

Muhammadiyah Australia College

ANAPHYLAXIS MANAGEMENT POLICY



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Purpose

The purpose of this policy is to explain to Muhammadiyah Australia College parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Muhammadiyah Australia College is compliant with Ministerial Order 706: Anaphylaxis management in Victorian schools and school boarding premises (Ministerial Order 706) and the Department of Education's Guidelines for anaphylaxis management as amended from time to time.

This policy applies to:

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

College Statement

Muhammadiyah Australia College will fully comply with Ministerial Order 706 and the associated guidelines published by the Victorian Department of Education(the Department) .

Anaphylaxis

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

Symptoms

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

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

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

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse

- student appears pale or floppy
- abdominal pain and/or vomiting.

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

Treatment

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

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors such as EpiPen and AnaPen, are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Muhammadiyah Australia College who are diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction must have an Individual Anaphylaxis Management Plan. Where the College has been notified of that diagnosis, the Principal is responsible for developing a plan in consultation with the student's parents/carers.

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

Parents and carers must:

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

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has;

- information about the signs and symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner;
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of College staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the College;
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Action Plan;
- information about where the student's medication will be stored;
- the student's emergency contact details;
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner;
- an up-to-date emergency contact details are to be on file. If changes need to be made, the College is to be provided with the updated records by the parents/guardians.

Review and updates to Individual Anaphylaxis Management Plans

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

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

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

Location of plans and adrenaline autoinjectors

When students will not keep their adrenaline autoinjectors on their person:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the Front Office, the First Aid Room and the student's classroom, together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

When students will keep their adrenaline autoinjectors on their person:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the First Aid Room. Students (if necessary) are encouraged to keep their adrenaline autoinjectors on them. Adrenaline autoinjectors for general use are available at First Aid Room and are labelled "general use".

Where some students keep their adrenaline autoinjectors on their person and others store them elsewhere:

In these cases, a copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the First Aid Room. Whilst some students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name at the First Aid Room, together with adrenaline autoinjectors for general use.

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Muhammadiyah Australia College, we have put in place the following strategies:

- staff and students are regularly reminded to wash their hands after eating;
- students are discouraged from sharing food;
- a student with food allergies will be separated from other students when food is consumed;
- staff liaise with parents about food related activities ahead of time;
- garbage bins at the College are to remain covered with lids to reduce the risk of attracting insects;
- gloves must be worn when picking up papers or rubbish in the playground;
- College canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination;
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays;
- a general use EpiPen will be stored in the First Aid Room and in the yard duty bag for ease of access;
- planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

The College also considers the information provided in the Asthma and Allergy & Anaphylaxis Australia Discussion Guide when revising its strategies and practices for risk minimisation (refer to Appendix 2).

Adrenaline autoinjectors for general use

Muhammadiyah Australia College will maintain a supply of adrenaline autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first-time reaction at the College.

Adrenaline autoinjectors for general use will be stored at First Aid Room and labelled "general use".

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

- the number of students enrolled at Muhammadiyah Australia College at risk of anaphylaxis;
- the accessibility of adrenaline autoinjectors supplied by parents;
- the availability of a sufficient supply of autoinjectors for general use in different locations at the College, as well as at camps, excursions and events conducted, organised or attended by the school;
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry;
- the expiry date of adrenaline autoinjectors should be checked regularly to ensure they are ready for use.

Schools can use a general use adrenaline auto injector on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

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

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

Emergency Response

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

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the College First Aid Officer/Administrative Officers and stored at the Admin Office.

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

If a student experiences an anaphylactic reaction at the College or during a school activity, College staff must take the following steps/actions:

Step	Action
1.	<ul style="list-style-type: none"> ● Lay the person flat - do NOT allow them to stand or walk ● If breathing is difficult, allow them to sit with legs outstretched ● If unconscious, place in recovery position ● Be calm and reassuring ● Do not leave them alone ● Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the College's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at Admin Office ● If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5 ● If offsite, the teacher in charge of the offsite activity will have immediate access to items listed above in the portable first aid kit
2.	<p>Administer an EpiPen (or EpiPen Jr if the student is under 20kg)</p> <ul style="list-style-type: none"> ● Remove from plastic container ● Form a fist around the EpiPen and pull off the blue safety release (cap) ● Place orange end against the student's outer mid-thigh (with or without clothing) ● Push down hard until a click is heard or felt and hold in place for 3 seconds ● Remove EpiPen ● Note the time the EpiPen is administered ● Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000).
4.	<p>If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.</p> <p>Commence CPR at any time if person is unresponsive and not breathing normally.</p>
5.	Contact the student's emergency contacts.

