the particular camp.
10.	<p>The student's adrenaline auto-injector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.</p> <p>All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plan AND plan emergency response procedures for anaphylaxis prior to camp & be clear about their roles and responsibilities in the event of an anaphylactic reaction.</p>
11.	Contact local emergency services & hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
12.	It is strongly recommended that schools take an adrenaline auto-injector for general use on a school camp (even if there is not student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
13.	Schools should consider purchasing an adrenaline auto-injector for general use to be kept in the first aid kit & include this as part of the emergency response procedures.
14.	Each student's adrenaline auto-injector should remain close to the student & school staff must be aware of its location at all times.
15.	The adrenaline auto-injector should be carried in the school first aid kit; however, schools can consider allowing students, particularly adolescents, to carry their adrenaline auto-injector on camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own adrenaline auto-injector.
16.	Students with allergies to insects should always wear closed shoes & long sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
17.	Cooking and art and craft games should not involve the use of known allergens.
18.	Consider the potential exposure to allergens when consuming food on buses and in cabins.



Appendix B: Individual Anaphylaxis Management Plan (example only)

Individual Anaphylaxis Management Plan

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

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

School	Tatura Primary School	Phone	58241684
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school & where stored			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		

Emergency care to be provided at school	Action taken as per student's ASCIA Action Plan: administer EpiPen
Storage location for adrenaline autoinjector (device specific) (EpiPen®)	Student's EpiPen to be stored in the First Aid Room along with the school back-up EpiPen

ENVIRONMENT

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

Name of environment/area: Classroom

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
<i>Exposure to allergens</i>	Supervise student eating	Teacher	Ongoing
	Inform class through note sent home asking students not to bring nuts or nut products and hard boiled eggs	Assistant Principal	As soon as practical
	Allergy friendly sign to be		

Name of environment/area: Excursions out of school

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
<i>Exposure to allergens</i>	Students EpiPen to be taken on excursion & located with the child at all times under the care of the supervising teacher. A back-up EpiPen will also be taken for all out of school activities	teacher	At each excursion
	A risk assessment, where applicable, will be carried out prior to the activity by the teacher/leader responsible for the activity	Teacher/Team Leader/Activity organiser	Prior to each excursion where applicable
	Copy of students ASCIA Action Plan and Management Plan to be taken on excursion and easily accessible (copy to be taken with auto-injectors)	Teacher/excursion coordinator	At each excursion
	School's back up pen to be taken on excursion (take one)	Teacher/excursion coordinator	At each excursion
	Eating (lunch/snacks) to be supervised where possible avoid using food in activities or games or as rewards	Teacher	At each excursion
	Students EpiPen and copies of their ASCIA Action Plan to accompany student on bus/transport to & from venue	Teacher	At each excursion
	Consult with parents in advance to discuss alternative menu/provision of alternative meals where applicable	Teacher	Prior to excursion, where applicable

Name of environment/area: Special Lunch Days


Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
<i>Exposure to allergens</i>	Organiser informed of student's condition	Parent requesting food	As required
	Minimise purchase of nut based products	Special Lunch Day organiser	Ongoing
	Special lunch orders labelled: Allergy- no substitutions	Parent	Ongoing

Name of environment/area: School Camps

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
<i>Exposure to allergens</i>	EpiPen and copy of Management Plan and ASCIA Action Plans to be taken on camp, along with a school back-up EpiPen and remain close to the student at all times	Teacher/Camp coordinator	At each camp
	School back up EpiPen to be taken on camp	Teacher/Camp coordinator	At each camp
	Student identified at meals- taken at a	Teacher/Camp	At each camp

	supervised table	coordinator	
	Risk analysis completed and camp staff, including kitchen staff notified of condition and allergens	Teacher/Camp coordinator	Prior to camp
	Consult with parents to ensure appropriate risk minimisation/management has taken place	Teacher/Camp coordinator	Prior to camp
	Teachers in charge of anaphylactic students on camp carry a mobile phone at all times	Teacher/Camp coordinator	At each camp
Name of environment/area: School-General including yard			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Exposure to allergens	Teachers trained in use of EpiPen twice yearly	Assistant Principal	Each semester
	Anaphylaxis Photo alert poster to be displayed in staffroom and first aid room, & CRT folders. A copy of the action plan for each child is also given to their classroom teacher	ES staff member responsible for First Aid	Start of year, updated as applicable
	It is recommended that all teachers on yard duty carry mobile phones in case of emergency 000	Teachers	Ongoing

APPENDIX C



www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____

Confirmed allergen(s): _____

Family/emergency contact name(s): _____


Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner: _____

I hereby authorise medication specified on this plan to be administered according to this plan

Signed:  _____

Date: _____

Action Plan due for review – date: _____

For use with adrenaline (epinephrine) autoinjectors

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

- 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
- Give adrenaline autoinjector
- Phone ambulance - 000 (AU) or 111 (NZ)
- Phone family/emergency contact
- Further adrenaline doses may be given if no response after 5 minutes
- 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.

How to give EpiPen® adrenaline (epinephrine) autoinjectors

- 

From flat around EpiPen® and PULL OFF BLUE SAFETY RELEASE
- 


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

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

EpiPen® is prescribed for children over 30kg and adults. EpiPen® is prescribed for children 10-30kg

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APPENDIX 3



www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: _____

Date of birth: _____

Confirmed allergen(s): _____

Family/emergency contact name(s): _____


Work P/c: _____

Home P/c: _____

Mobile P/c: _____

Plan prepared by medical or nurse practitioner on: _____

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

Signed: 

Date: _____

Action Plan due for review – date: _____

For use with adrenaline (epinephrine) autoinjectors

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

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- 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

Refer to the device label for instructions on how to give an adrenaline (epinephrine) autoinjector.

Instructions are also on the ASCIA website www.allergy.org.au/anaphylaxis

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 10-20kg.

- 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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