

## **ANAPHYLAXIS AND ALLERGY MANAGEMENT POLICY AND COMMUNICATION PLAN**

### **Purpose**

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, and certain insect stings (particularly bee stings).

Firbank Grammar School (FGS) is committed to providing a safe learning environment for all our students who are at risk of Anaphylaxis.

This policy and communication plan provides all staff including casual staff, relief teachers, sport coaches, contractors and volunteers, guidance and instructions regarding the Schools management of Anaphylaxis in all School and Boarding House environments.

### **Scope**

This document details how Firbank Grammar School and Boarding House manage students at risk of anaphylaxis.

All emergency procedures within this plan apply to all students across all 3 campuses including the residents of the Boarding House. They are applicable for all activities that are conducted by the School or Boarding House whether onsite during normal activities or offsite during school organised events, excursions, or camps. This communication plan is not applicable to the Firbank Early Learning Centers (ELC).

All staff including boarding house staff, casual staff, relief teachers, sport coaches, contractors and volunteers will be educated on the school's approach to anaphylaxis management during the induction program relevant to their role at the School this induction will include being informed of any students with allergies and anaphylactic reaction.

The Anaphylaxis Supervisor (the School Nurse) is responsible for implementing the requirements of this policy, in conjunction with the Principal and other school staff. The Anaphylaxis Supervisor must ensure that responsibilities, training requirements and tasks relating to anaphylaxis as set out in the Anaphylaxis Supervisor Checklist are being met by the school.

### **Compliance**

Firbank Grammar Policies are fully reviewed and endorsed by the Principal and the School Board and are compliant with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

### **Roles and Responsibilities**

#### **The Principal and Head of Boarding must**

- ensure that the school develops, implements, and routinely reviews this policy in accordance with Ministerial Order No. 706 and guidelines.
- actively seek information to identify students with severe life-threatening allergies or those who



have been diagnosed as being at risk of anaphylaxis, either at the time of enrolment or at the time of diagnosis (whichever is earlier).

- ensure that parents/carers supply an ASCIA Action Plan for Anaphylaxis annually which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student.
- ensure 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 allergies and the potential for anaphylactic reaction, where the school or the provider of school boarding services has been notified of that diagnosis.
- ensure students' Individual Anaphylaxis Management Plan is in place and appropriately communicated to all relevant staff as soon as practicable after the student enrolls at the school or is accepted to board at that school boarding premises, and where possible before the student's first day of attendance at that school or first day boarding at that school boarding premises.
- ensure that the canteen provider and all its employees have completed satisfactory training in food allergy and anaphylaxis and its implications for food-handling practices.
- ensure that parents/carers provide the School with an Adrenaline Autoinjector for their child that is not out of date and a replacement Adrenaline Autoinjector is supplied when asked.
- ensure that a proper Communication Plan(s) is/are developed, as required.
- ensure there are procedures in place for supplying information to school volunteers and casual relief staff about students who are at risk of anaphylaxis, and their role in responding to an anaphylactic reaction of a student in their care.
- ensure that relevant school staff have successfully completed an approved Anaphylaxis Management Training Course and that their accreditation is current.
- ensure that school staff who are appointed as Anaphylaxis Supervisor(s) are appropriately trained in conducting autoinjector competency checks and that their accreditation is current.
- ensure that all school staff are briefed at least twice a year by the Anaphylaxis Supervisor (or other appropriately trained members of the school staff).
- give time, such as during staff meetings, to discuss, practice and review this policy and related procedures and guidelines, as necessary.
- when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of school boarding premises staff outside of normal activities of the school boarding premises, including at camps and excursions, or at special events conducted, organised or attended by the school boarding premises, the provider must ensure that there is a sufficient number of staff present who have been trained in accordance with clause 12.
- encourage regular and ongoing communication between parents and school staff about the status of the student's allergies, the school's policies, and their implementation.
- ensure that the student's Individual Anaphylaxis Management Plan and Communication Plan are reviewed in consultation with parents.
  - annually at the beginning of each school year.
  - when the student's medical condition changes.
  - as soon as practicable after a student has an anaphylactic reaction at school; and
  - whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised, or attended by the school.
- ensure the Risk Management Checklist for anaphylaxis is completed and reviewed annually; and arrange to buy and maintain an appropriate number of Adrenaline Autoinjectors for general use to be part of the school's first aid kit, stored with a copy of the general ASCIA Action Plan for Anaphylaxis (orange).