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

Communication Plan

The Principal is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the College's anaphylaxis management policy. The Principal is responsible for ensuring this policy is published on Muhammadiyah Australia College's website ([Anaphylaxis Management Policy](#)) so that parents and other members of the College community can easily access information about the College's anaphylaxis management procedures. The parents and carers of students who are enrolled at Muhammadiyah Australia College and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

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

The Principal is also responsible for ensuring relevant staff are trained and briefed twice per calendar year in anaphylaxis management, consistent with Ministerial Order 706 and the [Anaphylaxis Guidelines](#).

The Principal is also responsible for developing strategies to inform students of anaphylaxis. Peer awareness can be an important element of support for students at risk of anaphylaxis. To increase this peer awareness, the Principal will ensure that:

- During the first week of Term 1, classroom teachers will discuss the topic of anaphylaxis with students in their class,
- During assemblies, sports programs, and prior to excursions, camps and trips staff reinforce the importance of:
 - hand washing before and after eating;
 - not sharing food;
 - not bringing peanut, sesame and tree nut products in all forms;
 - being aware of what particular students are allergic to.
- Posters displayed in hallways, canteens and classrooms with appropriate images and simple, easy-understood messages about anaphylaxis.

The Principal will also develop strategies to raise awareness about anaphylaxis in the College community so that there is an increased understanding of the condition, including how to

respond to an anaphylactic reaction during on-site or off-site activities. This will be done by providing information in the school newsletter, on the school website, at assemblies, through the Student Management System (COMPASS) and/or at parent information sessions.

Staff training

The Principal is responsible to ensure that the following College staff are appropriately trained in anaphylaxis management:

- College staff who conduct classes attended by students who are at risk of anaphylaxis.
- College staff who conduct specialist classes, admin staff, first aid officers and any other member of college staff as required by the Principal based on a risk assessment.
- Staff who are required to undertake training must have completed:
 - an approved face-to-face anaphylaxis management training course in the last three years, or
 - an approved online anaphylaxis management training course in the last two years.

Muhammadiyah Australia College requires staff to undertake a face-to-face anaphylaxis management course (22578VIC – Course in First Aid Management of Anaphylaxis) at least every 3 years.

The Principal is also responsible for ensuring all relevant staff attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year). This briefing must be facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years. Each briefing will address:

- this policy including the College's legal obligations
- 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 practice with a trainer adrenaline autoinjector
- the College's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the College for general use.

When a new student enrolls at Muhammadiyah Australia College who has a medical condition that relates to allergy and is at risk of an anaphylactic reaction, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as practicable after the student enrolls, and preferably before the student's first day at school.

A record of staff training courses and briefings will be maintained through the College's online Emergency Management Plan.

The Principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the College outside of normal class activities, including in the school yard, at camps and excursions, or at special event days, there is a sufficient number of College staff present who have been trained in anaphylaxis management.

The Principal will complete the Annual Risk Management Checklist (Appendix I) for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

Further information and resources

- [Anaphylaxis guidelines for managing severe allergies in Victorian schools](#)
- [Allergy & Anaphylaxis Australia](#)
- [ASCIA Guidelines](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- [Asthma Policy](#)
- [Duty of Care Policy](#)
- [Excursions Policy and Guidelines](#)

Communication

This policy will be communicated to our College community either in the following ways:

- Provided to staff at induction and included in staff handbook/manual
- Discussed at staff meetings/briefings as required
- Made available publicly on our College website
- Made available in hard copy from College administration upon request

Appendix 1: Annual Risk Management Checklist

Annual Risk Management Checklist

(to be completed at the start of each year)

School name:	Muhammadiyah Australia College	
Date of review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name	
	Position	
Comments:		
General information		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?		
2. How many of these students carry their adrenaline autoinjector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
SECTION 1: Training		

