

# ANAPHYLAXIS MANAGEMENT

## POLICY

### BACKGROUND:

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

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

Adrenaline given through an EpiPen<sup>®</sup> auto-injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Melrose Primary School will fully comply with Ministerial Order 706 and the associated guidelines in relation to all anaphylaxis management. A copy of Ministerial Order 706 is attached as an adjunct to this policy.

Guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time will be adhered to by Melrose Primary School.

In accordance with Part C, information about the development, implementation, monitoring and regular review of Individual Anaphylaxis Management Plans, will include an individual ASCIA Action Plan for Anaphylaxis, in accordance with clause 7 of Ministerial order 706.

### PURPOSE:

- To provide, as far as practicable, as safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

## **INDIVIUAL ANAPHYLAXIS MANAGEMENT PLANS – See Appendix II**

The principal will ensure that an individual management plan is developed in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. The Individual anaphylaxis management plan must be in place as soon as practical after the student enrolls and where possible before the student's first day at school.

The individual anaphylaxis management plan will set out the following :

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner)
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in school and out of school settings including camps and excursions.
- The name of the person/s responsible for implementing the strategies.
- Information on where the student's medication will be stored.
- The student's emergency contact details.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
  - sets out the emergency procedures to be taken in the event of an allergic reaction
  - Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan and
  - includes an up to date photograph of the student

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

- Annually and as applicable,
- If the student's condition changes, or
- Immediately after a student has an anaphylactic reaction at school

It is the responsibility of the parent to :

- Provide the emergency procedures plan (ASCIA Action Plan)
- Inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan)
- Provide an up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed,
- Replace EpiPen before expiry date

The principal will be responsible for ensuring that a communication plan 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 information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care by means of CRT folders.

All staff will be briefed twice a year; at the beginning of each year and again mid-year by a staff member who has up to date anaphylaxis management training on:

- The school’s anaphylaxis management policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of students diagnosed at risk of anaphylaxis and where their medication is located.
- How to use an auto-adrenaline injecting device
- The school’s first aid and emergency response procedures.
- Student EpiPen’s are stored in the central staffroom. The school also has 2 Global EpiPen’s. One is stored in the front office. The other Global EpiPen is stored in the central staffroom.

**STAFF TRAINING AND EMERGENCY RESPONSE**

All staff at Melrose Primary School will complete the following training to meet the anaphylaxis training requirements of MO706:

Option	Completed by	Course	Provider	Cost	Valid for
Option 1	All school staff	ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
	AND 2 staff per school or per campus (School Anaphylaxis Supervisor)	Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years

The school will appoint at least 2 Anaphylaxis Supervisors they will use the Anaphylaxis Supervisors Checklist when training staff. See appendix III

**EVALUATION :**

This policy will be reviewed annually.

# Annual Risk Management Checklist

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



## **Appendix I**

### **EDUCATION AND TRAINING REFORM ACT 2006**

Ministerial Order No.706: Anaphylaxis Management in Victorian schools

The Minister for Education makes the following Order:

#### **PART A: PRELIMINARY**

##### **1. Background**

1.1. Division 1 of Part 4.3 of the Education and Training Reform Act 2006 sets out the requirements for initial and ongoing registration of Government and non-Government schools in Victoria.

1.2. Section 4.3.1(6) of the Act and Schedule 2 of the Education and Training Reform Regulations 2007 set out the prescribed minimum standards for registration of schools.

1.3. Sub clause (c) of section 4.3.1(6) of the Act states that if a school 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, then the school must have an anaphylaxis management policy containing matters required by Ministerial Order.

1.4. Sections 4.3.2 to 4.3.5 of the Act enable the Victorian Registration and Qualifications Authority to take steps to satisfy itself as to whether or not a school complies and continues to comply with the prescribed minimum standards for registration, including the formulation and implementation of an appropriate anaphylaxis management policy in accordance with the Act, any relevant Ministerial Order, and any other applicable law or instrument.

##### **2. Purpose**

2.1. The purpose of this Order is to specify the matters that:

2.1.1. schools applying for registration; and

2.1.2. registered schools; must contain in their anaphylaxis management policy for the purposes of section 4.3.1(6)(c) of the Act.

