



Anaphylaxis Management Policy

Policy Development and Management

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Rationale

It is important that all students are safe at Northside Christian College, as set out in the Student Pastoral Care Policy (Policy no. 12). This safety extends to those students with allergies and health related issues, in this instance specifically, allergies that may result in anaphylaxis. In achieving this, the College will comply with Ministerial Order 706 and all associated guidelines published and amended by the Department of Education and Training from time to time.

Northside Christian College will undertake to support the health care needs of all students with severe medical conditions and will respect the confidentiality and dignity of students with these conditions.

Any student enrolled in the College with a severe medical condition will be required to have an Individual Health Management Plan signed by their treating medical practitioner outlining the management of their particular condition and Risk Minimisation Plans and Communication Plans will be developed in consultation with the student and their family as well as treating practitioner and the College.

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

- a) Share information regarding the student's medical condition;
- b) Prevent an anaphylactic incident; and
- c) If such an incident occurs, to respond in a timely, informed and appropriate manner.

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 the student's schooling. This extends to all College learning environments (onsite and off-site).
- To raise awareness about anaphylaxis and the College's anaphylaxis management policy in the College community
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the College's policy and procedures in responding to an anaphylactic reaction.
- To remain compliant with *Ministerial Order 706: Anaphylaxis Management in Victorian Schools* and the guidelines on anaphylaxis management.

Anaphylaxis

Definitions

- **Adrenaline Autoinjector Device:** A spring-loaded device with a predetermined dose of adrenaline for use in severe allergic reactions.
- **Adrenaline Autoinjector for General Use:** A 'Back-up' or 'unassigned' Adrenaline Autoinjector purchased by the College.
- **Anaphylaxis:** is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in College aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.
- **Anaphylaxis Management Training Course:** This means:

- A course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the *National Vocational Education and Training Regulator Act 2011* (Cth) that includes a competency check in the administration of an Adrenaline Autoinjector;
 - A course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an Adrenaline Autoinjector;
 - A course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an Adrenaline Autoinjector; and
 - Any other course approved by the Secretary to the Department for the purpose of this Order as published by the Department.
- **Antihistamine:** Medication which may be used to relieve some signs and symptoms of allergy by assisting to reverse the inflammatory process in the body.
 - **ASCIA:** Australasian Society of Clinical Immunology and Allergy, the peak professional body of clinical immunology and allergy in Australia and New Zealand.
 - **ASCIA Action Plan:** This plan is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device specific; that is, they list the student's prescribed Adrenaline Autoinjector (EpiPen®/Anapen®300 or EpiPen®Jr/Anapen®150) and must be completed by the student's Medical Practitioner. This plan is one of the requirements of the student's Individual Anaphylaxis Management Plan.
 - **Communication Plan:** A plan developed by the College which provides information to all College Staff, students and parents about anaphylaxis and the College's Anaphylaxis Management Policy.
 - **Emergency Anaphylaxis Kit:** Clearly labeled insulated container with Adrenaline Auto Injector Device, copy of Anaphylaxis Action Plan and other medications as prescribed.
 - **Individual Anaphylaxis Management Plan:** An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's Parents. The Individual Anaphylaxis Management Plan includes the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's Adrenaline Autoinjector should the student display symptoms of an anaphylactic reaction.
 - **Order:** *Ministerial Order 706 - Anaphylaxis Management in Schools* (effective 3rd December 2015 and last updated in 2016).

The key to prevention of anaphylaxis in the College, is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between the College and all parents/guardians are important in ensuring that certain foods or items are kept away from the student while at College, and that adrenaline is available and if necessary given through an Adrenaline Auto Injector Device into the muscle of the outer mid thigh as it is the most effective first aid treatment for anaphylaxis.

It is therefore important that Northside Christian College provide, as far as practicable:

- Safe and supportive environments in which students at risk of anaphylaxis can participate equally in all aspects of the student's education and to raise awareness about anaphylaxis and the College's anaphylaxis management policy in the College community.
- A forum in which to engage with parents / carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.

Individual Anaphylaxis Management Plans

The Principal or his / her delegate will ensure that an Individual Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. (See Appendix 1)

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls and where possible before their first day of the school year.

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

It is the responsibility of parents to alert the College to any special medical needs of their child and to ensure that the appropriate medications and information from doctors is supplied to the College as the College requires this to be able to adequately provide appropriate duty of care to the student. A recent colour photo is also required to be supplied by the parents and will be attached to the Action Plan to assist with identification of the child at risk.

The individual Anaphylaxis Management Plan will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of College Staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the College;
- the name of the person(s) responsible for implementing the strategies;
- information on where the student's medication will be stored;
- the student's emergency contact details; and
- an ASCIA Action Plan.

The student's Individual Management Plan will be reviewed, in consultation with the student's parents/ carers:

- annually, and as applicable,
- 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 the College; and
- 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 College (e.g. Class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of the parent to:

- Provide the emergency procedures plan (ASCIA Action Plan).

- Inform the College 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.
- Provide an up to date colour photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the College and when it is reviewed.
- Provide the College with an Adrenaline Autoinjector that is current and not expired for their child. The prescribed medications should be provided in an insulated, named container.

It is also the responsibility of the parents/carers to make sure that the medications are not out of date, and that medications are replenished within reasonable time frames. If the Adrenaline Auto Injector Device has expired and has not been replaced the student will be excluded from College until the correct and current medication is supplied to the College.

Notation will be made in the Communication Plan and on the Action Plan regarding the location in which the medication is stored.

Communication Plan

The Principal or his/her delegate will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the College's anaphylaxis management policy. (See Appendix 2)

The Communication Plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the College yard, on College excursions, on College camps and special event days.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed about students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by the Director of Learning or Principal as appropriate.

A list of 'at risk' students with their photographs will be regularly updated and kept in the staff room.

Sample correspondence with parents and guardians is documented in Appendix 3 and 4.

Staff Training

Teachers and other College staff who conduct classes, which students at risk of anaphylaxis attend, or give instruction to students at risk of anaphylaxis, must have up to date training in a recognised anaphylaxis management training course. (See Appendix items 5, 7 and 8)

The Principal will consider whether volunteers at the College and regular casual relief teachers should also undertake training.

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

Training will be provided to all currently employed staff in Anaphylaxis Management 21827VIC and certificates issued by the Registered Training Organisation. This will be provided to all staff as part of the 3 year rotation First Aid Training Schedule and will be updated twice yearly. The College's first aid procedures and students emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

All staff will be briefed twice yearly by a staff member who has up to date anaphylaxis management training on:

- the College's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis and where their medication is located
- how to use an auto adrenaline injecting device, including hands-on practice with a trainer Adrenaline Autoinjector (which does not contain adrenaline);
- the College's first aid and emergency response procedures

A member of staff who has current anaphylaxis training must conduct the briefing. For the purpose of this policy, and the Order, this means that the member of the College Staff has successfully completed an Anaphylaxis Management Training Course in the previous 12 months.

