ANAPHYLAXIS MANAGEMENT POLICY

Purpose

RedGum – The Waldorf School of Central Victoria, is committed to implementing and following practices which protect the safety and wellbeing of our Students. RedGum will fully comply with Ministerial Order 706.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school-aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, certain insect stings and medications. Adrenaline given through an auto injector to the muscle of the outer mid-thigh is the most effective First Aid treatment for anaphylaxis.

The key to prevention of anaphylaxis at RedGum is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between the School and parents/guardians/carers are important in ensuring that certain foods or items are kept away from the student while at school. RedGum recognizes that it is difficult to achieve a completely allergen free environment in a school context.

The School recognises the importance of all individuals responsible for the student/s at risk of anaphylaxis undertaking training that includes preventative measures to minimise the risk of an anaphylactic reaction, recognition of the signs and symptoms of anaphylaxis and emergency treatment, including administration of an adrenaline auto injector

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.

Current Legislation Ministerial Order 706:

https://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf

- Education and Training Reform Act 2006
- Education and Training Reform Regulations 2007
- Children's Services and Education Legislation Amendment (Anaphylaxis Management)

Act 2008
- Public Health and Wellbeing Act 2008
- Health Records Act 2001
- Information Privacy Act 2000
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007

This Policy should be read in conjunction with the School's:

- First Aid Policy
- Emergency Management Plan 2022-2023

Aim

The aim of the Policy is:

- 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 the student's schooling.
- To raise awareness about allergies and anaphylaxis and RedGum's Anaphylaxis Management Policy in the school community.
- To actively engage with parents, guardians and carers of each student at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the School's Policy and Procedures in responding to an anaphylactic reaction.
- To ensure all relevant staff members are trained to respond appropriately if a student has an anaphylactic reaction.
- To ensure the school complies with current legislation including Ministerial Order 706 and the associated guidelines related to Anaphylaxis Management in schools as published and amended by The Department of Education and Training. (e.g. https://www2.education.vic.gov.au/pal/anaphylaxis/guidance)

Key elements:

Individual Anaphylaxis Management Plan (see appendix 1)

The Principal, will be responsible for ensuring that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parent(s)/guardian(s)/carer(s), for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis.

The Individual Anaphylaxis Management Plan will be in place after the student enrols, or as

soon as practicable after the student attends the School. Where possible, the individual Anaphylaxis Management Plan must be in place before the student's first day of attendance at the school.

The Individual Anaphylaxis Management Plan will set out the following:

- Information about the student's medical condition that relates to the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner) and the potential for anaphylactic reaction.
- Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School staff, for in-school and out-of-school settings, including camps and excursions and special events conducted by the school such as festivals and performances and events attended by the school, but not organised by the school.
- Staff responsible for implementing the strategies.
- Information on where the student's medication will be stored.
- The student's emergency contact details.
- An Australasian Society of Clinical Immunology and Allergy Action Plan for Anaphylaxis (referred to in this document as the ASCIA Action Plan for Anaphylaxis) (see appendix 2).

The student's individual Anaphylaxis Management Plan will be reviewed by the Principal, in consultation with the student's parents/guardians/carers:

- Annually.
- If the student's medical condition, insofar as it relates to allergy and potential for anaphylactic reaction, changes.
- As soon as possible following an anaphylactic reaction.
- When the student is to participate in an off-site activity (e.g school camp or excursion) or special event organised or attended by the school.

It is the responsibility of the parent/guardian to:

- Provide the ASCIA Action Plan for Anaphylaxis;
- Ensure that all details (especially contact details) are kept up-to-date and are correct and signed off;
- Inform the school in writing if their child's medical condition insofar as it relates to allergy and the potential for anaphylactic reaction changes, and if relevant provide an updated ASCIA Action Plan for Anaphylaxis;
- Provide an in-date Adrenaline auto-injector for their child;
- Provide anti-histamine if this is prescribed on the Action Plan;
- Provide the school with an up-to-date photo when the ASCIA Action Plan is provided or reviewed.

Risk Minimisation Strategies

School staff have a duty of care to protect a student in their care from risks of injury that are reasonably foreseeable. Implementation of appropriate prevention strategies will minimise the risk of incidents of anaphylaxis occurring.

