



Procedure for Anaphylaxis and Allergy Management

St Francis Xavier College procedures are designed to enable the College to enact the policies of the Diocese of Sale Catholic Education Limited (DOSCEL).

All College Procedures intentionally promote a child safe culture which prioritises the safety and wellbeing for all students.

Contents

Purpose.....	1
Scope.....	1
Context.....	1
Definitions.....	2
Procedure A: Prevention through Risk Minimisation Strategies.....	4
Procedure B: Prevention through a Communication Plan.....	8
Procedure C: Prevention through Staff Training and Briefings.....	9
Procedure D: Prevention through the Purchase, Storage and Access of Adrenaline Autoinjectors	11
Procedure E: Prevention through Individual Management Plans	14
Procedure F: Recognising and Responding - Emergency Response Procedures	16
Reporting.....	18
Recordkeeping.....	18
Responsibilities.....	19
Compliance.....	22
Related Legislation	23
Further Information.....	24
Record of Review.....	25
Appendix 1 – Annual Risk Management Checklist	26
Appendix 2 - Individual Anaphylaxis Management Plan Template	27
Appendix 3 - General First Aid Plan for Anaphylaxis.....	31
Appendix 4 – Individual Action Plan for Allergic Reactions.....	32

Purpose

This document outlines the practices and procedures for anaphylaxis risk management and response.

Scope

This procedure applies to all students, families, and staff at the College.

The purpose of Student Health at the College is to promote and respond to student needs. However, in a case where a first aid response is necessary, staff who are trained in first aid have a responsibility to use their first aid training to treat any person.

Decisions about treatment will be made while also considering the Duty of Care owed to other students.

This procedure applies to all allergic reactions (mild to severe), with particular reference to anaphylactic reactions.

Context

An allergy occurs when a person's immune system reacts to substances in the environment that are harmless for most people. A mild or moderate allergy can progress to a severe allergy or anaphylaxis.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The key to prevention of anaphylaxis in schools is knowledge of students who have been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Under the Education and Training Reform Act 2006 (Vic) (s 4.3.1 (6)(c)) (the Act), all schools must develop an anaphylaxis management policy, where the school knows or ought to reasonably know, that a student enrolled at the school has been diagnosed as being at risk of experiencing an anaphylactic reaction.

Ministerial Order No. 706: Anaphylaxis Management in Victorian school (Ministerial Order No. 706) prescribes specific matters that schools applying for registration and registered schools in Victoria must contain in their anaphylaxis management policy for the purposes of section 4.3.1(6)(c) of the Act.

The College is committed to providing a safe learning environment for all our students and complying with the current Victorian Government Ministerial Order No.706 and the Department of Education Anaphylaxis Guidelines.

The College recognises that it cannot achieve a completely allergen free environment. It is therefore our practice to:

- Provide, as far as practicable, a safe and supportive environment in which students at risk of experiencing an anaphylactic or severe allergic reaction can participate equally in all aspects of the student's schooling

- Consult the recommendations of the Victorian Government Department of Education Anaphylaxis Guidelines for Victorian Schools where relevant to inform College practice
- Raise awareness about anaphylaxis and the College's anaphylaxis management procedures
- Engage with parents/guardians of each student at risk of experiencing an anaphylactic or severe allergic reaction when assessing risks and developing risk minimisation strategies for the student
- Ensure that staff have knowledge about allergies, anaphylaxis and the College's policies and procedures in responding to an anaphylactic or severe allergic reaction

Definitions

Anaphylaxis

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 and certain insect stings (particularly bee stings).

Allergy

An allergy occurs when a person's immune system reacts to substances in the environment that are harmless for most people. These substances are known as allergens and are found in foods, insects, some medicines, house dust mites, pets, and pollen.

Adrenaline Autoinjector

An autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). EpiPen® and EpiPen Jr® are the main Adrenaline Autoinjectors currently prescribed in Australia. Anapen® is an alternative adrenaline autoinjector that may be prescribed in place of EpiPen® or EpiPen Jr®.

Adrenaline is the only medication of proven benefit in treating anaphylaxis. It is administered through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into a large muscle, preferably the outer mid-thigh.

Adrenaline Autoinjector for General Use

A 'back up' or 'unassigned' adrenaline autoinjector purchased by the College for general use.

Anaphylaxis Management Training Course

The ASCIA approved Anaphylaxis courses for Victorian Schools.

ASCIA

Australasian Society of Clinical Immunology and Allergy, the peak professional body of clinical immunology and allergy in Australia and New Zealand.

ASCIA Action Plan for Allergic Reactions (Green Plan)

A nationally recognised action plan for allergies developed by ASCIA. Students with a mild or moderate allergy to a food or insect and those with medication allergy may have a Green Plan that has been completed by the student's health practitioner.

Students who have an ASCIA Action Plan for Anaphylaxis and a prescribed adrenaline auto-injector do not require an ASCIA Action Plan for Allergic Reactions if they have some milder allergies as well as severe allergy — these will be included in the Action Plan for Anaphylaxis.

ASCIA Action Plan for Anaphylaxis

This plan is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device-specific; that is, they list the student's prescribed adrenaline autoinjector (e.g. EpiPen® or Anapen®) and must be completed by the student's health practitioner. Should a different adrenaline autoinjector become available in Australia, then a different ASCIA Action Plan specific to that device would be developed. This plan is one of the components of the student's Individual Anaphylaxis Management Plan.

Communication Plan

A plan developed by the College which provides information to all school staff, students and parents/guardians about anaphylaxis and these procedures.

EpiClub

An online EpiPen® management platform operated by Mylan, the manufacturer of EpiPen® and Anapen®. EpiClub features an automatic notification system for EpiPen® expiry dates.

Individual Anaphylaxis Management Plan

An individual plan for each student at risk of experiencing an anaphylactic reaction, developed in consultation with the student's parents/guardians. The Individual Anaphylaxis Management Plan includes the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's adrenaline autoinjector (e.g. EpiPen® or Anapen®) should the student display symptoms of an anaphylactic reaction. The Individual Anaphylaxis Management Plan also importantly includes age-appropriate strategies to reduce the risk of an allergic reaction occurring.

Online Training Course

An online course developed by ASCIA, called *ASCIA Anaphylaxis e-training for Victorian Schools*. The course can be accessed through <https://etrainingvic.allergy.org.au/>

School Anaphylaxis Supervisor

A staff member nominated by the Principal to undertake appropriate training to be able to verify the correct use of autoinjector (trainer) devices and lead the twice-yearly briefings on the school's anaphylaxis management policy.

Procedure A: Prevention through Risk Minimisation Strategies

The College Student Health Officers completes an annual Risk Management Checklist included in the DET Anaphylaxis Guidelines for Victorian Schools, to monitor our obligations.

The College Student Health Officers regularly check the Department of Education and Training's Anaphylaxis Management in Schools page to ensure the latest version of the Risk Management Checklist is used.

The College may also employ some or all of the following risk minimisation strategies that are designed to identify allergens, prevent exposure to them and enhance our response to an allergic reaction, in particular an anaphylactic reaction.

