



# CASTLEMAINE SECONDARY COLLEGE

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## Anaphylaxis Management Policy

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<b>Approved By</b>	Castlemaine Secondary College Council
<b>Approval Authority (Signature &amp; Date)</b>	
<b>Date Reviewed</b>	17 June 2015
<b>Responsible for Review</b>	Assistant Principal Student Engagement and Wellbeing Secondary School Nurse
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<b>References</b>	<p>Anaphylaxis Guidelines. A Resource for Managing Severe Allergies In Victorian Schools. (Feb 2014), Department of Education and Early Childhood Development.</p> <p>Department of Education and Training Anaphylaxis Policy</p> <p>Education and Training Reform Act 2006. Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools.</p> <p>Resources:</p> <p><a href="http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis">www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis</a></p> <p><a href="http://www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/">www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/</a></p> <p><a href="http://www.allergy.org.au">www.allergy.org.au</a></p> <p><a href="http://www.epiclub.com.au">www.epiclub.com.au</a></p> <p><a href="http://www.allergyfacts.org.au/allergy-and-anaphylaxis">www.allergyfacts.org.au/allergy-and-anaphylaxis</a></p> <p><a href="http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/">www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/</a></p> <p><a href="http://www.rch.org.au/allergy/">www.rch.org.au/allergy/</a></p>
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**School Statement:**

Castlemaine Second College will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department: **Anaphylaxis Management in Victorian Schools** and guidelines on anaphylaxis management as published by the Department of Education and Early Childhood Development.

Castlemaine Secondary College is responsible for developing and reviewing the schools Anaphylaxis Management policy in accordance with the above requirements.

**Background:**

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at the school.

Adrenaline given through an Adrenaline auto-injector (e.g. Epi-Pen) to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

**Purpose:**

Castlemaine Secondary College is committed to adopting and implementing a range of procedures and risk minimisation strategies 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 students schooling.
- Raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- Engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- Ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

**Individual Anaphylaxis Management Plans:**

The Principal will ensure that an individual anaphylaxis management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis.

All student ASCIA Action Plans & Individual Anaphylaxis Management Plans are kept in the General Office of each campus. The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls and where possible before their first day at school and must include the following:

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



- An Action Plan, in a format approved by The Australasian Society of Clinical Immunology and Allergy (Referred to as an ASCIA Action Plan) provided by the parent.

**The approved template for the students Individual Anaphylaxis Management Plan and ASCIA Action Plans can be referred to at Appendix 1 and 2.**

The student's individual anaphylaxis management plan will be reviewed, in consultation with the student's parents/carers:

- Annually,
- If the student's condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes.
- As soon as practicable after a student has an anaphylactic reaction at school.
- When the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School ( e.g. class parties, elective subjects, cultural days, fetes and incursions)

It is the responsibility of the parent to:

- Provide the approved ASCIA Action Plan.
- Inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes, and if relevant provide an updated ASCIA Action Plan
- Provide an up to date photo for the ASCIA Action Plan when that plan is provided to the school and when it is reviewed.
- Provide the school with an Adrenaline Autoinjector that is current (not expired) for their child.

### **Prevention Strategies:**

Castlemaine Secondary College will put in place Risk Minimisation and Prevention Strategies for all relevant in-school and out-of-school settings to minimise the risk of an anaphylactic reaction in the following (but are not limited to) circumstances:

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

**The Anaphylaxis Risk Minimisation and Prevention Strategies can be found in Appendix 3.**

### **School Management and Emergency Response**

In the event of an anaphylactic reaction the **Emergency Response Procedure** outlined in this policy in **Appendix 4** must be followed, together with the Castlemaine Secondary College general first aid and emergency response procedures and the students ASCIA Action Plan.

The emergency response procedure for anaphylactic reaction requires a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction.