Teachers and staff at Northside Christian College will be regularly checked for competency in the use of the Adrenaline Auto Injector Device and staff training will be undertaken as necessary.

Casual relief staff and other staff will be instructed by the Principal or his or her delegate on arrival if there is a child at risk in the class they will be conducting.

Note: A DVD is available from an information pack that can be used for this purpose of staff briefings.

Note: Page 42 of the Anaphylaxis Guidelines for Victorian Government Schools has advice about strategies to raise staff and student awareness, working with parents/carers and engaging the broader College community.

Online Training Model

In 2016, the Victorian Department of Education and Training (Vic DET) introduced a new online training model for all schools in Victoria, which is a free alternative for training staff in schools on anaphylaxis management. Ministerial Order 706 and the associated anaphylaxis guidelines will be updated to include the option of the new Victorian online anaphylaxis training.

ASCIA anaphylaxis e-training VIC was developed in November 2015. Under the new online training model, it is recommended that all Victorian school staff undertake the new Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training for Victorian Schools once every 2 years. This course is free of charge for all Victorian school staff and can be accessed at: <https://etrainingvic.allergy.org.au>. It will take approximately 1 hour to complete.

In order to meet legislative requirements staff will also need to have their competency in using an autoinjector (e.g. EpiPen) tested in person within 30 days of completing the course.

The Principal will need to identify one or more College staff to become School Anaphylaxis Supervisors who will undertake competency checks of staff who have completed the ASCIA Anaphylaxis Training for Victorian Schools. These staff may be a school first aid officer, other health and wellbeing staff, or senior teachers.

School Anaphylaxis Supervisors will need to complete an accredited short course that teaches them how to supervise a competency check of those who have completed the online course. This accredited course is the Course in Verifying the Correct Use of Adrenaline Auto-Injector Devices 22303VIC.

If the College chooses the online training model, a minimum of two staff (per school or school campus) are required to:

- undertake the new verifier course
- assess and certify the competent use of adrenaline auto-injectors by their colleagues after they complete the ASCIA Training
- perform the role of School Anaphylaxis Supervisors who will lead the anaphylaxis management requirements within each school, including the twice-yearly school briefings.

From Term 1, 2016, the Asthma Foundation commenced training in the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC. (See Appendix items 7 and 8)

Anaphylaxis Communication Procedure

In case of an anaphylaxis occurring, the following procedure should be followed:

The College's first aid and emergency response procedures and the student's Anaphylaxis Management Plan must be followed.

The staff member on duty should perform basic first aid (DRSABCD) and send another staff member or student to contact the College Office to alert First Aid staff of the location of the emergency and child's name and other relevant details if known (i.e. accidentally ingested allergen).

If the student is not carrying their Anaphylaxis Emergency Kit, the staff member on duty will locate the student's own Adrenaline Auto Injector Device kit, unassigned Adrenaline Auto Injector Device and mobile phone and will proceed to the emergency without delay. The College Office may also need to give further instructions to the staff member attending the emergency.

All students will be excluded from the area in which treatment is being conducted.

The staff member will carry out appropriate treatment following the instructions contained in the student's Anaphylaxis Action Plan (ASCIA) and will notify the Ambulance service and parents as appropriate.

The treating staff member will then notify the Principal and organise a debrief for all staff members concerned.

Prevention Strategies

The College will ensure that risk minimisation and prevention strategies are in place for all relevant in-school and out-of-school settings, which include (but are not limited to) the following:

- during classroom activities (including specialist and elective classes);
- between classes and other breaks;
- in the canteen;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

Classrooms	
1.	Copy of the student's Individual Anaphylaxis Management Plan kept in the Office and in Home Group classrooms.
2.	Liaison with parents about food-related activities ahead of time
3.	Use non- food treats where possible, but if food treats are used it is recommended that the parents provide a treat box
4.	Never give food from outside sources to a student who is at risk of anaphylaxis
5.	Treats from other students in class should not contain the substances to which the student is allergic
6.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy
7.	Awareness of possible hidden allergens in food and other substances used in cooking, food technology, science and art classes
8.	Ensure all cooking utensils, preparation dishes, plates and knives/forks etc. are washed and cleaned thoroughly after preparation of food and cooking
9.	Regular discussions with students about the importance of washing hands, eating their own food and not sharing food
10.	The Director of Learning / Principal should inform relief teachers, specialists teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and EpiPen, the College's Anaphylaxis Policy and each person's responsibility in managing an incident

Food and Food Technology

Staff members should have an explicit knowledge of students and their respective allergies and have a Risk Minimisation Plan in place.

If a cooking / food activity is undertaken, staff are required to implement a Risk Management Plan to ensure that the student is not exposed to any known trigger factors that may cause an anaphylactic incident. Provision is made in the Food Technology department to keep separate utensils for use of those students with known severe allergies. These are to be stored and cleaned separately.

There should not be any nut or nut based products used in Food Technology. Recipes used should be chosen to reflect the needs of the students based on any known allergy. Students at risk of an anaphylactic reaction caused by foods should only consume or handle food supplied by parents or stipulated to be safe when compared to the medically authorised Anaphylaxis Action Plan. These students should also only use the utensils which are stored separately and these utensils should be washed in the storage container to avoid cross contamination.

If a staff member suspects a student may have been accidentally exposed to a known allergen, notify the Office immediately and monitor the student following basic first aid procedures – i.e. DRSABCD.

Canteen (if in operation)	
1.	Canteen Supervisor to be trained in food allergen management and its implications on food handling practices
2.	Canteen Supervisor briefed about students at risk of anaphylaxis and where the Principal determines, have up to date training in an Anaphylaxis Management Training Course
3.	Display the student's name and photo in the canteen as a reminder to staff
4.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts
5.	Canteen provides a range of healthy meals/products that excludes peanuts or other nut products in the ingredient list
6.	Tables and surfaces are wiped down regularly
7.	No-sharing of food approach is adopted
8.	Awareness of contamination of other foods when preparing, handling or displaying food

School Grounds	
1.	Sufficient supervision of a student who is at risk of anaphylaxis by a staff member who is trained in the administration of EpiPens
2.	EpiPens and Individual Anaphylaxis Plans are easily accessible from the school grounds
3.	A communication plan is in place for Staff on Staff Duty so medical information can be retrieved quickly and all staff are aware how to inform the First Aid Co-ordinator if an anaphylactic reaction occurs during recess or lunch time.
4.	Staff on duty can identify those students at risk of anaphylaxis
5.	Students with anaphylactic responses to insects are encouraged to stay away from water or flowering plants
6.	Lawns are regularly mowed and bins are covered
7.	Students are to keep drinks and food covered while outdoors

Special Events	
1.	Sufficient staff who have been trained in the administration of an Epi-Pen are supervising students
2.	Avoid using food in activities or games
3.	Consult parents in advance for special events to either develop an alternative food menu or request the parent to send a meal for the student at risk
4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk and request that they avoid providing students with treats whilst they are at a special school event
5.	Party balloons are not to be used if a student is allergy to latex

Special Events and College Functions

If food provided for College functions contains nuts or nut products, or may contain traces of nuts, appropriate identification labels should be placed on the serving dish with the items in question. The cleaning method of utensils and serving trays should be considered to avoid any cross contamination. It is the expectation though that these foods are to be avoided.

