



SOPHIA  
MUNDI

The Inner City Steiner School P-12

# Anaphylaxis Management Policy

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# 1. Policy

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## 1.1 Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. Although allergic reactions are common in children, severe life threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency that requires a rapid response.

Certain foods and insect stings are the most common causes of anaphylaxis. Eight foods cause 90% of food allergic reactions in Australia and can be common causes of anaphylaxis. These are:

- peanuts
- tree nuts (e.g. hazelnuts, cashews, almonds)
- egg
- cow's milk
- wheat
- soybeans
- fish and shellfish

Other common allergens include some insect's stings, particularly bee stings, some medications, latex and anaesthesia.

The symptoms of a **mild to moderate allergic reaction** can include:

- swelling of the lips, face and eyes
- hives or welts
- abdominal pain and/or vomiting

The symptoms of anaphylaxis (**a severe allergic reaction**) can include:

- difficulty breathing or noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheezing or persistent coughing
- loss of consciousness and/or collapse
- young children may appear pale and floppy

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens) and prevention of exposure to these triggers. Staff members, parents/guardians and students need to be made aware that it is not possible to achieve a completely allergen-free environment at any school and should not have a false sense of security that an allergen has been eliminated from the environment. Instead the school recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a student having an anaphylactic reaction, including strategies to minimise the presence of the allergen at the school.

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

## 1.2 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.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/guardians 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.

## 1.3 Relevant Legislation

- *Education and Training Reform Act 2006*
- *Education and Training Reform Regulations 2007*
- *Children's Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008*
- *Health Act 1958* (to be replaced by the *Public Health and Wellbeing Act 2008* from 1 January 2010)
- *Health Records Act 2001*
- *Information Privacy Act 2000*
- *Occupational Health and Safety Act 2004*
- *Occupational Health and Safety Regulations 2007*

## 1.4 Definitions

### 1.4.1 Allergen

A substance that can cause an allergic reaction.

### 1.4.2 Allergic reaction

A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

### 1.4.3 Allergy

An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

### 1.4.4 Anaphylaxis

A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.

### 1.4.5 Anaphylaxis Action Plan

A medical management plan prepared and signed by a Registered Medical Practitioner providing the student's name and allergies, a photograph of the student and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCI) Action Plan.

### 1.4.6 Anaphylaxis Management Plan

A plan specific to the school that specifies each student's allergies, the ways that each student at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the school, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of students at risk of anaphylaxis and staff members at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each student who is at risk of anaphylaxis.

#### **1.4.7 Anaphylaxis management training**

Accredited anaphylaxis management training which includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practise with a trainer adrenaline auto-injection device such as the EpiPen® trainer.

#### **1.4.8 Adrenaline auto-injection device**

A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. There are a range of commercial devices including the EpiPen®.

#### **1.4.9 Adrenaline auto-injection device training**

Training in the administration of adrenaline via an auto-injection device, such as an EpiPen®, provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the use of the self paced trainer CD ROM and trainer EpiPen®.

#### **1.4.10 Communication plan**

A plan that forms part of the policy outlining how the school will communicate with parents and staff members in relation to the policy and how parents and staff members will be informed about risk minimisation plans and emergency procedures when a student diagnosed at risk of anaphylaxis is enrolled in the school.

#### **1.4.11 EpiPen®**

This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr®, and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.

#### **1.4.12 Intolerance**

Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

#### **1.4.13 No food sharing**

The practice where the student at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

#### **1.4.14 Nominated staff member**

A staff member nominated to be the liaison between parents/guardians of a student at risk of anaphylaxis and the school. This person also checks the adrenaline auto-injection device such as an EpiPen® is current, and leads staff practice sessions after all staff members have undertaken anaphylaxis management training.

#### **1.4.15 Risk minimisation**

The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the school, educating parents and students about food allergies and washing hands after meals.