**The Anaphylaxis Supervisor must:**

- work with the principal to develop, implement, and regularly review this policy.
- obtain regular training in how to recognise and respond to anaphylactic reaction, including administering an Adrenaline autoinjector.
- verify the correct use of Adrenaline Autoinjector (trainer) devices by other school staff undertaking an Online Training Course through completion of the School Supervisors' Observation Checklist
- provide access to the Adrenaline Autoinjector (trainer) device for practice by school staff.
- send reminders to staff or information to new staff about anaphylaxis training requirements and consult with the principal to maintain records of training undertaken by staff at the school.
- lead the twice-yearly anaphylaxis school briefing.
- develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency requiring anaphylaxis treatment, for example.
  - a bee sting occurs on school grounds and the allergic student is conscious.
  - an allergic reaction where the student has collapsed on school grounds and the student is not conscious.
- keep an up-to-date register of students at risk of anaphylaxis.
- keep a register of Adrenaline Autoinjectors, including a record of when they are 'in' and 'out' from the central storage point. For instance, when they have been taken on excursions, camps etc.
- work with the Principal, parents/carers, and students to develop, implement, and review each Individual Anaphylaxis Management Plan in accordance with this policy.
- provide advice and guidance to school staff about anaphylaxis management in the school and undertake regular risk identification and implement minimisation strategies.
- to help staff with First Aid kit configuration for any excursion organised by staff.
- work with school staff to develop strategies to raise their own, students and school community awareness about severe allergies; and
- provide or arrange post-incident support (e.g., counselling) to students and school staff, if appropriate.

**The school staff, including Boarding staff, CRTs, Contractors, and Volunteers must:**

- know and understand the requirements of this policy.
- know the identity of students who are at risk of anaphylaxis, recognise their face and if possible, what their specific allergy is.
- understand the causes, symptoms, and treatment of anaphylaxis.
- obtain regular training in how to recognise and respond to anaphylactic reaction, including administering an Adrenaline Autoinjector.
- know where to find a copy of each student's ASCIA Action Plan for Anaphylaxis quickly and follow it in case of an allergic reaction.
- know the school's general first aid and emergency response procedures and understand their role in relation to responding to an anaphylactic reaction.
- know where students' adrenaline autoinjectors and the adrenaline autoinjectors for general use are kept.
- notify the health Centre as soon as possible if they have used an adrenaline autoinjector on a student.
- know and follow the risk minimisation strategies in the student's Individual Anaphylaxis Management Plan and use the Risk module within Consent2Go to aid in risk management activities.
- plan for special class activities (e.g., cooking, art, and science classes), or special occasions (e.g., excursions, incursions, sport days, camp, cultural days, fetes, and parties), either at the school, or away from the school.



- ensure that first aid kits are taken on all excursions and are configured appropriately given the needs of the students attending, in consultation with the Anaphylaxis Supervisor. In addition, ensuring that each student with anaphylaxis is carrying their own personal adrenaline autoinjector device in addition to the First Aid Kit.
- ensure that supervising staff on any excursion or event are appropriately trained to manage students with anaphylaxis.
- for any excursions overnight, an event specific Communication Plan must be documented by the staff member on consultation with the students' parents.
- avoid the use of food treats in class or as rewards, as these may contain allergens.
- work with parents/carers to provide appropriate treats for students at risk of anaphylaxis, or appropriate food for their child if the food the school/class is providing may present an allergy risk.
- be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- be aware of the risk of cross-contamination when preparing, managing, and displaying food.
- make sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food; and raise student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a school environment that is safe and supportive for their peers.

**Parents/carers must:**

- inform the school and/or boarding premises in writing or via Consent2Go, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis.
- obtain and provide the school and/or boarding premises with an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and details:
  - their condition.
  - any medications to be administered; and
  - any other relevant emergency procedures.
- immediately inform school and or boarding premises in writing of any changes to the student's medical condition in so far as it relates to allergy and the potential for anaphylactic reaction and if necessary, obtain and provide an updated ASCIA Action Plan for Anaphylaxis. This is to be provided:
  - By updating Consent2Go, and
  - By emailing or directly calling the health Centre 9591 5134 / [healthcentre@firbank.vic.edu.au](mailto:healthcentre@firbank.vic.edu.au)
- immediately inform the school of a change in emergency contact information
- provide the school with an up-to-date photo for the student's ASCIA Action Plan for Anaphylaxis when the plan is reviewed.
- meet with and assist the Health Centre to develop the student's Individual Anaphylaxis Management Plan, that includes strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff or school boarding premises staff, for settings in and out of school or school boarding premises, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school or school boarding premises.
- Parents are required to provide the School and/or Boarding Premises with an Adrenaline Autoinjector, and any other medications which are current and not expired:
  - At junior campuses, anaphylaxis medication is to be always kept in the classroom with the student.
  - At the Senior School students are required to carry their anaphylaxis medications, on their person, always.



