



## Anaphylaxis Management Policy

Purpose:	To fully comply with Ministerial Order 1359 and the associated Guidelines published and amended by the Victorian Government, Department of Education.  To define management procedures that are implemented to identify and monitor children who have pre-existing medical conditions.
Scope:	Team members, Families
Implemented by:	Principal
Approved by:	WP Board
Reviewed:	Annually, following an anaphylactic reaction at Woodline Primary or as regulatory changes arise or improvements are identified.
Communicated via:	Woodline Primary Website, Team Handbook, Team Induction, Team First Aid Training, First Aid Area (Sick Bay)

### 1. Policy Statement

It is the intention of Woodline Primary, to provide, as far as practicable, a safe and supportive environment in which children at risk of anaphylaxis can participate equally in all aspects of school life. In attaining this, Woodline Primary will comply with Ministerial Order 1359 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 children 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 Woodline Primary and Caregivers are important in ensuring that certain foods or items are kept away from the child while at school and/or on excursions/camps.

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



This policy is to be read in conjunction with Woodline Primary's First Aid Policy which provides guidelines and management procedures regarding the application of first aid.

## 2. Aim:

Our aim is:

- To provide, as far as practicable, a safe and supportive environment in which children at risk of Anaphylaxis can participate equally in all aspects of the child's schooling
- To raise awareness about Anaphylaxis and Woodline Primary's Anaphylaxis Management Policy in the school community
- To engage with families of children at risk of Anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the child
- To ensure that each Team 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 the Team with support when dealing with an Anaphylaxis emergency. It also ensures through annual training and updates for the Team, the Team are able to recognise and respond appropriately to an anaphylactic reaction. Including competently administering an EpiPen®.

## 3. Implementation

Woodline Primary will maintain an up-to-date list of children at risk of Anaphylaxis. The list will be circulated to all Team members 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 policy, the emergency response procedures included in this policy and the Child's Individual Anaphylaxis Management Plan ("**IAMP**") must be followed.

Our school will manage anaphylaxis by:

### Individual Anaphylaxis Management Plans:

- The Principal is responsible for ensuring that an IAMP (including an ASCIA Action plan) is provided by the family for any child diagnosed by a medical practitioner of being at risk of anaphylaxis, with a medical condition that relates to allergy and the potential for an anaphylactic reaction
- An IAMP (including an ASCIA Action plan) will be in place as soon as practicable after the child's enrolment, and where possible before their first day of school. If an IAMP is not in place prior to the child's commencement at Woodline Primary, a documented interim plan will be initiated by Woodline Primary until a formal IAMP is completed (Appendix 4)
- Each IAMP will be reviewed in consultation with the child's family annually, if the child's condition changes or immediately after a child has an anaphylactic reaction at school. If



family ever update the IAMP, they provide the updated IAMP as soon as possible. Families will also provide Woodline Primary with an adrenaline auto-injector that is current and not expired

- The Administration Team is responsible for advising relief Guides, Specialist Guides and volunteers of any child with an anaphylactic allergy and the IAMP that is in place should an anaphylactic reaction occur
- IAMP's (with child's photo) will be placed in a prominent place in the First Aid Area (Sick Bay), kitchen and each child's learning space and a copy will be taken on an excursion or other off-site activity
- Woodline Primary will always have two within-date General Use Adrenaline Autoinjectors stored in the First Aid Area (Sick Bay). Woodline Primary will also have within-date General Use Adrenaline Autoinjectors that are in the first aid kit that is taken on excursions

The Individual Anaphylaxis Management Plan will set out the following:

- Information about the child's medical condition that relates to the allergy and the potential for anaphylactic reactions, including the type of allergy/allergies the child has based on written diagnoses from a medical practitioner
- Strategies to minimise the risk of exposure to known and notified allergens while the child is under the care or supervision of the Team for all in-school and off-site excursion or special events organised or attended by Woodline
- The Child's emergency contact details
- ASCIA Action Plan for Anaphylaxis (Appendix 5).

The child's IAMP will be reviewed, in consultation with the child's caregivers:

- annually, and
  - if the child's condition changes; or
  - immediately after a child has an anaphylactic reaction at school
  - when a child is to participate in an off-site excursion, or special event organised or attended by Woodline

It is the responsibility of the Caregivers are to:

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

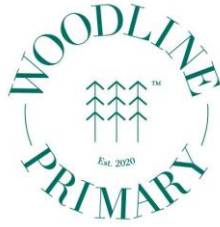


## Prevention Strategies

- Woodline Primary will reinforce guidelines about not sharing food
- Woodline Primary will complete an annual Anaphylaxis Risk Management checklist (Appendix 6)
- Woodline Primary will provide backup Adrenaline Autoinjectors for general use. It is the Principal's responsibility to ensure that these have been purchased and are stored correctly in the First Aid Area (Sick Bay) and the excursion first aid kit
- Woodline Primary will carry out locally developed prevention strategies (Appendix 2)
- Woodline Primary will always adhere to this policy, and Woodline Primary's First Aid Policy and Emergency Management Plan to ensure children's anaphylaxis is prevented where possible and, if necessary, managed if it occurs
- All team members will be trained in accordance with Ministerial Order 1359
- Woodline Primary will train all team members in an accredited Anaphylaxis training program annually
- The Reception Guide will brief team members yearly, when a new child with an IMAP is enrolled, or if a child's ASCIA Plan is updated about the management of Anaphylaxis, including:
  - This policy
  - Causes and symptoms of anaphylaxis
  - Identities of child at risk of anaphylaxis
  - How to use an Adrenaline Autoinjector device
  - Woodline'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 1359 requires schools to provide annual training and updates for all team members 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 1359 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)



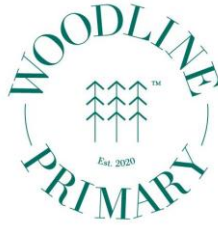
- ASCIA Guidelines – for prevention of food anaphylactic reactions in schools, preschools and childcare centres
- Anaphylaxis Australia



## APPENDIX 1

### Communication Plan

1. At the beginning of each school year, the caregivers of all children with Anaphylaxis are notified to ensure that they have supplied Woodline Primary with the latest IAMP (including ASCIA Plan) and Adrenaline Autoinjector
2. Team members are notified of all children in their class with Anaphylaxis. Each Team members is shown where the Adrenaline Autoinjector is located in the First Aid Area (Sick Bay) in a pouch with the child's name and photo. Team members are provided with a copy of each child's IAMP.
3. The designated 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. This will occur at the beginning and the middle of the school year, when a new child with Anaphylaxis is enrolled or following an anaphylactic reaction at Woodline Primary ,
4. All staff will be briefed once each January by the First Aid Officer who has up to date anaphylaxis management training on:
  - Woodline Primary's anaphylaxis management policy
  - The causes, symptoms and treatment of anaphylaxis
  - The identities of child diagnosed at risk of anaphylaxis and where their medication is located
  - How to use the Adrenaline Autoinjector
  - Woodline Primary's first aid and emergency response procedures
5. Woodline Primary will raise awareness of Anaphylaxis through learning space sessions and through the newsletter.
6. In the event of an anaphylactic emergency in a learning space or during recess/ lunch time, the team member will remain with the child and send two children to reception for assistance. The Reception Guide will take the Adrenaline Autoinjector and action plan to the child and a first aid qualified team member will administer the Adrenaline Autoinjector. The Reception Guide will then call 000 if that has not already occurred. Children will be withdrawn from the area. The caregivers will be notified.
7. Volunteers and casual relief team members will be informed of children at risk of anaphylaxis and their role in responding to an anaphylactic reaction, by information provided in CRG folders
8. On school camps, excursions and sporting events, the Adrenaline Autoinjector device will remain with the Team member supervising the child. Consideration is given in planning ahead for food and environmental conditions for children at risk of anaphylaxis
9. Woodline Primary will liaise with caregivers about food related activities
10. The Communication Plan will be audited as part of the Annual Risk Management Checklist (Appendix 6)
11. It is the responsibility of the Principal to oversee the implementation of the Communication Plan including ensuring that all the details in the plan are communicated to the Team



## APPENDIX 2

### Prevention Strategies

#### Learning Spaces

1. Keep a copy of the child's IAMP in the learning space. Be sure the IAMP is easily accessible and clearly indicates that the Adrenaline Autoinjector is kept in the First Aid Area (Sick Bay). Liaise with caregivers about food-related activities ahead of time
2. Never give food from outside sources to a child who is at risk of anaphylaxis
3. Products labelled 'may contain traces of nuts' should not be served to children allergic to nuts. Products labelled 'may contain milk or egg' should not be served to children with milk or egg allergy and so forth.
4. 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)
5. Ensure all cooking utensils, preparation dishes, plates, and knives etc. are washed and cleaned thoroughly after preparation of food and cooking
6. Have regular discussions with children about the importance of washing hands, eating their own food and not sharing food
7. The Principal should inform Casual Relief Guides, Specialist Guides and volunteers of the names of any children at risk of anaphylaxis, the location of each child's IAMP and Adrenaline Autoinjector, Woodline Primary's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. i.e. seeking a trained team member

#### Supervision

1. All team members on outside supervision will be trained in the administration of the Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Autoinjector and each child's IAMP are easily accessible and Team members should be aware of their exact location in the First Aid Area.
3. Woodline Primary will have a Communication Plan in place so the child's medical information and medication can be retrieved quickly if a reaction occurs in when playing outside
4. Supervising team members must also be able to identify, by face, those children at risk of anaphylaxis
5. Children 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, etc.)

