



ASCOT VALE PRIMARY SCHOOL
No.2608

ASCOT VALE PRIMARY SCHOOL ANAPHYLAXIS MANAGEMENT POLICY.

School Council Approved – August 18 2014

DEFINITION of Anaphylaxis:-

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

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

Adrenaline given through an EpiPen autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for Anaphylaxis.

PURPOSE:

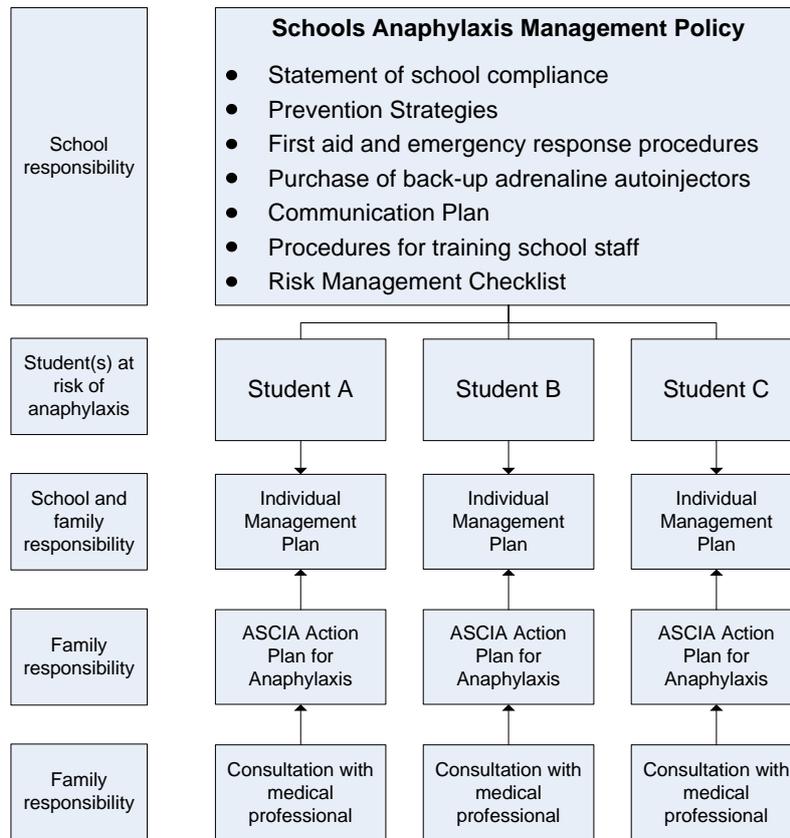
- To provide, as far as practicable, a safe and supportive environment in which students at risk of Anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise community awareness about allergies and Anaphylaxis and our Anaphylaxis Management Policy.
- To engage with parents/ caregivers of students at risk of Anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure each staff member has adequate knowledge about allergies, Anaphylaxis and the school's Anaphylaxis Management policy and procedures in responding to an Anaphylactic reaction.
- To comply with Ministerial order 706, as communicated with DEECD schools in memo S070-2014. A copy of the order can be found online at: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx> We have reviewed and updated our existing policy to ensure we meet this legislative and policy requirement.
- In the event of an Anaphylaxis reaction, our school's first aid and emergency response procedures as well as the student's Individual Action Plan must be followed.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

<http://www.education.vic.gov.au/Documents/school/teachers/health/anaphylaxismanagementplan.docx> Available to download

The principal and the Senior Staff member responsible for Student Welfare, will ensure that an individual management plan is developed, in consultation with the student's parents and/or caregivers, for any student who has been diagnosed by a medical practitioner as being at risk of Anaphylaxis.

Note that a management plan takes into account an Anaphylaxis action plan, it does not replace it.



The interaction between the School’s Anaphylaxis Management Policy and each student’s Individual Anaphylaxis Management Plan is diagrammatically represented in the picture above, including the responsibilities of the School and the student’s family.