Staff should determine which strategies are appropriate after consideration of factors such as the:

- age of the student at risk
- the allergen/trigger (e.g. food, insect)
- facilities and activities available at the College
- facilities and activities of off-site College activities
- likelihood of that student's exposure to the relevant allergen/s whilst at the College/College activity
- general College environment

In the Classroom

Classroom teachers should:

- ensure they are aware of the identity of any students who are considered to be at risk of experiencing an anaphylactic or severe allergic reaction
- be familiar with the student's ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reaction on their SIMON Medical Profile
- be familiar with where to locate a student's adrenaline autoinjector (e.g. EpiPen® or Anapen®) if available (see Storage Procedure)
- be familiar with staff who are trained to deal with an anaphylactic reaction if they are not
- communicate with parents/guardians about food related activities ahead of time
- not use food treats or rewards
- avoid giving food from outside sources to a student who is at risk of experiencing an anaphylactic or severe allergic reaction – Students of a secondary school age are generally considered old enough to read packaging themselves and should use caution about accepting food that is not labelled
- be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (e.g. egg or milk cartons)
- consider and liaise with the Student Health Officer about whether to have a student's adrenaline autoinjector (e.g. EpiPen® or Anapen®) in class, depending on the speed or severity of previous anaphylactic reactions;

- have regular discussions with students about the importance of washing hands, eating their own food and not sharing food

A member of the Campus Leadership Team should:

- brief casual/relief teachers and provide them with a copy of the student's ASCIA Action Plan for Anaphylaxis

In the Canteen/Contracted Food Service

- the Canteen/Contracted Food Service Provider should be able to demonstrate satisfactory training in the area of allergies and anaphylaxis and its implications on food handling
- with permission from parents/guardians, canteen staff (including volunteers), should be briefed about students at risk of experiencing an anaphylactic reaction, preventative strategies in place, and the information in their ASCIA Action Plans for Anaphylaxis
- with permission from parents/guardians, the College may have the student's name, photo, and the foods they are allergic to displayed in the canteen as a reminder to staff
- where possible, minimise stocking products labelled 'may contain traces of peanuts/tree nuts'
- staff should be aware of the potential for cross contamination when storing, preparing, handling, or displaying food
- staff should ensure tables and surfaces are wiped clean regularly
- food banning is not recommended, and any common allergen products (nut products) must be clearly labelled

In the College yard

- a student with an allergic reaction to insects should wear shoes - Students of a secondary school age are generally considered old enough to manage this themselves
- outdoor bins should be kept covered
- a student with an allergic reaction to insects should keep open drinks (e.g., drinks in cans) covered while outdoors - Students of a secondary school age are generally considered old enough to manage this themselves
- staff trained to provide an emergency response to anaphylaxis should be readily available during non-class times (e.g., recess and lunch)
- an adrenaline autoinjector (e.g., EpiPen® or Anapen®) and students' individual ASCIA Action Plan for Anaphylaxis should be easily accessible
- staff on duty need to be able to communicate that there is an anaphylactic emergency without leaving the student experiencing the reaction unattended

During On-site Events (e.g., sporting events, in College activities, P & F events)

- class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student
- for special events involving food, the College should ensure parents/guardians are informed in advance that catering is provided and appropriately communicate about any allergens in the food. Where reasonable, appropriate food labelling practices may be implemented, and alternate menus will be provided as suitable
- party balloons should not be used if a student is allergic to latex
- latex swimming caps and goggles should not be used by a student who is allergic to latex
- staff must know where a general use adrenaline autoinjector (e.g., EpiPen® or Anapen®) or the student's adrenaline autoinjector is located and how to access it if required

- for sporting events, it may be appropriate to take the student's adrenaline autoinjector (e.g. EpiPen® or Anapen®) to the event. Ensure that the adrenaline autoinjector is stored in accordance with prescribed temperatures and conditions.

During Off-site College settings

During excursions and off-site activities:

- an adrenaline autoinjector for general use (e.g., EpiPen® or Anapen®), student adrenaline autoinjectors, Individual Anaphylaxis Management Plan, ASCIA Action Plan for Anaphylaxis and means of contacting emergency assistance must be taken
- adrenaline autoinjectors (e.g. EpiPen® or Anapen®) must be in an easily accessible location and communicated to all staff on the activity
- mobile phone reception should be a priority and there should be at least two people on the off-site activity who have mobile phone reception with two separate networks if possible. Phones must be charged, and a charger should be taken as required.
- one or more staff members who have been trained in the recognition of anaphylaxis and administration of the adrenaline autoinjector (e.g., EpiPen® or Anapen®) must accompany the student to off-site activities
- all staff present during the activity or excursion need to be aware if there is a student at risk of experiencing an anaphylactic or severe allergic reaction at the off-site activity
- students at risk of experiencing an anaphylactic or severe allergic reaction must always be in a group with a staff member trained in recognition and emergency treatment of anaphylaxis
- all staff present during the activity or excursion need to be aware of their roles and responsibilities in the event of an anaphylactic or severe allergic reaction
- parents/guardians should be consulted in advance to discuss issues that may arise and to develop an alternative food menu where needed
- consider the potential exposure to allergens when consuming food on buses or other transport
- staff should be aware of what local emergency services are in the area and how to access them

In addition to the above, when appropriate, during overnight activities and remote settings:

- their Head of House (who will be travelling on the same bus) will have the EpiPen® or Anapen® in their care during the trip to camp and on the return journey.
- one adrenaline autoinjector (e.g., EpiPen® or Anapen®) will be stored securely at the first aid station during the camp/activity. The other will be carried by the SFX Teacher in charge of their activity group during the day and returned to the first aid station at the conclusion of the day's activities.
- camp site/accommodation providers and airlines should be advised in advance of any student at risk of experiencing an anaphylactic or severe allergic reaction
- the roles and responsibilities in the event of an anaphylactic or severe allergic reaction should be discussed with staff from venues/activities so that challenges specific to that venue/activity can be considered (e.g., locked gates, difficult finding site, etc.)
- risk management plans for that specific excursion for students at risk of experiencing an anaphylactic or allergic reaction should be developed in consultation with parents/guardians and (where appropriate) camp/activity managers
- two adrenaline autoinjectors (e.g., EpiPen® or Anapen®) per students should be taken
- general use autoinjector(s) should be taken on overnight activities and to remote setting
- staff need to check with food providers that food is appropriate for students with food allergies and be present in the dining area during mealtimes
- where relevant, students should bring their own items rather than use the items of others that may cause a reaction (e.g. soap, deodorant, etc)

- the adrenaline autoinjector (e.g., EpiPen® or Anapen®) should remain close to the student at risk of experiencing an anaphylactic or severe allergic reaction and staff must be aware of its location at all times. It may be carried in the College's first aid kit, although the College can consider allowing students, to carry it on their person. Staff still have a duty of care towards the student even if they carry their own adrenaline autoinjector
- a student with anaphylactic responses to insects should wear shoes at all times - Students of a secondary school age are generally considered old enough to manage this themselves
- cooking and art and craft activities should not involve the use of known allergens
- consider the potential exposure to allergens where students may have access to food (e.g., in cabins or tents)

Where a student is engaging an activity by an external provider as part of a College activity, where College staff are not supervising on site (e.g. work placement, TAFE or short courses), the following should occur:

- The Teacher in Charge of the activity organisation should outline the roles and responsibilities that relate to anaphylaxis management
- The Student Health Officer should, with the parent/guardian's permission, facilitate the communication of relevant information to the service provider

Signage and information storage

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the campus Student Health Officer. Students at risk of anaphylaxis are identified on class rolls and made known to all staff.