#### **1.4.16 Students at risk of anaphylaxis**

Those students whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

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## 2. Responsibilities

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### 2.1 Principal

The School Executive Office has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis. The Principal should:

- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Meet with parents/guardians to develop an individual Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff members who are responsible for their implementation.
- Request that parents/guardians provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the student's medical practitioner and has an up to date photograph of the student.
- Ensure that parents provide the student's EpiPen® and that it is not out of date.
- Ensure that staff members obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Develop a communication plan to raise student, staff and parent/guardian awareness about severe allergies and the school's policies.
- Provide information to all staff members (including specialist staff, new staff, sessional staff, canteen staff and office staff) so that they are aware of students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures. This can include providing copies or displaying the student's ASCIA Action Plan in canteens, classrooms and staffrooms.
- Ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response.
- Allocate time, such as during staff meetings, to discuss, practice and review the school's management strategies for students at risk of anaphylaxis, including regular practice using a trainer EpiPen®.
- Encourage ongoing communication between parents/guardians and staff members about the current status of the student's allergies, the school's policies and their implementation.
- Review the student's Anaphylaxis Management Plan annually or if the student's circumstances change, in consultation with parents/guardians.

### 2.2 All Staff Members

All staff members who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. This may include office staff, canteen staff, casual relief staff and volunteers. Staff members should:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Know the school's first aid emergency procedures and what their role is in relation to responding to an anaphylactic reaction.
- Keep a copy of the student's ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
- Know where the student's EpiPen® is kept. Remember that the EpiPen® is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the student's Anaphylaxis Management Plan.
- Plan ahead for special class activities or special occasions such as excursions, incursions, sports days, camps and parties. Work with parents/guardians to provide appropriate food for the student.

- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Work with parents/guardians to provide appropriate treats for the student.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

### 2.3 First Aid Co-ordinator

First Aid Co-ordinators should take a lead role in supporting the Principal and staff members to implement prevention and management strategies for the school. The First Aid Co-ordinator should:

- Keep an up to date register of students at risk of anaphylaxis.
- Ensure that students' emergency contact details are up to date.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Regularly check that the EpiPen® is not cloudy or out of date, e.g. at the beginning or end of each term.
- Inform parents/guardians in writing a month prior if the EpiPen® needs to be replaced.
- Ensure that the EpiPen® is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place and that it is appropriately labelled. The EpiPen® should be easily accessible by staff members but not accessible to students.
- Provide or arrange post-incident support (e.g. counselling) to students and staff members, if appropriate.
- Work with staff members to conduct regular reviews of prevention and management strategies.
- Work with staff members to develop strategies to raise awareness about severe allergies in the school community.

### 2.4 Parents/Guardians

Parents/guardians of a student who is at risk of anaphylaxis may experience high levels of anxiety about sending their child to school. It is important to encourage an open and co-operative relationship with parents/guardians so that they can feel confident that appropriate management strategies in place. Parents/guardians should:

- Inform the school, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis.
- Obtain information from the student's medical practitioner about their condition and any medications to be administered. Inform school staff of all relevant information and concerns relating to the health of the student.
- Meet with the school to develop the student's Anaphylaxis Management Plan.
- Provide an ASCIA Action Plan, or copies of the plan to the school that is signed by the student's medical practitioner and has an up to date photograph.
- Provide the EpiPen® and any other medications to the school.
- Replace the EpiPen® before it expires.
- Assist school staff in planning and preparation for the student prior to school camps, field trips, incursions, excursions or special events such as class parties or sport days.
- Supply alternative food options for the student when needed.
- Inform staff members of any changes to the student's emergency contact details.
- Participate in reviews of the student's Anaphylaxis Management Plan, e.g. when there is a change to the student's condition or at an annual review.

Some parents/guardians may not wish to identity of the student to be disclosed to the wider school community. This should be discussed with the student's parents/guardians and written consent obtained to display the student's name, photograph and relevant treatment details in the office, staff rooms, canteens or other common areas.

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## 3. Procedures

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### 3.1 Anaphylaxis Management Plans

#### *Guidelines*

*A template of an individual Anaphylaxis Management Plan is provided at Appendix A.*

The School Executive Office will ensure that an individual Anaphylaxis Management Plan is developed, in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

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 school at Sophia Mundi Steiner School.

The student's individual Anaphylaxis Management Plan will set out the following:

- information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner).
- practical strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings, including:
  - during classroom activities;
  - in canteens or during lunch and snack times;
  - before and after school, in the yard and during breaks;
  - for special events such as festivals, incursions, sports days and class parties; and
  - for excursions and camps.
- the name of the person/s responsible for implementing the strategies
- information on where the student's EpiPen® and other medication (if required) will be stored
- the student's emergency contact details
- an emergency procedures plan, provided by the parent, that:
  - sets out the emergency procedures to be taken in the event of an allergic reaction;
  - is signed by a medical practitioner who was treating the student on the date the practitioner signs the emergency procedures plan; and
  - includes an up to date photograph of the student.