1. If Woodline Primary has a child at risk of anaphylaxis, the Team supervising a 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. Team members should avoid using food in activities or games
3. For special occasions, team members should consult caregivers in advance to either develop an alternative food menu or request the caregivers to send a meal for the child
4. Caregivers of other children should be informed in advance about foods that may cause allergic reactions in children at risk of anaphylaxis and request that they avoid providing children with treats whilst they are at school or at a special school event
5. Party balloons should not be used if any children is allergic to latex

#### Excursions/sporting events

1. If Woodline has a child at risk of anaphylaxis, the Team 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 team member trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any child at risk of anaphylaxis on field trips or excursions
3. Team members should avoid using food in activities or games
4. The Adrenaline Autoinjector and a copy of the IAMP for each child at risk of anaphylaxis must be taken on the excursion and kept in a location that is close to the team member and easily accessible
5. For each excursion etc., a risk assessment should be undertaken for each individual child attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic children attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding team-child ratio
6. All team members present during the excursion need to be aware of the identity of any children attending who are at risk of anaphylaxis and be able to identify them by face
7. Woodline Primary should consult caregivers of anaphylactic children in advance to discuss issues that may arise; to develop an alternative food menu; or request the caregiver provide a meal (if required).
8. Caregivers may wish to accompany their child on excursions. This should be discussed with caregivers as a strategy for supporting the child who is at risk of anaphylaxis
9. Prior to the excursion taking place team members should consult with the child's caregiver and Medical Practitioner (if necessary) to review the child's IAMP and ASCIA Plan to ensure that it is up to date and relevant to the particular excursion activity





## APPENDIX 3

### Emergency Response

All Team members will be qualified to administer the Adrenaline Autoinjector

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. Note the time you administered the Adrenaline Autoinjector®
7. The used autoinjector must be handed to the ambulance paramedics along with the time of administration

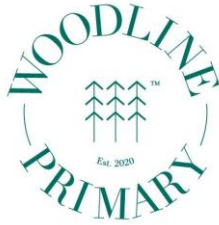
If an Adrenaline Autoinjector is administered, the Team member will:

1. Immediately call an ambulance (000/112)
2. Lay the child flat and elevate their legs. Do not allow the child to stand or walk. If breathing is difficult for them, allow them to sit but not to stand
3. Reassure the child 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 child closely in case of a worsening condition. Ask another Team member to move other children away and reassure them elsewhere
4. Then contact the child'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).

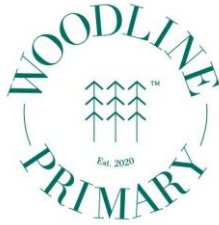
### Post-incident Review

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

1. The Adrenaline Autoinjector must be replaced by the caregiver 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 child's IAMP will be reviewed in consultation with the child's caregiver
5. The Anaphylaxis Management Policy will be reviewed to ensure that it adequately responds to anaphylactic reactions by child



APPENDIX 4

Individual Anaphylaxis Management Plan (if a ASCIA is not provided)

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

The child's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the child's medical practitioner) and an up-to-date photo of the child is to be appended to this plan by the Principal; and the caregiver's must inform Woodline if their child's medical condition changes.

School

Phone

---

Child Name

---

DOB

Year Level

---

Severely allergic to

---

Other health conditions

---

Medication at school

---

Emergency Contact Details (Caregiver)

Name

Name

---

Relationship

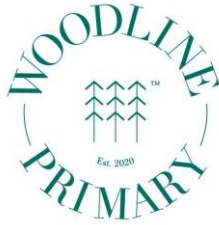
Relationship

---

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

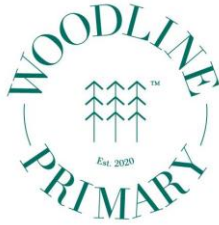
---

Phone

Other

Emergency care to be provided at school

---




---



---

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

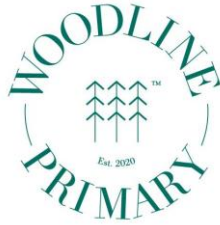
---

**Environment**

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

Name of Environment/Area:			
Risk Identified	Actions required to minimise the risk	Who is responsible?	Completion date

Name of Environment/Area:			
Risk Identified	Actions required to minimise the risk	Who is responsible?	Completion date