For each student at risk of anaphylaxis, a list of risk minimisation strategies will be identified, incorporated into the student's Individual Anaphylaxis Management Plan and implemented by the School. These strategies relate to school-related activities:

- During all classroom related activities, including in all school buildings;
- Between classes and other breaks, including in the school yard;
- Before and after school, including on the school bus service;
- Special events including incursions, festivals, Spring Fair, sports days or class social events held at school;
- Camps and Excursions.

Within the classroom:

- A copy of the student's Individual Anaphylaxis Management Plan is easily accessible in the classroom and the location of the Adrenaline Auto-injector is known and easily accessible
- There is liaison with parents / carers about food-related activities ahead of time - Parents requested not to pack food containing known allergens;
- If food treats are used in class, it is recommended that parents / carers of students with food allergies provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student/teacher as age-appropriate;
- Food from outside sources is not given to a student who is at risk of anaphylaxis;
- There is an awareness of the possibility of hidden allergens in food and other substances used in cooking, science and art classes – Household/recycled items that may contain allergens are avoided;
- Regular discussions are held with students about the importance of washing hands, eating their own food and not sharing food - children are briefed regularly on the dangers of sharing food and the serious impact this could have for some children;

Within the playground:

- We 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. All yard duty staff carry emergency cards in yard duty bags and a 'walkie talkie'. All staff on yard duty are aware of the school's emergency response procedures and how to notify the Office/First Aid Officer of an anaphylactic reaction in the yard.
- The Adrenaline Auto-injector and each student's Individual Anaphylaxis Management

Plan will be easily accessible from the yard, and staff will be aware of their exact location;
- All staff should be able to recognise the students at risk of anaphylaxis. To assist, the photographs of all students at risk will be placed in the yard duty bags;
- In the event of an incident, the yard duty teacher will seek assistance by sending for help, or calling 000, whereupon the first aider on duty will collect the relevant Anaphylaxis kit from the office and implement the "Action" directives of the ASCIA Anaphylaxis Plan;
- Students eating food outside will only be permitted to eat around their classroom on the porch area.

Special events – Excursions and Camps

- Staff attending these special events should be trained in the use of the Adrenaline Auto-injector in order to respond quickly if and when required;
- Where meals are provided, School Staff should consult parents / carers in advance to either develop an alternative food menu or request the parents / carers to send a meal for the student;
- Parents / carers 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;
- A First Aid kit in which can be found a photograph of the student and containing the student's Individual Anaphylaxis and ASCIA emergency management plans, their Adrenaline Auto-injector and any other relevant items will be in the possession of a trained supervising adult who will accompany the student and be in their close proximity at all times during the course of any special event;
- For each excursion/ special event, 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;
- All School Staff members present during the excursion/special need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face;
- Prior to engaging a camp owner / operator's services the School should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner / operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider;
- The camp cook and / or those in charge of the kitchen and catering facilities should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food

allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.;
- No eating / drinking occurs on the bus, in line with bus company policy.

*Note that when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is 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 events conducted, organised or attended by the school, the principal must ensure that there is sufficient number of school staff present who have been trained in accordance with clause 12.

School Management and Emergency Response/Treatment Processes

Student Records

All students at risk of anaphylaxis have their ASCIA plans and Individual Anaphylaxis Management Plans stored on the School Student Database – ENGAGE (Student Profile DMS Medical).

The number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy with the potential for anaphylactic reaction is **three**.

Names & Class	Triggers	Location of their Epipen devices
Student A – Class Prep	Walnuts and pecan nuts	In Prep classroom 2022
Student B– Class Prep	Peanuts and eggs	In Prep classroom 2022
Student C– Class 3	ALL Nuts (and also has Asthma)	In classroom 3 2022

ASCIA Action Plan for Anaphylaxis

ASCIA Action Plan for students at risk of anaphylactic reactions can be downloaded from the School Student Database – ENGAGE (Student Profile DMS Medical). Additionally, copies of the ASCIA plans are kept in the Wellness Room, Emergency Management Bag, Staff Room, Principal's Office and Student's Classroom.