Individual Anaphylaxis management plan will be in place as soon as practicable after a student enrolls, and where possible before their first day of school. These will be reviewed annually.

The individual Anaphylaxis management plan will set out the following:

- Information about the diagnosis, including any allergy or allergies the student has (based on medical practitioner’s diagnosis)
- Strategies to minimise risk of exposure to allergens while the student is under care or supervision of school staff, either in school or out of school settings, including camps and excursions.
- The name of the person/s responsible for implementing the strategies.
- Information about where all medication is stored, including the expiry date of Epi pens.
- The student’s emergency contact details.
- An emergency procedures plan (i.e ASCIA Action Plan – see <http://www.allergy.org.au/content/view/10/3/> to download a copy) provided by the parents/ caregivers that:

1. sets out the emergency procedures to be taken in the event of an allergic reaction
2. must be signed by the parents
3. includes an up to date photograph provided by the parents/ caregivers

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

- annually
- if the student's condition changes, or
- immediately after a student has had an Anaphylactic reaction

It is the responsibility of the parents/ caregivers to:

- provide the emergency procedures plan annually (i.e ASCIA Action Plan)
- inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (i.e ASCIA Action Plan)
- provide an up to date photo for the procedures plan (i.e ASCIA Action Plan) when the plan is first provided to the school and when it is reviewed
- ensure medication expiry dates are recorded and that all medication is replaced before expiry
- provide a signed agreement that gives the school permission to post the action plan, including photos, in appropriate places around the school, for eg. CRT folders, DropBox (online – password protected for regular staff only), first aid room & Staffroom
- assist school staff in planning and preparing for the student attending camp and any excursions, special days and celebrations, including class parties
- make Epipens and Action and Management plans available to Out of School Hours Care (OSHC) staff when students attend.

Parents may wish to provide an additional EpiPen to be near the student's classroom, in consultation with the classroom teacher. A copy of both Action and Management plans should also be placed with any additional EpiPen.

If an Adrenalin autoinjector is administered, the school must:

1.	Immediately call an ambulance (000/112).
2.	Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3.	Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere.
4.	In the situation where there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second auto injector is available (such as the Adrenaline Auto injector for General Use).

5.	Then contact the student's emergency contacts.
6.	For government schools - contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

To summarise, in the event that a community member has an Anaphylactic Reaction, Ascot Vale Primary School's emergency response procedures, and the Individual Anaphylaxis Management Plan must be followed.

POST INCIDENT SUPPORT

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and parents. In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident counselling (e.g. EAP Service) or school psychologist.

REVIEW

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

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

PREVENTION STRATEGIES

Risk Minimisation and Prevention Strategies have been considered by the school for all in school and out of school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- on special lunch days
- during recess and lunchtimes
- before and after school
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camp

See “Individual Anaphylaxis Management Plan at Ascot Vale Primary School” for risk management and prevention strategies.

All Anaphylaxis management plans, as well as Action plans and Anaphylaxis register will be stored in the first Aid room in a folder marked Anaphylaxis Management. The register will ensure that all plans and medication are up to date. An additional copy of both the Action and Management plans will be kept with the student’s medication.

SPARE ADRENELINE AUTO INJECTORS

Ascot Vale PS will have general use adrenaline auto injectors for emergency use; as a back- up to those supplied by parents. The back-up auto injectors are stored on the same open shelf in the First Aid room where students’ auto injectors are stored. Additional back up auto injectors will be stored in the Yard Duty Bag. (See response section for photo of additional auto injectors). The auto injectors will be taken with First Aid equipment for special events within the school grounds and events outside of the school such as excursions, camps and other events conducted, organised or attended by the school. The expiry date on the auto injectors will be monitored by the school’s First Aid Officer and/or Assistant Principal and will be replaced by parents/ carers when either used or has expired.