Out of School Settings

Excursions / Camps / Tours	
1.	Risk Assessment for each individual student attending
2.	Staff trained in administering an EpiPen are to attend
3.	Appropriate methods of communications must be discussed
4.	Identify the location of the EpiPen ie. Who will carry it, how will it be delivered to the student
5.	Individual Anaphylaxis Management Plans and EpiPens are to be easily accessible and staff must be aware of their location
6.	Risk assessment of the excursion/camp/tour must be completed prior to departure
7.	Staff in charge should consult parents of anaphylactic students in advance to discuss issues that might arise, to develop an alternative food menu or request the parent provide a meal (if required)
8.	Review the Individual Anaphylaxis Management Plan prior to departure to ensure that it is up to date and relevant to the particular excursion/camp/tour
Camps or Remote Settings	
1.	Northside Christian College attempts to only use providers / operator services who can provide food that is safe for anaphylactic students
2.	Conduct a risk assessment and develop a risk management strategy for students (in consultation with parents and camp operators) at risk of anaphylaxis
3.	Staff in charge should consult with parents of students at risk to ensure appropriate risk minimisation strategies are in place
4.	The College will consider alternative means of providing food for at risk students if there are concerns about whether food provided on camp will be safe for students at risk of anaphylaxis
5.	The use of substances containing allergens should be avoided where possible
6.	The Student's EpiPen and action plan must be taken on camp and a mobile phone. If there is no mobile phone access, alternative methods e.g. Satellite phone will be considered.
7.	EpiPens should remain close to the students and staff must be aware of its location at all times
8.	Students with anaphylactic responses to insects should wear closed shoes and long-sleeve garments when outdoors and are encouraged to stay away from water and flowering plants
9.	General use EpiPens are included in camp first aid kits
10.	Consider exposure to allergens when consuming food during travel on bus / plane / etc. and whilst in cabins / tents / dormitories / etc.
11.	Cooking and art and craft games should not involve the use of known allergens

College Camps

Students will not be encouraged to take snacks and other food or drink items to camp. If they are found to have these items with them they may be confiscated by the teacher in charge and returned to the owner on their return to College as there is potential exposure to allergens when consuming food on buses and in cabins. Students should be encouraged to have a healthy diet on camp to avoid susceptibility to illness.

Cooking and art and craft games should not involve the use of known allergens. The use of peanut or tree nut products, including nut spreads should be avoided. Products that 'may contain traces of nuts' may be served but not to students who are known to be allergic to nuts.

Camp providers must be contacted and notified in advance of any students with food allergies. College staff should liaise with the camp provider regarding local emergency services in the area and be aware of how to access them i.e. suitability of phone access.

Mobile phones are available to be taken on camps if needed.

The following information is available in Edumate:

- A complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- The information contained in Individual Anaphylaxis Management Plans; (Original plans located in the College Office).

It is the responsibility of the Teacher-In-Charge of the camp or excursion to ensure that all relevant medical information, medicines and equipment are available and that all supervisors and staff members are familiar with those students at risk of anaphylaxis.

First time / Unknown Anaphylaxis

If a student presents with signs and symptoms of a severe allergic reaction the attending staff member must immediately call 000.

They must inform the Ambulance Service that the College has purchased unassigned Adrenaline Auto Injector Device for emergency treatment.

The staff member must then alert the Office and immediately implement the appropriate DRSABCD emergency response.

Parents and Emergency services must be notified immediately following the administration of medication.

Where possible, only College Staff with training in the administration of the Adrenaline Autoinjector should administer the student's Adrenaline Autoinjector. However, it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.

Back-Up Adrenaline Autoinjectors for General Use

The Principal of the College is responsible for arranging for the purchase of additional Adrenaline Autoinjector(s) for General Use, and as back up to Adrenaline Autoinjectors supplied by Parents of students who have been diagnosed as being at risk of anaphylaxis.

The Principal will also need to determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal should take into account the following relevant considerations:

- the number of students enrolled at the College who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of Adrenaline Autoinjectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the College including in the school yard, and at excursions, camps and special events conducted, organised or attended by the College; and
- the Adrenaline Autoinjectors for General Use have a limited life, and will usually expire within 12-18 months, and will need to be replaced at the College's expense either at the time of use or expiry, whichever is first.

It is recommended that Adrenaline Autoinjectors for General Use be used when:

- a student's prescribed Adrenaline Autoinjector does not work, is misplaced, out of date or has already been used; or
- when instructed by a medical officer after calling 000.

Annual Risk Management Checklist

Under the College's Anaphylaxis Management Policy the Principal must complete an annual anaphylaxis Risk Management Checklist to monitor their compliance with the Order, these Guidelines, and their legal obligations. (See Appendix 6)

It is recommended that the School's annual Risk Management Checklist for anaphylaxis contain questions relating to the following:

- background information about the School and students identified at risk of anaphylaxis;
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans;
- storage and accessibility of Adrenaline Autoinjectors;
- prevention strategies used by the College to minimise the risk of an anaphylactic reaction;
- College's general first aid and emergency response procedures for when an allergic reaction occurs at all on-site and off-site School activities; and
- communication with College Staff, students and parents.

Legal Obligations

Education and Training Reform Act 2006

Section 4.3.1(6)(c) of the Act requires that a School which has enrolled a student in circumstances where the School knows, or ought reasonably to know, that the student has been diagnosed as being at risk of anaphylaxis, to develop an anaphylaxis management policy which contains all of the matters required by the Order.

Ministerial Order 706

The Order, which is effective from 3rd December 2015, is made under ss 4.3.1, 5.2.12, 5.10.4 and clause 11 of Schedule 6 of the Act. Ministerial Order 90 is also repealed with effect from 22 April 2014. A copy of the Order is available on the link below. The purpose of the Order is to specify the matters that Schools applying for registration and Registered Schools must contain in their anaphylaxis management policy for the purposes of s 4.3.1(6)(c) of the Act.

Duty of Care

All College Staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. In relation to anaphylaxis management, the School and its Staff have a duty to take reasonable steps to inform themselves as to whether an enrolled student is at risk of anaphylaxis. In order to discharge their duty of care, School Staff should comply with their obligations under the Act, the Order and Guidelines as well as the College's Anaphylaxis Management Policy.