Parents/guardians are required to supply a student Anaphylaxis Kit which includes:

- a current Adrenaline Auto-injector, clearly labelled with the student's name
- anti-histamine if prescribed on the Action Plan
- the student's ASCIA Action Plan for Anaphylaxis.

Storage and Location of Adrenaline Auto-Injectors

Adrenaline is light and heat sensitive and should be stored in the tube provided at room

temperature. RedGum will store Adrenaline Auto-injectors such that they are protected from light and NOT refrigerated.

Adrenaline Auto-injectors at School

Student's Individual Anaphylaxis Kit at School

The student's individual Anaphylaxis Kits are located in the Student's classroom in the teacher's desk/marked cupboard/marked first aid shelf - The adrenaline autoinjectors that have been provided by parents are easily accessible in this location.

Copies of Individual **Anaphylaxis** Management Plans and ASCIA plans for the students at risk of Anaphylaxis are located in the:

- **Staff room** -on wall in plastic A4 folder next to buddy bag
- Wellness room -**Expandex folder**
- Junior Yard Bag 1 (green Color) **Library**
- Junior Yard Bag over oval 2 (green color) **Library**
- Senior Yard duty Bag (Blue color) **Library**
- Excursion bag 1 (green color/in wellness room in cupboard under sink)
- Excursion bag 2 (green color/in wellness room in cupboard under sink)

General use/ backup EpiPens (Adrenaline auto-injectors) are located:

- Wellness room in the unlocked first aid cabinet
- Staff room in the black buddy bag on wall

The Principal is responsible for arranging for the purchase of additional adrenaline autoinjectors for general use and as back up to those supplied by parents and will consider:

- the number of students enrolled at RedGum at risk of anaphylaxis;
- the accessibility of adrenaline autoinjectors supplied by parents;
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events;
- the limited life span of adrenaline autoinjectors (which usually expires within 12-18 months), and the need for general use adrenaline autoinjectors to be replaced at the school's expense when used or prior to expiry, whichever is first;
- In the event that it is not possible to gain access to the Student's Individual Anaphylaxis kit in a timely manner;
- In the event that a student exhibits the signs and symptoms of anaphylaxis and does not carry their own Adrenaline Auto-injector;
- In the event that a second or subsequent dose of adrenaline is required (given only on instruction of Registered Nurse, doctor, paramedic, 000 operator unless a remote camp site with appropriate First Aid training).

* Note that the Principal is responsible for arranging for the purchase of additional adrenaline autoinjectors for general use and as back up to those supplied by parents.

* Note that adrenaline autoinjectors have a limited life, usually expiring within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

Adrenaline Auto-injectors at School Camps/School Excursions

- Staff must download the student ASCIA Action Plan for Anaphylaxis from the School Database – ENGAGE (Student Profile DMS Medical) and this information must be carried by the supervising staff member as a hardcopy
- **Student's Individual Anaphylaxis Kit on School Camps/School Excursions**

  The student's Anaphylaxis Kit is to travel with the supervising staff member or by agreement with the parent/guardian, the student carries their Anaphylaxis Kit with them

General use Adrenaline Auto-injectors

A general use Adrenaline Auto-injector will be placed in the First Aid kit accompanying the supervising staff member when a student with diagnosed anaphylaxis participates in the activity.

Copies of Individual Anaphylaxis Management Plans and ASCIA plans for the students at risk of Anaphylaxis accompany staff, along with a First Aid kit and individual EpiPen, during any off-site or out of school activities, including on excursions, school camps and at special events conducted, organized or attended by the school.

