



Anaphylaxis Management Policy

OakTree College ('the College') is an independent co-educational specialist senior secondary school providing education opportunities for young people of migrant backgrounds who are at risk of disengaging from education.

OakTree College ('the College') seeks to provide a safe and supportive environment where all students can safely participate in the educational experiences offered by the College.

1. Purpose

OakTree College is committed to providing a safe and supportive environment for all students at risk of anaphylaxis. Where students are known to be at risk of anaphylaxis, the College requires parents, carers and guardians to provide relevant information to enable the College to carry out its duty of care obligations. Parents, carers and guardians are required to provide the College with up-to-date individual anaphylaxis management plans that are compliant with the Ministerial Order 706 – Anaphylaxis Management in Schools.

The College has a policy and procedures in place that reflect the anaphylaxis guidelines published by the Victorian Department of Education (the department) to support implementation of Ministerial Order 706 in all Victorian schools.

2. School Statement

The College will fully comply with Ministerial Order 706 and the associated **Anaphylaxis Guidelines** (the guidelines) published and amended by the department from time to time.

The guidelines provide information on anaphylaxis management including:

- Medical information about anaphylaxis
- Legal obligations of schools in relation to anaphylaxis
- Staff training
- Individual Anaphylaxis Management Plans
- Risk minimisation strategies
- Emergency responses
- Adrenaline autoinjectors for general use
- Communication Plan
- Annual Risk Management Checklist.

3. Scope

This policy applies to:

- All staff including the Executive Principal, Assistant Principal/Curriculum Leader, teachers, education support and wellbeing officers and all other staff, including casual relief staff;
- all students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction; and
- parents, carers and guardians of students who have been diagnosed as at risk of anaphylaxis or who may require emergency treatment for anaphylactic reaction.

4. Definitions and Terms

Act	The Education and Training Reform Act 2006 (Vic)
Adrenaline Autoinjector	A medical device, approved for use by the Australian Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis).
Adrenaline Autoinjector for general use	A 'back up' or 'unassigned' adrenaline autoinjector purchased by a school.
Allergen	A substance that can cause an allergic reaction.
Allergic reaction	A clinical change that occurs when a person is exposed to a substance that they are allergic to. These changes can affect the skin, intestines, respiratory and cardiovascular systems.
Allergy & Anaphylaxis Australia (A&AA)	A national non-profit organisation that raises awareness of allergy and anaphylaxis in the Australian community. See Resources.
Anaphylaxis	A severe, rapidly progressive allergic reaction that is potentially life threatening.
ASCIA	Australasian Society of Clinical Immunology and Allergy, the peak professional body of clinical immunology and allergy in Australia and New Zealand.
ASCIA Action Plan	A plan that is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device specific; that is, they list the student's prescribed adrenaline autoinjector (e.g. EpiPen®, EpiPen® Jr, Anapen® or Anapen Jr®) and must be completed by the student's medical practitioner.
Guidelines	Anaphylaxis Guidelines – A resource for managing severe allergies in Victorian schools, published by the Department of Education from time to time.
Individual Anaphylaxis Management Plan (IAMP)	A plan developed for students at the school/college who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction. This plan is developed in consultation with the students' parents.
Online training course	ASCIA Anaphylaxis e-training for Victorian Schools approved by the Secretary pursuant to clause 5.5.4 of Ministerial Order 706.
Ministerial Order 706	Ministerial Order 706: Anaphylaxis Management in Victorian Schools which outlines legislated requirements for schools and key inclusions for their Anaphylaxis Management Policy.
Executive Principal	A person appointed to a designated position as principal of a registered school or a person in charge of a registered school (as defined in section 1.1.3 of the Act). At the College this person is the Executive Principal.
School anaphylaxis supervisor	A school staff member nominated by the executive principal to undertake appropriate training to be able to verify the correct use of adrenaline autoinjector (trainer) devices and lead the twice-yearly briefings on the school's anaphylaxis management policy.

5. Medical Information

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen and is life threatening. Anaphylaxis must be regarded as a medical emergency and response must be rapid.

The most common allergens in school-aged children are:

- peanuts
- tree nuts (e.g. hazelnuts, cashews, almonds, pine nuts walnuts, etc)
- eggs
- cow's milk
- fish and shellfish
- wheat
- soy
- sesame seeds.