Disability Discrimination Legislation

Anaphylaxis falls within the definition of disability for the purposes of both the *Equal Opportunity Act 2010* (Vic) and the *Disability Discrimination Act 1992* (Cth). This means that Schools must ensure that they do not unlawfully discriminate, either directly or indirectly, against students with anaphylaxis.

Outside School Hours Care programs

The Ministerial Order does NOT apply to outside school hours care (OSHC) programs, whether run by the school or an external provider. The Education and Care Services National Law Act 2010 specifies that an 'outside school hours service' is an 'education and care

service', and the requirements relating to the management of anaphylaxis are contained in Regulation 90(1)(a) of the Education and Care Services National Regulations.

Responsibilities

The Principal has overall responsibility for the implementation of this policy.

Evaluation

This policy will be reviewed as part of the College's three-year review cycle.

Related Policies

- Camps and Excursions Policy
- First Aid Policy
- Medications Policy
- Pastoral Care Policy

References

Department of Education and Early Childhood Development. (2016, August). *Anaphylaxis Management in Schools*. Retrieved from <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>

Ministerial Order 706. (2015, December). Retrieved from [http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis MinisterialOrder706.pdf](http://www.education.vic.gov.au/Documents/school/teachers/health/Anaphylaxis_MinisterialOrder706.pdf)

Document History

- Endorsed in May 2014
- Updated by the Deputy Principal in February 2017 to reflect changes to Ministerial Order 706 to allow for online training model

Appendix 1

Sample Individual Anaphylaxis Management Plan

Name: <Student Name>

School: Northside Christian College

Home Group: Year <insert>

Allergens: <insert>

Medications: <insert>

Other health conditions: <insert>

<u>Parent/ Guardian</u>	<u>Parent/ Guardian</u>	<u>Emergency Contact</u> (if parent/ Guardian not available)
Name: <insert> Relationship: <insert> Home Phone: <insert> Work Phone: <insert> Mobile Phone: <insert> Address: <insert> Suburb: <insert>	N Name: <insert> Relationship: <insert> Home Phone: <insert> Work Phone: <insert> Mobile Phone: <insert> Address: <insert> Suburb: <insert>	Name: <insert> Phone: <insert> Mobile: <insert> Address: <insert> Suburb: <insert>

Medical Practitioner Contact: <insert>

Phone: <insert>

Action Plan signed by <insert> on <insert date>

Emergency care to be provided at school: Follow Action Plan as provided (updated plan provided <insert date>).

Nominee (staff member) to stay with <insert student name> at all times, another staff member to locate Epipen and return it to Nominee who will then administer does if severe reaction, second staff member to phone ambulance if Epipen is administered. Contact parents/ emergency contact when practical.

Epipen Storage:

In the Administration Office, on the wall, inside a clear bag with <insert student name> name clearly on the front. <insert student name> has an Epipen stored in the front pocket of his bag.

The following Anaphylaxis Management Plan has been developed with my knowledge and input and will be reviewed on: <insert date> (Parent-Student-Teacher Interview Evening)

Signature of Parent/ Guardian

Signature of Principal (or nominee)

Date

Date

Last updated: <insert date> by <insert Staff Member>

Anaphylaxis Management Plan: Strategies to Avoid Allergens

Name: _____ Home Group: _____

Allergens: _____

Medications: _____

<u>Risk</u>	<u>Strategy</u>	<u>Responsibility</u>
Accidental exposure to food allergens	Eat food in classroom with teacher supervision (Primary School students)	Classroom teacher
	Send letter home to all students in a particular year level specifying that we have a person with anaphylaxis in that year level. Letter indicates that the school would strongly advise the avoidance of allergens (i.e. peanut based products) being brought to school by anyone in that year level	First Aid Officer Director of Learning
	Have own treats box for class parties and rewards	Family to provide and keep box stocked
Accidental exposure to allergen through items other than direct food ingestion	Ask parents to avoid sending boxes or containers that have previously contained any nut products for classroom activities (i.e. art classes) or storage purposes.	College
	Correct induction of relief teachers and volunteers to the school	Director of Learning
Having EpiPen® available for emergency use	Parents requested prescribed EpiPen® be kept in the First Aid Office as some classrooms are locked at certain times.	Parents First Aid Officer
Expiry of EpiPen®	Keep a register and register all pens on EpiClub® data base	First Aid Officer Parents
Staff training and competency	All staff are to undertake training twice on a 12 monthly basis	Principal Trainer
	Staff to prove competency before excursions or camps with EpiPen® trainer pen	Director of Learning
Lack of recognition of child at risk	Action plans with photos displayed appropriately with parental consent (classroom)	Director of Learning (please see end of page)
	Staff addressed at staff meetings to discuss condition and medication needs	Principal Director of Learning
	Health issues discussed at interview for enrolment	Principal

	Medical alert booklets distributed to all staff and included in information folders for casual relief teachers	Director of Learning
	After school hours staff trained and medical alert booklets distributed	Principal
	On excursions it is recommended that student wears red wrist band and identification tag to signify and specify allergy warning	First Aid Officer Class teacher
College Canteen	All children's Anaphylaxis plans are to be displayed and kept for identification reference for students purchasing food at the canteen.	First Aid Officer to supply copies of plans with photo's
College Canteen - Lunch orders	Students at risk of anaphylaxis must supply a kit comprising of sealed container, chopping board, knife suitable for spreading and cutting to canteen manager, labeled correctly and stored for these occasions.	Parents
Casual relief teachers (CRT's) may not know student has anaphylaxis	Display action plan in room Have 'at risk' folder on display and make sure they read it prior to attending class	Principal Director of Learning
CRT may not be trained in the administration of EpiPen®	Make sure that CRT attends First Aid Office to be trained by Registered trainer on staff and is familiar with communication plan	Principal Director of Learning
Outside school hours care (OSHC)	All children's Anaphylaxis plans are to be displayed and kept for identification reference for students participating in outside school hours care program.	Principal Director of Learning

Do you consent to your child's photo being displayed for staff notification purposes within the College?

YES / NO

Your preference for the regular storage of your child's EpiPen® would be: (please tick one option)

☐ In the classroom ☐ On their person ☐ In the First Aid Office ☐ Other _____

Appendix 2

Communication Plan

This Communication Plan defines the procedures that should be taken when responding to an anaphylactic reaction by a student.

At all times the treating staff member must follow the DRSABCD principles of first aid and must also consider the other students who may be affected by witnessing this event.

Debriefing of staff and students must be considered after any such event.