<p>7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either:</p> <ul style="list-style-type: none"> • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No No
<p>8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No No
<p>9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No No
<p>10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No No
<p>b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No No
SECTION 2: Individual Anaphylaxis Management Plans	
<p>11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No No
<p>12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No No
<p>13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?</p>	
<p>a. During classroom activities, including elective classes</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No No
<p>b. In canteen or during lunch or snack times</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No No
<p>c. Before and after school, in the school yard and during breaks</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No No
<p>d. For special events, such as sports days, class parties and extra-curricular activities</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No No
<p>e. For excursions and camps</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No No

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

24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Risk Minimisation strategies	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The college canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	
45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the Principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information be kept up to date?	

51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	



Discussion Guide

1

Ideas on Risk Minimisation Strategies in the School and/or Childcare Environment

All staff members should know who the child/student at risk of anaphylaxis is by sight. They are not to be left alone when complaining of feeling unwell, even in sickbay. Their complaint should always be taken seriously.

The many areas of risk and the strategies one might implement to reduce the risk of an allergic reaction vary greatly according to a number of factors including:

- ▲ the age of the child at risk
- ▲ the age of their peers
- ▲ what the child is allergic to
- ▲ the severity of the child's allergy
- ▲ the environment they are in
- ▲ the level of training carers have received.

The following list of strategies is meant to be used as a guide or as a tool to prompt thought on achievable risk minimisation procedures in an environment where there is an individual who is at risk of a potentially life threatening allergic reaction. It is not an exhaustive list of all strategies that could be implemented in any given environment. School and Children's Services staff are encouraged to work with the parents of the child at risk in the production of an individualised School/Children's Services management plan which could include some of the strategies listed in this discussion paper as well as others specific to the child's needs.

** Information on strategies to help prevent insect sting reactions is included at the end of this long list of strategies. In young children, the risk of anaphylaxis from insect sting reactions is much lower than the risk from food allergic reactions but it certainly does still occur.*

Whilst every child at risk of anaphylaxis in Victorian Schools and Children's Services must have an ASCIA Action Plan for Anaphylaxis provided by their doctor, each child at risk must also have an Individual Management Plan which details strategies to help reduce risk for that child. This Individual Management Plan is developed on enrolment after the School/Children's Service has a face to face meeting with parents. Once the plan is agreed to by the parents and School/Children's Service, the plan is signed off by both parties. The Individual Management Plan for each child is to be reviewed yearly OR after a reaction, in case management strategies are to be changed. As the child gets older and has more understanding of personal management, strategies do differ. A child may also outgrow an allergy or develop another allergy.



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Discussion Guide

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RISK	Considerations when you have a child at risk of anaphylaxis in your care
Food brought to school	<ul style="list-style-type: none"> • Consider sending out an information sheet to the parent community on severe allergy and the risk of anaphylaxis. • Alert parents to strategies that the school has in place and the need for their child to not share food and to wash hands after eating.
School fundraising/ special events/cultural days	<ul style="list-style-type: none"> • Consider children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc. Notices may need to be sent to parent community discouraging specific food products. E.g. nuts
Food rewards	<ul style="list-style-type: none"> • Food rewards should be discouraged and non-food rewards encouraged. • Children at risk of food anaphylaxis should eat food that is supplied by their parents or food that is agreed to by parents prior to a given event. If required a clearly labelled 'treat box' could be supplied by parents and located in child's classroom.
Class parties / Birthday celebrations	<ul style="list-style-type: none"> • Discuss these activities with parents of allergic child well in advance • Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products • Teacher may ask the parent to attend the party as a 'parent helper' • Child at risk of anaphylaxis should not share food brought in by other students. Ideally they should bring own food. • Child can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cup cakes stored in freezer in a labelled sealed container
Cooking/Food Technology	<ul style="list-style-type: none"> • Engage parents in discussion prior to cooking sessions and activities using food. • Remind all children to not share food they have cooked with others at school.
Science experiments	<ul style="list-style-type: none"> • Engage parents in discussion prior to experiments containing foods.
Students picking up papers	<ul style="list-style-type: none"> • Students at risk of food or insect sting anaphylaxis should be excused from this duty. Non rubbish collecting duties are encouraged.