Other common allergens include some insect stings, (particularly bee stings), wasp and jumper jack ants, ticks some medication (e.g. antibiotics and anaesthetic) and latex.

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

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of *anaphylaxis*, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- a wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen but can appear within a few minutes.

The first aid treatment for anaphylaxis is adrenaline given as an injection into the muscle of the outer mid-thigh. Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

6. Legal Obligations

The Education and Training Reform Act 2006 requires a school to have an anaphylaxis management policy if it has enrolled a student in circumstances where the school knows, or ought reasonably to know, that the student has been diagnosed as being at risk of anaphylaxis.

Ministerial Order 706 specifies what must be included in an anaphylaxis management policy as well as prescribing the staff training requirements for staff working with students who are at risk of anaphylaxis.

To obtain and maintain registration with the Victorian Registration and Qualifications Authority, a school must demonstrate that it meets the minimum requirements for

registration as set out in the Act and the Ministerial Order in relation to the management of anaphylaxis. In addition, the school must be able to demonstrate compliance with the Anaphylaxis Guidelines as issued by the department.

At enrolment in the College, parents will be asked to advise whether their child has an allergy or is at risk of an anaphylactic reaction. The College will promptly follow up parents, carers and guardians to seek confirmation if this information is not provided.

The College will ensure that sufficient information is provided by the parents, carers or guardians (in the enrolment form and during the enrolment process), including an appropriate ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions. If sufficient information is not provided by the parents, carers or guardians, the College will follow this up until adequate information is provided.

The College will also routinely remind parents, carers and guardians and students to advise the Executive Principal of any change in their circumstances, including any relevant changes in the diagnosis and treatment of medical conditions. This will be done periodically (e.g. once or twice per year in addition to the annual student enrolment form) and through the newsletter or other regular communications to the College community.

7. Staff Training

The Executive Principal will ensure that the following staff are appropriately trained in anaphylaxis management:

- All College staff who conduct classes attended by students with a medical condition relating to allergy and the potential for anaphylactic reaction;
- College staff who conduct specialist classes, administration staff, first aid trained staff and any other member of College staff as required by the Executive Principal based on a risk assessment.

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

ASCIA has developed an online training course, compliant with the Ministerial Order, for use in all Victorian schools (government, Catholic and independent). The department recommends that all Victorian school staff (at least) undertake the online training course.

OakTree College requires staff to complete the following training course/s:

- *ASCIA Anaphylaxis e-training for Victorian Schools* followed by a competency check by the Executive Principal or Assistant Principal/Curriculum Leader. To perform the competency check, the Executive Principal and Assistant Principal/Curriculum Leader must have completed the *Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC*.

Staff who hold current certification *22578VIC Course in First Aid Management of Anaphylaxis* will not be required to complete the online training course until their certification expires.

To successfully complete the online training course a person's competency in the administration of an adrenaline autoinjector must be assessed by an appropriately qualified

supervisor. The competency checks need to be undertaken by the supervisor within 30 days of a relevant member of the College staff completing the online training course.

College staff who complete the online training course will be required to repeat that training and the adrenaline autoinjector competency assessment every two years.

The College will nominate a minimum of two staff members as anaphylaxis supervisors. The Executive Principal and the Assistant Principal/Curriculum Leader will be appropriately trained as supervisors. To qualify as an anaphylaxis supervisor, the Executive Principal, the Assistant Principal/Curriculum Leader (and any other nominated staff) must have completed the accredited *Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC*.

Twice-yearly school briefings

In addition, the Executive Principal will ensure all staff participate in a briefing on anaphylaxis management and this policy, at least twice per calendar year (with the first briefing to be held at the beginning of the school year) on:

- the causes, symptoms and treatments of anaphylaxis,
- the College's legal obligations and anaphylaxis management policy,
- the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located,
- ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen and an Anapen,
- the College's general first aid and emergency response procedures,
- the location of, and access to, adrenaline autoinjectors that have been provided by parents, carers or guardians or purchased by the College for general use,
- how to access on-going support and training.

The briefing will be conducted by the Executive Principal (or the Assistant Principal/Curriculum Leader if the absence of the Executive Principal) who will have successfully completed an approved anaphylaxis management training course in the last 2 years.