ASCIA Action Plans for Anaphylaxis can be found together with individual student adrenaline autoinjector kits. They can also be found on a student's SIMON Medical Profile.

With permission from parents/guardians, a student's name, photo and the foods/items they are allergic to are displayed in key locations around the College. For example, the canteen or staff room.

Procedure B: Prevention through a Communication Plan

The College adopts the following Communication Plan to provide information to all staff, students and parents/guardians about anaphylaxis and allergies and the development of the College's anaphylaxis management strategies.

Communication area	Main points	Method of communication
Responding to an anaphylactic or severe allergic reaction during College activities (on or offsite)	<ul style="list-style-type: none"> ▪ All staff are trained to act and must act 	<ul style="list-style-type: none"> ▪ Activity staff briefings ▪ Activity Risk Assessment
Informing visitors and casual relief staff on arrival at the College if they are caring for a student at risk of experiencing an anaphylactic or severe allergic reaction and their role in responding to an emergency situation	<ul style="list-style-type: none"> ▪ Student medical profiles and information about anaphylaxis are on SIMON ▪ Adrenaline autoinjector (e.g. EpiPen® or Anapen®) locations 	<ul style="list-style-type: none"> ▪ Briefing by Campus Organiser ▪ College device with SIMON (access to student profiles)
Communicating key information and procedures with parents/guardians and the College community	<ul style="list-style-type: none"> ▪ Health and specific asthmas, allergy and anaphylaxis messages are shared ▪ All people have access to College procedures ▪ Reminder about student profile updates ▪ Student specific information 	<ul style="list-style-type: none"> ▪ Social Media ▪ Website ▪ Emails ▪ PAM
Communicating key information and procedures with students	<ul style="list-style-type: none"> ▪ Health and specific asthmas, allergy and anaphylaxis messages are shared ▪ Prosocial student behaviours ▪ Antisocial student behaviours 	<ul style="list-style-type: none"> ▪ Email ▪ SIMON ▪ Posters ▪ Class notices/messages ▪ Teacher instruction
Twice yearly anaphylaxis briefing	<ul style="list-style-type: none"> ▪ Must contain the content as prescribed in the ministerial order ▪ Must show photos / identification of students at the College at risk of experiencing an anaphylactic reaction ▪ Must be delivered twice per year to an all staff group 	<ul style="list-style-type: none"> ▪ All staff meeting / forum

Raising Student Awareness

Classroom teachers can discuss the topic with students in class with key messages such as the following:

- Always take food allergies seriously – severe allergies are no joke
- Don't share your food with friends who have food allergies
- Wash your hands before and after eating
- Know what your friends are allergic to
- If a friend becomes sick, get help immediately even if the friend does not want you to
- Be respectful of a friend's adrenaline autoinjector (e.g. EpiPen® or Anapen®)
- Don't pressure your friends to eat food that they are allergic to

It is important to be aware that some students with anaphylaxis may not wish to be singled out or seen to be treated differently.

Procedure C: Prevention through Staff Training and Briefings

All staff must undertake an appropriate level of anaphylaxis management training. Access to training is communicated by the campus Student Health Officer who maintains a record of staff training and qualifications.

A general first aid training course such as HLTAID011 Provide First Aid does not meet the requirements of anaphylaxis training requirements under MO706.

All Staff Anaphylaxis Training

The Ministerial Order specifies that school staff must undertake training in anaphylaxis management if they:

- conduct classes attended by students with a medical condition relating to allergy and the potential for anaphylactic reaction or
- are specifically identified and requested to do so by the school principal, based on the principal's assessment of the risk of an anaphylactic reaction occurring while a student is under that staff member's care, authority or supervision.
- Schools are encouraged to consider whether volunteers at the school and regular casual relief teachers should also undertake training.

The Ministerial Order states that these school staff must:

- successfully complete an anaphylaxis management training course (either online or face-to-face) and
- participate in the school's twice yearly briefings conducted by the school anaphylaxis supervisor or another member of staff nominated by the principal who has completed an approved anaphylaxis management training course in the past 2 years.

There are two types of anaphylaxis management training recognised equally under Ministerial Order 706.

- a) Online training - ASCIA Anaphylaxis e-training for Victorian Schools

The Australian Society of Clinical Immunology and Allergy (ASCIA) has developed an online training course compliant with Ministerial Order 706.

Upon completion of the online training course, staff must have their competency in using an autoinjector assessed by a School Anaphylaxis Supervisor within 30 days of completing the course.

This training is valid for 2 years.

- b) Face-to-face training – Accredited RTO courses

The following accredited anaphylaxis management courses are recognised for Victorian schools as an alternative to the ASCIA Anaphylaxis e-training:

- 22578VIC Course in First Aid Management of Anaphylaxis

This training is valid for 3 years.

It is the responsibility of campus Student Health Officers to ensure that while a student is under the care of the College, including on excursions, camps, special event days such as sports carnivals, there are a sufficient number of College staff present who have successfully completed an Anaphylaxis Management Training Course.

School Anaphylaxis Supervisor Training

A minimum of two staff members per campus must have completed face-to-face training, every three years, to be a School Anaphylaxis Supervisor.

The Anaphylaxis Supervisor training course is the Verifying the Correct Use of Adrenaline Autoinjector Devices 22303 VIC. This course is provided by Hero HQ, is free to government and Catholic schools, and is valid for three years.

Staff Asthma Training

Asthma first aid may be required for students experiencing an anaphylactic or allergic reaction. All staff are required to complete non-accredited training in asthma first aid management. All staff complete Asthma Australia's *Asthma First Aid in Schools* online training course every 3 years.

The following school staff should undertake accredited training in asthma management by a Registered Training Organisation:

- staff working with high-risk students with a history of severe asthma
- staff with a direct student wellbeing responsibility, such as Student Health Officers
- staff in high-risk teaching areas, such as physical education and food technology

The following accredited asthma management courses are recognised for Victorian schools:

- 22556VIC Course in Management of Asthma Risks and Emergencies in the Workplace

All Staff Anaphylaxis Briefings

All College staff must also participate in anaphylaxis briefings. Briefings must occur twice per year, with the first to be held at the beginning of the school year.

Anaphylaxis briefings are conducted by:

- the Anaphylaxis Supervisor; or
- a staff member who has successfully completed an Anaphylaxis Management Training Course (either face-to-face or online) in the two years prior.