#### *Guidelines*

*The red and blue 'ASCIA Action Plan' is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. Action Plan templates are provided at Appendix B and can also be downloaded from the Australasian Society of Clinical Immunology and Allergy (ASCIA) website ([www.allergy.org.au](http://www.allergy.org.au)) - ASCIA is the peak body of immunologists and allergists in Australia.*

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

- annually;
- if the student's condition changes; and
- immediately after a student has an anaphylactic reaction at school.

## 3.2 Communication Plan

The Principal will be responsible for ensuring that a communication plan is developed to provide information to all staff members, students and parents/guardians about anaphylaxis and the school's Anaphylaxis Management Policy.

### Raising Staff Awareness

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 school yard, on school excursions, on school camps and special event days.

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

All staff members will be briefed at least twice a year (with the first briefing to be held at the beginning of the school year) by a staff member 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 ;
- the preventative strategies in place;
- where EpiPens® are kept;
- how to use an adrenaline auto-injecting device (EpiPen®), including hands on practice with a trainer EpiPen®;
- the school's first aid and emergency response procedures; and
- their role in responding to a severe allergic reaction.

#### *Guidelines*

*A DVD and trainer adrenaline auto-injecting device (EpiPen®) that can be used at staff briefings are available from the school office and additional resources are available from the Australasian Society of Clinical Immunology and Allergy (ASCIA) website ([www.allergy.org.au](http://www.allergy.org.au)).*

### Raising Student Awareness

Peer support is an important element of support for students at risk of anaphylaxis. Staff members can raise awareness at school through fact sheets or posters displayed in hallways, canteens and classrooms.

Class Teachers/Guardians can discuss the topic with students in class, with a few simple key messages:

- always take food allergies seriously – severe allergies are no joke;
- don't share your food with friends who have food allergies;
- wash your hands after eating;
- know what you friends are allergic to;
- if a fellow student becomes sick, get help immediately;
- be respectful of a fellow student's EpiPen®; and
- don't pressure your friends to eat food that they are allergic to.

It is important to be aware that some students at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing tricking a student into eating a particular food or threatening a student with the substance that they are allergic to. Talk to the students involved so that they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm an anaphylactic student with an allergen must be treated as a serious and dangerous incident and handled accordingly under the school's *Behaviour Management Policy*.

## 3.3 Staff Training and Emergency Response

### Duty of Care

Under the provisions of the *Occupational Health and Safety Act 2004* and the school's duty of care obligations to students, the school is responsible for providing first aid facilities and sufficient staff members trained to an appropriate level of competency in first aid.

As part of the duty of care owed to students, teachers are required to administer first aid when necessary and within the limits of their skill, expertise and training. In the case of anaphylaxis, this includes following a student's ASCIA Action Plan and administering an EpiPen® if necessary. It should be noted that a teacher's duty of care is greater than that of the ordinary citizen in that a teacher is obliged to assist an injured student, while the ordinary citizen may choose to do nothing.

### **Staff Training**

- Teachers and other staff members who are responsible for the care of students at risk of anaphylaxis must have up to date training in an anaphylaxis management training course.
- At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the Principal must ensure that there is a sufficient number of staff members present who have up to date training in an anaphylaxis management training course.
- The Principal will identify the staff members to be trained based on an assessment of the risk of an anaphylactic reaction occurring while the student is under the care of the school.
- Training will be provided to the nominated staff members as soon as practicable after the student enrolls.
- Wherever possible, training will take place before the student's first day at the school, where this is not possible, an interim plan will be developed in consultation with the parents/guardians.
- The school's first aid procedures and student's emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

#### *Guidelines*

*A risk assessment tool is provided at Appendix C.*

*St John Ambulance provide an Anaphylaxis Awareness Course which meets the requirements for an anaphylaxis management training course, further information is available from their website ([www.stjohnvic.com.au](http://www.stjohnvic.com.au)).*

### **Self-Administration of the EpiPen®**

The decision whether a student can carry their own EpiPen® should be made when developing the student's individual Anaphylaxis Management Plan, in consultation with the student, the student's parents/guardians and the student's medical practitioner.

It is important to note that students have the right to self-administer if they are able to at the time, but even an 18 year old may not physically be able to self-administer due to the effects of a reaction. Staff members still have a duty of care to administer an EpiPen® for students who carry their own EpiPen®.

If a student self-administers an EpiPen®, they must immediately report to a staff member and 000 must be called.