If the relevant training has not occurred for a member of staff who has a student in their class at risk of anaphylaxis, the Executive Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents, carers or guardians of any affected student. Training will be provided to relevant College staff as soon as practicable after the student enrolls, and preferably before the student's first day at College.

The Executive Principal will ensure that while the student is under the care or supervision of the College, including excursions and special event days, there are enough College staff present who have successfully completed an anaphylaxis management training course.

8. Individual Anaphylaxis Management Plans (IAMP)

The Executive Principal will ensure that an IAMP is developed, in consultation with the student's parents, carers or guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. The primary responsibility for this at the College falls to the Executive Principal.

The IAMP will be in place as soon as practicable after the student enrolls and where possible before their first day of College.

The IAMP sets out the following:

- Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has and the signs or symptoms the student might exhibit in the event of an allergic reaction (based on a written diagnosis from a medical practitioner);
- Strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of College staff, for in-school and out-of-school settings including the College premises, on excursions, or at special events conducted, organised or attended by the College;
- The name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the IAMP;
- Information on where the student's medication will be stored;
- The student's emergency contact details;
- An up-to-date ASCIA Action Plan completed by the student's medical practitioner.

Note: There are several types of 'ASCIA Action Plan for Anaphylaxis' that are a recognised form for emergency procedure plans provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. Examples of these plans are provided in Appendix 1.

College staff will then implement and monitor the student's IAMP as required.

The student's IAMP will be reviewed, in consultation with the student's parents, carers and guardians in the following circumstances:

- annually (at the start of each year), and
- as soon as practicable after the student has an anaphylactic reaction at College,
- if the student's medical condition changes (as it relates to allergy and the potential for anaphylactic reaction),
- when the student is to participate in an off-site activity, such as excursions, or at special events conducted, organised or attended by the College (e.g. class parties, elective subjects, cultural days, events at other schools or colleges, competitions or incursions).

Responsibilities of parents (including carers or guardians) and the College

Parents are responsible for:

- providing the ASCIA Action Plan from the student's medical practitioner and providing a copy to the College as soon as practicable;
- immediately informing the College in writing if there is a change in the student's medical condition and risk factors and (if relevant) obtaining an updated ASCIA Action Plan from the student's medical practitioner;
- providing an up to date photo of the student for the ASCIA Action Plan when that plan is provided to the College and each time it is reviewed;
- providing the College with an adrenaline autoinjector that is current (i.e. the device has not expired) for the student;
- participating in annual reviews of the student's IAMP.

The Executive Principal is responsible for:

- developing and maintaining this Anaphylaxis Policy,
- developing an IAMP for all students at risk anaphylaxis,
- ensuring staff are appropriately trained in the management of anaphylaxis and ensuring training is current,
- developing and implementing first aid procedures and emergency responses,
- purchasing back-up/additional adrenaline autoinjectors,
- developing and implementing prevention strategies,
- developing a Communication Plan,
- completing the Risk Management Checklist annually,
- reviewing the Anaphylaxis Policy annually.

The College Board is responsible for approving the Anaphylaxis Policy and ensuring it is reviewed annually.

9. Risk Minimisation Strategies

The College has risk minimisation strategies in place for relevant onsite and offsite settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in the common area
- during recess and lunchtime
- before and after school
- excursions, or at special events conducted, organised or attended by the College (e.g. class celebrations, elective subjects, cultural days, concerts, events at other schools, competitions or incursions).

To reduce the risk of a student suffering from an anaphylactic reaction the College has the following strategies in place.

On site

- Staff and students are regularly reminded to wash their hands before and after eating.
- Students are discouraged from sharing food.
- At-risk students are identified and protected from food with allergens.
- At-risk students who wish to store food or prepared meals in the fridge must label these items clearly with their name.
- If food is shared (e.g. fruit platter), at-risk students will be given a separate serving on a separate plate.
- Students are encouraged to eat in the common room area to minimise the attraction of insects/bees.
- Garbage bins are covered with lids to reduce the risk of attracting insects/bees.
- Students and the College community are educated about food allergy so they understand why they should only eat their own food and why they should not share or offer food to students with food allergies.