The anaphylaxis briefing covers:

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

Procedure D: Prevention through the Purchase, Storage and Access of Adrenaline Autoinjectors

Adrenaline is the only medication of proven benefit in treating anaphylaxis. It is administered through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into a large muscle, preferably the outer mid-thigh.

Adrenaline Autoinjectors for Personal Use

Parents/guardians of students diagnosed as being at risk of experiencing an anaphylactic reaction must provide the College with an adrenaline autoinjector (e.g. EpiPen® or Anapen®) for the student's personal use in the case of an anaphylactic reaction.

Adrenaline Autoinjectors for General Use

The College purchases adrenaline autoinjectors (e.g. EpiPen® or Anapen®) for general use.

Adrenaline autoinjectors for general use refer to back-up or unassigned adrenaline autoinjectors that are additional to an individual student adrenaline autoinjectors provided by parents/guardians. These adrenaline autoinjectors are not a substitute for individuals at high risk of experiencing an anaphylactic reaction having their own prescribed autoinjectors.

The number and type of adrenaline autoinjectors are purchased with consideration of:

- the number of students enrolled who have been diagnosed as being at risk of experiencing an anaphylactic or severe allergic reaction
- the accessibility of adrenaline autoinjectors that have been provided by parents/guardians
- the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the College (e.g. College yard, at excursions, camps and special events)
- that adrenaline autoinjectors have a limited life, usually expire within 12-18 months, and will need to be replaced either at the time of use or expiry, whichever is first

Even when there are no students enrolled with a diagnosed risk of experiencing an anaphylactic reaction, the College will purchase an autoinjector for general use for students who may experience their first anaphylactic reaction while at the College.

Storage & Location of Adrenaline Autoinjectors

All adrenaline autoinjector (e.g. EpiPen® or Anapen®) and medication must be stored according to a student's ASCIA Action Plan for Anaphylaxis.

All adrenaline autoinjectors will be checked regularly by the Student Health Officer to ensure that they have not expired, become discoloured or sediment is visible.

Adrenaline autoinjectors and other medication must be stored in various locations which are known and easily accessible to staff but not accessible to students. A copy of the student's ASCIA Action Plan for Anaphylaxis must also be stored with their medical kit.

The following procedures will be followed for storage of adrenaline autoinjectors:

- adrenaline autoinjectors for individual students, or for general use, are stored correctly and able to be accessed quickly;
- adrenaline autoinjectors are stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer;
- each adrenaline autoinjector clearly labelled with the student's name and stored with a copy of the student's ASCIA Action Plan for Anaphylaxis;
- an adrenaline autoinjector for general use will be clearly labelled and distinguishable from a student's adrenaline autoinjector for personal use and stored with a general ASCIA Action Plan for Anaphylaxis (orange)
- adrenaline autoinjector trainer devices (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion

Use of Adrenaline Autoinjectors for Off-site Activities

If a student diagnosed as being at risk of experiencing an anaphylactic reaction is participating in an off-site activity, an Adrenaline Autoinjector for Personal Use must be carried by a designated staff member during the activity.

At any off-site activity, an Adrenaline Autoinjector (e.g. EpiPen® or Anapen®) for General Use must be carried by a designated staff member during the activity. This Adrenaline Autoinjector for General Use should be one that is dedicated for off-site activities and is required independently of any Adrenaline Autoinjector for Personal Use.

The College maintains Adrenaline Autoinjectors for General Use that are dedicated for off-site activities in the following location:

- Student Health Office

Whenever an adrenaline autoinjector is taken and returned to/from their usual location, such as for camps and excursions, this must be clearly recorded.

Locations of Adrenaline Autoinjectors for Personal Use

The College maintains Adrenaline Autoinjectors for Personal Use and other relevant medication in the following locations:

Beaconsfield

- Printing Room

Berwick

- Student Health Office

Officer

- Printing Room

Locations of Adrenaline Autoinjectors for General Use

The College maintains Adrenaline Autoinjectors for General Use in the following locations:

All campuses

- Student Health Office
- Food Technology Staff Office
- Hall Foyer (with defibrillator)
- LRC Staff Office

Additional campus-specific locations:

Beaconsfield

- Printing Room
- Thomas Building Staff Office
- VM Staff Office
- VCE Staff Room

Officer

- DATS Staff Office
- Hands on Learning
- Printing Room

Berwick

- Chapel
- Hands on Learning

All staff are made aware of these locations during the twice-yearly anaphylaxis briefing.

Adrenaline Autoinjector Registry

The College uses My EpiPen (<https://www.myepipen.com.au>) to maintain a register of expiry dates of all student EpiPens®. The College communicates this information to parents/guardians as required.

Procedure E: Prevention through Individual Management Plans

Parents/guardians are requested to notify the College of all of their child's medical conditions, including anaphylaxis and allergies.

Students who are identified as suffering from severe allergies that may cause anaphylaxis are considered high risk. For each of these students an Individual Anaphylaxis Management Plan should be developed.

If an ASCIA Action Plan for Allergic Reactions (Green Plan) from a health practitioner has been provided to the College, an Individual Allergic Reaction Management Plan should be developed.

The College maintains a complete and up to date photo list of students identified as being at risk of experiencing an anaphylactic reaction. It is the responsibility of the campus Student Health Officer to keep this photo list up to date.

The list is kept:

- with Adrenaline Autoinjectors for General Use
- with yard duty information
- with the campus Student Health Officer

Preparing an Individual Management Plan

Where the College has been notified, the campus Student Health Officer will be responsible for developing an Individual Anaphylaxis Management Plan in consultation with the student's parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of experiencing an anaphylactic reaction. If an ASCIA Action Plan for Allergic Reactions (Green Plan) from a health practitioner has been provided to the College, an Individual Allergic Reaction Management Plan should be developed.

The Individual Management Plan should be in place as soon as practicable after the student is enrolled / diagnosed, and where possible before their first day at the College.

Plan Contents

Individual Anaphylaxis Management Plans and Individual Allergic Reaction Management Plans must include the following:

- as much information as possible on the type of allergy the student has (e.g., specific types of nuts must be listed for a nut allergy or whether an egg allergy is to egg white or egg yolk).
- information about the medical condition and the potential for anaphylactic reaction
- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of the College
- name of the person responsible for implementing the plan
- where the student's medication will be stored
- emergency contact details of the student
- the ASCIA Action Plan for Anaphylaxis or ASCIA Action Plan for Allergic Reactions

Review of Plan

The student's Individual Anaphylaxis Management Plan and Individual Allergic Reaction Management Plans will be reviewed, in consultation with the student's parents/guardians:

- annually, and as applicable
- if the student's medical condition changes
- immediately after the student has an anaphylactic reaction

It may also be reviewed when student participation in an off-site activity that is considered high risk for their allergen.