IN THE CLASSROOM

- Teacher to call for support from the teacher next door.
- Support teacher to contact the Office for assistance and to locate the EpiPen® which may be stored in the Office or in the school room or students bag.
- A staff member must administer the EpiPen® and other medication as required/indicated by the Anaphylaxis Action Plan.
- Call for Ambulance and notify parents. Staff member to stay with patient and reassure, supporting staff member to direct ambulance to student via closest entry point.

IN THE SCHOOL YARD

- Where there is no other staff member available, yard duty teacher sends another child to call for the closest teacher. The yard duty teacher also has access to a walkie-talkie for emergency situations.
- Teacher nearby to locate the EpiPen® kit and notify the Office and ask for assistance.
- A staff member must administer the EpiPen® and other medication as required/indicated by the Anaphylaxis Action Plan.
- Call for Ambulance and notify parents. Staff member to stay with patient and reassure, supporting staff member to direct ambulance to student via closest entry point.

SPORTS EVENTS

- Students are required to take their EpiPen® kit to all sport classes and sporting events on or off campus.
- The teacher in charge must check that the student has their EpiPen® Kit with them prior to class commencing.
- A staff member must administer the EpiPen® and other medication as required/indicated by the Anaphylaxis Action Plan.
- Call for Ambulance and notify parents. Staff member to stay with patient and reassure, supporting staff member to direct ambulance to student via closest entry point.

ON SCHOOL EXCURSIONS

- The teacher in charge must check that the student has their EpiPen® Kit with them prior to setting off on the excursion. The student must wear the Anaphylaxis ID badge while on excursion.

- Risk assessment must reflect the number of students on excursion with Anaphylaxis and procedures to be followed.
- A staff member must administer the EpiPen® and other medication as required/indicated by the Anaphylaxis Action Plan.
- Call for Ambulance and notify parents. Staff member to stay with patient and reassure
- Teacher in charge will contact the ambulance and the parents.

ON SCHOOL CAMP

- The teacher in charge must check that the student has their EpiPen® Kit with them prior to setting off on the camp.
- Risk assessment must reflect the number of students on camp with Anaphylaxis and procedures to be followed.
- If the camp is in a remote area or in an area with little mobile phone reception, Teacher in charge must make prior arrangements with the Office regarding taking a non-assigned EpiPen® and satellite phone.
- A staff member must administer the EpiPen® and other medication as required/indicated by the Anaphylaxis Action Plan.
- Call for Ambulance and notify parents. Staff member to stay with patient and reassure
- Teacher in charge will contact the ambulance and the parents.

AMBULANCE 000

Appendix 3

SAMPLE COMMUNICATION

To: PARENTS OF STUDENTS WITH ANAPHYLAXIS

Dear Parents and Guardians.

As part of Northside Christian College's on-going commitment to the support of children with Anaphylaxis, a Risk Management document and Communication Plan has been compiled for your child. A copy of this document is enclosed and must be returned to the College after signing. If any amendments are needed, or if you wish to discuss the contents of this document further, please feel free to contact Mr Michael Bond on (03) 9467 2499 at your earliest convenience.

While every effort is made to minimise the risk to your child whilst at the College, we ask that parents also take the responsibility of educating their children in relation to their specific triggers and the symptoms they may experience, so they will be aware that they must seek help should accidental exposure occur. As most children have their EpiPen® and other medication stored in the Administration Office it is imperative that the child is instructed to either come straight to the Administration Office, seek the closest teacher for help or to send someone to the Office for help. Storage of the EpiPen® and antihistamine medication in the Office is entirely optional and is only held there at the request of the parents, however, we are more than happy for your child to take responsibility for their own medication should you so desire and we can discuss the transition with you at any time.

A copy of your child's Anaphylaxis action plan will be displayed in the class roll as well as in the Office and in the staff room. All Anaphylaxis Action Plans must be updated regularly and should not be more than one year old. It is also the parent's responsibility to ensure that the EpiPen® has not expired. On receipt of this letter please check with the Administration Office regarding the status of both the Action plan and the EpiPen®.

A new Anaphylaxis Action Plan has also been included with this package, and I would like to draw your attention to the recent changes in administration of the EpiPen® and EpiPen® Jnr.

I would also like to introduce to you a free registration service offered by Alphapharm; the distributors of the EpiPen® and EpiPen® Jnr. EpiClub is an internet service on which you can register your child's name, EpiPen® number and expiry date. When the EpiPen® is due to expire you will then be advised either by email, regular mail or SMS, giving you ample time to organise a new prescription. The website for this information is: www.epiclub.com.au.

Thank you for taking the time to read this information and again, if you have any enquiries regarding any of these matters please do not hesitate to contact the Office.

Yours sincerely,

Michael Bond
Deputy Principal

Doug Holtam
Principal

SAMPLE COMMUNICATION

TO: ALL PARENTS OF STUDENTS IN YEAR X

RE: ANAPHYLAXIS

Dear Parents and Guardians,

Anaphylaxis (pronounced *anna-fill-axis*) is a severe allergic reaction that can be caused by foods, insect stings, medications, latex or other substances. While anaphylaxis can lead to death if untreated, anaphylactic reactions and fatalities can be avoided. Education and awareness is the key to keeping students with potentially life-threatening allergies safe.

At Northside Christian College, we have several children who are at risk for potentially life-threatening allergies. There have been three children identified as 'at risk' in your child's year level. Most are allergic to foods - in particular nuts – but the children in this year level are also affected by cow's milk, eggs and wheat. With this in mind we are requesting that parents do not send peanut or nut based products to school. This does not just apply to the lunch box but also to materials used for projects and art in particular those that have labels with 'may contain traces of nuts'.

At Northside Christian College we have adopted the Department of Education Anaphylaxis Guidelines as our College's policy which is designed to ensure that children at risk are identified, strategies are in place to minimize the potential for accidental exposure, and staff and key volunteers are trained to respond in an emergency situation.

We strongly suggest that you take this request seriously in order to reduce the risk of accidental exposure to these students. While we cannot claim to be 'nut free', we do wish to minimize risk as it is proven that 8-16% of all cases of anaphylaxis occur due to accidental exposure in the child care and school setting.

Further information may be obtained from the school Office or the following links:
www.allergy.org.au or www.allergyfacts.org.au

Thank you for your cooperation in this matter.

Yours sincerely,

Michael Bond
Deputy Principal

Doug Holtam
Principal

Appendix 5

Anaphylaxis Training Requirements

School staff must complete **one** of the following options to meet the anaphylaxis training requirements of MO706:

Option	Completed by	Course	Provider	Cost	Valid for
Option 1	All school staff	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
	AND 2 staff per school or per campus (School Anaphylaxis Supervisor)	<i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years
Option 2	School staff as determined by the principal	<i>Course in First Aid Management of Anaphylaxis 22300 VIC (previously 22099VIC)</i>	St John Ambulance or any RTO that has this course in their scope of practice	Free from St John Ambulance (for government schools) until 30/6/16, then paid by each school	3 years
Option 3	School staff as determined by the principal	<i>Course in Anaphylaxis Awareness 10313NAT</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years

School staff undertaking First Aid qualifications might complete the following courses from a qualified private provider:

- *Provide First Aid - HLTAID003* (every 3 years)

OR

- *Provide an emergency first aid response in an education and care setting - HLTAID004* (every 3 years).