Emergency response to an Anaphylactic Reaction in the classroom, playground, or on a School Camp/Excursion:

* Note that 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 and emergency response procedures and the student's ASCIA Action Plan

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS

- ☐ Difficult or noisy breathing
- ☐ Swelling of tongue
- ☐ Swelling or tightness in throat
- ☐ Difficulty talking or hoarse voice
- ☐ Wheeze or persistent cough

- ☐ Persistent dizziness or collapse
- ☐ Pale and floppy (young children)

In the situation where a student appears to be having an anaphylactic reaction, staff must:

- Commence First Aid, lay the person flat (if breathing is difficult allow student to sit up)
- Seek assistance from another staff member or reliable student to locate the students' adrenaline auto-injector and their ASCIA Action Plan for Anaphylaxis, or the school's general use auto-injector (if student's plan is not immediately available/they appear to be experiencing a first-time reaction)
- Administer Adrenaline Auto-injector
- Immediately call an ambulance (000 or mobile 112)
- Further adrenaline doses may be given every 5 minutes if no improvement or severe symptoms progress
- Contact Admin Office (ph 54792000 or mobile 040712508 or if on site ext2020 or by walky talky)
- Contact the student's parent(s)/guardian(s) or, if unavailable, the student's emergency contact
- Notify the Principal

Note: If in doubt, it is better to use an adrenaline auto-injector 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.

Monitoring and Review

The Principal will conduct a review following a student experiencing an anaphylactic reaction and report to the Principal or their nominee.

The Adrenalin Auto-injector is to be replaced by the parent as soon as possible.

The First Aid Officer will arrange an interim plan ensuring access to a general use Adrenalin auto-injector until the student's own is supplied.

The student's Individual Anaphylaxis Management Plan reviewed with parents

The School's Anaphylaxis Management Policy including risk assessments and preventative strategies reviewed.

Regular reviews of the Adrenaline Auto-injectors are to be carried out by the First Aid Officer or their nominee to ensure they are in date, are not discoloured, and do not have substances floating in them.

Students should have their Adrenaline Auto-injector on school premises at all times. If it is identified that a student's Adrenalin Auto-injector is out of date then the First Aid Officer or their nominee will contact the parent in writing one month before the expiry date requesting

immediate replacement.

Communication Plan

The Principal is responsible for ensuring a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy. The Principal or School Anaphylaxis Supervisor is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and RedGums procedures for anaphylaxis management during normal school activities including in the classroom, in the school yard, and in all school buildings including the Multi Purpose Hall.

Information regarding students with anaphylaxis is communicated in the following ways:

- ASCIA Action Plans for Anaphylaxis and Individual Anaphylaxis Management Plans are available on the Student Database – ENGAGE (Student Profile DMS).
- ASCIA Action Plans are displayed in the Staffroom, Principal's Office, the Admin Office and the relevant Classrooms
- Staff will be briefed by the Principal or School Anaphylaxis Supervisor at the beginning of each Semester at an all-staff meeting, identifying known anaphylactic students and their Individual Anaphylaxis Management Plan. This briefing will be repeated with any new staff who commence throughout the course of the Term.
- 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 including their role in responding to an anaphylactic reaction and where required, the identity of students at risk.
- This policy will be available on the school's website so that parents and other members of the school community can easily access information about RedGum anaphylaxis management procedures.
- The parents and carers of students who are enrolled at RedGum and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.
- Parents will also be provided with general information about the school's Anaphylaxis Management Policy through the weekly update, class meetings and emails, and at enrolment.
- Parents will be directly communicated with in relation to individual student anaphylaxis Management matters via telephone, email and in person. The Principal and Student Care Leader will be responsible for such communication.
- Casual Relief Teachers are provided with a class list which will include any relevant medical alerts including life threatening allergy
- Volunteers will be briefed by their supervisor about any students of concern in their care (including students at risk of anaphylaxis), and, where the Principal determines in

accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrols Volunteers are not to be left in sole charge of a group of students; they must always have access to RedGum staff and support in case of an emergency.

Class teachers are encouraged to discuss the topic with students with an emphasis on the following key messages:

Student messages about anaphylaxis	
1.	Always take food allergies seriously - severe allergies are no joke.
2.	Don't share your food with friends who have food allergies.
3.	Wash your hands after eating.
4.	Know what your friends are allergic to.
5.	If a school friend becomes sick, get help immediately.
6.	Be respectful of a school friend's Adrenaline auto-injector.
7.	Don't pressure your friends to eat food that they are allergic to.

The Student Care Leader will visit each classroom (by arrangement with the class teacher) every semester to do an age appropriate “show and tell” of the EpiPen and what students can do in the event that a student is having an Anaphylactic episode

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis is to be treated as a serious and dangerous incident and treated accordingly.