Responsibilities in Relation to Individual Anaphylaxis Management Plan

The Student Health Officer will work with parents/guardians and students to develop, implement, and review each Individual Anaphylaxis Management Plan to:

- ensure that the student's emergency contact details are up to date
- ensure that the student's ASCIA Action Plan for Anaphylaxis matches the student's supplied adrenaline autoinjector (e.g., EpiPen® or Anapen®)
- regularly check that the student's adrenaline autoinjector is not out of date, such as at the beginning or end of each term, and record this information in the Adrenaline Autoinjector Register
- inform parents/guardians in writing that the adrenaline autoinjector needs to be replaced one month prior to the expiry date, and follow up with parents/guardians if the adrenaline autoinjector is not replaced
- ensure that the student's adrenaline autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place
- ensure that a copy of each student's ASCIA Action Plan for Anaphylaxis is stored with that student's adrenaline autoinjector

Location of Plans

Individual Anaphylaxis Management Plans and Individual Allergic Reaction Management Plans are kept on a student's SIMON Medical Profile.

Individual ASCIA Action Plans for Anaphylaxis are kept in individual student adrenaline autoinjector bags and on a student's SIMON Medical Profile.

Procedure F: Recognising and Responding - Emergency Response Procedures

Preparing for appropriate Emergency Response relating to anaphylaxis

The College regularly undertakes drills to test the effectiveness of our emergency response procedures, including in responding to an anaphylactic incident.

Staff should be aware of taking appropriate action in case of an anaphylactic incident, including:

- self-administration of an adrenaline autoinjector (e.g., EpiPen® or Anapen®)
- responding to an incident
- procedures to follow in the College and out of College environments
- how to administer an adrenaline autoinjector
- steps to follow if an adrenaline autoinjector is administered
- first-time reactions
- post-incident support

Recognising anaphylaxis

Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen.

Common allergens include:

- eggs
- peanuts
- tree nuts such as cashews
- cow's milk
- fish and shellfish
- wheat
- soy
- sesame
- insect stings and bites
- medications

Signs of mild to moderate allergic reaction include:

- swelling of the lips, face, and eyes
- hives or welts
- tingly mouth
- abdominal pain and / or vomiting (signs of a severe allergic reaction to insects)

Signs of anaphylaxis (severe allergic reaction) include any one of the following:

- difficult / noisy breathing
- swelling of tongue
- swelling / tightness in throat
- difficulty talking and / or a hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and / or vomiting (signs of a severe allergic reaction to insects)

Emergency response procedure for anaphylaxis

If a student is believed to be experiencing an anaphylactic or severe allergic reaction, even if not previously diagnosed with an allergy or being at risk of anaphylaxis, the student will be managed in accordance with the College's Procedure for First Aid Medical Incident Management.

In the event that a student an anaphylactic reaction is suspected, the responding staff is to:

1. Stay with the student
2. Immediately send another staff member or responsible student to collect the student's individual adrenaline autoinjector kit and an Adrenaline Injector for General Use.
 - a. If the student does not have an individual adrenaline autoinjector kit or has not been previously diagnosed as being at risk of experiencing an anaphylactic or severe allergic reaction, two Adrenaline Injectors for General Use should be obtained.
 - b. Consideration should be given to the location of the closest Adrenaline Injector for General Use
3. Lay the student flat (or sitting up if breathing is difficult).
4. Call for an ambulance (000). This should preferably be done by the responding staff member on a mobile phone so they can communicate directly with the call-taker.
5. Administer adrenaline autoinjector (e.g. EpiPen® or Anapen®) as per training or as instructed by 000, noting the time of administration
6. Administer asthma reliever puffer if the student has difficulty breathing. Always administer adrenaline autoinjector first
7. Commence CPR at any time if the student becomes unresponsive and not breathing properly
8. If there is doubt about whether an adrenaline autoinjector is necessary, administer the adrenaline autoinjector
9. If an adrenaline autoinjector has been given with an ineffective response, a second adrenaline autoinjector may be required
10. Contact the student's emergency contact person, and then notify the Compliance team who will notify the DOSCEL Occupational Health and Safety (OHS) Adviser

If the student has an Individual ASCIA Action Plan for Anaphylaxis that differs from the above instructions, this action plan must be followed. A student's action plan can be found in their individual adrenaline autoinjector bag and on their SIMON Medical Profile.

If on site at the College

Once the request for an adrenaline autoinjector (e.g., EpiPen® or Anapen®) is received, the Student Health Officer should:

1. Provide the two relevant adrenaline autoinjector to the staff member or responsible student requesting it. Where this person is a student, it is preferable to also send another staff member back to the site with them.
2. Alert reception to:
 - a. Cover Student Health
 - b. Notify key staff to support critical incident response, including meeting the ambulance at the entry and contacting a parent/guardian to notify them of the incident
3. Make their way to the area of the incident

Note: students or staff may also retrieve a school general use autoinjector.

If off site at an activity (excursion or overnight)

Follow the activity specific roles and responsibilities to respond to the incident (as outlined in the risk assessment).

Administration of Adrenaline Autoinjectors

If a student is suspected of experiencing an anaphylactic reaction, an adrenaline autoinjector (e.g. EpiPen® or Anapen®) will be administered into a large muscle, preferably the outer mid-thigh.

If an adrenaline autoinjector has been administered, an ambulance must be called.

The College will use an Adrenaline Autoinjector for General Use when:

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

Self-administering of an Adrenaline Autoinjector

Students are permitted to self-administer a personal Adrenaline Autoinjector if it is on their person. If a staff member training in anaphylaxis management is present, it is preferable that this staff member administer the Adrenaline Autoinjector.

Review of incident and response

After an anaphylactic reaction has taken place that has involved a student in the College's care and supervision, the College's critical incident review will also include the following procedures:

- students and staff are offered post-incident counselling where appropriate
- the adrenaline autoinjector (e.g., EpiPen® or Anapen®) must be replaced as soon as possible, by either the parent/guardian or the College if the Adrenaline Autoinjectors for General Use has been used
- the student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parent/guardian
- this policy should be reviewed to ascertain whether there are any issues which require clarification or modification

Reporting

- Any call for an ambulance must be communicated as soon as practicable to reception, the Deputy Principal – Head of Campus, and the Deputy Principal – Mission & Compliance

Recordkeeping

- A record of staff participation in Anaphylaxis Training and Briefings must be kept by the Anaphylaxis School Supervisor (the College uses the software EMS for training records)

- The description of any incident leading to an anaphylactic or allergic reaction, along with first aid administration notes must be recorded by the Student Health Officer in the Student Health Register (Synergetic)
- Copies of anaphylaxis Briefings must be kept with Compliance documentation
- The DET Anaphylaxis Management in Schools page should be checked regularly to ensure the latest version of the Risk Management Checklist is used. (See example – Appendix 1). This checklist must be completed annually and filed with the compliance team.

Responsibilities

It is important to remember that minimising the risks of anaphylaxis is everyone's responsibility, including the Principal and all College staff, parents/guardians, students and the broader College community.

