

Anaphylaxis Management Policy

Purpose:	To fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Victorian Government, Department of Education from time to time. To define management procedures that are implemented to identify and monitor students who have pre-existing medical conditions.
Scope:	Principal, families and all staff.
Implemented by:	School Principal.
Approved by:	To be approved following VRQA approval.
Reviewed:	As regulatory changes arise or improvements are identified.
Communicated via:	WP Website, Staff Handbook, Staff Induction, Parent Handbook, Staff first aid training, first aid area, enrolment agreement.

1. Policy Statement

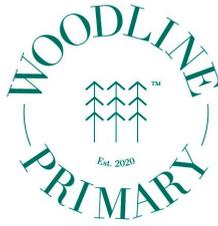
It is the intention of Woodline Primary, to provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of school life. In attaining this, Woodline Primary will comply with Ministerial Order 706 and all associated guidelines.

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, latex, certain insect stings and medication.

The key to prevention of Anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and preventative measures to minimise the exposure to these triggers.

Woodline Primary believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. Partnerships between the school and parents are important in ensuring that certain foods or items are kept away from the student while at school and/or on excursions/camps.

In order to reduce any possibility of confusion when administering adrenalin, only EpiPen® are accepted at Woodline Primary. Students are not to use Anapen® at Woodline Primary.



2. Aim:

Our aim 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 Anaphylaxis and the school's Anaphylaxis management policy in the school 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 school's policy and procedures in responding to an anaphylactic reaction. This Anaphylaxis policy has been developed to provide staff with support when dealing with an Anaphylaxis emergency. It also ensures through twice yearly training and updates for school staff, the staff are able to recognise and respond appropriately to an anaphylactic reaction. Including competently administering an EpiPen®.

3. Implementation

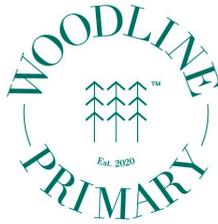
The school will maintain an up-to-date list of students at risk of Anaphylaxis. The list will be circulated to all staff and displayed in the locations outlined in this policy.

Anaphylaxis is best prevented by knowing and avoiding the allergens. In the event of an anaphylactic reaction, the school's first aid and emergency response procedures and the student's Individual Anaphylaxis Management Plan ("IAMP") must be followed.

Our school will manage anaphylaxis by:

Individual Anaphylaxis Management Plans (Appendix 4):

- Ensure that an IAMP (including an ASCIA Action plan) is developed and regularly reviewed at least annually for affected students, in consultation with the student's parents/carers, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.
- The Principal is responsible for ensuring that an IAMP is provided by the parents or guardians for any student diagnosed with a medical condition that relates to allergy and the potential for an anaphylactic reaction.
- An IAMP will be in place as soon as practicable after the student's enrolment, and where possible before their first day of school. If an IAMP is not in place prior to the student's commencement at Woodline Primary, a documented interim plan will be initiated by the school until a formal IAMP is completed.
- Each IAMP will be reviewed in consultation with the student's parent/guardian annually, if the student's condition changes or immediately after a student has an anaphylactic reaction at school. If parents/guardians ever update the IAMP, they provide the updated IAMP as soon as possible. Parents or guardians will also provide the school with an adrenaline auto-injector that is current and not expired.
- The Principal is responsible for advising relief teachers, specialist teachers and volunteers of any student with an anaphylactic allergy and the IAMP that is in place should an anaphylactic reaction occur.



- IAMP's (with student's photo) will be placed in a prominent place – first aid office, administration office, kitchen and each student's classroom.

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 reactions, including the type of allergy/allergies the student has based on written diagnoses 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 school staff for all in-school and off site excursion or special events organised or attended by the school;
- 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;
- ASCIA Action Plan for Anaphylaxis (Appendix 5).

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

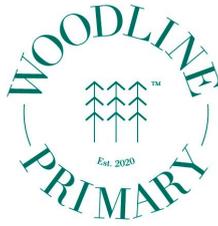
- annually, and (as applicable);
 - if the student's condition changes; or
 - immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:

- provide the IAMP to Woodline Primary;
- inform the school if their child's medical condition changes;
- provide an up to date photo for the IAMP when the plan is provided to the school and when it is reviewed;
- provide medications as required;
- update emergency contact details;
- discuss and educate their child about the risks of food sharing.