- replace the student's Adrenaline Autoinjector and any other medication as needed before their expiry date or when used.
- assist school staff in planning and preparation for the student prior to camps, field trips, incursions, excursions, or special events (e.g., class parties, cultural days, fetes, or sport days).
- if requested by school staff, assist in identifying and/or providing alternative food options for the student when needed.
- inform school staff in writing of any changes to the students' emergency contact details.
- participate in reviews of the student's Individual Anaphylaxis Management Plan.

### Staff Training and Education

In accordance with Ministerial Order 706 clause 12, all Firbank Grammar School staff that work in direct contact with students will participate in the following training programs. This includes:

- All permanent full time and part time staff
- All boarding staff that care for or supervise boarding students.
- Relief teachers
- Sports coaches
- Volunteers
- Any further staff as identified by the Principal or Head of Boarding, based on the assessment of risk of anaphylaxis occurring while a student is under the care or supervision of the school or the school boarding services.

Training will consist of:

1. Yearly Anaphylaxis refresher training facilitated by the schools preferred First Aid provider.
2. Whole school Anaphylaxis briefing conducted twice per calendar year provided by the Anaphylaxis Supervisor (School Nurse) that includes:
  - a. The School and Boarding House Anaphylaxis and Allergy Policy (this document) and Communication Plan
  - b. The identities of the students at the School and Boarding House with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located.
  - c. How to use an autoinjector (including hands on practice opportunities with a trainer adrenaline injector)
  - d. Locations and access to the schools generic autoinjectors in the School and Boarding House, and auto injectors supplied by parents.
  - e. General emergency and First Aid response for both the school and boarding premises
  - f. Causes, symptoms and treatments.
3. Training in 22578VIC Management of Anaphylaxis every 3 years (included as part of the First Aid training program at Firbank)

If for any unforeseen reason staff training does not proceed as scheduled the Principal, Head of Boarding and Head of Campuses in consultation with the Health Centre Nurse will develop an interim plan to address and manage any student medical needs. Training must occur as soon as possible thereafter.

## Supervising Boarding students with Anaphylaxis

The Head of Boarding will, based on an assessment of risk of an anaphylactic reaction occurring, ensure that there is enough staff present who have been trained in Anaphylaxis Management in accordance with Ministerial Order 706 clause 12.

All school boarding premises staff that care for or supervise students boarding at the premises and any further staff the school identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the provider of school boarding services, must participate in the twice yearly briefing, with the first one to be held at the beginning of the school year, by the school Nurse who has successfully completed an anaphylaxis management training course in the two years prior.

## Individual Anaphylaxis Management Plans and ASCIA Plans

All students at Firbank Grammar who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal of Firbank Grammar, Head of Boarding and School Nurse are 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 Firbank Grammar and where possible before the student's first day.

Parents and carers must:

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

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has.
- information about the signs or symptoms the student might exhibit in the event of an allergic reaction based on a written diagnosis from a medical practitioner.
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school.
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan.
- information about where the student's medication will be stored.
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.
- **Action plans** include easy to follow steps for the emergency treatment of anaphylaxis. ASCIA Action Plans are the standard action plans throughout Australia and New Zealand. The content is regularly reviewed by experts and updated as required.
- **ASCIA Action Plans do not expire, but they should be reviewed and updated when students are reassessed by their doctor or nurse practitioner**, This should occur each time the student obtain a new adrenaline injector prescription, which is approximately every 12 to 18 months. The photo should be updated each time, so they can be easily identified.



- **ASCIA Action Plans for Anaphylaxis should be used for all students with food, insect, tick and drug allergies, or any other allergy that can result in a severe allergic reaction (anaphylaxis).** If a person only has a drug allergy and does not have a prescribed adrenaline injector, the ASCIA Action Plan for Drug (Medication) Allergy should be used. These plans are not for allergic rhinitis (hay fever) due to pollen, dust mite, animals or other inhaled allergens.
- Copies of student ASCIA plans and action plans are maintained in *Synergetic* and *Consent2go* databases. Teachers can access these via their laptops when onsite or via the *C2go for staff* APP while offsite attending Firbank scheduled events and excursions where they are a nominated teacher or supervisor.

*Samples of Action plans can be found in Appendix B of this document.*

### **Review and updates to Individual Anaphylaxis Management Plans**

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

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

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

### **Locations of Autoinjectors and Action Plans**

The school will purchase and maintain an appropriate number of Generic Auto injectors for general use and as a back up to those supplied by parents. These autoinjectors will be stored as part of the School's First Aid kits along with a copy of a generic ASCIA action plan.

The Principal and Head of Boarding in consultation with the Health Centre Nurse will determine the appropriate number and type of Generic autoinjectors provided by the school and in doing so consider the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the school boarding premises, including other locations provided by the provider of school boarding premises for a child's use (including at excursions, camps and special events conducted, organised or attended by the school boarding premises).