Individual Anaphylaxis Management Plans and ASCIA Action Plans can be viewed and/or accessed on the Student Management Tool (SMT) electronically and:

<p>During normal school activities in the:</p> <ul style="list-style-type: none"> <li>-Food Tech and Prep Classrooms</li> <li>-Nurses and General Office</li> <li>-Canteen and Staff Room</li> </ul> <p>Yard Duty Bags will have „Student Alert“ ID cards</p>	<p>During off-site and out of school activities:</p> <ul style="list-style-type: none"> <li>-On school excursions and school camps</li> <li>-At special events conducted, organised or attended by the school</li> </ul>
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General Use and Individual student **Adrenaline Autoinjectors will be stored in the General Office** at Castlemaine Secondary College under the following conditions:

- Stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer.
- Each Adrenaline Autoinjector will be clearly labelled with the student's name and stored with a copy of the student's ASCIA Action Plan.
- The storage area will have a visible „Adrenaline Autoinjectors“ sign in place to alert staff to the exact location with school staff made aware of the building location.
- The General Use (Adrenaline Auto-injector) will be clearly labelled and distinguishable from those for students at risk of anaphylaxis.
- Trainer Adrenaline Auto-injectors (which do not contain adrenaline or a needle are not stored in the same location due to the risk of confusion.
- An Adrenaline Autoinjector will be signed in and out when taken from its usual place. E.g. for camps or excursions.
- The School Nurse or First Aid Officer will conduct monthly reviews of the expiry date of the Adrenaline Auto-injectors and sent a written reminder to parents to replace an Adrenaline Auto-injector one month prior to the expiry date.

When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the Principal must ensure that there is sufficient school staff present who have been trained in accordance with this policies training requirements.

Communication with school staff, students and parents will occur in accordance with a communication plan which complies with policy requirements.

### **Adrenaline Autoinjectors for General Use**

The Principal will purchase Adrenaline Autoinjector(s) for General Use and as a back up to those supplied by parents and will determine the number of additional Adrenaline Autoinjectors required taking into account the following

- The number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction;
- 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 school , including
- in the school yard ,and at excursions, camps and special events conducted or organised by the school ; and
- the Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months and will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first.

Additional General Use Adrenaline Autoinjectors should be stored under the previously outlined conditions in the Yard Duty Bag at school.

### **Communication Plan**

Clause 11 of Ministerial Order 706 requires a school to have a communication plan as part of its Anaphylaxis Management Policy. The Principal will be responsible for ensuring that this communication plan is developed to provide awareness about anaphylaxis and the schools anaphylaxis management policy.



## A template for developing an Annual Communication Plan can be referred to at Appendix 5

The Castlemaine Secondary College Anaphylaxis Communication Plan must include information that refers to and/or stipulates about:

- Informing school staff, students and parents about how to respond to an anaphylactic reaction in a classroom, in the school yard, in all school building sites, on school excursions, on school camps and special events conducted, organised or attended by the school.
  - Conducting briefings with Volunteers and casual relief staff, and new school staff (including administration and office staff, canteen staff, sessional teachers, specialist teachers) in regards to their role in responding to an anaphylactic reaction by a student in their care. The staff briefing must be provided by a staff member(s) who has up to date anaphylaxis management training on:
    - The school's anaphylaxis management policy.
    - The causes, symptoms and treatment of anaphylaxis.
    - The identities of students diagnosed at risk of anaphylaxis and where their medication is located.
    - How to use an Auto-injecting Adrenaline device.
    - The school's first aid and emergency response procedures.
  - Raising school staff awareness at Castlemaine Secondary College through anaphylaxis fact sheets or posters displayed in the canteen and staffrooms.
  - Methods for class teachers to discuss allergies and anaphylaxis with students in their class, with the following key messages:
    - Always take food allergies seriously – severe allergies are no joke.
    - Don't share your food with friends that have food allergies.
    - Wash your hands after eating.
    - Know what your friends are allergic to.
    - If a school friend becomes sick, get help immediately even if the friend does not want to.
    - Be respectful of a school friend's Adrenaline Autoinjector.
    - Don't pressure your friends to eat food they are allergic to.
- Source: Be a MATE kit, published by Anaphylaxis and Allergy Australia
- Reminding school staff that students at risk of anaphylaxis may not want to be singled out as bullying the student at risk of anaphylaxis can occur. Any attempt to harm a student diagnosed at risk of anaphylaxis must be treated as a serious and dangerous incident and dealt with in line with the schools Anti-Bullying and Harassment Policy.
  - Acknowledging that parents of a student who is at risk of anaphylaxis may experience considerable anxiety about sending their child to school. It is important for school staff to:
    - develop an open and cooperative relationship with parents,
    - discuss the appropriate anaphylaxis management and prevention strategies in place at Castlemaine Secondary College; and
    - Provide parents with a copy of the schools anaphylaxis management policy and their child's completed individual student management plan and request they sign a form to acknowledge they have received and read the forms.
    - Maintain regular communication, education and support from the school community.
  - Actively raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition by:
    - Providing information about Anaphylaxis on the school website and newsletter.
    - Education provided to students at Castlemaine Secondary College.
    - Providing links to credible anaphylaxis resources:
      - ✓ [www.rch.org.au/allergy/parent\\_information\\_sheets/Parent\\_Information\\_Sheets/](http://www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/)
      - ✓ [www.allergy.org.au](http://www.allergy.org.au)
      - ✓ [www.epiclub.com.au](http://www.epiclub.com.au)
      - ✓ [www.allergyfacts.org.au/allergy-and-anaphylaxis](http://www.allergyfacts.org.au/allergy-and-anaphylaxis)
      - ✓ [www.rch.org.au/allergy/advisory/anaphylaxis\\_Support\\_advisory\\_line/](http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/)
      - ✓ [www.rch.org.au/allergy/](http://www.rch.org.au/allergy/)



### Staff Training:

The Principal is responsible for ensuring the school staff identified to complete anaphylaxis management training requirements are trained and briefed in accordance with the policy requirements outlined in the staff training section.

The following school staff must be appropriately trained:

- School staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- any further School Staff that are determined by the Principal based on the assessment of risk of an anaphylactic reaction occurring while a student is under the care and supervision of the school.

The identified school staff are required to undertake the following training:

- Successful completion of an Anaphylaxis Management Training Course in the previous three years; and
- Participation in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) by a member of school staff who has successfully completed an anaphylaxis management training course in the 12 months prior, on:
  - the school's Anaphylaxis Management Policy;
  - causes, symptoms and treatment of anaphylaxis;
  - the identities of students with a medical condition that relates to an allergy and has the potential for anaphylactic reaction, and where their medication is located;
  - how to use an Adrenaline Autoinjector, including hands on practise with an Adrenaline Autoinjector trainer device;
  - the School's general first aid and emergency response procedures; and
  - the location of and access to Adrenaline Autoinjectors that have been provided by the parents or purchased by the school for general use.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim individual Anaphylaxis Management Plan in consultation with the parents of any students with a medical condition that relates to an allergy and the potential for anaphylactic reaction. Training will be provided to relevant staff soon as practicable after the student enrolls, and preferably before the student's first day of school.

The Principal will ensure that while the student is under the care or supervision of the School, including, excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the 3 years prior.

The Department of Education and Training website provides a list of training courses that meet the definition of „Anaphylaxis Management Training Course“ for the purposes of the Order:

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>

### Annual Risk Management Checklist.

It is a requirement of this policy that the Principal will complete an annual Risk Management Checklist to monitor compliance with their obligations as published and amended by the Department of Education & Training.

The **Risk Management Checklist** to be used by Castlemaine Secondary College on an annual basis can be found at **Appendix 6**.



## Appendix 1: Individual Anaphylaxis Management Plan

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 Parents' 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.