COMMUNICATION PLAN

The principal and the Senior Staff member responsible for Student Welfare will be responsible for ensuring that a communication plan (*see page 4 – Procedures in the event of an Anaphylaxis reaction*) is developed to provide information to all staff, students and parents about Anaphylaxis and the school’s Anaphylaxis management policy. The communication plan will include the following steps taken to respond to an Anaphylactic reaction in the school yard, in the classroom, on camps, on excursions and any special event days. Parents and staff should meet prior to any camp to discuss management and action plans.

Casual Relief Teachers (CRT’s) of students at risk of Anaphylaxis will be informed of students at risk of Anaphylaxis and their role in responding to an Anaphylactic reaction. All CRT’s are given a class booklet upon arriving at school which is clearly labelled ‘Student with Allergies in this class – please read before starting the day.’ A photo a brief description, including allergens is included.

A sign will be placed outside each classroom that has a student at risk of Anaphylaxis, alerting the community that a child in this class has allergies with specific allergens listed.

All staff will be briefed at twice yearly Anaphylaxis Briefings by a staff member who has up to date (preferred no more than 12 months since they received training) Anaphylaxis management training on:

- the school’s Anaphylaxis management policy
- the causes, symptoms and treatment of Anaphylaxis
- the identities of students diagnosed at risk of Anaphylaxis and where their medication is located
- how to use an autoadrenaline (Epipen and Anapen) injecting advice, including practising with the trainer pen
- the school’s first aid and emergency response procedures

STAFF TRAINING & BRIEFINGS

Ministerial Order 706 requires schools to provide regular training and updates for school staff in recognising and responding appropriately to an anaphylactic reaction, including competently administering an EpiPen/Anapen.

Accredited anaphylaxis training courses that meet the requirements of Ministerial Order 706 are:

- Course in First Aid Management of Anaphylaxis 22099VIC
- Course in Anaphylaxis Awareness 10313NAT.

St John Ambulance Victoria has been selected to assist the Department with providing anaphylaxis management training to Victorian school staff at no expense to government and Catholic schools.

Schools with a student diagnosed at risk of anaphylaxis should contact St John Ambulance Victoria on (03) 8588 8391 to organise training for staff in anaphylaxis management.

To find other registered training organisations that deliver anaphylaxis training, go to: www.training.gov.au

All schools with a child or young person at risk of an anaphylactic reaction are required to undertake twice yearly briefings on anaphylaxis management under Ministerial Order 706. A presentation has been developed to help schools ensure they are complying with the legislation.

The briefing presentation incorporates information on how to administer both an EpiPen and an Anapen and it is expected all staff will practice with the replica EpiPen and Anapen previously provided. As part of the briefing, school staff should familiarise themselves of the children and young people in the school at risk of an anaphylactic reaction and their anaphylaxis management plans.

Any person who has completed course 21659VIC or 10313NAT in Anaphylaxis Management in the last three years can lead the briefing. A facilitation guide and speaking notes have also been developed. At other times while the student is under the care or supervision of the school, including first aid duty, excursions, yard duty, camps etc, the Principal must ensure that there is a sufficient number of staff present who have up to date training in an Anaphylaxis management training course.

The principal will identify the school staff to be trained on a risk assessment. (Note: in many schools this will mean that the majority or all of the staff will need to be trained)

ANNUAL RISK MANAGEMENT CHECKLIST

The Principal and/or their nominee will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

<http://www.education.vic.gov.au/Documents/school/teachers/health/RiskChecklistTemplate.docx>

Links to the Facilitator Guide and Management Briefing are below:

Faciliator

Guide

<http://www.education.vic.gov.au/Documents/school/teachers/health/anaphylaxisfacilguide.docx>

RESPONSE

The school's first aid procedures and student emergency procedures plan (i.e ASCIA Action Plan) will be followed in responding to an Anaphylactic reaction.

All student medication (Anaphylaxis for management) will be stored in a plastic container, clearly labelled in the first aid room. Ascot Vale PS has purchased one Epipen jr. in case of emergency.