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Risk Minimisation Strategies in School and/or Childcare



Discussion Guide

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RISK	Considerations when you have a child at risk of anaphylaxis in your care
Music	<ul style="list-style-type: none"> • Music teacher to be aware, there should be no sharing of wind instruments e.g. recorders. Speak with the parent about providing the child's own instrument.
Art and craft classes	<ul style="list-style-type: none"> • Ensure containers used by students at risk of anaphylaxis do not contain allergens. e.g. egg white or yolk on an egg carton. • Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg. • Care to be taken with play dough etc. Check that nut oils have not been used in manufacture. Discuss options with parent of wheat allergic child.
Canteen	<ul style="list-style-type: none"> • Does canteen offer foods that contain the allergen? • What care is taken to reduce the risk to a child with allergies who may order/purchase food? <p>Strategies to reduce the risk of an allergic reaction can include:</p> <ul style="list-style-type: none"> • Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods said to be 'safe' • Child having distinguishable lunch order bag • Restriction on who serves the child when they go to the canteen • Discuss possibility of photos of the children at risk of anaphylaxis being placed in the canteen/children's service kitchen. • Encourage parents of child to visit canteen/Children's Service kitchen to view products available. • See Anaphylaxis Australia's School Canteen poster, Preschool/Playgroup posters and School Canteen Discussion Guide. www.allergyfacts.org.au
Sunscreen	<ul style="list-style-type: none"> • Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own.
Hand washing	<ul style="list-style-type: none"> • Classmates encouraged to wash their hands after eating



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Risk Minimisation Strategies in School and/or Childcare



Discussion Guide

RISK	Considerations when you have a child at risk of anaphylaxis in your care
<p>Part-time educators, casual relief teachers & religious instruction teachers</p> <p>Suggestions:</p>	<p>These educators need to know the identities of children at risk of anaphylaxis and should be aware of the school's management plans, which includes minimisation strategies initiated by the school community. Some casual staff have not received training in anaphylaxis management and emergency treatment. This needs to be considered when a teacher is chosen for a class with a child at risk of anaphylaxis and if this teacher is on playground/yard duty.</p> <ul style="list-style-type: none"> • Casual staff, who work at school regularly, should be included in anaphylaxis training sessions to increase the likelihood that they recognise an allergic reaction and know how to administer the adrenaline autoinjector. • Schools should have interim educational tools such as autoinjector training devices and DVDs available to all staff. • A free online training course for teachers and Children's Service staff is available whilst waiting for face to face training by a DEECD nominated anaphylaxis education provider. Visit ASCIA www.allergy.org.au. This course can also be done as a refresher.
<p>Use of food as counters</p>	<ul style="list-style-type: none"> • Be aware of children with food allergies when deciding on 'counters' to be used in mathematics or other class lessons. Non-food 'counters' such as buttons /discs may be a safer option than chocolate beans.
<p>Class rotations</p>	<ul style="list-style-type: none"> • All teachers will need to consider children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class.
<p>Class pets/ pet visitors /school famyard</p>	<ul style="list-style-type: none"> • Be aware that some animal feed contains food allergens. E.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food. • Chickens hatching in classroom. Children's Services facilities and Schools sometimes organise incubators from hatcheries and hatch chicks for fun and learning. Generally speaking, simply watching chicks hatch in an incubator poses no risk to children with egg allergy, but all children should be encouraged to wash their hands after touching the incubation box in case there is any residual egg content on it. There is a little more risk when it comes to children handling the chicks. Here are some suggestions to reduce the risk of a reaction and still enable the child with allergy to participate in the touch activity