An anaphylactic reaction can be traumatic for the student and others witnessing the reaction. In the event of an anaphylactic reaction, students and staff may benefit from post-incident debriefing and support provided by someone with appropriate skills.

Staff Training

The Principal is responsible for ensuring staff are trained in accordance with requirements as listed below.

- All RedGum staff will participate in briefing twice per calendar year delivered by the

school's trained Anaphylaxis Supervisor service provider who has up to date Anaphylaxis Management Training at a full staff meeting (note that the staff member must have completed the anaphylaxis management training course in the two years prior). These briefings will include:

- The School Anaphylaxis Management Policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of students diagnosed as at risk of anaphylaxis and their Individual Management plan
- How to use an adrenaline auto-injecting device (Adrenaline Auto-injector), including hands on practice with a trainer adrenaline autoinjector.
- The School First Aid and emergency response procedures (including calling an Ambulance)
- The location of Adrenaline Auto-injectors that have been provided by parents/guardians and are not carried by the student
- The location of Adrenaline Auto-injectors for general use

Every three years on the term one planning day, all RedGum Staff will participate in Level 2 first aid training which covers 22578VIC First Aid Management of Anaphylaxis, delivered by an external Registered Training Organisation. Staff who are absent at this training, will be required to attend an external training session with a Registered Training Organisation and provide evidence of successful completion.

The following staff will undertake additional formal training:

- First Aid Officer
- All teaching staff
- Administration staff who have responsibility for students with a medical condition that relates to allergy and the potential for anaphylactic reaction
- Any further staff that the Principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while the student is under the care or supervision of the school.

Training will be one of the following two options:

1. an Anaphylaxis Management Training Course in the three years prior (22578VIC, 10313NAT)
2. an online anaphylaxis management training course in the two years prior (ASCIA e-training for Victorian Schools and verified by anaphylaxis supervisory staff that have completed Course in Verifying the Correct Use of Adrenaline Auto-injector Devices 22579VIC,).

A register of staff qualifications and expiry dates will be maintained by the Business Manager on the Staff Database ENGAGE.

In the event that the briefing or training has not occurred as required, the Principal will ensure

an interim plan is developed (in consultation with parents) put in place to provide appropriate Duty of Care for all students. A plan for briefing and training to occur as soon as possible will be put in place.

If in any doubt, for all anaphylaxis management enquiries, (including the implementation of MO706), the school will call the Royal Children's Hospital Anaphylaxis Advisory Line on 1300 725 911 or (03) 9345 4235.

Annual Risk Management Checklist

The Principal will monitor compliance with Ministerial Order 706 by completing an Annual Anaphylaxis Risk Management Checklist (Refer to Appendix 3) published by the Victorian Department of Education and Early Childhood Development). This annual checklist will be conducted before the end of Term 1 and copies will be kept by the Business Manager.

Responsibilities

The Principal has overall responsibility for the implementation of this policy and is the key point of contact at the School if you have any concerns.

Document Control

Document ID	Anaphylaxis Management Policy
Owner/Approver:	
Author:	H Bridgwood
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Version History

Version	Effective Date	Description of changes from previous version	Authors
1.0	2021		H Bridgwood
2.0	October 2022	Updated re compliance with VRQA requirements	N Johnson
2.1	December 2024	Formatting and addition of Document control	H Ashwell
2.2	January 2026	New name, logo, fonts and colours	H Ashwell

CASTLEMAINE STEINER SCHOOL & KINDERGARTEN

Appendix 1 – Individual Anaphylaxis Management Plan Template

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

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		**Phone**	
Student			
DOB		**Year level**	
Severely allergic to:			
Other health conditions			
Medication at school			
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				
Storage location for adrenaline autoinjector (device specific) (EpiPen® or Anapen®**)**				
ENVIRONMENT				
To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.				
Name of environment/area:				

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

Attach a completed ASCIA Action Plan (Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan from:

http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis

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

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines	
Signature of parent:	
Date:	
I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of principal (or nominee):	
Date:	