This will be based on the accessibility of auto injectors that have been supplied by parents and the number of students at the school and Boarding House with diagnosed Anaphylaxis and the potential for an Anaphylactic reaction.

Consideration must be given to the limited shelf life of autoinjectors. Where possible the school will purchase autoinjectors with no less than a 12–18-month lifespan. The School Health Officer at the Senior School Campus will be responsible for maintaining a list of expiry dates of all autoinjectors and replacing these either at the time of use or at the date of expiry (whichever occurs first).

Firbank Grammar has a schedule of locations of Adrenaline autoinjectors for general use, across all 3 campuses. A detailed list is maintained by the Health Centre Manager including expiry dates and updated on an as needs basis. Locations of the EpiPen's listed below and are also noted on the school maps.



Any changes to these locations are to be notified by the School Nurse/Health centre manager:

- To the Risk and Compliance Manager who will ensure the maps are updated accordingly.
- To all staff via email.

Copies of student ASCIA plans and action plans are maintained in *Synergetic* and *Consent2go* databases. Teachers can access these via their laptops when onsite or via the *C2go for staff* APP while offsite attending Firbank scheduled events and excursions where they are a nominated teacher or supervisor.

<b>Auto Injector Locations – Sandringham Junior School. ELC – Year 6</b>		
Location Storage	Location Access	Contents
Health Centre – Main Building, behind reception	First Aid Cupboard	Student Personal Action Plans (hardcopy) Student Personal ASCIA Plans (hardcopy) Student owned Auto-injector Generic Auto-Injector x 4
Student Classrooms (only if a student in the classroom has anaphylaxis)	Under red 'EpiPen' sign near white board	Student Personal ASCIA Plans (hardcopy) Student owned Auto-injector Anti histamine
Gymnasium/Basketball Stadium	First Aid Kit in bathrooms corridor	Generic Auto-injector x1 Generic ASCIA Action Plan (hardcopy)
First Aid Kits	<ul style="list-style-type: none"> <li>• Portable – to be taken out by staff for recess/lunch duty.</li> <li>• Portable – to be taken on excursions/camps/events.</li> </ul>	Generic Auto-injector x1 Generic ASCIA Action Plan (hardcopy)
<b>Auto Injector Locations – Brighton Junior School. ELC – Year 6</b>		
Location Storage	Location Access	Contents
Health Centre – Main Building, behind reception	First Aid Cupboard	Student Personal Action Plans (hardcopy) Student Personal ASCIA Plans (hardcopy) Student owned Auto-injector Generic Auto-Injector x 4
Student Classrooms (only if a student in the classroom has anaphylaxis)	Under red 'EpiPen' sign near white board	Student Personal ASCIA Plans (hardcopy) Student owned Auto-injector Anti histamine
Sports Bag	Portable First Aid kit	Generic Auto-injector x 1 Generic ASCIA Action Plan (hardcopy)
Portable First Aid Kits	Taken out by staff for recess/lunch duty. Taken on excursions/camps/events.	Generic Auto-injector x 1 Generic ASCIA Action Plan (hardcopy)
<b>Auto Injector Locations – Brighton Senior School. Year 7 - Year 12</b>		
Location Storage	Location Access	Contents
Health Centre Building	Hanging on side shelf	Student Personal Action Plans (hardcopy) Student Personal ASCIA Plans (hardcopy) Student owned Auto-injector Generic Auto-Injector x 2
Hospitality Centre	First Aid Cupboard	Generic Auto-injector x 1 Generic ASCIA Action Plan (hardcopy)
Science Precinct	Lang Science Building – Top shelf of First Aid cupboard in staff office	Generic Auto-injector x 1 Generic ASCIA Action Plan (hardcopy)
Midhurst Staff Centre	Ground Floor – First Aid cupboard, next to phone room	Generic Auto-injector x 1 Generic ASCIA Action Plan (hardcopy)
Reception	First Aid kit on back shelf	Generic Auto-injector x 1 Generic ASCIA Action Plan (hardcopy)
Canteen/Cafeteria	First Aid kit on kitchen wall	Generic Auto-injector x 1 Generic ASCIA Action Plan (hardcopy)
Sport Precinct (PESC)	9 x Portable First Aid bags for offsite events First Aid Kit in Pool staff office	Generic Auto-injector x 1 Generic ASCIA Action Plan (hardcopy)
Rowing	4 x Portable First Aid bags for offsite events	Generic Auto-injector x 1 Generic ASCIA Action Plan (hardcopy)
Boarding House	Kitchen First Aid Cupboard Office/Reception labelled basket on bookshelf	Student Personal Action Plans (hardcopy) Student Personal ASCIA Plans (hardcopy) Student owned Auto-injector Generic Auto-Injector x 1
<b>Auto Injector Locations - ELC- Year 12 All Campuses</b>		
<b>During activities held off-site or out of school or out of the school boarding premises, including on excursions, camps and at special events conducted, organised or attended by the school or boarding premises.</b>		