Prevention Strategies

- The school will reinforce the rules about not sharing foods.
- The school will complete an annual Risk Management checklist (Appendix 6).
- The school will provide backup Adrenaline Autoinjectors for general use.
- The school will carry out locally developed prevention strategies (Appendix 2).
- The school will at all times adhere to both first aid and emergency response procedures to ensure children's anaphylaxis is prevented where possible and, if necessary, managed if it occurs and staff trained in accordance with Ministerial Order 706.

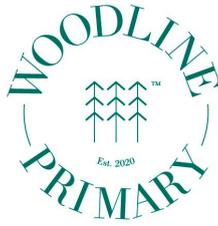


Anaphylaxis Staff Training

- The school will train all staff members in an accredited Anaphylaxis training program annually.
- The Principal will brief staff on a regular basis about the management of Anaphylaxis, including:
 - This policy;
 - Causes and symptoms of anaphylaxis;
 - Identities of students at risk of anaphylaxis;
 - How to use an Adrenaline Autoinjector device;
 - School's first aid procedures;
 - Communication Plan (Appendix 1);
 - Prevention strategies (Appendix 2);
 - Emergency Responses (Appendix 3);
 - Individual Anaphylaxis Management Plan (Appendix 4);
 - Action Plan for Anaphylaxis (Appendix 5);
 - Any changes to Adrenaline Autoinjector procedures implemented in Australia.
- Ministerial Order 706 requires schools to provide twice yearly training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen.
- Accredited Anaphylaxis training courses that meet the requirements of Ministerial Order 706 are:
 - Course in First Aid Management of Anaphylaxis 22099VIC;
 - Course in Anaphylaxis Awareness 10313NAT.

Resources

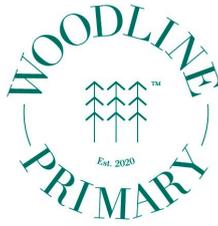
- Royal Children's Hospital Anaphylaxis Advisory Line – is available between the hours of 8.30am to 5.00pm, Monday to Friday. Phone 1300 725 911 (toll free) or (03) 9345 4235.
- Australasian Society of Clinical Immunology and Allergy (ASCIA)
- ASCIA Guidelines – for prevention of food anaphylactic reactions in schools, preschools and childcare centres
- Anaphylaxis Australia



APPENDIX 1

Communication Plan

1. At the beginning of each school year, the parents or guardians of all students with Anaphylaxis are notified to ensure that they have supplied the school with the latest IAMP and Adrenaline Autoinjector.
2. Teachers are notified of all students in their class with Anaphylaxis. Each teacher is shown where the Adrenaline Autoinjector is located in a pouch with the child's name and photo . Teachers are provided with a copy of each student's IAMP.
3. The first aid officer will check each child's Adrenaline Autoinjector to ensure that it is not out of date and contact parents/carers immediately if it needs to be replaced.
4. All staff will be briefed once each February and July by the first aid officer who has up to date anaphylaxis management training on:
 - The school'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 the Adrenaline Autoinjector;
 - The school's first aid and emergency response procedures.
5. The school will raise awareness of Anaphylaxis through classrooms lessons, and through the school newsletter.
6. In the event of an anaphylactic emergency in a classroom or during recess/ lunch time, the staff member will remain with the student and send two students to reception for assistance. The office staff will take the Adrenaline Autoinjector and action plan to the student and a first aid qualified staff member will administer the Adrenaline Autoinjector. The office staff member will then call 000 if that has not already occurred. Students will be withdrawn from the area. The parents/carers will be notified.
7. Volunteers and casual relief staff will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction, by the principle and recorded in the CRT Booklet for each classroom.
8. On school camps, excursions and sporting events, the Adrenaline Autoinjector device will remain with the teacher supervising the student. Consideration is given in planning ahead for food and meals for students at risk of anaphylaxis.
9. The school will liaise with parents/carers about food related activities
10. The Communication plan will be audited as part of the Annual Risk Management Checklist (Appendix 6)



APPENDIX 2

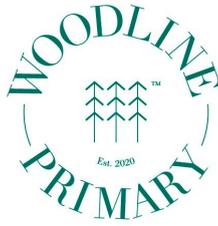
Prevention Strategies

Classrooms

1. Keep a copy of the student's IAMP in the classroom. Be sure the IAMP is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2. Liaise with parents/carers about food-related activities ahead of time.
3. Use non-food treats in the classroom.
4. Never give food from outside sources to a student who is at risk of anaphylaxis.
5. 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 and so forth.
6. Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
7. Ensure all cooking utensils, preparation dishes, plates, and knives etc. are washed and cleaned thoroughly after preparation of food and cooking.
8. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
9. The Principal should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's IAMP and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. i.e. seeking a trained staff member.