- Students and staff discuss allergens that must be avoided in advance of class parties, events or celebrations.
- A copy of the student's ASCIA Action Plan (for food allergy) will be displayed in the kitchen area visible to staff but not students
- All cutlery, crockery, glasses and other kitchen implements will be washed with hot soapy water or placed in the dishwasher for thorough cleaning to remove allergens
- When preparing food, clean/separate utensils will be used. If shared utensils are used, they will be washed in hot soapy water or a dishwasher to remove traces of potential allergens.
- A general use autoinjector is stored in the First Aid room.

Off site (excursions, special events)

Planning for off-site activities (such as camps and excursions) will include risk minimisation strategies for students at risk of anaphylaxis including ensuring:

- Students at risk of anaphylaxis are appropriately supervised,
- There are an appropriate number of staff trained in managing anaphylaxis,
- That the teacher-in-charge of the off-site activity has immediate access to relevant students' adrenaline autoinjectors and either hard copy or electronic access to IAMP and ASCIA Actions Plans; these will be carried in a portable first aid kit,
- Prior to an excursion taking place College staff will consult with the student's parents/guardians/carers and medical practitioner (if necessary) to review the student's IAMP to ensure that it is current and relevant to the excursion activity.

Excursions

The College will:

- Complete an anaphylaxis emergency response plan for each excursion,
- Assess how many general use adrenaline injectors need to be taken (along with ASCIA First Aid Plans) in the portable first aid kit,
- Ensure all staff are aware of the location of the student's adrenaline injectors and ASCIA Action Plans, as well as the general use adrenaline injector and ASCIA First Aid Plan (which will be carried in the portable first aid kit),
- Ensure the student at risk of anaphylaxis is in the care of the staff member carrying the adrenaline injector, this staff member will have completed anaphylaxis training,
- Check that students who should be carrying their own adrenaline injector/s (as agreed in the individualised anaphylaxis management plan) have their adrenaline injector/s with them,
- Check if the excursion includes a food related activity and if so, discuss with the parents/guardians and plan accordingly,
- Discourage eating on buses.

Special events

The College will work to ensure students do not miss out on activities because of their food allergy, however we may have to adjust our approach to increase safety. This may involve:

- Liaising with the parents, carers or guardians of the student with the food allergy well in advance so they can provide suitable food or adjust the activity to accommodate their child's allergies;

- Asking parents, carers or guardians of at-risk students to supply their own safe food item e.g. special food for separate storage in the fridge to prevent cross contamination;
- Where possible the use of outside caterers will be avoided however, should the College decide to use external caterers College staff will develop a specific risk minimisation plan for students with food allergies to reduce the risk of accidental exposure to a student's allergen. The plan will be developed with the student's parent, carer or guardian.

The College will not ban certain types of food (such as nuts) or other foods associated with anaphylaxis or allergies. This is not recommended because:

- it can create complacency amongst staff and students
- it cannot eliminate the presence of all allergens.

However, the College will avoid the use of nut-based products in all College activities, and request that parents do not send those items with students to College if possible. The College will reinforce the rules about not sharing and not eating foods provided from home.

10. Emergency Response

In the event of an anaphylactic reaction (on or off-site), the emergency response procedures in this policy must be followed, together with the College's first aid procedures, emergency response procedures and the student's IAMP and ASCIA Plan.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the Executive Principal and stored in the First Aid room. For excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the excursion/special event, together with their IAMP and adrenaline autoinjectors, where appropriate. The designated staff member will carry these in a portable first aid kit.

If a student experiences an anaphylactic reaction at College or during a College activity, staff must:

Step	Action
1.	<ul style="list-style-type: none"> • Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the First Aid room. • If off-site, the teacher-in-charge of the off-site activity will have immediate access to items listed above in the portable first aid kit. • If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5 2.
2.	<p>Administer an EpiPen or EpiPen Jr</p> <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the autoinjector and pull off the safety release (cap)

	<ul style="list-style-type: none"> Place orange end against the student’s 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 Jr Note the time the autoinjector is administered Retain the used autoinjector to be handed to ambulance paramedics along with the time of administration <p>OR</p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"> Remove the black needle shield Pull off grey safety cap (from the red button) Place needle end firmly against the student’s outer mid-thigh (with or without clothing) Press red button so it clicks and hold for 10 seconds. Remove autoinjector Note the time the autoinjector is administered Retain the used autoinjector to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (Triple Zero ‘000’).
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan), further adrenaline doses may be administered every five minutes if other adrenaline autoinjectors are available.
5.	Contact the student’s emergency contacts and Executive Principal.