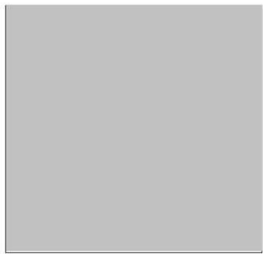
Name of Environment/Area:			
Risk Identified	Actions required to minimise the risk	Who is responsible?	Completion date



# 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**

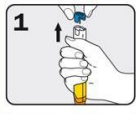
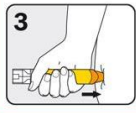
## WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- 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

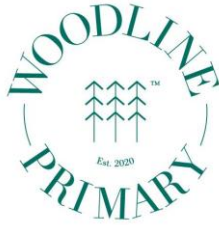
-  Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE
-  Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)
-  PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

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

Date

---





APPENDIX 5

ASCIA Action Plans for Anaphylaxis

	<b>ACTION PLAN FOR Allergic Reactions</b>
Name: _____ Date of birth: _____	<b>SIGNS OF MILD TO MODERATE ALLERGIC REACTION</b> <ul style="list-style-type: none"><li>• Swelling of lips, face, eyes</li><li>• Hives or welts</li><li>• Tingling mouth</li><li>• Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)</li></ul>
	<b>ACTION FOR MILD TO MODERATE ALLERGIC REACTION</b> <ul style="list-style-type: none"><li>• For insect allergy - flick out sting if visible</li><li>• For tick allergy <input type="checkbox"/> seek medical help or <input type="checkbox"/> freeze tick and let it drop off</li><li>• Stay with person and call for help</li><li>• Give other medications (if prescribed).....</li><li>• Phone family/emergency contact</li></ul>
Confirmed allergens: _____	<b>Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis</b>
Family/emergency contact name(s): _____	<b>WATCH FOR <u>ANY ONE</u> OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)</b> <ul style="list-style-type: none"><li>• Difficult/noisy breathing</li><li>• Swelling of tongue</li><li>• Swelling/tightness in throat</li><li>• Wheeze or persistent cough</li><li>• Difficulty talking and/or hoarse voice</li><li>• Persistent dizziness or collapse</li><li>• Pale and floppy (young children)</li></ul>
Work Ph: _____	<b>ACTION FOR ANAPHYLAXIS</b>
Home Ph: _____	<b>1 Lay person flat - do NOT allow them to stand or walk</b> <ul style="list-style-type: none"><li>- If unconscious, place in recovery position</li><li>- If breathing is difficult allow them to sit</li></ul>
Mobile Ph: _____	<b>2 Give adrenaline (epinephrine) autoinjector if available</b> <b>3 Phone ambulance - 000 (AU) or 111 (NZ)</b> <b>4 Phone family/emergency contact</b> <b>5 Transfer person to hospital for at least 4 hours of observation</b> <b>If in doubt give adrenaline autoinjector</b> <b>Commence CPR at any time if person is unresponsive and not breathing normally</b>
Plan prepared by medical or nurse practitioner: _____	<b>ALWAYS give adrenaline autoinjector FIRST if available, and then asthma reliever puffer</b> if someone with known asthma and allergy to food, insects or medication has <b>SUDDEN BREATHING DIFFICULTY</b> (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms Asthma reliever medication prescribed: <input type="checkbox"/> Y <input type="checkbox"/> N
I hereby authorise medications specified on this plan to be administered according to the plan Signed: _____	<ul style="list-style-type: none"><li>• If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.</li><li>• Continue to follow this action plan for the person with the allergic reaction.</li></ul>



ascia  
australian 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

**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

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

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

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

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

© 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

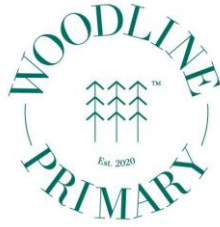
The Principal will complete an annual Anaphylaxis Risk Management Checklist to monitor the School's compliance with Ministerial Order 1359 and the associated Guidelines. Checklist is completed through Annual Calendar.

Woodline Primary will:

- Send home a medical information form to be updated at the start of each year to ensure parents inform the school of current medical information and plans, which will include information related to anaphylaxis threats.
- Ensure all staff have completed training on procedures for administering auto-injection devices.
- Check the use by dates on auto-injection devices at the beginning and the middle of the school year, when a new student with Anaphylaxis is enrolled or following an anaphylactic incident at the school.
- 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 Area (Sick Bay) and the community rooms (e.g kitchen) are updated annually.
- Review this policy annually.

#### Table of Amendments

Version number	Date	Short description of amendment
1.0	June 2020	Draft of the new policy
2.0	December 2021	No updates required
3.0	December 2022	Improvements identified and updated
4.0	December 2023	Procedure updates
5.0	December 2024	Procedure updates



Scheduled review date	December 2025
-----------------------	---------------