Staff who conduct classes with students at risk of Anaphylaxis attend must be aware of student individual management plans, that may include actions such as:

- avoiding the use of food treats in class as they may contain hidden allergens
- avoiding students sharing food bought from home
- awareness of possible allergens, for eg. when cooking
- ensuring that tables and surfaces are wiped down regularly and that students wash their hands regularly after handling food
- raising student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for everyone

OSHC staff must also be trained in the abovementioned areas annually. It is recommended that parents provide an additional Epipen to OSHC. If an Epipen is not provided, OSHC are to collect an Epipen from the school's First Aid cupboard. Parents must inform OSHC if this is going to be the case. Parents also need to provide an up to date copy of both the Action and Management Plans to OSHC.

LEGAL OBLIGATIONS for Schools in relation to Anaphylaxis

Education and Training Reform Act 2006

Section 4.3.1(6)(c) of the Act requires a School which has enrolled a student in circumstances where the School knows, or ought reasonably to know, that the student has been diagnosed as being at risk of anaphylaxis, to develop an anaphylaxis management policy which contains all of the matters required by the Order.

MINISTERIAL ORDER 706

The Order, which is effective from April 2014, is made under ss 4.3.1, 5.2.12, 5.10.4 and clause 11 of Schedule 6 of the Act. Ministerial Order 90 is also repealed with effect from 22 April 2014. A copy of the Order is contained in Appendix 1.

The purpose of the Order is to specify the matters that Schools applying for registration and Registered Schools must contain in their anaphylaxis management policy for the purposes of s 4.3.1(6)(c) of the Act.

General information about a School Anaphylaxis Management Policy is contained in Chapter 6 of these Guidelines, and detailed information about the contents of the Policy is contained in Chapters 7 to 13.

DUTY OF CARE

All School Staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. In relation to anaphylaxis management, the School and its Staff have a duty to take reasonable steps to inform themselves as to whether an enrolled student is at risk of anaphylaxis. In order to discharge their duty of care, School Staff should comply with their obligations under the Act, the Order and these Guidelines as well as the School's Anaphylaxis Management Policy. When determining what actions or steps need to be undertaken to comply with their obligations, School Staff should ask themselves what a fair and sensible person of sound judgment would do in the circumstances.

In meeting its obligations under s 4.3.1(6)(c) of the Act, in relation to whether a School 'ought reasonably to know' that an enrolled student has been diagnosed as being at risk of anaphylaxis, Schools should take all reasonable steps to find out whether an enrolled student has an allergy. One of the most obvious and practical ways to do this is through the enrolment process, by asking Parents to specify, in a clearly defined section of the enrolment form, 'yes' or 'no' as to whether their child has an allergy. Schools should pro-actively and promptly follow up Parents if this question is not answered. If the answer is 'yes', the School should ensure that sufficient information is provided by the Parents, including an appropriate ASCIA Action Plan. Another way is to regularly remind Parents and students to advise the School of any change in their circumstances, including any changes in the diagnosis and treatment of medical conditions. This should be done regularly (eg once or twice per year) and can be done via newsletters or other regular communications to the school community. Having clearly defined, robust procedures in place on enrolment and regular reminder communications to the school community should enable Schools to obtain the information required to meet this duty of care.

EVALUATION:

This policy will be reviewed in 3 years, or as required. May 2017.