Principal

The Principal must:

- ensure that the College develops, implements and routinely reviews this procedure in accordance with Ministerial Order No. 706 and DET Anaphylaxis Guidelines
- ensure that the canteen provider and all of its employees can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food handling practices
- ensure that an appropriate Communication Plan is developed
- ensure there are procedures in place for providing information to College volunteers and casual relief staff about students who are at risk of experiencing an anaphylactic or severe allergic reaction, and their role in responding to an anaphylactic reaction of a student in their care
- ensure that College staff who are appointed as School Anaphylaxis Supervisors are appropriately trained in conducting autoinjector competency checks and that their accreditation is current
- ensure staff are appropriately trained
- ensure the DET Anaphylaxis Guidelines for Victorian Schools Risk Management Checklist (Appendix 1) for anaphylaxis is completed and reviewed annually

Student Health Officer

Student Health Officers must comply with all the procedures in this document, including:

- actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of experiencing an anaphylactic or severe allergic reaction, either at the time of enrolment or at the time of diagnosis (whichever is earlier)
- ensure that parents/guardians provide the College with an adrenaline autoinjector (e.g. EpiPen® or Anapen®) for their child that is not out of date and a replacement adrenaline autoinjector when requested to do so
- ensure that relevant College staff have successfully completed an approved Anaphylaxis Management Training Course and that their accreditation is current
- ensure that all College staff are briefed at least twice a year by the School Anaphylaxis Supervisor (or other appropriately trained member of the College staff); allocate time, such as during staff meetings, to discuss, practise and review this policy
- encourage regular and ongoing communication between parents/guardians and College staff about the current status of the student's allergies, the College's policies and procedures and their implementation
- arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for General Use to be part of the College's first aid kit, stored with a copy of the general ASCIA Action Plan for Anaphylaxis (orange).
- provide advice and guidance to College staff about anaphylaxis management in the College, and undertake regular risk identification and implement appropriate minimisation strategies
- arrange post-incident support (e.g. counselling) to students and College staff, if appropriate, after an incident

In relation to adrenaline autoinjectors (e.g. EpiPen® or Anapen®), Student Health Officers must:

- keep a register of Adrenaline Autoinjectors for General Use, including a record of when they are 'in' and 'out' from the central storage point. For instance, when they have been taken on excursions, camps etc
- arrange to purchase and maintain an appropriate number of general use Adrenaline Autoinjectors for general use to be part of the College's first aid kit, stored with a copy of the general ASCIA Action Plan for Anaphylaxis (orange)
- audit personal adrenaline autoinjectors
- identify adrenaline autoinjectors due to expire and immediately send a written reminder to the student's parents/guardians to replace the adrenaline autoinjector as soon as possible (and follow this up if no response is received from the parents/guardians or if no replacement adrenaline autoinjector is provided)
- expired or used adrenaline autoinjectors must not be disposed of without the expressed written permission, or documented verbal permission (eg: via phone conversation) of the parent/guardian

In relation to management plans, Student Health Officers must:

- monitor student medical profile updates and request plans for any student newly diagnosed or new to the College
- ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/guardians for any student that has been diagnosed by a health practitioner for an anaphylactic or severe allergic reaction, to be at risk of anaphylaxis where the College has been notified of that diagnosis
- ensure that parents/guardians provide an ASCIA Action Plan for Anaphylaxis which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student
- send reminders to parents/guardians when Anaphylaxis management or action plans are due to expire and need to be updated

- ensure students' Individual Anaphylaxis Management Plans are appropriately communicated to all relevant staff
- ensure the proper notification/alert is on the student profile
- ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with parents/guardians
- audit management plans and their appropriate storage

School Anaphylaxis Supervisor

A minimum of two staff members per campus must have completed face-to-face training, every three years, to be a School Anaphylaxis Supervisor.

The College has appointed the following staff roles as School Anaphylaxis Supervisors:

- Student Health Officer – Beaconsfield Campus
- Student Health Officer – Berwick Campus
- Student Health Officer – Officer Campus
- Student Health Team Leader
- Director of Student Wellbeing – Beaconsfield Campus
- Director of Student Wellbeing – Berwick Campus
- Director of Student Wellbeing – Officer Campus

The School Anaphylaxis Supervisor must provide information and support to ensure that responsibilities, training requirements and tasks relating to anaphylaxis are being met by the College.

School Anaphylaxis Supervisors must:

- provide advice and information for the maintenance of up to date practices and procedures at the College
- obtain regular training in how to recognise and respond to an anaphylactic or severe allergic reaction, including administering an adrenaline autoinjector (e.g. EpiPen® or Anapen®)
- verify the correct use of adrenaline autoinjector (trainer) devices by other College staff undertaking an Online Training Course through completion of the School Supervisors' Observation Checklist
- provide access to the adrenaline autoinjector (trainer) device for practice by College staff
- send reminders to staff or information to new staff about anaphylaxis training requirements
- maintain records of training undertaken by staff at the College
- lead the twice-yearly anaphylaxis College briefing

All Staff

College staff must:

- know and understand the requirements of these procedures
- know the identity of students who are at risk of experiencing an anaphylactic reaction, know their face and if possible, what their specific allergy is
- understand the causes, symptoms, and treatment of anaphylaxis
- obtain regular training in how to recognise and respond to an anaphylactic or severe allergic reaction, including administering an adrenaline autoinjector (e.g. EpiPen® or Anapen®)
- know where students' adrenaline autoinjectors and the adrenaline autoinjectors for general use are kept
- know where to find a copy of each student's ASCIA Action Plan for Anaphylaxis quickly, and follow it in the event of an allergic reaction

- know the College's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic or severe allergic reaction
- know where student Adrenaline Autoinjectors for Personal Use and the Adrenaline Autoinjectors for General Use are kept
- know and follow the risk minimisation strategies in the student's Individual Anaphylaxis Management Plan
- plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at the College, or away from the College
- not use of food treats or rewards
- be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes
- be aware of the risk of cross-contamination when preparing, handling and displaying food
- make sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food
- raise student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a College environment that is safe and supportive for their peers
- respond to any bullying or unsafe behaviours that increase the risk of an anaphylactic or severe allergic reaction

Parents/Guardians

Parents/guardians must:

- maintain their child's medical profile in PAM - inform the College in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of experiencing an anaphylactic or severe allergic reaction
- obtain and provide the College with an ASCIA Action Plan for Anaphylaxis from the student's health practitioner that details:
 - their condition
 - any medications to be administered
 - any other relevant emergency procedures
- meet with and assist the College to develop and review the student's Individual Anaphylaxis Management Plan, including risk minimisation and management strategies
- provide the College with an adrenaline autoinjector (e.g. EpiPen® or Anapen®) and any other medications that are current and not expired
- replace the student's adrenaline autoinjector and any other medication as needed, before their expiry date or when used
- assist College staff in planning and preparation for the student prior to off-site activities or special events
- if requested by College staff, assist in identifying alternative food options for the student when needed
- inform College staff in writing (via college processes) of any changes to the student's emergency contact details

Compliance

Implementation

This policy is implemented through a combination of:

- College premises inspections
- Staff training and supervision

- Maintenance of medical records (PAM/SIMON)
- Effective incident notification procedures
- Effective communication procedures with the student's parents/guardians
- Initiation of corrective actions where necessary.