<b>School</b>		<b>Phone</b>	
<b>Student</b>			
<b>DOB</b>		<b>Year level</b>	
<b>Severely allergic to:</b>			
<b>Other health conditions</b>			
<b>Medication at school</b>			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>EMERGENCY CONTACT DETAILS (ALTERNATE)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>Medical practitioner contact</b>	<b>Name</b>		
	<b>Phone</b>		
<b>Emergency care to be provided at school</b>			



<b>Storage for Adrenaline Autoinjector (device specific) (EpiPen®/Anapen)</b>			
<b>ENVIRONMENT</b>			
To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.			
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>



This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes ;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- When the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of Principal (or nominee):	
Date:	

Source: Anaphylaxis Guidelines: A Resource for Managing Severe Allergies in Victorian School. Department of Education and Early Childhood Development (Feb 2014)



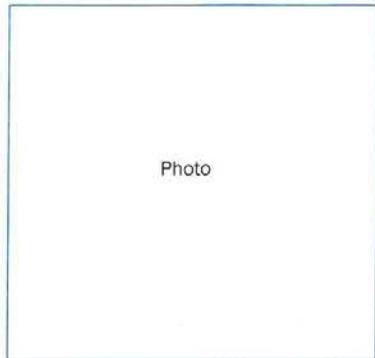
# Appendix 2: ASCIA Action Plan - EpiPen

**ascia**  
australian society of clinical immunology and allergy  
[www.allergy.org.au](http://www.allergy.org.au)

**ACTION PLAN FOR**  
**Anaphylaxis**

For use with EpiPen® Adrenaline Autoinjectors

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_



Confirmed allergens: \_\_\_\_\_

Asthma Yes  No

Family/emergency contact name(s): \_\_\_\_\_

Work Ph: \_\_\_\_\_  
Home Ph: \_\_\_\_\_  
Mobile Ph: \_\_\_\_\_

Plan prepared by:  
Dr: \_\_\_\_\_  
Signed: \_\_\_\_\_  
Date: \_\_\_\_\_

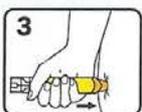
## How to give EpiPen®



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



2 PLACE ORANGE END against outer mid-thigh (with or without clothing).



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

Instructions are also on the device label and at:  
[www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

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## MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

## ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) .....
- Dose: .....
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede anaphylaxis**

Watch for any one of the following signs of anaphylaxis

## ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

## ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- 2 Give EpiPen® or EpiPen® Jr
- 3 Phone ambulance\* 000 (AU), 111 (NZ), 112 (mobile)
- 4 Phone family/emergency contact
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

### If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information \_\_\_\_\_

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.



# Appendix 2: ASCIA Action Plan - Anapen



australasian society of clinical immunology and allergy  
[www.allergy.org.au](http://www.allergy.org.au)

## ACTION PLAN FOR Anaphylaxis



For use with Anapen® Adrenaline Autoinjectors

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Photo

Confirmed allergens: \_\_\_\_\_

Asthma    Yes     No

Family/emergency contact name(s): \_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_

Dr: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

**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 10 seconds. REMOVE Anapen® and DO NOT touch needle. Massage injection site for 10 seconds.

Instructions are also on the device label and at:  
[www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed) .....
- Dose: .....
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give Anapen® 300 or Anapen® 150**
- 3 Phone ambulance\* 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give adrenaline autoinjector

**Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.**

Anapen® 300 is generally prescribed for adults and children over 5 years.  
Anapen® 150 is generally prescribed for children aged 1-5 years.  
\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information \_\_\_\_\_

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

© ASCIA 2014. This plan was developed by ASCIA



## Appendix 3: Risk Minimisation and Prevention Strategies

### In School Settings

Classrooms	
1.	Liaise with Parents about food-related activities ahead of time.
2.	Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
3.	Never give food from outside sources to a student who is at risk of anaphylaxis.
4.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
5.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
6.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
7.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
8.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
9.	A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

Canteens	
1.	<p>Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to:</p> <ul style="list-style-type: none"> <li>'Safe Food Handling' in the School Policy and Advisory Guide, available at: <a href="http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx">http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx</a></li> <li>Helpful resources for food services: <a href="http://www.allergyfacts.org.au/component/virtuemart/">http://www.allergyfacts.org.au/component/virtuemart/</a></li> </ul>
2.	Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls.
3.	Display the student's name and photo in the canteen as a reminder to School Staff.
4.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.