##### **3. Commencement**

3.1. This Order comes into operation on 22 April 2014.

3.2. Ministerial Order 90 is repealed with effect from the date that this Order comes into operation.

##### **4. Authorising provisions**

4.1. This Order is made under sections 4.3.1, 5.2.12, 5.10.4 and clause 11 of Schedule 6 of the Act.

##### **5. Definitions**

5.1. Unless the contrary intention appears, words and phrases used in this Order have the same meaning as in the Act.

5.2. "Act" means the Education and Training Reform Act 2006.

5.3. "adrenaline autoinjector" means an adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis.

5.4. “adrenaline autoinjector for general use” means a ‘back up’ or ‘unassigned’ adrenaline autoinjector.

5.5. “anaphylaxis management training course” means:

5.5.1. a course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the National Vocational Education and Training Regulator Act 2011 (Cth) that includes a competency check in the administration of an adrenaline autoinjector;

5.5.2. a course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an adrenaline autoinjector;

5.5.3. a course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline autoinjector; and

5.5.4. any other course approved by the Secretary to the Department for the purpose of this Order as published by the Department.

5.6. “Department” means the Department of Education and Early Childhood Development.

5.7. “medical practitioner” means a registered medical practitioner within the meaning of the Health Professions Registration Act 2005, but excludes a person registered as a non-practicing health practitioner.

5.8. “parent” in relation to a child means any person who has parental responsibility for ‘major long term issues’ as defined in the Family Law Act 1975 (Cth) or has been granted ‘guardianship’ for the child pursuant to the Children, Youth and Families Act 2005 or other state welfare legislation.

5.9. “school staff” means any person employed or engaged at a school who:

5.9.1. is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part;

5.9.2. is in an educational support role, including a teacher’s aide, in respect of a student with a medical condition that relates to allergy and the potential for anaphylactic reaction; and

5.9.3. the principal determines should comply with the school’s anaphylaxis management policy.

## **PART B: SCHOOL ANAPHYLAXIS POLICY REQUIREMENTS**

### **6. School Anaphylaxis Policy**

6.1. A school’s anaphylaxis management policy must contain the following matters:

6.1.1. a statement that the school will comply with:

(a) this Ministerial Order; and

(b) guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time.

6.1.2. in accordance with Part C, information about the development, implementation, monitoring and regular review of Individual Anaphylaxis Management Plans, which include an individual ASCIA Action Plan for Anaphylaxis, in accordance with clause 7;



- 6.1.3. in accordance with Part D, information and guidance in relation to the school's management of anaphylaxis, including:
- (a) prevention strategies in accordance with clause 8;
  - (b) school management and emergency response procedures in accordance with clause 9;
  - (c) the purchase of adrenaline autoinjectors for general use in accordance with clause 10;
  - (d) a communication plan in accordance with clause 11;
  - (e) training of school staff in accordance with clause 12; and
  - (f) completion of school anaphylaxis risk management checklist in accordance with clause 0.

## **PART C: MANAGEMENT OF STUDENTS DIAGNOSED AS AT RISK OF ANAPHYLAXIS**

### **7. Individual Management Plans**

7.1. A school's anaphylaxis management policy must state the following in relation to Individual Anaphylaxis Management Plans for each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction:

- 7.1.1. that the principal of the school is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis;
- 7.1.2. that the Individual Anaphylaxis Management Plan must be in place as soon as practicable after the student enrolls, and where possible before the student's first day of attendance at that school;
- 7.1.3. that the Individual Anaphylaxis Management Plan must include the following:
  - (g) information about the medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner);
  - (h) strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school;
  - (i) the name of the person/s responsible for implementing the strategies;
  - (j) information on where the student's medication will be stored;
  - (k) the student's emergency contact details; and
  - (l) an action plan in a format approved by the Australasian Society of Clinical Immunology and Allergy (hereafter referred to as an ASCIA Action Plan), provided by the parent.