In addition, CPR refresher training after 12 and 24 months:

- *Cardiopulmonary Resuscitation (CPR) - HLTAID001.*

These courses may contain some information about anaphylaxis but they do not meet the requirements of MO706. Similarly, the ASCIA e-training course does not replace the need to ensure appropriate numbers of staff are trained as first aid officers.

Online Anaphylaxis Training Strategy: A Summary

Victoria is moving to an online model for anaphylaxis training using the Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training for Victorian schools. A small number of staff in each school will also undertake a short course to be able to assess other staff's competency in using an autoinjector in person.

It is recommended that ALL Victorian school staff undertake the ASCIA course. The course is available for free online for all Victorian school staff.

What are the legal requirements in relation to Anaphylaxis training for Victorian schools?

- The *Education Training and Reform Act 2006* and Ministerial Order (MO706) prescribe the range of anaphylaxis training courses that school staff can select from and must undertake if they:
 - conduct classes with students with a medical condition relating to allergy and who have the potential for anaphylactic reaction; and/or
 - are identified by the school principal based on their assessment of the risk of an anaphylactic reaction occurring while a student is under their care.
- MO706 and the Departmental Policy have recently been amended to make provision for the ASCIA e-training course and autoinjector competency check training.

Why the change?

- Experts and stakeholders showed wide support for the move to the ASCIA online training model, citing greater:
 - flexibility for school staff to access training at their own convenience, reducing the burden on schools to release staff in large groups to attend face-to-face training
 - quality and consistency of the training and greater capacity to efficiently update course content to reflect evolutions in technology and best practice
 - alignment with NSW and QLD (who already utilise the ASCIA course)
 - capacity and efficiency in meeting the fluctuation in training demand.

What will be the ongoing requirements for schools?

In order to maintain ongoing compliance with MO706 schools will be required to ensure that:

- new or existing staff members who commence working with a child or young person who is at risk of an anaphylactic reaction, undertake the ASCIA e-training course and have their competency in using an autoinjector checked by a **School Anaphylaxis Supervisor**. *Please note it is recommended that all school staff complete the ASCIA e-training course and competency check every two years*
- two **School Anaphylaxis Supervisors** from each campus complete the autoinjector competency check training and make themselves available to staff to undertake the competency checks and deliver the mandatory twice yearly briefings (autoinjector competency check training will need to be refreshed every three years).
- a new **School Anaphylaxis Supervisor** is nominated and trained in the event that existing Supervisors move on, take extended leave or relinquish their role. In the event that there is no one available within a school to undertake the competency checks (due to staff turnover and/or staff awaiting training) schools should work within their networks to identify qualified staff at nearby schools to undertake these checks.

How will the online training strategy be implemented and what do schools need to do to comply with training requirements?

- The Asthma Foundation Victoria has been contracted by the Department to deliver the Course in Verifying the Correct Use of Autoinjectors at no cost to government schools.
- Over Terms 1 and 2, 2016 the Asthma Foundation will contact schools seeking nominations (two staff members from each campus) and to advise of training dates.
- These staff will perform the role of **School Anaphylaxis Supervisor** and be the contact for anaphylaxis management requirements in the schools.
- Once nominated staff have completed the autoinjector competency check training it is recommended that ALL school staff complete the ASCIA e-training course. The course is now available via the ASCIA website at <https://etrainingvic.allergy.org.au>
- To enable a smooth transition, and in the event that a school staff member has not yet completed the autoinjector competency check training, the existing St John Ambulance face-to-face course will continue to be funded and available to Government schools until June 2016. Schools wishing to continue face-to-face training beyond June 2016 may do so at their own costs. *Suggested transition and implementation options for schools are detailed on the reverse side of this hand out.*

A new online training strategy

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



On advice from experts and stakeholders the Department is implementing a new best practice online training strategy. From Term 1, 2016 school staff will be able to access Departmentally funded ASCIA e-training at their own convenience.



Once staff have completed the ASCIA e-training they will need to have their competency in using an autoinjector tested in person. In Term 1, 2016 every school will be asked to provide the names of 2 staff members from each campus to fulfil the role of **School Anaphylaxis Supervisor**, who will undertake funded auto-injector competency check training, so they can verify the competency of the staff in their school.



Online Anaphylaxis Training Strategy: A Step-by-Step Implementation Guide



In Victoria all school staff working with a student who is deemed at risk of an anaphylactic reaction are required to undertake anaphylaxis training. In 2016 Victoria is moving to an online model for anaphylaxis training, utilising the Australasian Society of Clinical Immunology and Allergy (ASCIA) e-training course. In addition a small number of staff in each school will undertake a short course to be able to assess other staff's competency in using an autoinjector in person. The online course and autoinjector competency check training will be free for Victorian government schools.



The suggested steps below are provided to support Victorian government schools to move to the online training model. The table below also includes some tips and implementation options which may make the transition easier in your school and will help to support your staff to comply with the new requirements.

Step One

School Principal (or delegate) to **disperse anaphylaxis training information** (provided to schools in the Anaphylaxis training information pack and available via the [Department's website](#)).



*Your school's twice-yearly briefing on your anaphylaxis management policy could be used as an opportunity to share the information in the factsheets and discuss training requirements.**

**All Victorian schools are required to undertake a twice yearly briefing, have a comprehensive anaphylaxis management policy and complete an annual risk management checklist.*

For further information on these requirements see the [Department's Anaphylaxis Policy](#)

Step Two

Over Terms 1 and 2, 2016 Schools will be contacted by the Asthma Foundation and asked to **select two staff within the school to undertake face-to-face autoinjector competency check training** (approximately 2 hours in duration).

*Nominated staff will perform the role of **School Anaphylaxis Supervisors** and will also assume responsibility for the mandatory twice-yearly briefings.*

When making a nomination consider utilising your health and wellbeing staff, staff with high levels of first aid competency and staff who are likely to remain at the school.



Step Three

Once nominated staff have complete their competency check training, it is recommended that the school principal (or delegate) **request that all staff** (prioritising those working with a student deemed at risk of an anaphylactic reaction) **undertake the ASCIA e-training** (also available via the [Department's website](#)).

School staff could be encouraged to complete the course on their own within their own non-teaching hours.

Alternatively, time could be set aside for staff to complete the course within a group settings (this may promote timely completion of the course, although each staff member would need access to a computer).