WEB REFERENCES

- DEECD Anaphylaxis <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>
- Royal Children's Hospital Anaphylaxis Support Advisory Line http://www.rch.org.au/allergy/advisory/Anaphylaxis_Support_Advisory_Line/
- Anaphylaxis Resources <http://www.allergy.org.au/health-professionals/anaphylaxis-resources>
- Anaphylaxis Australia <http://www.allergyfacts.org.au/>
- Allergy library <http://www.allergyfacts.org.au/allergyinfo.html>

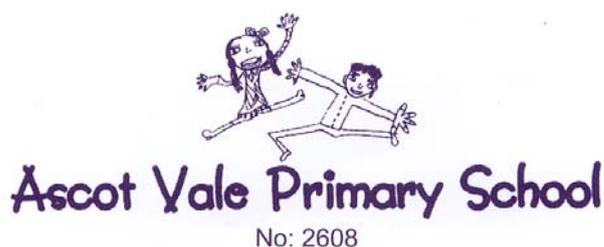
Individual Anaphylaxis Management Plan at Ascot Vale Primary School

<p>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.</p> <p>It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.</p>			
School	Ascot Vale PS	Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school and where stored			
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	Action taken as per student's ASCIA Action Plan: administer EpiPen		
Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)	Students EpiPen to be stored in First Aid Room along with school back-up EpiPens		
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: Classroom			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Exposure to allergens	Supervise students eating	Teacher	Ongoing
	Inform class through note sent home asking students not to bring nuts or nut products and hard boiled eggs	Assistant Principal	As soon as is practical
	Allergy friendly sign to be erected on classroom door	Assistant Principal/class teacher	As soon as is practical
	Teacher speaks to class about anaphylaxis/dangers of food	Classroom teacher	As soon as is practical
	Information about student given to Casual Relief Teachers	Assistant	When appropriate
	Information about student to be given to teacher on a medical conditions list to be placed in the roll and Anaphylaxis Alert Poster with students at risk to be on display at all times	Assistant Principal/classroom teacher	As soon as is practical
	Birthdays/celebrations/special events at school – parents to meet with teacher to arrange a treat box of suitable snacks/alternative meals for special occasions	Teacher/Parents	As soon as is practical
	Classroom cooking activities – will not use nut based products or eggs on their own	Teacher	Ongoing
	All other classrooms/rooms in the school the will display Anaphylaxis Alert Poster with students at risk at all times	Assistant Principal	As soon as is practical
Name of environment/area: Excursions out of school			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Exposure to allergens	Students EpiPen to be taken on excursion and located with the child at all times under the care of the supervising teacher. A back-up EpiPen will also be taken for all out of	Teacher	At each excursion

	school activities		
	A risk assessment , where applicable, will be carried out prior to the activity by the teacher/leader responsible for the activity	Teacher/Team Leader/Activity organiser	Prior to each excursion where applicable
	Copy of students ASCIA Action Plan and Management Plan to be taken on excursion and easily accessible (copy to be taken with auto injectors)	Teacher	At each excursion
	School's back up pen to be taken on excursion (take one)	Teacher/Excursion coordinator	At each excursion
	Eating (lunch/snacks) to be supervised) where possible avoid using food in activities or games or as rewards	Teacher	At each excursion
	Students EpiPen and copies of their ASCIA Action Plan to accompany student on bus/transport to and from venue	Teacher	At each excursion
	Consult with parents in advance to discuss alternative menu/provision of alternative meals where applicable	Teacher	Prior to excursion, where applicable
Name of environment/area: Special Lunch Days			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Exposure to allergens	Organiser informed of students condition	Parent requesting food	As required
	Minimise purchase of nut based products	Special Lunch Day organiser	Ongoing
	Special lunch orders labelled: Allergy – no substitutions	Parent	Ongoing
Name of environment/area: School Camps			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Exposure to allergens	EpiPen and copy of Management Plan and ASCIA Actions Plans to be taken on camp, along with a school back-up EpiPen and remain close to the student at all times	Teacher/Camp coordinator	At each camp
	School back up EpiPen to be taken on camp	Teacher/Camp coordinator	At each camp
	Student identified at meals - taken at a supervised table	Teacher/Camp coordinator	At each camp
	Risk analysis completed and camp staff, including kitchen staff notified of condition and allergens	Teacher/Camp coordinator	Prior to camp
	Consult with parents to ensure appropriate risk minimisation/management has taken place	Teacher/Camp Coordinator	Prior to camp
	Teachers in charge of anaphylactic students on camp will carry a mobile phone at all times	Teacher/Camp Coordinator	At each camp