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Discussion Guide

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RISK	Considerations when you have a child at risk of anaphylaxis in your care
Class pets/ pet visitors /school farmyard	<ul style="list-style-type: none"> • The allergic child can touch a chick that hatched the previous day (i.e. a chick that is more than just a couple of hours old); no wet feathers should be present. • Encourage the parent/carer of the child with the allergy to be present during this activity so they can closely supervise their child and make sure the child does not put his/her fingers in their mouth. • If there is concern about the child having a skin reaction, consider the child wearing gloves. • All children need to wash hands after touching the chicks in case there is any residue of egg protein, in addition to usual hygiene purposes. Whilst care needs to be taken, this is an activity that most children can enjoy with some safe guards in place.
Incursions	<ul style="list-style-type: none"> • Prior discussion with parents if incursions include any food activities.
Excursions, Sports carnivals, Swimming program	<ul style="list-style-type: none"> • Teachers organising/attending excursion or sporting event should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylactic reaction occurs. This includes distribution of laminated cards to all attending teachers, detailing the following: <ul style="list-style-type: none"> • Location of event, including Melway reference or nearest cross street. <p>Procedure for calling ambulance, advising life threatening allergic reaction has occurred and adrenaline is required.</p>
Staff should also:	<ul style="list-style-type: none"> • Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other form of emergency communication i.e. walkie talkie. • Consider increased supervision depending on size of excursion/sporting event i.e. if students are split into groups at large venue e.g. zoo, or at large sports venue for sports carnival. • Consider adding a reminder to all parents regarding children with allergies on the excursion/sports authorisation form and encourage parents not to send in specific foods in lunches (e.g. food containing nuts). • Discourage eating on buses. • Check if excursion includes a food related activity, if so discuss with parent. • Ensure that all teachers are aware of the location of the emergency medical kit containing adrenaline autoinjector.



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Risk Minimisation Strategies in School and/or Childcare



Discussion Guide

RISK	Considerations when you have a child at risk of anaphylaxis in your care
<p>Medical Kits</p>	<p>(Student's own and school's autoinjector for general use)</p> <ul style="list-style-type: none"> • Medical kit containing ASCIA Action Plan for Anaphylaxis and adrenaline autoinjector should be easily accessible to child at risk and the adult/s responsible for their care at all times. On excursions ensure that the teacher accompanying the child's group carries the medical kit. For sporting events this may be more difficult, however, all staff and parent volunteers must always be aware of who has the kit and where it is. Be aware - adrenaline autoinjectors should not be left sitting in the sun, in parked cars or buses. <p>Parents are often available to assist teachers on excursions in Children's Services and primary schools. If child at risk is attending without a parent, the child should remain in the group of the teacher who has been trained in anaphylaxis management, rather than be given to a parent volunteer to manage. This teacher should carry the medical kit.</p>
<p>School camps</p>	<p>Parent involvement at primary school camps is often requested. Many primary schools invite the parent of the child at risk of anaphylaxis to attend as a parent helper. Irrespective of whether child is attending primary school or secondary college, parents of child at risk should have face to face meeting with school staff/camp coordinator prior to camp to discuss safety including the following:</p> <ul style="list-style-type: none"> • School's emergency response procedures, should clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction. • All teachers attending the camp should carry laminated emergency cards, detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life threatening allergic reaction has occurred and adrenaline is required. • Staff to practise with adrenaline autoinjector training devices (EpiPen® and AnaPen® Trainers) and view DVDs prior to camp.. • Consider contacting local emergency services and hospital prior to camp and advise that xx children in attendance at xx location on xx date including child/ren at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to camp site area i.e. consider locked gates etc in remote areas. • Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged. • Parents should be encouraged to provide two adrenaline autoinjectors along with the Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp. • Clear advice should be communicated to all parents prior to camp on what foods are not allowed.



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RISK	Considerations when you have a child at risk of anaphylaxis in your care
	<ul style="list-style-type: none"> • Parents of child at risk of anaphylaxis and school need to communicate about food for the duration of the camp. Parent should communicate directly with the provider of the food/chef/caterer and discuss food options/menu, cross contamination risks, safest food choices, bringing own food. • Parents may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised as well. <p>Discussions by school staff and parents with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be:</p> <ol style="list-style-type: none"> 1. Possibility of removal of peanut/tree nut from menu for the duration of the camp. 2. Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed i.e. egg, milk, wheat. A decision may be made to remove pavlova as an option for dessert if egg allergic child attending for example. 3. Awareness of cross contamination of allergens in general i.e. during storage, preparation and serving of food. 4. Discussion of menu for the duration of the camp. 5. Games and activities should not involve the use of known allergens. 6. Camp organisers need to consider domestic activities which they assign to children on camp. It is safer to have the child with food allergy set tables, for example, than clear plates and clean up. <p>Allergy & Anaphylaxis Australia has launched a new publication titled <i>Preparing for Camps and Overnight School Trips with Food Allergies</i>. This comprehensive booklet consists of concise and easy-to-read information and ideas on preparing for school camp when you have students at risk of anaphylaxis.</p> <p>To purchase or for more information call 1300 728 000 or visit www.allergyfacts.org.au</p>