Discipline for Breach of Procedures

Where a staff member breaches these procedures St Francis Xavier College may take disciplinary action.

Related Legislation

- Education and Training Reform Act 2006 (Vic) (s 4.3.1 (6)(c))
- Ministerial Order No. 706: Anaphylaxis Management in Victorian school
- Privacy and Data Protection Act 2014 (Vic)
- Health Records Act 2001 (Vic)

Related DOSCEL Policy

- Student Duty of Care
- Child Protection and Safety Policy
- Privacy Policy

Related College Procedures

- Child Protection Program
- Critical Incident (Emergency Situations) Response Procedure
- Allergy Management Procedure
- Asthma Management Procedure
- First Aid / Medical Incident Response Procedure
- Medication Administration Procedure
- Medical Records and Support Plans Procedure

Other

- Department of Education Victoria - <http://www.education.vic.gov.au/>
Anaphylaxis Guidelines for Victorian Schools

Further Information

Further information can be obtained from:

- Student Health Team Leader
- Assistant Principal – Wellbeing

Status of Procedure	
College Leader Responsible	Deputy Principal Wellbeing
Implementation Date / Last Reviewed	June 2024
Review Date [Commonly 1 – 2 Years]	June 2026
Local Governing Authority Approval	College Executive Team

Record of Review

Details of Amendments	By Whom	Date
<ul style="list-style-type: none"> • Addition of mention of Anapen (new device in Au) along with EpiPen • Addition of detail or modifications based on DOSCEL Procedure wording (not change to procedure, only clarification) • Update to wording about staff training to specific differentiated training (updated already in comms to staff about training requirements) • New location of an EpiPen at Bea (Thomas Building Staff Office) (already communicated to staff as part of start of year briefing) • Addition of list of allergens and symptoms as taken from DOSCEL guidelines • Addition of notification to DOCEL in case of response to an anaphylactic reaction (previously covered as part of ambulance call procedure and now also specified here) • Addition of referral to counselling as needed post incident (from DOSCCEL procedures) 	<p style="text-align: center;">Deputy Principal Wellbeing</p>	<p style="text-align: center;">Feb 2022</p>
<ul style="list-style-type: none"> ▪ Change register details to: My EpiPen (https://www.myepipen.com.au) p13 ▪ Change terminology – medical practitioner to health practitioner ▪ All appendices updated to current documents <p>Edit to onsite events notes to match best practice (Pg 5)</p>	<p style="text-align: center;">Deputy Principal Wellbeing</p>	<p style="text-align: center;">June 2024</p>

DOSCEL Anaphylaxis Risk Management Checklist

Document can be found on the College Policies and Procedures SharePoint page.



Inspiring Faith Inspiring Learning

ANNUAL RISK MANAGEMENT CHECKLIST

Note: This checklist must be completed at the beginning of each school year and a copy of the completed checklist retained at the school.

School Name:		
School Location:		
Date of Review:		
Who Completed This Checklist?	Name:	
	Position:	
Review provided to:	Name	
	Position	
Comments and/or action required:		

This is the most recent version of the checklist, obtained from:

<https://www2.education.vic.gov.au/pal/anaphylaxis/resources>

Appendix 2 - Individual Anaphylaxis Management Plan Template

Note: The Individual Allergic Reaction Management Plan follows the same format as this template



Individual Anaphylaxis Management Plan

This plan is to be completed by a St Francis Xavier College Student Health Officer on the basis of information received from the student's health practitioner (ASCIA Action Plan for Anaphylaxis) and supplemented by information provided by the parent/guardian, in the form completed below by the parent/guardian.

It is the parent/guardian's responsibility to provide the College with:

- Annually, a completed **Individual Anaphylaxis Management Plan** (this document)
- Annually, a completed **ASCIA Action Plan for Anaphylaxis** containing the emergency procedures plan (signed by the student's health practitioner)
- To inform the College if their students medical condition changes at any stage
- To be provided by the College - An **up-to-date photo** of the student

School	St Francis Xavier College	Phone	
Student Name			
Date of Birth		Year Level & Campus	
Allergen resulting in Anaphylaxis – List			
Other health conditions			
Medication to be taken at school (including Adrenaline Autoinjector)			
EMERGENCY CONTACT DETAILS (PARENT/GUARDIAN)			
Name		Name	
Relationship		Relationship	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATIVE TO PARENT/GUARDIAN)			
Name		Name	
Relationship		Relationship	
Home Phone		Home Phone	
Work Phone		Work Phone	
Mobile Phone		Mobile Phone	
Address		Address	
Health Practitioner Contact Details	Name		
	Phone Number		
Emergency care to be provided at school	Correct and accessible storage of adrenaline autoinjector, appropriate staff education and preparation in case of anaphylactic reaction. Administer adrenaline autoinjector as prescribed, call ambulance and treat as per personal emergency action plan.		
Storage for Adrenaline Autoinjector	Stored in individually marked insulated bags in the copy room, in the front office. Each bag contains medication and all instructions. Storage bags are parent/guardian provided adrenaline autoinjector specific storage bag. Med Bag brand preferred.		

ENVIRONMENT

To be completed by a St Francis Xavier Student Health Officer. Each environment/area (on and off school site) that the student may be in during the year will be assessed, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area: Classroom			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Food in class	No eating in class	College	Ongoing
Students ignorant	Educate students	College	Ongoing
Easy to forget	Photo list reminders	Student Health Officer	Ongoing and Annual Updates
Staff forgot or new	Know and understand action plans and where adrenaline autoinjectors are kept	Student Health Officer	Ongoing
Staff do not know Anaphylactic students	Staff aware through SIMON note on the roll and biannual lectures. Info in Black Box for relief staff	Student Health Officer	Ongoing
Name of environment/area: Canteen			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Anaphylactic students unknown	Canteen staff aware by means of photo lists of anaphylactic students	Student Health Officer Canteen Manager	Ongoing
Staff forget or don't know what to do in emergency	Know and understand anaphylaxis action plan	Student Health Officer All canteen staff	Ongoing
New food ordered or prepared	All food with traces of triggers in sealed packaging	Canteen Manager guiding canteen staff	Ongoing
Students are ignorant of possible danger	Student education on notice boards in canteen	Student Health Officer Canteen Manager	Ongoing
New staff untrained	Canteen staff trained as per Ministerial Order 706	Student Health Officer Canteen Manager	Ongoing