#### *Guidelines*




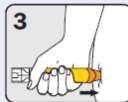

*If a student carries their own EpiPen®, a second EpiPen® (provided by the parent) should be kept on site in an easily accessible, unlocked location that is known to all staff members.*



## Appendix B Action Plans






### Anaphylaxis General Action Plan

[http://www.allergy.org.au/images/stories/anaphylaxis/2011/action\\_plan\\_epipen\\_new-look\\_general\\_2011.pdf](http://www.allergy.org.au/images/stories/anaphylaxis/2011/action_plan_epipen_new-look_general_2011.pdf)

 www.allergy.org.au	<b>ACTION PLAN FOR</b> <h1 style="color: white;">Anaphylaxis</h1>
<p><b>How to give EpiPen® or EpiPen® Jr</b></p>  <p><b>1</b> Form fat around EpiPen® and PULL OFF BLUE SAFETY RELEASE.</p>  <p><b>2</b> PLACE ORANGE END against outer mid-thigh (with or without clothing).</p>  <p><b>3</b> PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.</p>  <p><b>4</b> Remove EpiPen®. Massage injection site for 10 seconds.</p> <p><small>© ASCIA 2011. This plan was developed by ASCIA.</small></p>	<p>for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors (with blue safety release and orange needle end)</p> <p><b>MILD TO MODERATE ALLERGIC REACTION</b></p> <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 a severe allergic reaction to <u>insects</u>)</li> </ul> <p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>For insect allergy, flick out sting if visible. Do not remove ticks</li> <li>Stay with person and call for help</li> <li>Locate EpiPen® (or EpiPen® Jr if aged 1 - 5 years)</li> <li>Contact family/emergency contact</li> </ul> <p style="text-align: center;"><b>Watch for <u>any one</u> of the following signs of Anaphylaxis</b></p> <p><b>ANAPHYLAXIS (SEVERE ALLERGIC REACTION)</b></p> <ul style="list-style-type: none"> <li>difficult/noisy breathing</li> <li>swelling of tongue</li> <li>swelling/tightness in throat</li> <li>difficulty talking and/or hoarse voice</li> <li>wheeze or persistent cough</li> <li>persistent dizziness or collapse</li> <li>pale and floppy (young children)</li> </ul> <p><b>ACTION</b></p> <ol style="list-style-type: none"> <li>Lay person flat, do not stand or walk. If breathing is difficult allow to sit</li> <li>Give EpiPen® (or EpiPen® Jr if aged 1 - 5 years)</li> <li>Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)</li> <li>Contact family/emergency contact</li> <li>Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)</li> </ol> <p><b>If in doubt, give EpiPen® or EpiPen® Jr</b>  <small>EpiPen® Jr is generally prescribed for children aged 1-5 years.                  *Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.</small></p>


### Anaphylaxis Personal Action Plan

[http://www.allergy.org.au/images/stories/anaphylaxis/2011/action\\_plan\\_epipen\\_new-look\\_personal\\_2011.pdf](http://www.allergy.org.au/images/stories/anaphylaxis/2011/action_plan_epipen_new-look_personal_2011.pdf)