Appendix 2 – ASCIA Plan Template

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

ascia

www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

_____

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

Whilst this plan does not expire, review is recommended by _____

Signed: _____

Date: _____

How to give EpiPen®

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

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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

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

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

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

ACTION FOR ANAPHYLAXIS

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

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

IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR

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

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

Asthma reliever medication prescribed: ☐ Y ☐ N

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

© ASCIA 2023 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

Appendix 3 – Annual Anaphylaxis Risk Management Checklist

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

Annual risk management checklist

(to be completed at the start of each year)

School name:	
Date of review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	

General information	
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?	
2. How many of these students carry their adrenaline autoinjector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	☐ Yes ☐ No
a. If Yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	☐ Yes ☐ No
a. If Yes, how many students?	
b. If Yes, how many times	
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	☐ Yes ☐ No

a. If Yes, how many times?	
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	☐ Yes ☐ No
SECTION 1: Training	
7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (22578VIC or 10710NAT) within the last 3 years?	☐ Yes ☐ No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	☐ Yes ☐ No
9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	☐ Yes ☐ No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen® and Anapen®)?	☐ Yes ☐ No

b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen® and Anapen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	☐ Yes ☐ No
SECTION 2: Individual Anaphylaxis Management Plans	
11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	☐ Yes ☐ No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	☐ Yes ☐ No
13. 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	☐ Yes ☐ No
b. In canteens or during lunch or snack times	☐ Yes ☐ No
c. Before and after school, in the school yard and during breaks	☐ Yes ☐ No
d. For special events, such as sports days, class parties and extra-curricular activities	☐ Yes ☐ No
e. For excursions and camps	☐ Yes ☐ No
f. Other	☐ Yes ☐ No
14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	☐ Yes ☐ No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	☐ Yes ☐ No

16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	☐ Yes ☐ No
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	☐ Yes ☐ No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	☐ Yes ☐ No
20. Is the storage safe?	☐ Yes ☐ No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	☐ Yes ☐ No
22. Are the adrenaline autoinjectors easy to find? Comments:	☐ Yes ☐ No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	☐ Yes ☐ No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	☐ Yes ☐ No

25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	☐ Yes ☐ No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	☐ Yes ☐ No
27. Has the school signed up to EpiClub (optional free reminder services)?	☐ Yes ☐ No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	☐ Yes ☐ No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	☐ Yes ☐ No
30. Where are these first aid kits located? Do staff know where they are located?	☐ Yes ☐ No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	☐ Yes ☐ No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	☐ Yes ☐ No
SECTION 4: Risk Minimisation strategies	
33. 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?	☐ Yes ☐ No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	☐ Yes ☐ No
35. Are there always sufficient school staff members on yard duty who have	☐ Yes ☐ No

current Anaphylaxis Management Training?	
SECTION 5: School management and emergency response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	☐ Yes ☐ No
37. Do school staff know when their training needs to be renewed?	☐ Yes ☐ No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	☐ Yes ☐ No
a. In the class room?	☐ Yes ☐ No
b. In the school yard?	☐ Yes ☐ No
c. In all school buildings and sites, including gymnasiums and halls?	☐ Yes ☐ No
d. At school camps and excursions?	☐ Yes ☐ No
e. On special event days (such as sports days) conducted, organised or attended by the school?	☐ Yes ☐ No
39. Does your plan include who will call the ambulance?	☐ Yes ☐ No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	☐ Yes ☐ No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	☐ Yes ☐ No
a. The class room?	☐ Yes ☐ No
b. The school yard?	☐ Yes ☐ No
c. The sports field?	☐ Yes ☐ No
d. The school canteen?	☐ Yes ☐ No

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

anaphylaxis and the school's policies?	
a. To school staff?	☐ Yes ☐ No
b. To students?	☐ Yes ☐ No
c. To parents?	☐ Yes ☐ No
d. To volunteers?	☐ Yes ☐ No
e. To casual relief staff?	☐ Yes ☐ No
49. Is there a process for distributing this information to the relevant school staff?	☐ Yes ☐ No
a. What is it?	
50. How will this information kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	☐ Yes ☐ No
52. What are they?	