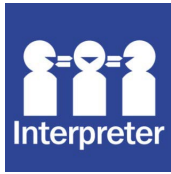




Anaphylaxis Policy



Help for non-English speakers

If you need help to understand the information in this policy please contact Box Hill High School on (03) 9877 1177.

PURPOSE

To explain to Box Hill High School parents, carers, staff, and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Box Hill High School is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

POLICY

School Statement

Box Hill High School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Anaphylaxis

Anaphylaxis is a severe, rapidly progressive allergic reaction that can be life threatening that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

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
- swelling or tightness in throat
- difficulty talking and/or hoarse voice
- 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.

Treatment

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

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.

Individual Anaphylaxis Management Plans

All students at Box Hill High School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal of Box Hill High School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Box Hill High School and where possible before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that has not expired
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about 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 school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan
- information about where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

Review and updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school



- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Location of plans and adrenaline autoinjectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the school office, together with the student's adrenaline autoinjector. Adrenaline autoinjectors are labelled with the student's name.

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Box Hill High School, we have put in place the following strategies:

- School canteen does not stock/sell products containing nuts.
- School canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination.
- Year groups will be informed of allergens that must be avoided in advance of class parties or events.
- General use adrenaline autoinjectors are stored at the school front office and the Senior School Administration Office.
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

Adrenaline autoinjectors for general use

Box Hill High School maintains a supply of adrenaline autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first-time reaction at school.

Adrenaline autoinjectors for general use are stored at the front office and labelled 'General Use'.

The Principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Box Hill High School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.



A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the Front Office Education Support staff and copies stored at the Front Office, Main Staffroom, Junior Coordinator’s Office and Senior Coordinator’s Office.

For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school 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 school’s general use autoinjector, and the student’s Individual Anaphylaxis Management Plan, stored at the Front Office • 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.	<p>Administer an EpiPen or EpiPen Jnr</p> <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • 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 • Note the time the EpiPen is administered • Retain the used EpiPen 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"> • Pull off the black needle shield • Pull off grey safety cap (from the red button) • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) • Press red button so it clicks and hold for 3 seconds • Remove Anapen® • Note the time the Anapen is administered <p>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</p>
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available
5.	Contact the student’s emergency contacts



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, school staff should follow steps 2 – 5 as above.

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

Where possible, schools 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.

If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction. Refer to 'Frequently asked questions' on the [Resources tab](#) of the Department's Anaphylaxis Policy.

Communication Plan

This policy will be available on Box Hill High School's website so that parents and other members of the school community can easily access information about Box Hill High School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Box Hill High School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy annually, via a link included with the Compass email regarding update of their child's individual management plan.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Box Hill High School's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk. This will be done by the staff member who has the role of Daily Organiser.

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

STAFF TRAINING

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

- School staff who conduct classes attended by students who are at risk of anaphylaxis.
- School staff who conduct specialist classes, key education support/admin staff, first aiders and any other member of school staff as required by the 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.

Box Hill High School uses the following training course: **ASCIA anaphylaxis e-training 2023**



Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last two years including Assistant Principal. Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school’s general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Box Hill High School who is at risk of anaphylaxis, the Principal will develop an interim plan in consultation with the student’s parents and ensure that appropriate staff are briefed as soon as possible.

The Principal will ensure that while students at risk of anaphylaxis are 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 event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

RELATED POLICIES AND DOCUMENTS

- Policy and Advisory Library:
 - [Anaphylaxis](#)
- Allergy & Anaphylaxis Australia: [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children’s Hospital: [Allergy and immunology](#)
- Box Hill High School’s [Health Care Needs](#) policy.

POLICY EVALUATION AND REVIEW

To ensure ongoing relevance and continuous improvement, this policy has a mandatory review cycle of 1 year.

Consultation with School Council is not required for this policy as it is operational. Principals may choose to present it to School Council for noting.