 www.allergy.org.au	<b>ACTION PLAN FOR</b> <h1 style="color: white;">Anaphylaxis</h1>
<p>Name: _____</p> <p>Date of birth: _____</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto; text-align: center;">Photo</div> <p>Confirmed allergens: _____</p> <p>Family/emergency contact name(s): _____</p> <p>Work Ph: _____</p> <p>Home Ph: _____</p> <p>Mobile Ph: _____</p> <p>Plan prepared by: _____</p> <p>Dr: _____</p> <p>Signed: _____</p> <p>Date: _____</p> <p><b>How to give EpiPen® or EpiPen® Jr</b></p>  <p><b>1</b> Form fat around EpiPen® and PULL OFF BLUE SAFETY RELEASE.</p>  <p><b>2</b> PLACE ORANGE END against outer mid-thigh (with or without clothing).</p>  <p><b>3</b> PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.</p>  <p><b>4</b> REMOVE EpiPen®. Massage injection site for 10 seconds.</p> <p><small>© ASCIA 2011. This plan was developed by ASCIA.</small></p>	<p>for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors (with blue safety release and orange needle end)</p> <p><b>MILD TO MODERATE ALLERGIC REACTION</b></p> <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 a severe allergic reaction to <u>insects</u>)</li> </ul> <p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>For insect allergy, flick out sting if visible. Do not remove ticks</li> <li>Stay with person and call for help</li> <li>Give medications (if prescribed) ..... dose: .....</li> <li>Locate EpiPen® or EpiPen® Jr</li> <li>Contact family/emergency contact</li> </ul> <p style="text-align: center;"><b>Watch for <u>any one</u> of the following signs of Anaphylaxis</b></p> <p><b>ANAPHYLAXIS (SEVERE ALLERGIC REACTION)</b></p> <ul style="list-style-type: none"> <li>difficult/noisy breathing</li> <li>swelling of tongue</li> <li>swelling/tightness in throat</li> <li>difficulty talking and/or hoarse voice</li> <li>wheeze or persistent cough</li> <li>persistent dizziness or collapse</li> <li>pale and floppy (young children)</li> </ul> <p><b>ACTION</b></p> <ol style="list-style-type: none"> <li>Lay person flat, do not stand or walk. If breathing is difficult allow to sit</li> <li>Give EpiPen® or EpiPen® Jr</li> <li>Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)</li> <li>Contact family/emergency contact</li> <li>Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)</li> </ol> <p><b>If in doubt, give EpiPen® or EpiPen® Jr</b>  <small>EpiPen® Jr is generally prescribed for children aged 1-5 years.                  *Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.</small></p> <p>Additional information _____</p>

### Allergic Reactions Personal Action Plan

[http://www.allergy.org.au/images/stories/anaphylaxis/2011/allergy\\_action\\_plan\\_2011.pdf](http://www.allergy.org.au/images/stories/anaphylaxis/2011/allergy_action_plan_2011.pdf)

 www.allergy.org.au	<b>ACTION PLAN FOR</b> <h1 style="color: white;">Allergic Reactions</h1>
<p>Name: _____</p> <p>Date of birth: _____</p> <div style="border: 1px solid black; width: 100px; height: 100px; margin: 10px auto; text-align: center;">Photo</div> <p>Confirmed allergens: _____</p> <p>Family/emergency contact name(s): _____</p> <p>Work Ph: _____</p> <p>Home Ph: _____</p> <p>Mobile Ph: _____</p> <p>Plan prepared by: _____</p> <p>Dr: _____</p> <p>Signed: _____</p> <p>Date: _____</p> <p><small>Note: The 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 autoinjector instructions.</small></p> <p><small>© ASCIA 2011. This plan was developed by ASCIA.</small></p>	<p><b>MILD TO MODERATE ALLERGIC REACTION</b></p> <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 a severe allergic reaction to <u>insects</u>)</li> </ul> <p><b>ACTION</b></p> <ul style="list-style-type: none"> <li>For insect allergy, flick out sting if visible. Do not remove ticks</li> <li>Stay with person and call for help</li> <li>Give medications (if prescribed) ..... dose: .....</li> <li>Contact family/emergency contact</li> </ul> <p style="text-align: center;"><b>Watch for <u>any one</u> of the following signs of Anaphylaxis</b></p> <p><b>ANAPHYLAXIS (SEVERE ALLERGIC REACTION)</b></p> <ul style="list-style-type: none"> <li>difficult/noisy breathing</li> <li>swelling of tongue</li> <li>swelling/tightness in throat</li> <li>difficulty talking and/or hoarse voice</li> <li>wheeze or persistent cough</li> <li>persistent dizziness or collapse</li> <li>pale and floppy (young children)</li> </ul> <p><b>ACTION</b></p> <ol style="list-style-type: none"> <li>Lay person flat, do not stand or walk. If breathing is difficult, allow to sit</li> <li>Phone ambulance - 000 (AU), 111 (NZ), 112 (mobile)</li> <li>Contact family/emergency contact</li> </ol> <p>Additional information _____</p>

# Appendix C Anaphylaxis Risk Management Plan

## Anaphylaxis Risk Management Plan (Appendix C)

School Name: Sophia Mundi Steiner School

Primary / Secondary (Please Circle)  Primary  Secondary

Location / Address:

Date of Review:

School Contact Person: (Who provided information collected)

Position:

Review given to: (If different from above)

Position:

Comments:

- How many current students are diagnosed with anaphylaxis?
- Have any students ever had an allergic reaction while at school? If Yes, how many times?
- Have any students had an Anaphylactic Reaction while at school? If Yes, how many times?
- Has a staff member ever been required to administer an EpiPen to a student? If Yes, how many times?