7.2. A school's anaphylaxis management policy must require the school to review the student's Individual Anaphylaxis Management Plan in consultation with the student's parents in all of the following circumstances:

- 7.2.1. annually;
- 7.2.2. if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- 7.2.3. as soon as is practicable after a student has an anaphylactic reaction at school; and
- 7.2.4. when a 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.

7.3. A school's anaphylaxis management policy must state that it is the responsibility of the parent to:

- 7.3.1. provide the ASCIA Action Plan referred to in clause 7.1.3(l);
- 7.3.2. inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated ASCIA Action Plan;
- 7.3.3. provide an up to date photo for the ASCIA Action Plan when that plan is provided to the school and when it is reviewed; and
- 7.3.4. provide the school with an adrenaline autoinjector that is current and not expired for their child.

## **PART D: SCHOOL MANAGEMENT OF ANAPHYLAXIS**

### **8. Prevention Strategies**

8.1. A school's anaphylaxis management policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction.

### **9. School management and emergency response**

9.1. A school's anaphylaxis management policy must include details of how the policy integrates with the school's general first aid and emergency response procedures.

9.2. The school's anaphylaxis management policy must include procedures for emergency response to anaphylactic reactions including:

- 9.2.1. a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;
- 9.2.2. details of Individual Anaphylaxis Management Plans and ACSIA Action Plans and where these can be located:
  - (m) during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
  - (n) during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;
- 9.2.3. information about storage and accessibility of adrenaline autoinjectors including those for general use; and
- 9.2.4. how communication with school staff, students and parents is to occur in accordance with a communications plan that complies with clause 11.

9.3. The school's anaphylaxis management policy must state that when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the principal must ensure that there is a sufficient number of school staff present who have been trained in accordance with clause 12.

9.4. The school's anaphylaxis management policy must state that in the event of an anaphylactic reaction, the emergency response procedures in its policy must be followed, together with the school's general first aid and emergency response procedures and the student's ASCIA Action Plan.



## **10. Adrenaline Autoinjectors for General Use**

10.1. A school's anaphylaxis management policy must prescribe the purchase of adrenaline autoinjectors for general use as follows:

10.1.1. the principal is responsible for arranging for the purchase of additional adrenaline autoinjector(s) for general use and as a back up to those supplied by parents;

10.1.2. the principal will determine the number and type of adrenaline autoinjector(s) for general use to purchase and in doing so consider all of the following:

(o) the number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction;

(p) the accessibility of adrenaline autoinjectors that have been provided by parents;

(q) the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the school, including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school; and

(r) that adrenaline autoinjectors have a limited life, usually expire within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

## **11. Communication Plan**

11.1. A school's anaphylaxis management policy must contain a communication plan that includes the following information:

11.1.1. that the principal of a school is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy;

11.1.2. strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction:

(s) during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and

(t) during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;

11.1.3. procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction of a student in their care; and

11.1.4. that the principal of a school is responsible for ensuring that the school staff identified in clause 12.1 are:

(u) trained; and

(v) briefed at least twice per calendar year in accordance with clause 12.

## 12. Staff Training

12.1. A school's anaphylaxis management policy must state that the following school staff must be trained in accordance with this clause:

12.1.1. school staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend; and

12.1.2. any further school staff that the principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.

12.2. A school's anaphylaxis management policy must state that school staff who are subject to training requirements in accordance with clause 12.1 must:

12.2.1. have successfully completed an anaphylaxis management training course in the three years prior; and

12.2.2. participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis management training course in the 12 months prior, on:

(w) the school's anaphylaxis management policy;

(x) the causes, symptoms and treatment of anaphylaxis;

(y) the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;

(z) how to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector;