The Principal will complete the Department’s Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

POLICY REVIEW AND APPROVAL

Policy last reviewed:	October 2023
Approved by:	Principal
Approval Date:	Date TBA October 2023
Next scheduled review Date:	October 2024



Annual risk management checklist

(to be completed at the start of each year)

School name:	Box Hill High School	
Date of review:	10 June 2021	
Who completed this checklist?	Name:	
	Position: Reception/Administration	
Review given to:	Name:	
	Position: Principal	
Comments:		
General information		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?	35	
2. How many of these students carry their adrenaline autoinjector on their person?	TBA	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input checked="" 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 checked="" 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 checked="" 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)?	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 (22300VIC or 10313NAT) within the last 3 years? 	<input checked="" 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. <i>Please note that for 2020 this was unable to be conducted due to the coronavirus pandemic. Briefings for 2021 are still to be completed.</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in a twice-yearly anaphylaxis briefing? If not, please explain why not, as this is a requirement for school registration.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen® & Anapen)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen® & Anapen) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No



<p>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)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>a. Where are the Action Plans kept?</p> <p><i>Action Plans are kept in the General Office with each students autoinjector, a copy of the Action plans are also maintained in the Staffroom and a copy is also kept with each students enrolment information,</i></p>	
<p>15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>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?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>SECTION 3: Storage and accessibility of adrenaline autoinjectors</p>	
<p>17. Where are the student(s) adrenaline autoinjectors stored?</p> <p><i>Student autoinjectors are stored in the General Office</i></p>	
<p>18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>20. Is the storage safe?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>21. Is the storage unlocked and accessible to school staff at all times?</p> <p>Comments:</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>22. Are the adrenaline autoinjectors easy to find?</p> <p>Comments:</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<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>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis?</p> <p>Who?First Aid Co-Ordinator</p> <p>.....</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>26. Are there adrenaline autoinjectors currently in the possession of the school that have expired?</p>	<p><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>27. Has the school signed up to EpiClub (optional free reminder services)?</p>	<p><input checked="" type="checkbox"/> Yes <input type="checkbox"/> No</p>
<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>	<p><input checked="" 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)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? <i>First Aid kits are located in the General Office.</i> Do staff know where they are located?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Risk Minimisation strategies	
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?	<input checked="" 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. <ul style="list-style-type: none"> • <i>Ensuring the canteen does not stock/sell products containing nuts</i> • <i>Ensuring canteen staff are trained in appropriate food handling</i> • <i>Year groups have been informed of allergens to be avoided when planning events</i> • <i>4 general use adrenaline autoinjectors are stored in the General Office and 1 adrenaline autoinjector held in the Senior Administration Office. Risk assessments have been conducted for students in preparation of off-site activities such as school camps</i> 	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. In the classroom?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions? - First Aid teacher in charge	
44. Who will make these arrangements during camps? - First Aid teacher in charge	
45. Who will make these arrangements during sporting activities? - First Aid teacher in charge	
46. Is there a process for post-incident support in place?	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input checked="" 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 checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it? <i>A copy of the Anaphylaxis policy is available on Compass and the school's website for all staff to access/review.</i> <i>For permanent staff, the First Aid Co-ordinator ensures staff are aware of the Anaphylaxis policy at Box Hill High School and maintains a training register which is regularly reviewed to ensure all training is current and up to date. In addition, staff anaphylaxis briefings are conducted twice a year by the First Aid Co-ordinator.</i> <i>For relief staff and volunteers, the Daily Organiser Officer ensures staff are aware of the Anaphylaxis policy at Box Hill High School and provides a copy of the document identifying all students (including their photos) at the school who have varied anaphylaxis allergies. This is given to them at the beginning of each day on their arrival, to ensure they are aware of who to look out for in case they may come across those particular students in their classes.</i>	
50. How will this information be kept up to date? <i>All Anaphylaxis related information is reviewed annually in line with this policy and completion of the annual checklist to ensure adherence.</i>	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they? <i>Teaching staff regularly ensure students are aware of possible allergens and the proposed risks to those students with anaphylaxis.</i>	



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 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)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

EMERGENCY CONTACT DETAILS (ALTERNATE)

Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	

Medical practitioner contact	Name	
	Phone	

Emergency care to be provided at school	
------------------------------------------------	--



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

ENVIRONMENT

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

Name of environment/area:

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

Name of environment/area:

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

Name of environment/area:

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

Name of environment/area:

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

ACTION PLAN FOR Anaphylaxis

Name: _____

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: _____

For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, 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
- 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.

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

<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For use with Anapen® adrenaline (epinephrine) autoinjectors

Name: _____
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)

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

- 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

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®

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

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

<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>



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

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised, or attended by the school (e.g., 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 – Risk Minimisation 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:	