### SECTION 1: Anaphylaxis Management Plans and ASCIA Action Plans

- Does every student who has been diagnosed at risk of anaphylaxis have an individual Anaphylaxis Management Plan (ASCIA Action Plan) and Appendix A? Yes  No
- Are all Anaphylaxis Management Plans reviewed annually? Yes  No
- Do they set out strategies to minimise the risk of allergens for in-school and out of class settings?
  - During classroom activities, including electives
  - In canteens or during lunch or snack times
  - Before and after school, in the school yard
  - For special events, such as excursions, sports and extra-curricular activities
  - For excursions and camps
  - Other
- Do all students who suffer from anaphylaxis have an ASCIA Action Plan kept at school (provided to them)?
- Where are they kept?
- Do the anaphylaxis action plans have a record of updates?
  - Comments

### SECTION 2: Storage and accessibility of the EpiPen®

- Where are the students' EpiPens® stored?
- How are the EpiPens® stored?
- Is the storage safe (out of reach of students)?
  - Is the storage unlocked and accessible to staff members?
  - Comments
- Is the EpiPen® easy to find?
  - Comments
- Is a copy of student's ASCIA Action Plans kept together with EpiPens®?
  - Comments
- Are EpiPens® and Action Plans clearly labelled with names?
  - Comments
- Has someone been designated to check the EpiPen® on a regular basis?
  - WHO?
  - Comments
- Has the school signed up to EpiClub (a free reminder service)?
- Do all staff members know where the EpiPens® are stored?
  - Comments
- Is there a spare EpiPen®?
  - If Yes, what type?
- Where is it stored?
- Is it clearly labelled as the "backup EpiPen®"?

### SECTION 3: Prevention Strategies

- Have you done a risk assessment of the potential for accidental exposure to allergens for a student with anaphylaxis? Yes  No
- Has the school implemented any of the prevention strategies? Yes  No
- Which ones?
- Others:
- Is there always a trained staff member on yard duty? Yes  No
- How many staff members have completed training?

### SECTION 4: Training and Emergency Response

- Have all staff members responsible for the care of students with anaphylaxis been trained? Yes  No
- When does their training need to be renewed?
- Do all staff members have an understanding of the causes, signs and symptoms of anaphylaxis and their role in the school's first aid and emergency response procedures? Yes  No
- Have you planned how the alarm will be raised if an allergic reaction occurs?
  - In the class room? Yes  No
  - How?
  - In the school yard? Yes  No
  - How?
  - At school camps and excursions? Yes  No
  - How?
  - On special event days, such as sport days? Yes  No
  - How?
- Does your plan include who will call the Ambulance? Yes  No
- How?

### SECTION 4: Training and Emergency Response continued

- In an emergency is there a plan for who will be sent to collect the EpiPen® and Action Plan? Yes  No 
  - Who will this be when in the class room?
  - Who will this be when in the school yard?
  - Who will this be at sporting activities?
- Have you checked how long it will take to get to the EpiPen® and Action Plan to a student from various areas of the school? Yes 
  - How long?
  - When in the class room? Yes
  - How long?
  - When in the school yard? Yes
  - How long?
  - When at sports fields? Yes
  - How long?
- On excursions or other out of school events is there a plan for who will look after the EpiPen® and Action Plan? Yes 
  - Who will do this on excursions?
  - Who will do this on camps?
  - Who will do this on sporting activities?
- Is there a process of post-incident support in place? Yes
- Have staff been briefed on?
  - the school's anaphylaxis management? Yes
  - the causes, symptoms and treatment of anaphylaxis? Yes
  - the identities of students diagnosed at risk of anaphylaxis and where their medication is located? Yes
  - how to use an adrenaline auto-injecting device, including hands-on practice with a trainer adrenaline auto-injecting device? Yes
  - the school's first aid and emergency response procedures? Yes

### SECTION 5: Communicating with staff, students, parents/carers

- Is there a communication plan in place to provide information about anaphylaxis and the school's policies to staff, students and parents/guardians? Yes  No 
  - Comments
- Are there procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response? Yes  No 
  - Comments
  - How is this information kept up to date?
- Do all staff know which students suffer from anaphylaxis? Yes  No 
  - Comments
- Are there strategies in place to increase awareness about severe allergies among students? Yes  No 
  - Comments

### Anaphylaxis Management Review Action Plan

Task/s that need to be completed	Action Required	Staff member responsible	Date to be completed
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			