Discussion Guide

RISK	Considerations when you have a child at risk of anaphylaxis in your care
<p>*Insect sting allergy</p>	<p>Children who have a severe insect sting allergy and are at risk of anaphylaxis need to have their adrenaline autoinjector and Action Plan for Anaphylaxis easily accessible at all times. Strategies that reduce the risk of insect stings vary depending on the insect the person is allergic to. Strategies both at school and on excursions can include:</p> <ul style="list-style-type: none"> • Avoiding being outdoors at certain times of the day • Using insect repellents that contain DEET (Diethyltoluamide, N, N - diethyl - 3- methylbenzamide) • Wearing light coloured clothing that covers most exposed skin • Avoid wearing bright clothing with 'flower' type prints • Wearing shoes at all times • Avoiding perfumes or scented body creams/deodorants • Wearing gloves when gardening • Avoid picking up rubbish which may attract insect/s • Being extra careful where there are bodies of water i.e. lake/pond/swimming pool. • Chlorinated pools attract bees • Drive with windows up in the car/windows closed in a bus • Keep your drink (glass/bottle/can) indoors or covered. <p>Always check your drinks before you sip i.e. don't drink blindly from container.</p> <ul style="list-style-type: none"> • Keep garbage bins covered – lids on • Keep grass areas mowed (reduce weed such as clover which attracts insects) • Wearing boots and thick clothing such as denim jeans if ant sting allergic and in area where specific ants reside. Avoid ant mounds • Not provoking bees, wasps or ants. Have mounds/nests removed by professionals • Removal of nests when students/teachers are not present • When putting in new plants consider location and select plants less likely to attract stinging insects



Discussion Guide

RISK	Considerations when you have a child at risk of anaphylaxis in your care
	<p>Things to consider when purchasing an adrenaline autoinjector for general use for your school or children's service</p> <p>Many Schools/Children's Services now have an adrenaline autoinjector for general use and the device specific Action Plan for Anaphylaxis in their first aid kit. If your facility has an autoinjector for general use, you need to consider availability of this device at School or Children's Service for:</p> <ul style="list-style-type: none"> • Excursions • for school camp • for specialist activities (i.e. a debating group, music group or sports team going off campus) • even a walk to a local park <p>A risk assessment needs to be done to see which group (i.e. the group staying at the facility or the group going on an outing) should have the device for general use at any given time or on any given day. Considerations can include</p> <ul style="list-style-type: none"> • number of children attending outing • number of children at risk • location of the activity • location of emergency services • mobile phone access • food on location etc

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Appendix 3: Individual Anaphylaxis Management Plan

Individual Anaphylaxis Management Plan

<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 parent's responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.</p>			
School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	

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

ENVIRONMENT

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

Name of environment/area:

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

Name of environment/area:

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

Name of environment/area:

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



Name: _____ 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) devices

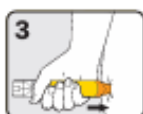
EpiPen®



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® Jr (150 mcg) is prescribed for children 7.5-20kg

EpiPen® (300 mcg) is prescribed 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® 500 is prescribed for children and adults over 50kg

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

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
- Locate adrenaline device
- 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 DEVICE

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 DEVICE

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

ALWAYS GIVE ADRENALINE DEVICE 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.

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

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

<p>This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):</p> <ul style="list-style-type: none">• annually• if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes• as soon as practicable after the student has an anaphylactic reaction at 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 (eg. class parties, elective subjects, cultural days, fetes, incursions). <p>I have been consulted in the development of this Individual Anaphylaxis Management Plan.</p> <p>I consent to the risk minimisation strategies proposed.</p> <p>Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines.</p>	
Signature of parent:	
Date:	
I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of Principal (or nominee):	
Date:	