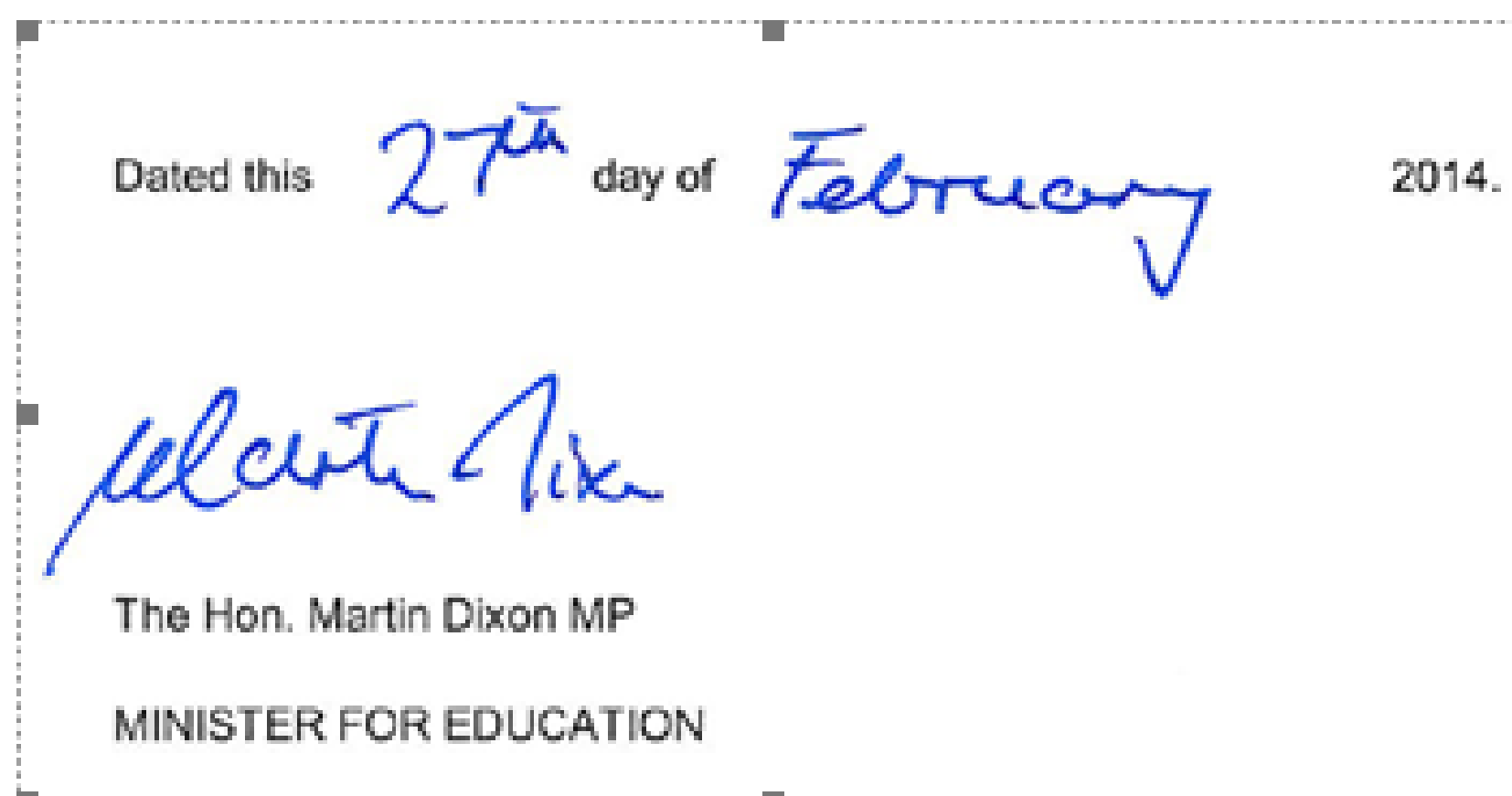
(aa) the school's general first aid and emergency response procedures; and

(bb) the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

12.3. If for any reason training and briefing has not yet occurred in accordance with clauses 12.2.1 and 12.2.2, the principal must develop an interim plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.

## 13. Annual Risk Management Checklist

13.1. A school's anaphylaxis management policy must include a requirement that the principal complete an annual Risk Management Checklist to monitor their obligations, as published and amended by the Department from time to time.



# Individual Anaphylaxis Management Plan

## Appendix 11

This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent.