Location Storage	Location Access	Contents
Teacher in Charge of the Event	Portable First Aid Kit	Student owned Auto-injector Generic Auto-Injector x 2 Generic ASCIA Action Plan (hardcopy)
Student	On person	Personal Auto-Injector x 1 (excursion, event single day event) Personal Auto-injector x 2 (multi date event, camp) Personal ASCIA Action Plan

### Signs and Symptoms

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

### 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.*

#### Actions

- Stay with person, call for help.
- Locate adrenaline injector.
- Phone family/emergency contact.
- Insect allergy - flick out sting if visible.
- Tick allergy - seek medical help or freeze tick and allow to drop off.

### Signs of Anaphylaxis

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)

### First Aid Plan for Anaphylaxis

In the event of an anaphylactic reaction, the student's ASCIA Action Plan should be implemented immediately:

- Administer adrenaline autoinjector and ask reception to call 000.
- Ideally there is more than one staff member available. Alternatively stay with the student affected and ask another student to assist in calling a staff member for help and/or notifying Reception that assistance is required.
- Reception to coordinate emergency procedures and ambulance.
- Record the time of administering the adrenaline autoinjector. Watch to see if signs of anaphylaxis subside or return. If necessary, administer another adrenaline autoinjector after 5 minutes and continue until emergency services arrive.



## **Prevention and Emergency Response (Communication Plan)**

### **In-school settings**

It is recommended that school staff determine which strategies set out below for various in-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment. Not all strategies will be relevant for each campus.

For each school setting/activity, staff must ensure they have 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 is available.

Student Anaphylaxis management plans (including their ASCIA Action Plan) are located together on all students' electronic medical files on Consent2go and Synergetic, the School's management systems. All staff whose duties include direct supervision of students have access to these databases. Hardcopies of all ASCIA action plans are in each classroom, staff room, reception and photocopy room nearest to the student's classroom, the Health Centre, at the canteen, and with the student's auto injector.

### **Classrooms**

At the Junior School Campuses a copy of the student's Individual ASCIA Plan will be displayed in the student's main classroom.

No food treats will be provided in any classrooms across all campuses where possible, but if food treats are used in class, it is recommended that parents of students with food allergy provide a treat box with alternative treats. Alternative treat boxes should be clearly labelled and only handled by the student. Never give food from outside sources to a student who is at risk of anaphylaxis.

Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth. Staff must be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).

Children with food allergies need added care and supervision when participating food technology classes. A meeting should be organised with the student's parents prior to the student undertaking this subject. Helpful information is available at: [Food Alerts - Allergy & Anaphylaxis Australia](#)

The Head of Campus or delegate will inform any casual relief teachers, specialist teachers or volunteers of the names of any students at risk of anaphylaxis, the location of and accessibility of each student's Individual Anaphylaxis Management Plan and adrenaline autoinjector, the school's Anaphylaxis and Allergy Management Policy, and each individual person's responsibility in managing an incident. i.e. seeking a trained staff member.



### Canteens

Canteen staff (whether internal or external) must be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc Refer to:

- 'Safe Food Handling' in the School Policy and Advisory Guide at: <https://www2.education.vic.gov.au/pal/food-handling/policy>
- Helpful resources for food services available at: <https://allergyfacts.org.au/>

Canteen staff, including volunteers, will be briefed about students at risk of anaphylaxis and will display a copy of the student's ASCIA Action Plan for Anaphylaxis in the canteen as a reminder to canteen staff and volunteers.

Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.

Canteen staff will ensure that tables and surfaces are wiped down with warm soapy water regularly.

A 'no-sharing' food with the student's approach is recommended and encouraged for food, utensils and food containers. However, the school communities can agree to not stock peanut and tree nut products (e.g., hazelnuts, cashews, almonds, etc.).

The canteen staff must be wary of cross contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

### School Grounds/Yard Duty

All staff on yard duty are trained in the administration of the adrenaline autoinjector (i.e. EpiPen®) and will be able to respond quickly to an allergic reaction if needed. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.

The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis are easily accessible from the yard, and staff should be aware of their exact location. Where appropriate, an adrenaline autoinjector may be carried in the school's yard duty bag.

Students with severe allergies to insects should be encouraged to stay away from water or flowering plants. The school will endeavour to keep lawns and clover mowed and outdoor bins covered.

Students should keep drinks and food covered while outdoors.