5.	Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a „may contain...“ statement.
6.	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7.	Food banning is not generally recommended. Instead, a „no-sharing“ with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
8.	Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow’s milk products or peanuts.

#### Yard

1.	If Castlemaine Secondary College has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
2.	The Adrenaline Autoinjector and each student’s Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. <b>(Remember that an anaphylactic reaction can occur in as little as a few minutes).</b>
3.	Castlemaine Secondary College must have a Communication Plan in place so the student’s medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the School’s Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4.	Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6.	Keep lawns and clover mowed and outdoor bins covered.
7.	Students should keep drinks and food covered while outdoors.

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

1.	If a Castlemaine Secondary College student has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2.	School Staff should avoid using food in activities or games, including as rewards.
3.	For special occasions, School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.



- |    |   |
|----|---|
| 4. | Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event. |
| 5. | Party balloons should not be used if any student is allergic to latex.  |

## Out-of-school settings

### Travel to and from School by bus

- |    |   |
|----|---|
| 1. | Castlemaine Secondary College staff should consult with Parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from School on the bus. This includes the availability and administration of an Adrenaline Autoinjector. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Autoinjector on their person at School. |
|----|---|

### Field trips/excursions/sporting events

- |    |   |
|----|---|
| 1. | If Castlemaine Secondary College has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.  |
| 2. | A Castlemaine Secondary College staff member trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.  |
| 3. | School Staff should avoid using food in activities or games, including as rewards.  |
| 4. | The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and Castlemaine Secondary College school staff in attendance must be aware of their exact location.  |
| 5. | For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.<br><br>All Castlemaine Secondary College staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face. |
| 6. | Castlemaine Secondary College staff should consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required).  |
| 7. | Prior to the excursion taking place Castlemaine Secondary College Staff should review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity, consulting with parents if necessary.   |



### Camps and remote settings

1. Prior to engaging a camp owner/operator's services Castlemaine Secondary College Staff should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider.
2. The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3. Castlemaine Secondary College must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Castlemaine Secondary College has a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4. Castlemaine Secondary College will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5. Castlemaine Secondary College Staff should consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
6. If the Castlemaine Secondary College has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
7. Use of substances containing allergens should be avoided where possible.
8. Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that „may contain“ traces of nuts may be served, but not to students who are known to be allergic to nuts.
9. The Castlemaine Secondary College student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
10. Prior to the camp taking place Castlemaine Secondary College Staff should consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
11. Castlemaine Secondary College Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all Castlemaine Secondary College Staff participating in the camp are clear about their roles and responsibilities.
12. Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.



13.	Castlemaine Secondary College should consider taking an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back up device in the event of an emergency.
14.	Castlemaine Secondary College should consider purchasing an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
15.	The Adrenaline Autoinjector should remain close to the Castlemaine Secondary College student and Staff must be aware of its location at all times.
16.	The Adrenaline Autoinjector should be carried in the school first aid kit; however, Castlemaine Secondary College staff can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remember that all Castlemaine Secondary College Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.
17.	Castlemaine Secondary College Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
18.	Cooking and art and craft games should not involve the use of known allergens.
19.	Consider the potential exposure to allergens when consuming food on buses and in cabins.