It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Ambulance Cover	Y/N	Membership Number	
<b>EMERGENCY CONTACT DETAILS (ALTERNATE)</b>			
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 for Adrenaline Autoinjector (device specific) (EpiPen®/Anapen®)			

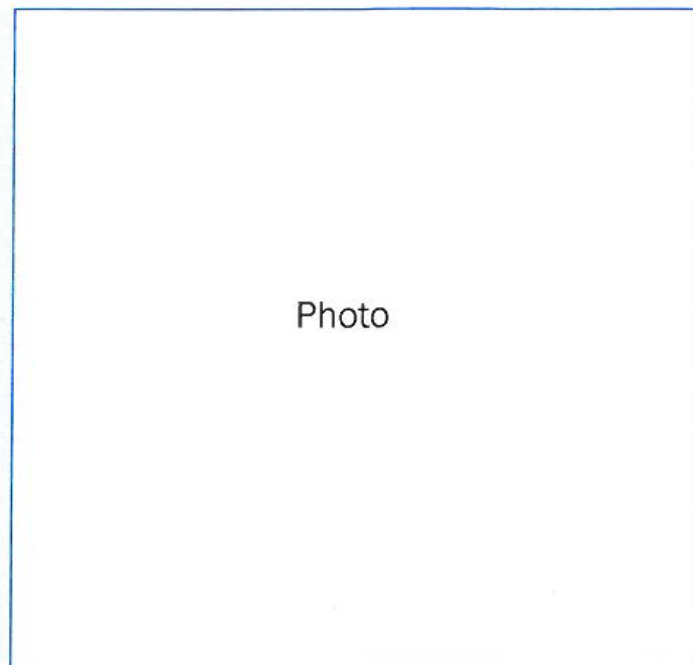


# Action Plan for Anaphylaxis - EpiPen

## ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

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



Photo

Confirmed allergens:

Asthma Yes ☐ No ☐

Family/emergency contact name(s):

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

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

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

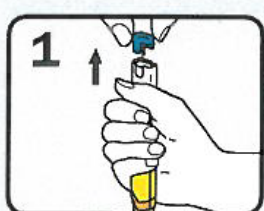
Plan prepared by:

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

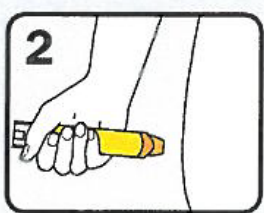
Signed: \_\_\_\_\_

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

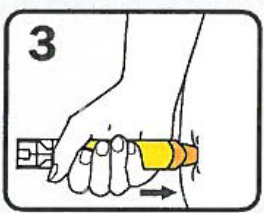
### How to give EpiPen®



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](http://www.allergy.org.au/anaphylaxis)

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### MILD TO MODERATE ALLERGIC REACTION

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

### ACTION

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

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

Watch for any one of the following signs of anaphylaxis

### ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

### ACTION

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

**If in doubt, give adrenaline autoinjector**

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

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

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


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

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

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



# Action Plan for Anaphylaxis - Anapen




australasian society of clinical immunology and allergy

www.allergy.org.au

**ACTION PLAN FOR**

**Anaphylaxis**



For use with Anapen® Adrenaline Autoinjectors

**MILD TO MODERATE ALLERGIC REACTION**

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

**ACTION**

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

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

**ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

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

**ACTION**

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

If in doubt, give adrenaline autoinjector

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

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

Additional information .....

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

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

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

Photo

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

Asthma Yes ☐ No ☐

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

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

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

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

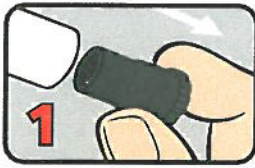
Plan prepared by: \_\_\_\_\_

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

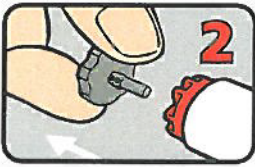
Signed: \_\_\_\_\_

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

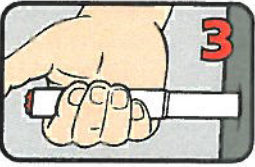
**How to give Anapen®**



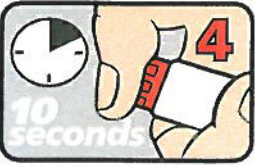
1



2



3



4

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](http://www.allergy.org.au/anaphylaxis)

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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



## Appendix III

# Anaphylaxis Management: School Training Checklist

This checklist is designed to assist schools to understand their role and responsibilities regarding anaphylaxis management and to be used as a resource during the delivery of Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC.