Name of environment/area: Food Tech Rooms			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Anaphylactic students unknown	Teachers aware by means of photo lists of anaphylactic students	Student Health Officer College	Ongoing
Staff forget or don't know what to do	Know and understand anaphylaxis action plan	College	Ongoing
Students ignorant of possible danger	Student education on anaphylaxis on classroom notice boards	Student Health Officer College	Ongoing
New staff untrained	Teachers trained as per Ministerial Order 706	Student Health Officer College	Ongoing
Cross contamination and foods hard to identify	Food packed individually and clearly labelled	College	Ongoing
Name of environment/area: Sports Ovals and Basketball Courts			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Food on oval or courts	Remind students to pick up their own litter after recess and lunch	College	Ongoing
Anaphylactic students not aware of potential danger	Educate students about heightened danger on outdoor play/sport areas	Student Health Officer College	Ongoing
Teachers don't know where adrenaline autoinjectors are	Educate teachers biannually in accordance with Ministerial Order	Student Health Officer	Ongoing
Teachers do not recognise anaphylactic students	Anaphylaxis instructions and student photos in all Yard Duty folders	Student Health Officer College	Ongoing
Name of environment/area: Excursions and Camps			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Forgets adrenaline autoinjector at school	Teacher to act according to Excursion Plan, obtain Student Medical Details list from First Aid and be responsible for ensuring that the adrenaline autoinjector is taken on excursion/camp as per the medical details	Student Health Officer College	Ongoing
Students eat food on bus	School rule – teachers to remind students of this	College	Ongoing

Food in excursion destination not controlled	Teacher to monitor the venue and warn anaphylactic students of possible danger. Leave is necessary	College	Ongoing
Food provided by excursion/camp host not controlled	Teacher to notify the venue and excursion host of student's dietary requirements in advance	College	Ongoing
Adrenaline autoinjector is left on the bus	Teacher to remind student/s and be responsible for taking the adrenaline autoinjector off the bus when disembarking	College	Ongoing
Name of environment/area: Parent/guardian area of concern: Optional for parent/guardian to complete			
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?

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

- Annually, as per Ministerial Order 706
- 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. The parent/guardian assumes the responsibility to notify the school of changes before any such event

I understand that this Individual Anaphylaxis Management Plan will be developed and guided by the information supplied by myself and in accordance with Ministerial Order 706, Anaphylaxis in Schools.

I consent to the development of risk minimisation strategies, also based upon information supplied myself.

Signature of parent/guardian:

Date:


I have consulted the parents/guardians of the student and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. I have also addressed any concerns raised by the parents/guardians in this document in relation to their child's anaphylaxis management at school.

Signature of Student Health Officer:

Campus:


Date:

EXAMPLE ONLY



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

ACTION PLAN FOR Anaphylaxis



Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (doctor or nurse practitioner) who authorises medications to be given, as consented by the parent/guardian, according to this plan.

Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

This plan does not expire but review is recommended by: DD / MM / YYYY

How to give adrenaline (epinephrine) injectors

MILD TO MODERATE ALLERGIC REACTIONS

<p>SIGNS:</p> <ul style="list-style-type: none"> Swelling of lips, face, eyes Hives or welts Tingling mouth Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy <div style="border: 1px solid black; padding: 5px; text-align: center; margin-top: 10px;"> <p>Mild to moderate allergic reactions may not always occur before anaphylaxis</p> </div>	<p>ACTIONS:</p> <ul style="list-style-type: none"> Stay with person, call for help Locate adrenaline injector Give antihistamine - see above Phone family/emergency contact Insect allergy - flick out sting if visible Tick allergy - seek medical help or freeze tick and let it drop off
---	---

How to give adrenaline (epinephrine) injectors

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:

<ul style="list-style-type: none"> Difficult or noisy breathing Swelling of tongue Swelling or tightness in throat Wheeze or persistent cough 	<ul style="list-style-type: none"> Difficulty talking or hoarse voice Persistent dizziness or collapse Pale and floppy (young children)
---	--

How to give adrenaline (epinephrine) injectors

ACTIONS 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
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright






- 2 GIVE ADRENALINE INJECTOR**
- 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 INJECTOR

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

ALWAYS GIVE ADRENALINE INJECTOR FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

How to give adrenaline (epinephrine) injectors

ACTIONS FOR ANAPHYLAXIS

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

ACTIONS FOR ANAPHYLAXIS

Anapen®

- 1** PULL OFF BLACK NEEDLE SHIELD
- 2** PULL OFF GREY SAFETY CAP from red button
- 3** PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)
- 4** PRESS RED BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

Anapen® is prescribed as follows:
Anapen® 150 Junior for children 7.5-20kg
Anapen® 300 for children over 20kg and adults
Anapen® 500 for children and adults over 50kg

ACTIONS FOR ANAPHYLAXIS

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2023 This plan is 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.

REMINDER!

To be attached to the Individual Anaphylaxis Management Plan and completed by the treating doctor.


Appendix 3 - General First Aid Plan for Anaphylaxis

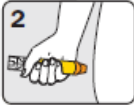


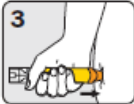
Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine), which is injected into the outer mid-thigh muscle. If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

How to give adrenaline (epinephrine) injectors

EpiPen®

- 


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


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


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


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

Anapen®

- 

PULL OFF BLACK NEEDLE SHIELD
- 

PULL OFF GREY SAFETY CAP from red button
- 

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

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

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

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS	ACTIONS
<ul style="list-style-type: none"> Swelling of lips, face, eyes Hives or welts Tingling mouth Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy 	<ul style="list-style-type: none"> Stay with person, call for help Locate adrenaline injector Phone family/emergency contact Insect allergy - flick out sting if visible Tick allergy - seek medical help or freeze tick and let it drop off

Mild to moderate allergic reactions may not always occur before anaphylaxis






SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for **ANY ONE** of the following signs:

<ul style="list-style-type: none"> Difficult or noisy breathing Swelling of tongue Swelling or tightness in throat Wheeze or persistent cough 	<ul style="list-style-type: none"> Difficulty talking or hoarse voice Persistent dizziness or collapse Pale and floppy (young children)
---	--

ACTIONS 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
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright

- 2 GIVE ADRENALINE INJECTOR**
- 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 INJECTOR

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

ALWAYS give adrenaline injector FIRST if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2023 This document has been developed for use as a poster, or to be stored with general use adrenaline injectors.

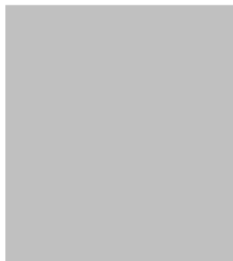
Appendix 4 – Individual Action Plan for Allergic Reactions



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

ACTION PLAN FOR Allergic Reactions





Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

Plan prepared by: _____ (doctor or nurse practitioner)
who authorises medications to be given, as consented by the patient or parent/guardian,
according to this plan.

Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

This plan does not expire but review is recommended by: DD / MM / YYYY

This ASCIA Action Plan for Allergic Reactions is for people who have allergies but do not have a prescribed adrenaline (epinephrine) injector.

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

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

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:

- Stay with person, call for help
- **Give antihistamine - see above**
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:

- 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)

ACTIONS 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
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR IF AVAILABLE

- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

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

Adrenaline injector doses are:

- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

Instructions are on device labels.

ALWAYS GIVE ADRENALINE INJECTOR FIRST and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication (who may have been exposed to the allergen) has **SUDDEN BREATHING DIFFICULTY** (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.

If adrenaline is accidentally injected, phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2023 This plan is 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.