### Special onsite events (e.g. sporting events, incursions, class parties, etc.)

School staff should avoid using food in activities or games, including as rewards.

For special events involving food, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student. Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.

Party balloons should not be used if any student is allergic to latex.



If students from other schools are participating in an event at your school, consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. Agree on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host and visiting school.

Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them to events outside their own school.

**Communication Plan for onsite school settings during normal activities - including classrooms, grounds/yard, canteen and events.**

In the event of an anaphylactic reaction in the classroom, canteen or school yard during a school day, the student's ASCIA Action Plan should be implemented immediately, and the School Nurse contacted.

- Stay with student, do not move them and place them in one of the following positions.



- Send a student/bystander to the Health Centre for support.
- Send a student/bystander to the nearest reception to advise them to coordinate emergency services access.
- Collect the student's auto injector.
- Administer the student's personal adrenaline auto-injector if the student is carrying it. (Pictorials of administration of an EpiPen and Anapen can be found in Appendix A of this document) or
- Send a responsible student to collect the autoinjector from the nearest autoinjector location (see Appendix c for locations).
- **Call 000 immediately.**
- Contact student emergency contacts.
- Record the time of administering the adrenaline autoinjector. Watch to see if signs of anaphylaxis subside or return. If necessary, administer another adrenaline autoinjector after 5 minutes and continue until emergency services arrive.

**Boarding House**

The Principal and Head of Boarding are responsible for ensuring all staff supervising the boarding students are trained in the recognition of anaphylaxis, the administration of the adrenaline autoinjector, are competent in the management of anaphylaxis, and can respond quickly to an anaphylactic reaction if required.

For each student that enrolls in the boarding house that is diagnosed with an allergy and/or anaphylactic reaction, a risk assessment must be undertaken in consultation with the Health Centre Manager and student's parent/guardian. The risk assessment must be kept with the student's auto injector and action plan (always including ASCIA plan). The Head of Boarding must also consult in advance with the Head Chef to discuss development of an alternative food menu.

The personal adrenaline autoinjectors and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis are in the First Aid cupboard in the Boarding House and must be clearly labelled and accessible for all School and Boarding House staff.



All Boarding house staff must be provided with 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 familiarise themselves with the students' Individual Anaphylaxis Management Plans procedures for managing anaphylaxis and be clear about their roles and responsibilities in the event of an anaphylactic reaction. This list will be reviewed, updated and distributed to Boarding staff termly.

Any activities such as events and excursions undertaken by the Boarding House staff and students must be created in Consent2go and a full risk assessment undertaken to identify any risk of allergic reaction or anaphylaxis. For external events and excursions, a full first aid kit including a generic autoinjector and action plan. Each student must also take a personal autoinjector on their person.

### Communication Plan

In the event of an Anaphylactic emergency in the Boarding House during normal activities and in the Food Hall during mealtimes, the following procedures should be implemented:

- A staff member must always stay with student.
- Ensure that the student remains calm, stays where they are, and is placed in one of the following positions.



- Obtain ASCIA action plan and autoinjector.
- Follow ASCIA action plan instructions. *Remember to always remain with the student where possible and if needed send someone else to collect the action plan and auto injector.*
- Administer adrenaline autoinjector. If the student is Asthmatic follow Asthma action plan and procedures as well.
- **Call 000 immediately.**
- Contact the School Nurse if during school hours or it is After Hours, call Nurse on Call – 1300 60 60 24
- Contact the Head of Boarding, Head of Campus.
- Send another staff member or student to wait for the ambulance at the Turning Circle.
- Direct the Ambulance up the main driveway to outside the Boarding House entrance. Entry to the BH should be by the front door.
- A senior Staff member, Head of Boarding, School Nurse, or the Deputy Principal will accompany the student in the ambulance.
- The Head of Boarding, Principal or the School Nurse will contact the student's parents or guardians.

### **Offsite events/outside of normal school hours**

#### **Sporting events (including GSV competitions and rowing sheds)**

The Teacher in charge of the excursion or sporting event must obtain 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, familiarise themselves with the students' Individual Anaphylaxis Management Plans procedures for managing anaphylaxis, and be clear about their roles and responsibilities in the event of an anaphylactic reaction.

Sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.



The adrenaline autoinjector for each student at risk of anaphylaxis along with the generic EpiPen should be easily accessible and school staff supervising the event must be aware of their exact location. Details of all student's allergy and management of a reaction are available on Consent2go and all staff attending the event must ensure they have corrected access via the Consent2go APP.

For each excursion etc, a risk assessment must be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.

The school will consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required).

Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.

If the excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear.

Students at risk of anaphylaxis must take their own adrenaline autoinjector with them to events being held at other schools. A generic autoinjector will also be taken by the Teacher in charge as part of the travel first aid kit.