### Principal

Stage	Responsibilities	✓ or x
Ongoing	Be aware of the requirements of MO706 and the associated guidelines published by the Department of Education and Training.	
Ongoing	Nominate at least two school staff for the role of <b>School Anaphylaxis Supervisor</b> per school or campus and ensure they are appropriately trained.	
Ongoing	Ensure all school staff complete the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> , which includes formal verification of being able to use adrenaline autoinjector devices correctly.	
Ongoing	Ensure an accurate record of all anaphylaxis training completed by staff is maintained, kept secure and that staff training remain current.	
Ongoing	Ensure that twice-yearly Anaphylaxis School Briefings are held and led by a <b>School Anaphylaxis Supervisor</b> .	

### Staff training

Staff	Training requirements	✓ or x
School Anaphylaxis Supervisor	To perform the role of <b>School Anaphylaxis Supervisor</b> staff must have current approved anaphylaxis training.  In order to verify the correct use of adrenaline autoinjector devices by others, the <b>School Anaphylaxis Supervisor</b> must also complete and remain current in: <ul style="list-style-type: none"><li>• <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i> (every 3 years) and</li><li>• the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> (every 2 years if they are leading the twice-yearly School Briefings as well).</li></ul>	
School staff	All school staff should: <ul style="list-style-type: none"><li>• complete the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> (every 2 years) and</li><li>• be verified by the <b>School Anaphylaxis Supervisor</b> within 30 days of completing the ASCIA e-training as being able to use the adrenaline autoinjector (trainer) devices correctly to complete their certification.</li></ul>	

## School Anaphylaxis Supervisor responsibilities

Ongoing	Tasks	✓ or ✕
Ongoing	Ensure they have currency in the <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i> (every 3 years) and the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> (every 2 years if they are leading the twice-yearly School Briefings as well).	
Ongoing	Verify the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> .	
Ongoing	Send reminders to staff or information to new staff about anaphylaxis training requirements.	
Ongoing	Provide access to the adrenaline autoinjector (trainer) device for practice use by school staff.	
Ongoing	Provide advice and guidance to school staff about anaphylaxis management in the school as required.	
Ongoing	Liaise with parents or guardians to manage and implement Individual Anaphylaxis Management Plans and medications within the school.	
Ongoing	Lead the twice-yearly Anaphylaxis School Briefing	
Ongoing	Develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment that include: <ul style="list-style-type: none"> <li>a bee sting occurs on school grounds and the student is conscious</li> <li>an allergic reaction where the child has collapsed on school grounds and the student is not conscious.</li> </ul> Similar scenarios will also be used when staff are demonstrating the correct use of the adrenaline autoinjector (training) device.	

Further information about anaphylaxis management and training requirements in Victorian schools can be found at: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

# Anaphylaxis Management: School Supervisors' Observation Checklist

An observation record must be made and retained at the school for each staff member demonstrating the correct use of the adrenaline autoinjector (trainer) device. Certification that the device is used correctly can only be provided by the appropriately trained School Anaphylaxis Supervisor.

Name of School Anaphylaxis Supervisor: \_\_\_\_\_ Signature: \_\_\_\_\_

Name of staff member being assessed: \_\_\_\_\_ Signature: \_\_\_\_\_

Assessment Result: PASSED or NOT PASSED (select as appropriate)