Yard

1. If a School has a student who is at risk of anaphylaxis, sufficient staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. Adrenaline Autoinjector[®]) to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Autoinjector and each student's IAMP are easily accessible from the yard, and staff should be aware of their exact location.
3. Woodline Primary will have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard.
4. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5. Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants.
6. Keep lawns and clover mowed and outdoor bins covered.

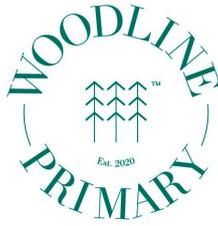


Special events (e.g. sporting events, incursions, class parties, etc.)

1. If Woodline Primary has a student at risk of anaphylaxis, sufficient staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2. Staff should avoid using food in activities or games, including rewards.
3. For special occasions, 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.
4. Parents or guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.
5. Party balloons should not be used if any student is allergic to latex.

Excursions/sporting events

1. If a School has a student at risk of anaphylaxis, sufficient staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2. A staff member trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3. Staff should avoid using food in activities or games, including as rewards.
4. The Adrenaline Autoinjector and a copy of the IAMP for each student at risk of anaphylaxis should be easily accessible and staff must be aware of their exact location.
5. For each excursion etc., a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
All staff members present during the excursion 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.
6. Woodline Primary should consult parents/carers of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents/carers provide a meal (if required).
7. Parents or guardians may wish to accompany their child on excursions. This should be discussed with parents/carers as another strategy for supporting the student who is at risk of anaphylaxis.
8. Prior to the excursion taking place staff should consult with the student's parents or guardians and Medical Practitioner (if necessary) to review the student's IAMP to ensure that it is up to date and relevant to the particular excursion activity.



APPENDIX 3

Emergency Response

How to administer an Adrenaline Autoinjector®:

1. Remove from plastic container.
2. Form a fist around Adrenaline Autoinjector® and pull off the blue safety cap.
3. Place orange end against the student's outer mid-thigh (with or without clothing).
4. Push down hard until a click is heard or felt and hold in place for 10 seconds.
5. Remove Adrenaline Autoinjector®.
6. Massage injection site for 10 seconds.
7. Note the time you administered the Adrenaline Autoinjector®.
8. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

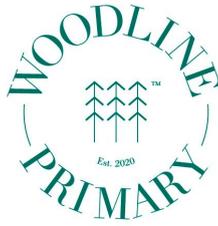
If an Adrenaline Autoinjector is administered, the staff member will:

1. Immediately call an ambulance (000/112).
2. Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3. Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of staff to move other students away and reassure them elsewhere.
4. Then contact the student's emergency contacts.
5. In the situation where there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).

Post-incident Review

After an anaphylactic reaction has taken place for a student while in Woodline Primary's care, the following review processes will take place.

1. The Adrenaline Autoinjector must be replaced by the parent as soon as possible.
2. In the meantime, the Principal will ensure that there is an Adrenaline Autoinjector for General Use available should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
3. If the Adrenaline Autoinjector for General Use has been used this will be replaced as soon as possible.
4. The student's IAMP will be reviewed in consultation with the student's Parents.
5. The Anaphylaxis Management Policy will be reviewed to ensure that it adequately responds to anaphylactic reactions by students.



APPENDIX 4

Individual Anaphylaxis Management Plan

The IAMP is to be completed by the parent or guardian, and reviewed and confirmed by the Principal, on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the parent.

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 is to be appended to this plan by the teacher or guardian; and the parent or guardian must inform the school if their child's medical condition changes.

School

Phone

Student Name

DOB

Year Level

Severely allergic to

Other health conditions

Medication at school

Emergency Contact Details (Parent)

Name

Name

Relationship

Relationship

Home phone

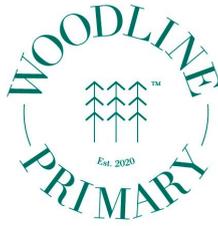
Home phone

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

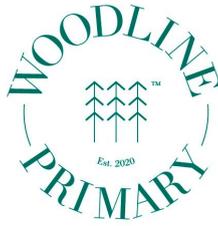
Name

Phone

Other

Emergency care to be provided at school

Storage location for adrenaline autoinjector (device specific) (EpiPen®)



Environment

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

Name of Environment/Area:			
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?