#### Overseas travel

1.	Review and consider the strategies listed under “Field Trips/Excursions/Sporting Events” and “Camps and Remote Settings”. Where an excursion or camp is occurring overseas, Castlemaine Secondary College should involve Parents in discussions regarding risk management well in advance.
2.	Investigate the potential risks at all stages of the overseas travel such as: <ul style="list-style-type: none"> <li>• travel to and from the airport/port;</li> <li>• travel to and from Australia (via aeroplane, ship etc);</li> <li>• various accommodation venues;</li> <li>• all towns and other locations to be visited;</li> <li>• sourcing safe foods at all of these locations; and</li> <li>• risks of cross contamination, including - <ul style="list-style-type: none"> <li>◦ exposure to the foods of the other students;</li> <li>◦ hidden allergens in foods;</li> <li>◦ whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction; and</li> <li>◦ Whether the other students will wash their hands when handling food.</li> </ul> </li> </ul>
3.	Assess where each of these risks can be managed using minimisation strategies such as the following: <ul style="list-style-type: none"> <li>• translation of the student’s Individual Anaphylaxis Management Plan and ASCIA Action Plan;</li> <li>• sourcing of safe foods at all stages;</li> <li>• obtaining the names, address and contact details of the nearest hospital and Medical Practitioners at each location that may be visited;</li> <li>• obtaining emergency contact details; and</li> <li>• Sourcing the ability to purchase additional Adrenaline Autoinjectors.</li> </ul>
4.	Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.



5. Plan for appropriate supervision of students at risk of anaphylaxis at all times, including that:
  - there are sufficient School Staff attending the excursion who have been trained in accordance with Chapter 12 of the Anaphylaxis Guidelines, Department of Education and Early Childhood: February 2014.
  - there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;
  - there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and
  - Staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.
  
6. Castlemaine Secondary College should re-assess its Emergency Response Procedures, and if necessary adapt it to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:
  - dates of travel;
  - name of airline, and relevant contact details;
  - itinerary detailing the proposed destinations, flight information and the duration of the stay in each location;
  - hotel addresses and telephone numbers;
  - proposed means of travel within the overseas country;
  - list of students and each of their medical conditions, medication and other treatment (if any);
  - emergency contact details of hospitals, ambulances, and Medical Practitioners in each location;
  - details of travel insurance
  - plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans;
  - Possession of a mobile phone or other communication device that would enable the School Staff to contact emergency services in the overseas country if assistance is required.

### Work experience

1. Castlemaine Secondary College should involve Parents, the student and the employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. Staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the Adrenaline Autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience.
 

It is important to note that it is not recommended that banning of food or other products is used as a risk minimisation and prevention strategy. The reasons for this are as follows:

  - it can create complacency among staff and students;
  - it does not eliminate the presence of hidden allergens; and
  - It is difficult to "ban" all triggers (allergens) because these are not necessarily limited to peanuts and nuts. Triggers and common allergens can also include eggs, dairy, soy, wheat, sesame, seeds, fish and shellfish.

Source: Anaphylaxis Guidelines: A Resource for Managing Severe Allergies in Victorian School. Department of Education and Early Childhood Development (Feb 2014)



## Appendix 4: Emergency Response Procedure

### Responding to an incident

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

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylaxis was caused by a bee sting and the bee hive is close by).

### In-School Environment

A member of the school staff should remain with the student who is displaying symptoms of anaphylaxis at all times. **As per instructions on the ASCIA Action Plan:**

„Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.“

### Classrooms:

1. The classroom staff member should call the school office on the classroom or mobile phone to notify of the anaphylactic reaction and location point and obtain the students Adrenaline Autoinjector, Individual Anaphylaxis Management Plan and ASCIA Action Plan.
2. If the phone is not answered immediately, the teacher should instruct a student/s in class to promptly take an „Auto Alert Card“ (laminated card stating anaphylaxis emergency), to the General Office which triggers getting an Adrenaline Autoinjector to the student.
3. The office staff, Principal or Teacher takes the Adrenaline Autoinjector to the requested classroom and provides assistance, including calling 000 for an ambulance after the Adrenaline Autoinjector has been administered.

### Yard:

1. The yard duty staff member should call the school office using a mobile phone or a walkie talkie to notify of the anaphylactic and location point and obtain the students Adrenaline Autoinjector, Individual Anaphylaxis Management Plan and ASCIA Action Plan.
2. If the phone is not answered immediately, the teacher should instruct a student/s in close proximity to promptly take an „Auto Alert Card“ (laminated card stating anaphylaxis emergency), to the General Office which triggers getting an Adrenaline Autoinjector to the student.
3. The office staff, Principal or Teacher promptly takes the Adrenaline Autoinjector to the yard duty teacher with the anaphylactic student and provides assistance, including calling 000 for an ambulance after the Adrenaline Autoinjector has been administered and waiting for the ambulance at the school entrance.