Assessment date: \_\_\_\_\_

## Verifying the correct use of Adrenaline Autoinjector (trainer) Devices

Stage	Actions	✓ or ✗
Preparation	Verification resources, documentation and adrenaline <u>autoinjector</u> (trainer) devices and equipment are on hand and a suitable space for verification is identified.	
Preparation	Confirmation of the availability of a mock casualty (adult) for the staff member to demonstrate use of the adrenaline <u>autoinjector</u> devices on. Testing of the device on oneself or the verifier is not appropriate.	
Demonstration	Successful completion of the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> within the previous 30 days is confirmed by sighting the staff member's printed ASCIA e-training certificate.	
Demonstration	Confirmation the staff member has had an opportunity to practice use of the adrenaline <u>autoinjector</u> (trainer) device/s prior to the verification stage.	
Demonstration	To conduct a fair appraisal of performance, the verifier should first explain what the candidate is required to do and what they will be observed doing prior to the demonstration, including a scenario for the mock casualty. This ensures the candidate is ready to be verified and clearly understands what constitutes successful performance or not.	



## Practical Demonstration

Stage	The staff member:	✓ or ✗
Prior to use	Correctly identify components of the adrenaline <u>autoinjector</u> (although some of these are not available on the trainer device, they should be raised and tested): <ul style="list-style-type: none"> <li>• where the needle would be</li> <li>• safety mechanism</li> <li>• trigger</li> <li>• medication label showing dosage, expiry date</li> <li>• <u>any</u> other personal identification, specific labeling.</li> </ul>	
Demonstration	Talk to appropriate checks of the adrenaline <u>autoinjector</u> device by (although these are not available on the trainer device, they should be raised and tested): <ul style="list-style-type: none"> <li>• confirming product is 'in date' (Not expired)</li> <li>• <u>ensuring</u> it is the correct medication for the person being treated or it is for general use.</li> </ul>	
Demonstration	Position themselves and the (mock) casualty correctly in accordance with ASCIA guidelines ensuring the: <ul style="list-style-type: none"> <li>• casualty is lying flat unless breathing is difficult or placed in a recovery position if unconscious or vomiting</li> <li>• casualty is securely positioned to prevent movement when administering the adrenaline <u>autoinjector</u> device</li> <li>• <u>person</u> administering the adrenaline <u>autoinjector</u> device is facing the casualty.</li> </ul>	
Demonstration	Administer the adrenaline <u>autoinjector</u> device correctly (this example is for an <u>EpiPen</u> <sup>®</sup> device): <ul style="list-style-type: none"> <li>• formed a fist to hold the <u>EpiPen</u><sup>®</sup> device correctly</li> <li>• Pull off blue safety release</li> <li>• Apply the orange end at right angle to the outer mid-thigh (with or without clothing), ensuring pockets and seams were not in the way</li> <li>• activate the <u>EpiPen</u><sup>®</sup> by pushing down hard until a click is heard</li> <li>• hold the <u>EpiPen</u><sup>®</sup> in position for 3 seconds after activation</li> <li>• remove <u>EpiPen</u><sup>®</sup></li> </ul>	
Demonstration	Demonstrated correct use in a realistic time period for treatment in an emergency situation.	
Demonstration	Demonstrated knowledge of correct procedures post use of the adrenaline <u>autoinjector</u> devices: <ul style="list-style-type: none"> <li>• ensure safe handling to prevent needle stick injury</li> <li>• record date and time of use</li> <li>• <u>store</u> the adrenaline <u>autoinjector</u> device appropriately until handed</li> </ul>	

## Test Outcome

Certifying the correct use of the adrenaline <u>autoinjector</u> (training) device or ✗	✓
If the adrenaline <u>autoinjector</u> (trainer) device has <b>NOT</b> been checked or administered correctly through successfully completing all the steps above, the verifier cannot deem the staff member competent. The staff member should be referred back to the <i>ASCIA Anaphylaxis e-training</i> for further training and re-present for verification: <ul style="list-style-type: none"> <li>• this action should be recorded in staff records</li> <li>• <u>the</u> verifier must not provide training to correct practice.</li> </ul>	
Where checking and demonstration is successful the verifier will: <ul style="list-style-type: none"> <li>• sign and date the staff member's ASCIA e-training certificate</li> <li>• provide a copy to the staff member</li> <li>• store the staff member's ASCIA certificate and this observation record in a central office location to ensure confidentiality is maintained</li> <li>• <u>update</u> school staff records for anaphylaxis training.</li> </ul>	