If a student appears to be having a severe allergic reaction but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, College staff should follow steps 2 – 5 as above.

Staff can use either the EpiPen® or Anapen® on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, staff should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

11. Adrenaline Autoinjectors for General Use

The Executive Principal will ensure the purchase of adrenaline autoinjector(s) for general use (purchased by the College) and as a back up to those supplied by parents. These may also be used for students who may experience a first time reaction while at the College.

The Executive Principal will also determine the number of additional adrenaline autoinjector(s) required to be purchased by the College. In doing so, the Executive Principal will consider the following relevant considerations:

- the number of students enrolled who have been diagnosed as being at risk of anaphylaxis;
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase;

- the accessibility of adrenaline autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of adrenaline autoinjectors for general use in specified locations at the College including in the kitchen and common area, and at excursions and special events conducted, organised or attended by the College;
- the adrenaline autoinjectors for general use have a limited life, and will usually expire within 12-18 months, and will need to be replaced at College expense either at the time of use or expiry, whichever is first;
- the expiry date of adrenaline autoinjectors should be checked regularly to ensure they are ready for use.

The autoinjectors for general use will be clearly labelled as such and will be stored in the First Aid kit located in the First Aid room together with those of individual students.

It is recommended that adrenaline autoinjectors for general use be used when:

- a student's prescribed adrenaline autoinjector does not work, is misplaced, out of date or has already been used, or
- a student is having a suspected first time anaphylactic reaction and does not have a medical diagnosis for anaphylaxis, or
- when instructed by a medical officer after calling Triple Zero '000'.

Staff can use either the EpiPen or Anapen on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, staff should use the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

ASCIA advises that no serious harm is likely to occur from mistakenly administering adrenaline to an individual who is not experiencing anaphylaxis.

12. Communication Plan

The Executive Principal is responsible for ensuring a communication plan is developed to provide information to all college staff, students, parents, carers and guardians about anaphylaxis and this anaphylaxis management policy.

This policy will be available on the College website and will be circulated to all students and their parents through the College newsletter and in the Student & Parent/Guardian Handbook.

Students enrolled at the College who are identified as being at risk of anaphylaxis and their parents, carers or guardians will also be provided with a written copy of this policy by email. Parents will be invited to participate in an annual review of the students IAMP. Parents are encouraged to discuss their child's specific needs with the Executive Principal.

The Executive Principal is responsible for ensuring that all relevant staff including Casual Relief Teachers (CRTS) are aware of this policy and the College's procedures for anaphylaxis management. This will be achieved through verbal briefings, induction and training sessions, circulation of this policy and the Guidelines and in information provided in the Teachers' Handbook.

The Executive Principal is also responsible for ensuring relevant staff are trained and briefed twice per calendar year in anaphylaxis management, consistent with the Ministerial Order and associated Guidelines.

13. Annual Risk Management Checklist

The Executive Principal will complete an Annual Risk Management Checklist (as published by the Department of Education) to monitor compliance with the College's obligations and assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis. Refer to Appendix 2.

14. Resources

- [Allergy & Anaphylaxis- Allergy & Anaphylaxis Australia \(allergyfacts.org.au\)](http://allergyfacts.org.au)
- [Anaphylaxis Guidelines \(Victorian Department of Education\)](#)
- [Anaphylaxis Resources - Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#)
- [ASCIA Anaphylaxis e-training for Victorian Schools](#)
- Department [template presentation \(PPTX\)](#) for the twice-yearly briefing
- [EpiClub](#) – free reminder service (optional)

15. Related Documents

- Annual Anaphylaxis Risk Management Checklist for Schools
- ASCIA Action Plan for Anaphylaxis
- Individual Anaphylaxis Management Plan

16. Related Policies

- Administration of Medication
- Asthma Management Policy
- Duty of Care policy
- Emergency and Critical Incident Management Plan
- First Aid Policy
- Medical Management Policy

17. Approval and Review

Document owner:	Executive Principal
Approved by:	College Board
Approval date:	18 May 2024
Review date:	May 2025 (and every year thereafter)



Appendix 1: Individual Anaphylaxis Management Plan (IAMP)

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (**ASCIA Action Plan for Anaphylaxis**) provided by the parent.