### Out-of School Environments

Excursions and Camps - Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore emergency procedures will vary accordingly. A team of School Staff trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process addresses:

1. The location of Adrenaline Autoinjectors i.e. who will be carrying them. Is there a second medical kit? Who has it?
2. „How“ to get the Adrenaline Autoinjector to a student.
3. „Who“ will call for ambulance response, including giving detailed location address. E.g. Melway reference if city excursion, and best access point or camp address/GPS location.

### Classroom, Yard and Out-Of-School Environments:

4. The Adrenaline Autoinjector should then be administered by the trained staff member following the instructions in the student's ASCIA Action Plan.



## How to administer an EpiPen®

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

## How to administer an AnaPen®

1. Remove from box container and check the expiry date.
2. Remove black needle shield.
3. Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap.
4. Place needle end against the student's outer mid-thigh.
5. Press the red button with your thumb so it clicks and hold it for 10 seconds.
6. Replace needle shield and note the time you administered the Anapen®.
7. The used Autoinjector must be handed to the ambulance paramedics along with the time of administration.

## If an Adrenaline Autoinjector is administered, the School must

1. **Immediately** call an ambulance (000/112).
2. Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3. Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere.
4. In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).
5. **Then** contact the student's emergency contacts.
6. **For government and Catholic schools - later**, contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).
7. **For independent schools - later**, enact your school's emergency and critical incident management plan.



### Always call an ambulance as soon as possible (000)

When using a standard phone call 000 (triple zero) for an ambulance. If you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.

#### First-time reactions

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the School Staff should follow the school's first aid procedures.

This should include immediately contacting an ambulance using 000.

It may also include locating and administering an Adrenaline Autoinjector for General Use.

#### Post-incident support

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and Parents. In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident counselling, provided by the school nurse, guidance officer, student welfare coordinator or School psychologist.

#### Review

After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision, it is important that the following review processes take place.

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

Source: Anaphylaxis Guidelines: A Resource for Managing Severe Allergies in Victorian School. Department of Education and Early Childhood Development (Feb 2014)

#### Self-administration of the Adrenaline Autoinjector

The decision whether a student can carry their own Adrenaline Autoinjector should be made when developing the student's Individual Anaphylaxis Management Plan, in consultation with the student, the student's Parents and the student's Medical Practitioner.

Students who ordinarily self-administer their Adrenaline Autoinjector may not physically be able to self-administer due to the effects of a reaction. In relation to these circumstances, School Staff must administer an Adrenaline Autoinjector to the student, in line with their duty of care for that student.

If a student self-administers an Adrenaline Autoinjector, one member of the School Staff member should supervise and monitor the student, and another member of the School Staff should contact an ambulance (on emergency number 000/112). A second Adrenaline Autoinjector (provided by the Parent) should be kept on-site in an easily accessible, unlocked location that is known to all School Staff.



## Appendix 5: Communication Plan Template

Target Group	Message/s	Medium/ Communication Process	Frequency
School Staff (including casual relief staff and volunteers)	Correct process to respond to an anaphylactic reaction in at and out of school environments.	<p>Staff training</p> <p>Staff briefing presentation and review of the Emergency Response Procedure by School Nurse or Staff member that completed training in the previous year</p> <p>Display ASCIA Action Plans in General Office, Staff Room, Canteen, Food Tech and Prep Classrooms</p> <p>ASCIA Plans stored with Epipens and transported to all off school events.</p>	<p>Every 3 years</p> <p>Bi-annual and at time of new or casual staff induction and volunteers attending school.</p> <p>Continual and updated annually</p> <p>Continual</p>
School Staff (including casual relief staff, contractors and volunteers)	Aware of management, risk minimisation and prevention strategies for anaphylaxis.	<p>Individual Anaphylaxis Management Plans stored on SMT and in General Office.</p> <p>Anaphylaxis Policy, Prevention Strategies and Fact Sheet displayed on SMT, in the Staffroom and Canteen.</p>	<p>Continual and updated annually</p> <p>Continual</p>