Name of environment/area: School – General including yard			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Exposure to allergens	Teachers trained in use of EpiPen twice yearly	Assistant Principal	Each semester
	Anaphylaxis Photo Alert Poster to be displayed in staffroom and first aid room, and CRT folders. A copy of the action plan for each child is also given to their classroom teacher (each unit)	Assistant Principal	Start of year, updated as applicable
	It is recommended that all teachers on yard duty carry mobile phones in case of emergency 000	Teachers	Ongoing



31st January 2014

Dear Parents/ Carers,

The AVPS Anaphylaxis Management policy ensures that all students at risk of Anaphylaxis must have a completed Individual Anaphylaxis Management Plan.

The Individual Anaphylaxis Management Plan is based around strategies to avoid allergens. We ask you to identify the risks and possible strategies to avoid these particular allergens and who would be responsible for ensuring these strategies were implemented. It must be noted that the Individual Anaphylaxis **Management** Plan does not replace the Anaphylaxis **Action** Plan (ASCIA – www.allergy.org.au) that you have already presented.

We are asking you to complete this form and return to school as soon as possible.

AVPS Anaphylaxis management plans must be updated annually.

I will contact you if I have any questions about the returned Individual Anaphylaxis Management Plan. Likewise, please contact me if you have any questions or require further clarification.

Thank you for your support.

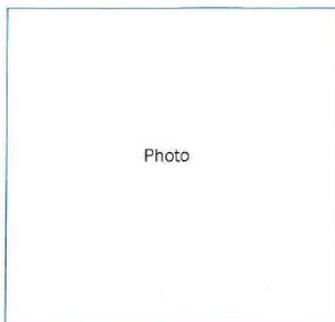
Michael Downing

Assistant Principal.

For use with EpiPen® Adrenaline Autoinjectors

Name: _____

Date of birth: _____



Confirmed allergens:

Asthma Yes No

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by: _____

Dr: _____

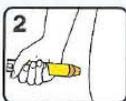
Signed: _____

Date: _____

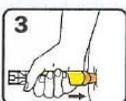
How to give EpiPen®



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



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 10 seconds.

REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis

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MILD TO MODERATE ALLERGIC REACTION

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

ACTION

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

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

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

If in doubt, give adrenaline autoinjector

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

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

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

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

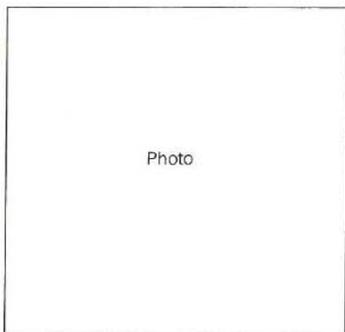
Additional information

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

For use with Anapen® Adrenaline Autoinjectors

Name: _____

Date of birth: _____



Confirmed allergens: _____

Asthma Yes No

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by: _____

Dr: _____

Signed: _____

Date: _____

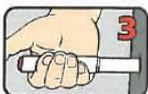
How to give Anapen®



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

Instructions are also on the device label and at: www.allergy.org.au/anaphylaxis

© ASCIA 2014. This plan was developed by ASCIA

MILD TO MODERATE ALLERGIC REACTION

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

ACTION

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

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

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

If in doubt, give adrenaline autoinjector

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

Anapen® 300 is generally prescribed for adults and children over 5 years.

Anapen® 150 is generally prescribed for children aged 1-5 years.

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

Additional information _____

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

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

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

I have been consulted in the development of this Individual Anaphylaxis Management Plan.
 I consent to the risk minimisation strategies proposed.
 Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent:	
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Date:	
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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):	
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Date:	
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