Step Four

Staff trained in undertaking the autoinjector competency checks should **undertake checks for all school staff who have completed the ASCIA e-training within 30 days**.

The bulk of the competency checks could be undertaken in a group setting (for example prior to, or at the conclusion of a staff meeting or briefing).

School Anaphylaxis Supervisors will also need to make themselves available for individual appointments for staff who need to undertake the online training during the year.



Step Five

Principal (or delegate) to **check that all staff who are required to undertake the ASCIA e-training and competency check have done so**. Action should be taken to ensure that all staff working with a student who is deemed at risk of an anaphylactic reaction are trained.

Please note that in Terms 1 and 2, 2016, staff will still be able to access a funded place at the St John Ambulance face-to-face training. This may be necessary if the autoinjector competency check training has not yet been rolled out in your area and you have untrained staff members working with a student deemed at risk of an anaphylactic reaction.

Alternatively in the event that trained staff are unavailable to undertake competency checks, consider seeking support from a school in your network.

Step Six

Principal (or delegate) to **ensure that staff refresh their online training every 2 years and that Anaphylaxis Supervisors complete autoinjector competency check training every 3 years**.

Principal (or delegate) to also ensure that any new staff complete the online training and undergo a competency check.

Consider sending reminders to staff, utilising induction processes to highlight training requirements to new staff and using the twice-yearly briefings to remind staff of their obligations to keep their training up to date.



Should you require advice or support with complying with the anaphylaxis legislation and/or in developing individual management plans for each child at risk of anaphylaxis please contact the Departmentally funded Anaphylaxis Support Line, hosted by the Royal Children's Hospital on 1300 725 911

Appendix 6

Annual Risk Management Checklist

School Name:	Northside Christian College	
Date of Review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name	
	Position	
Comments:		
General Information		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?		
2. How many of these students carry their Adrenaline Autoinjector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
4. Have any students ever had an Anaphylactic Reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
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	

Section 1: Training	
7. Have all College staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an approved Anaphylaxis Management Training Course, either: <ul style="list-style-type: none"> • ASCIA e-training within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, why not as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in a twice yearly briefing? If no, why as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 day of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 2: Individual Anaphylaxis Management Plans	
12. 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
13. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. 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
15. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the College (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

a. Where are the Action Plans kept?	
16. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have the Individual Management Plans (for students at risk of anaphylaxis) been reviewed prior to any off site activities (such as sport, camps or special events), and where appropriate reviewed in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 3: Storage and Accessibility of Adrenaline Autoinjectors	
18. Where are the student(s) Adrenaline Autoinjectors stored?	
19. Do all College Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is the storage unlocked and accessible to School Staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are the Adrenaline Autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. 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
25. 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
26. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. 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
28. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

29. 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
30. 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
31. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 4: Prevention Strategies	
34. 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
35. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why not as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Section 5: School Management and Emergency Response	
37. 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
38. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. 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
40. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

41. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. 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
43. 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
44. Who will make these arrangements during excursions?	
45. Who will make these arrangements during camps?	
46. Who will make these arrangements during sporting activities?	
47. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. 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

Section 6: Communication Plan

49. 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
50. 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?	
51. How is this information kept up to date?	
52. 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
53. What are they?	

Appendix 7

Anaphylaxis Management: School Training Checklist



This checklist is designed to assist schools to understand their role and responsibilities regarding anaphylaxis management and to be used as a resource during the delivery of *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC*.

Principal

Stage	Responsibilities	✓ or ✗
Ongoing	Be aware of the requirements of MO706 and the associated guidelines published by the Department of Education and Training.	
Ongoing	Nominate appropriate school staff for the role of School Anaphylaxis Supervisor at each campus and ensure they are appropriately trained.	
Ongoing	Ensure all school staff complete the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> every 2 years, which includes formal verification of being able to use adrenaline autoinjector devices correctly.	
Ongoing	Ensure an accurate record of all anaphylaxis training completed by staff is maintained, kept secure and that staff training remains current.	
Ongoing	Ensure that twice-yearly Anaphylaxis School Briefings are held and led by a member of staff familiar with the school, preferably a School Anaphylaxis Supervisor .	

Staff training

Staff	Training requirements	✓ or ✗
School Anaphylaxis Supervisor	To perform the role of School Anaphylaxis Supervisor staff must have current approved anaphylaxis training as outlined in MO706. In order to verify the correct use of adrenaline autoinjector devices by others, the School Anaphylaxis Supervisor must also complete and remain current in <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i> (every 3 years).	
School staff	All school staff should: <ul style="list-style-type: none">complete the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> (every 2 years) andbe verified by the School Anaphylaxis Supervisor within 30 days of completing the ASCIA e-training as being able to use the adrenaline autoinjector (trainer) devices correctly to complete their certification.	

School Anaphylaxis Supervisor responsibilities

Ongoing	Tasks	✓ or ✗
Ongoing	Ensure they have currency in the <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i> (every 3 years) and the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> (every 2 years).	
Ongoing	Ensure that they provide the principal with documentary evidence of currency in the above courses.	
Ongoing	Assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> .	
Ongoing	Send periodic reminders to staff or information to new staff about anaphylaxis training requirements.	
Ongoing	Provide access to the adrenaline autoinjector (trainer) device for practice use by school staff.	
Ongoing	Provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required.	
Ongoing	Liaise with parents or guardians (and, where appropriate, the student) to manage and implement Individual Anaphylaxis Management Plans.	
Ongoing	Liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school.	
Ongoing	Lead the twice-yearly Anaphylaxis School Briefing	
Ongoing	Develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment; for example: <ul style="list-style-type: none"> a bee sting occurs on school grounds and the student is conscious an allergic reaction where the child has collapsed on school grounds and the student is not conscious. Similar scenarios will also be used when staff are demonstrating the correct use of the adrenaline autoinjector (training) device.	

Further information about anaphylaxis management and training requirements in Victorian schools can be found at: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxissschl.aspx>

Appendix 8

Anaphylaxis Management: School Supervisors' Observation Checklist



An observation record must be made and retained at the school for each staff member demonstrating the correct use of the adrenaline autoinjector (trainer) device. Certification that the device is used correctly can only be provided by the appropriately trained School Anaphylaxis Supervisor.