Students	<p>Aware of what anaphylaxis is, triggers, ways of reducing the risk of occurrence and what to do in an emergency.</p> <p>Foster a supportive, inclusive and safe school environment.</p>	<p>Teachers or School Nurse provide and discuss „Be a MATE“ resources with all classes.</p> <p>Participate in Food Allergy Week</p> <p>Inform students that other students have allergies and remind students that deliberately putting a student with anaphylaxis at risk constitutes bullying.</p>	<p>Annual or as required</p> <p>May, bi-annually</p> <p>Commencement of 1<sup>st</sup> term and as required.</p>
Target Group	Message/s	Medium/ Communication Process	Frequency
Parents and Community	<p>Aware of what anaphylaxis is, triggers, ways of reducing the risk of occurrence and what to do in an emergency.</p> <p>Informed of Castlemaine Secondary College Anaphylaxis Management Policy and Individual Management Plans.</p>	<p>Information about anaphylaxis on the school website and in newsletters.</p> <p>Participate in Food Allergy Awareness week.</p> <p>Anaphylaxis Management policy on the school website.</p> <p>Individual Management Plans and Anaphylaxis Policy provided to parents and signed by parents of students with anaphylaxis. (Copies filed at school)</p> <p>School Nurse or Teacher to meet with Parents or Carers and student at School Term Commencement and thereafter to discuss strategies and address concerns.</p>	<p>Continual and as required</p> <p>May, Bi-annually</p> <p>Continual</p> <p>Commencement of 1<sup>st</sup> term and when a new student with anaphylaxis enrolls.</p> <p>Commencement of 1<sup>st</sup> term, when a new student with anaphylaxis enrolls and as required.</p>

This communication plan should be reviewed and modified on an annual basis to ensure information provided is up to date and relevant to current education needs. Credible sources of information to use for awareness raising activities can be obtained from:

- Australasian Society of Clinical Immunology and Allergy (ASCIA) [www.allergy.org.au](http://www.allergy.org.au)
- Allergy and Anaphylaxis Australia [www.allergyfacts.org.au/allergy-and-anaphylaxis](http://www.allergyfacts.org.au/allergy-and-anaphylaxis)
- Royal Children's Hospital Anaphylaxis Advisory Line: Mon-Fri, 8:30-5pm 1300 725 911
- Royal Children's Hospital, Department of Allergy and Immunology [www.rch.org.au/allergy/](http://www.rch.org.au/allergy/)



## Appendix 6: Annual Risk Management Checklist

School Name:		
Date of Review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name	
	Position	
Comments:		
<b>General Information</b>		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?		
2. How many of these students carry their Adrenaline Autoinjector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
4. Have any students ever had an Anaphylactic Reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>SECTION 1: Individual Anaphylaxis Management Plans</b>		
7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	



9. 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
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors</b>	
12. Where are the student(s) Adrenaline Autoinjectors stored?	
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the storage unlocked and accessible to School Staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are the Adrenaline Autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No



18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Where are these first aid kits located?	
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the „General Use“ Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 3: Prevention Strategies</b>	
28. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	<input type="checkbox"/> Yes <input type="checkbox"/> No



SECTION 4: School Management and Emergency Response	
32. 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
33. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. 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
35. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. 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
39. Who will make these arrangements during excursions? .....	
40. Who will make these arrangements during camps? .....	
41. Who will make these arrangements during sporting activities? .....	
42. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:	
a. The School's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No



b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The School's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the Adrenaline Autoinjector(s) for General Use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: Communication Plan</b>	
44. 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
45. 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?	
46. How is this information kept up to date?	
47. 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
48. What are they?	

Source: Anaphylaxis Guidelines: A Resource for Managing Severe Allergies in Victorian School. Department of Education and Early Childhood Development (Feb 2014)