### Communication Plan

In the event of an Anaphylactic emergency at a sporting events the following should be implemented:

- Stay with student and do not move them and place them in one of the following positions.



- The staff member must:
  - Locate and follow the students ASCIA Action plan.
  - Administer the student's personal adrenaline auto-injector if the student is carrying it.OR
  - Send a responsible student to collect the autoinjector from the First Aid kit and administer as soon as possible.
- **Call 000 immediately.**
- Note time of administration of autoinjector
- Monitor student for improvement or further concern.
- If no improvement after 5 minutes administers a second autoinjector
- Contact the School to advise of the situation and request further support if required.
- Contact student emergency contacts.

### **Camps and Excursions, or at special offsite events conducted, organised or attended by the school/school boarding premises.**

The School will ensure that there are sufficient staff attending each event who are trained in anaphylaxis management and the administration of autoinjector.

The Teacher-in-Charge of any off-site activity (such as camps, excursions and special events) must ensure that student Individual Action Plan (including their ASCIA Action Plan) are available via Consent2go



(C2go), or alternate electronic means during the activity, are readily accessible all supervising staff. The Teacher-in-Charge must ensure that all staff are aware of students in attendance with Anaphylaxis and know how to access C2go for this purpose prior to the excursion, camp or event taking place. A mobile phone will always be taken on camps and excursions for use by staff in the event of an emergency. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.

All students with diagnosed Anaphylaxis must take at least 1 personal autoinjector with them on every excursion, camp or special event. The School will also take a generic auto injector and action plan will also be available in the School's travel first aid kit.

The School will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. If food is to be consumed at the camp, excursion or event, staff must consult with parents in advance to either develop an alternative food menu or request parents to provide food for the student. The Teacher-in-Charge must also inform parents/carers and other students about foods that may cause allergic reactions and request that they avoid providing their child with treats.

Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school will strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.

- The camp cook must be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.

The School will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.

- If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns in writing with the camp owner/operator and consider alternative means for providing food for those students.
- Use of substances containing known allergens should be avoided altogether where possible.
- Camps should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
- If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.

If a camp or excursion takes place in a remote location the Teacher in Charge will contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities and ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.

Students with allergies to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.

Cooking and art and craft games should not involve the use of known allergens.



Consider the potential exposure to allergens when consuming food on buses. Food will not be permitted to be eaten in tents or cabins where possible.

### Communication Plan

In the event of an anaphylactic reaction away from school, the teacher is to immediately implement the student's emergency ASCIA Action Plan, call an ambulance, and then notify the school. The Head of Campus and School Nurse should be notified without delay. They will arrange for parents or guardians to be notified and for appropriate reports to be made.

- Stay with student and do not move them and place them in one of the following positions.



- The staff member must:
  - Administer the student's personal adrenaline auto-injector if the student is carrying it.
  - Or send a responsible student to collect the autoinjector from the First Aid kit and administer as soon as possible.
- **Call 000 immediately** or take student to the nearest hospital.
- Lay the person flat and reassure them.
- If no improvement after 5 minutes administers a second autoinjector

#### Note:

- Refer to Appendix A for 'Administering an auto injector' instructions.
- Refer to Appendix C for Locations of auto injectors.

### Overseas travel

The Teacher-in-Charge should, in consultation with the Head of Campus, School Nurse, and the Risk and Compliance Manager, review and consider risk mitigation strategies overseas travel.

[The ASCIA travel plan and checklist](#) has been developed to assist people at risk of anaphylaxis, who need to carry adrenaline (epinephrine) injectors (EpiPen® or Anapen®) when travelling.

The travel plan should be used in conjunction with a red ASCIA Action Plan for Anaphylaxis and both plans need to be completed by a doctor or nurse practitioner.

The School must also involve parents and where possible the treating doctor in discussions regarding risk management well in advance.

The following risk areas and strategies should be considered prior to travel:

- travel to and from the airport/port.
- travel to and from Australia (via aeroplane, ship etc)
- accommodation venues
- all towns and other locations to be visited sourcing safe foods at all these locations.
- risks of cross contamination, including:
  - exposure to the foods of the other students
  - hidden allergens in foods
  - whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction
  - whether the other students will be able to wash their hands when handling food.

Assess where each of these risks can be managed using minimisation strategies such as the following:

- translation of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis into the local language



- sourcing of safe foods at all stages
- obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited.
- obtaining emergency services contact details (obtain the local number or confirm use of 112)
- determine the ability to purchase additional autoinjectors.

The students' parents should determine if appropriate personal travel insurance is required to be taken in addition to any school insurance coverage that may be offered. A record of student travel insurance, including contact details of the insurance should be detailed in the risk assessment. The school in consultation with the parents must also determine how any costs associated with medication, treatment and/or alteration to the travel plans because of an anaphylactic reaction will be paid.