Name of School Anaphylaxis Supervisor: _____ Signature: _____

Name of staff member being assessed: _____ Signature: _____

Assessment Result: _____ Competent or Not competent (select as appropriate)

Assessment date: _____

Verifying the correct use of Adrenaline Autoinjector (trainer) Devices

Stage	Actions	✓ or ✗
Preparation	Verification resources, documentation and adrenaline autoinjector (trainer) devices and equipment are on hand and a suitable space for verification is identified.	
Preparation	Confirmation of the availability of a mock casualty (adult) for the staff member to demonstrate use of the adrenaline autoinjector devices on. Testing of the device on oneself or the verifier is not appropriate.	
Demonstration	Successful completion of the ASCIA <i>Anaphylaxis e-training for Victorian Schools</i> within the previous 30 days is confirmed by sighting the staff member's printed ASCIA e-training certificate.	
Demonstration	Confirmation the staff member has had an opportunity to practise use of the adrenaline autoinjector (trainer) device/s prior to the verification stage.	
Demonstration	To conduct a fair appraisal of performance, the verifier should first explain what the candidate is required to do and what they will be observed doing prior to the demonstration, including a scenario for the mock casualty. This ensures the candidate is ready to be verified and clearly understands what constitutes successful performance or not.	

Practical Demonstration


Stage	The staff member:	Attempts ✓ or ✗		
		1	2	3
Prior to use: <i>Identifying the components of the EpiPen®</i>	<p>Correctly identified components of the adrenaline autoinjector (although some of these are not available on the trainer device, they should be raised and tested): School Anaphylaxis Supervisors to ask the below questions.</p> <ul style="list-style-type: none"> • Where is the needle located? • What is a safety mechanism of the EpiPen®? • What triggers the EpiPen® to administer the medication? • What does the label of the EpiPen® show? 			

Stage	The staff member:	Attempts ✓ or ✗		
		1	2	3
Prior to use: <i>Demonstrated knowledge of the appropriate checks of the EpiPen®</i>	Demonstrated knowledge of the appropriate checks of the adrenaline autoinjector device (although these are not available on the trainer device, they should be raised and tested): School Anaphylaxis Supervisors to ask the below questions. <ul style="list-style-type: none"> • Prior to administering the EpiPen® what should you check? • What do you check the viewing window for? • What do you check the label for? 			
Demonstration: <i>Correct positioning when applying anaphylaxis first aid</i>	Positioned themselves and the (mock) casualty correctly in accordance with ASCIA guidelines ensuring the: <ul style="list-style-type: none"> • casualty is lying flat unless breathing is difficult or placed in a recovery position if unconscious or vomiting • casualty is securely positioned to prevent movement when administering the adrenaline autoinjector device • person administering the adrenaline autoinjector device is facing the casualty. 			
Demonstration: <i>Correct administration of the EpiPen®</i>	Administered the adrenaline autoinjector device correctly (this example is for an EpiPen® device): <ul style="list-style-type: none"> • formed a fist to hold the EpiPen® device correctly • pulled off blue safety release • applied the orange end at right angle to the outer mid-thigh (with or without clothing), ensuring pockets and seams were not in the way • activated the EpiPen® by pushing down hard until a click is heard • held the EpiPen® in position for 10 seconds after activation • removed EpiPen® and massaged the injection site for 10 seconds. 			
Demonstration:	Demonstrated correct use in a realistic time period for treatment in an emergency situation.			
Post use: <i>Handling used EpiPen®</i>	Demonstrated knowledge of correct procedures post use of the adrenaline autoinjector devices: School Anaphylaxis Supervisors to ask the below questions. <ul style="list-style-type: none"> • What information should you record at the time of administering the EpiPen®? • What do you do with the used EpiPen® once it has been administered? 			

Test Outcome

Certifying the correct use of the adrenaline autoinjector (training) device	✓ or ✗
Where checking and demonstration is successful the verifier will: <ul style="list-style-type: none"> • sign and date the staff member's ASCIA e-training certificate • provide a copy to the staff member • store the staff member's ASCIA certificate and this observation record in a central office location to ensure confidentiality is maintained • update school staff records for anaphylaxis training. 	
If the adrenaline autoinjector (trainer) device has NOT been checked or administered correctly through successfully completing all the steps above, the verifier cannot deem the staff member competent. The staff member should be referred back to the <i>ASCIA Anaphylaxis e-training</i> for further training and re-present for verification: <ul style="list-style-type: none"> • this action should be recorded in staff records • the verifier must not provide training to correct practice. 	

Appendix 9: ASCIA Action Plans for Anaphylaxis



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

ACTION PLAN FOR Anaphylaxis

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: _____

For EpiPen® 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 - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr 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)

<ul style="list-style-type: none"> Difficult/noisy breathing Swelling of tongue Swelling/tightness in throat Wheeze or persistent cough 	<ul style="list-style-type: none"> 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 EpiPen® or EpiPen® Jr 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

How to give EpiPen®



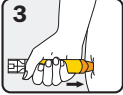
1

Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2

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



3

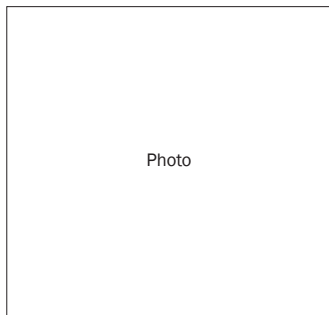
PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds

REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

© ASCIA 2016 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

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: _____

Note: This ASCIA Action Plan for
Allergic Reactions is for people with
mild to moderate allergies, who need to
avoid certain allergens

For people with severe allergies
(and at risk of anaphylaxis) there are
ASCIA Action Plans for Anaphylaxis,
which include adrenaline (epinephrine)
autoinjector instructions

Instructions are also on the device label

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 - freeze dry tick and allow to drop off
- Stay with person and call for help
- 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 (epinephrine) autoinjector if available

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

4 Phone family/emergency contact

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

If in doubt give adrenaline autoinjector

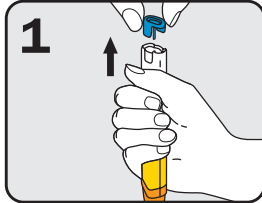
Commence CPR at any time if person is unresponsive and not breathing normally

**ALWAYS give adrenaline autoinjector FIRST if available,
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

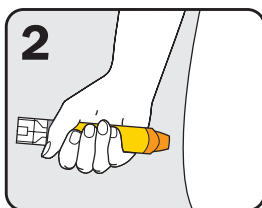
Asthma reliever medication prescribed: ☐ Y ☐ N

For EpiPen® adrenaline (epinephrine) autoinjectors

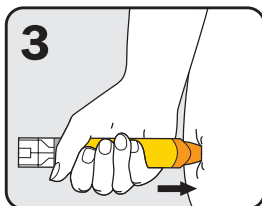
How to give EpiPen®



Form fist around EpiPen® and
PULL OFF BLUE SAFETY RELEASE



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



PUSH DOWN HARD until a click is
heard or felt and hold in place for
10 seconds
REMOVE EpiPen® and gently massage
injection site for 10 seconds

Instructions are also on the device label

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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 - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- 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 EpiPen® or EpiPen® Jr 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

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

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

Appendix 10: Complete and up to date list of students identified as being at risk of anaphylaxis

Date last updated: <insert date>

[illegible]