It is the parent's responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student- to be appended to this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
DOB		Year level	
Severely allergic to			
Other health conditions			
Medication at school			

EMERGENCY CONTACT DETAILS (PARENT/CARER/GUARDIAN)

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	

	Name	
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Medical practitioner contact	Phone	
Emergency care to be provided at school		
Storage location for adrenaline autoinjector (device specific- EpiPen® or Anapen)		

ENVIRONMENT

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

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

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?
<p>This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happens earlier):</p> <ul style="list-style-type: none"> • 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 College • when the student is to participate in an off-site activity, such as excursions, or at special events conducted, organised or attended by the College (e.g. class parties, elective subjects, cultural days, incursions). <p>I have been consulted in the development of this Individual Anaphylaxis Management Plan.</p> <p>I consent to the risk minimisation strategies proposed.</p> <p>Risk minimisation strategies are available at <i>Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines</i>.</p>			
Signature of parent/guardian/carer:			
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 Executive Principal (or nominee):			
Date:			

Parents, carers and guardians (via their medical practitioner) can access the ASCIA Action Plan from:

[ASCIA Action, First Aid, Management, Transfer, Travel and Treatment Plans- Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#)

One of the following completed ASCIA Action Plans depending on EpiPen or Anapen:



australian society of clinical immunology and allergy

www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: _____ **For use with EpiPen® adrenaline (epinephrine) autoinjectors**

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s):
 1. _____
 Mobile Ph: _____
 2. _____
 Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np): _____

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

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: _____
 Date: _____

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

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

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

ACTION FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE AUTOINJECTOR

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

4 Phone family/emergency contact

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

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

IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR

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

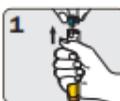
ALWAYS GIVE ADRENALINE AUTOINJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

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

How to give EpiPen®

1



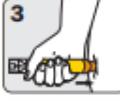
Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE

2



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

3



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

EpiPen® is prescribed as follows:

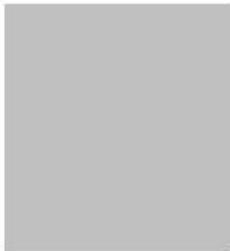
- EpiPen® Jr (150 mcg) for children 7.5-20kg
- EpiPen® (300 mcg) for children over 20kg and adults

© ASCIA 2021 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

OR

Name: _____ For use with **Anapen®** adrenaline (epinephrine) autoinjectors

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np): _____

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

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: _____

Date: _____

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, call for help and locate adrenaline autoinjector
- Give antihistamine (if prescribed) _____
- Phone family/emergency contact

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

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

- Difficult or noisy breathing
- Difficulty talking or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling or 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 or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE AUTOINJECTOR

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

4 Phone family/emergency contact

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

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

IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR

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

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

Asthma reliever medication prescribed: Y N

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

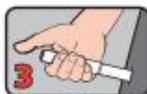
How to give Anapen®



1
PULL OFF BLACK NEEDLE SHIELD



2
PULL OFF GREY SAFETY CAP from red button



3
PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)



4
PRESS RED BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® is prescribed as follows:

- Anapen® 150 Junior for children 7.5-20kg
- Anapen® 300 for children over 20kg and adults
- Anapen® 500 for children and adults over 50kg

Appendix 2- Annual Risk Management Checklist

(to be completed at the start of each year)

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

6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> N/A
SECTION 1: Training	
7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (Course in First Aid Management of Anaphylaxis 22578VIC) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: <ul style="list-style-type: none"> a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen® and Anapen®)? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen® and Anapen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No

c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>22. Are the adrenaline autoinjectors easy to find?</p> <p>Comments:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis?</p> <p>Who?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>27. Has the school signed up to EpiClub (optional free reminder services)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>30. Where are these first aid kits located?</p> <p>Do staff know where they are located?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>SECTION 4: Risk Minimisation strategies</p>	
<p>33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No

b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	
45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No

f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information be kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	