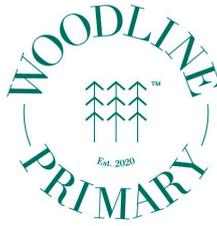
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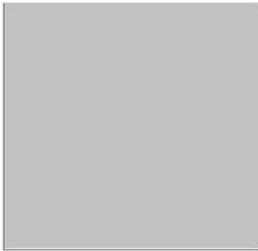


ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: _____
Date of birth: _____

For use with adrenaline (epinephrine) autoinjectors



Confirmed allergens:

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner: _____

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

Signed: _____

Date: _____

Action Plan due for review – date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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

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

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

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline autoinjector

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

4 Phone family/emergency contact

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

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

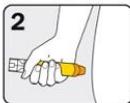
If in doubt give adrenaline autoinjector

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

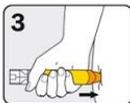
How to give EpiPen® adrenaline (epinephrine) autoinjectors



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 3 seconds REMOVE EpiPen®

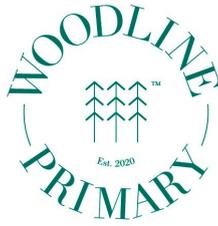
EpiPen® is prescribed for children over 20kg and adults. EpiPen®Jr is prescribed for children 10-20kg

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

Asthma reliever medication prescribed: Y N

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

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



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.

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



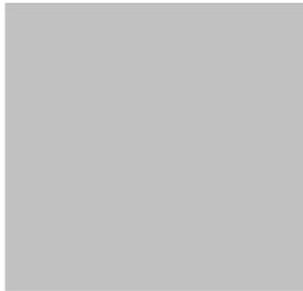
APPENDIX 5

ASCIA Action Plans for Anaphylaxis

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

ACTION PLAN FOR Allergic Reactions

Name: _____
Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____
Home Ph: _____
Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

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

Signed:

Date: _____

Action Plan due for review – date:

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 red ASCIA Action Plans for Anaphylaxis (brand specific or generic versions) for use with adrenaline (epinephrine) autoinjectors.

Instructions are on the device label.

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

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- 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
- Difficulty talking and/or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling/tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

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

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

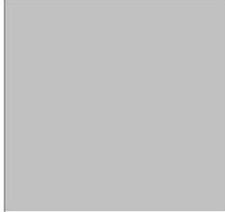
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www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: _____
Date of birth: _____



Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner: _____

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

Signed: _____

Date: _____

Action Plan due for review – date: _____

For use with adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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

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

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

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline autoinjector

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

4 Phone family/emergency contact

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

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

If in doubt give adrenaline autoinjector

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

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

Asthma reliever medication prescribed: Y N

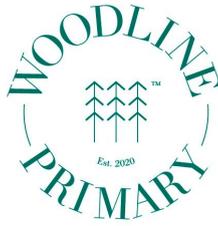
- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

How to give EpiPen® adrenaline (epinephrine) autoinjectors

- 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 3 seconds REMOVE EpiPen®

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

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



APPENDIX 6

Risk Management Checklist

Annual Risk Management Checklist

The Principal will complete an annual Anaphylaxis Risk Management Checklist to monitor the School's compliance with Ministerial Order 706 and the associated Guidelines.

The School will:

- Send home a medical information form to be updated on a yearly basis to ensure parents inform the school of current medical information and plans, which will include information related to anaphylaxis threats.
- Check there have been at least two staff trained on procedures for administering auto-injection devices.
- Check the use by dates on auto-injection devices twice yearly, at the same time as staff are updated.
- Check that the school community is regularly informed through the newsletter of the policy of no food sharing between children in groups that contain a child with an anaphylaxis threat due to food allergies.
- Ensure action plans with photos of the children at risk of anaphylaxis are clearly displayed in classrooms, first aid room and the community rooms i.e. kitchen, first aid rooms and classrooms are updated annually.
- Review this policy annually.

Table of Amendments

Version number	Date	Short description of amendment
1.0	June 2020	New Policy

Scheduled review date	December 2021
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