Planning for the appropriate supervision of students at risk of anaphylaxis always, including that:

- there are sufficient school staff attending the excursion who have been trained in accordance with clause 12 of the Ministerial Order 706
- there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are feeling unwell, are taking medication, eating food or being otherwise exposed to potential allergens.
- there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of the other students will be available.
- staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

The school, as part of the risk assessment process, will review its emergency response procedures and adapt them to the circumstances of the overseas trip.

The risk assessment will include a record of relevant information such as the following:

- dates of travel
- name of airline, and relevant contact details
- itinerary detailing the proposed destinations, flight information and the duration of the stay in each location.
- hotel addresses and telephone numbers
- proposed means of travel within the overseas country.
- 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 familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
- emergency contact details of hospitals, ambulances, and medical practitioners in each location
- details of travel insurance
- plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans.
- possession of a mobile phone or other communication device that would enable the school staff to contact emergency services in the overseas country if assistance is required.



### Communication plan

In the event of an anaphylactic reaction while overseas, the teacher is to immediately implement the student's emergency ASCIA Travel Action Plan. The Head of Campus and School Nurse should be notified without delay.

- Stay with student and do not move them and place them in one of the following positions.



- Enact the students ASCIA travel plan.
- The staff member must:
  - Administer the student's personal adrenaline auto-injector if the student is carrying it.
  - Or send a responsible student to collect the autoinjector from the First Aid kit and administer as soon as possible.
- Call emergency services (**112 or local emergency number**) immediately after or take student to the nearest hospital.
- If no improvement after 5 minutes administers a second autoinjector
- Contact the School to advise of the situation and request further support if required.
- Contact student emergency contacts.

### Work experience.

Schools should involve parents, the student and the work experience employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. The employer and relevant staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the adrenaline autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience. It may be helpful for the teacher and the student to do a site visit before the student begins placement.

Staff should also consult the Risk Minimisation Strategies for schools included in the Anaphylaxis Guidelines for Victorian Schools ([Anaphylaxis: Policy education.vic.gov.au](https://www.vic.gov.au/anaphylaxis-policy-education)). This framework is supported using Consent2Go for all excursions / incursions / events across the school.



### **Travel to and from school-by-school bus**

School staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from school on the bus. This includes the availability and administration of an adrenaline autoinjector. The adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this child is deemed too young to carry an adrenaline autoinjector on their person at school.

### **Post-incident support**

An anaphylactic reaction can be a very traumatic experience for the student, staff, parents, students and others witnessing the reaction. In the event of an anaphylactic reaction, students and school staff may benefit from post-incident counselling, provided by the school nurse, guidance officer, student welfare coordinator or school psychologist.

It is expected that after an incident has occurred and has been resolved, that staff members involved will engage in the following activities:

- completion of an incident report via FLIP that includes full details of the event and what occurred.
- debrief with students directly involved as witnesses to the event if required.
- debrief of staff involved if required.
- communication with The Head of Campus, Principal, School Nurse and Risk and Compliance Manager as appropriate regarding the particulars of the incident, actions taken and outcomes.
- discuss with parents (later) what occurred and ask them to seek medical advice on how it may be prevented in future.
- review the student's individual management plan and implement updated risk prevention strategies (where applicable)

Review of the Schools Anaphylaxis and Allergy Management Policy and this communication plan to determine areas of improvement.

### **Review**

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

1. The adrenaline autoinjector must be replaced by the parent as soon as possible.
2. In the meantime, the principal should ensure that there is an interim individual anaphylaxis management plan should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector being provided by the parents.
3. The student's individual anaphylaxis management plan should be reviewed by the School Nurse in consultation with the student's parents and if possible, the treating specialist.
4. The school's anaphylaxis management policy should be reviewed to ascertain whether there are any issues requiring clarification or modification in the policy. This will help the school to continue to meet its ongoing duty of care to students.

### **Communication of this Policy**

The Anaphylaxis and Allergy Management Policy and Communication Plan will be available to staff, students and the community via the following platforms:

- The Schools website
- The staff portal - FLIP

### **Related Policies, Procedures and Documentation**



This policy should be read in conjunction with the following School policies, procedures, and documents:

- Asthma Policy
- First Aid Policy
- Medication Management Policy
- Student Duty of Care Policy
- Student Health Management Policy

### Policy status and review

The school will regularly monitor its compliance requirements in relation to Ministerial Order 706 and update policies and procedures to reflect all obligations.

The school will complete an annual risk assessment on Anaphylaxis policies and processes to meet obligations, keep students with anaphylaxis safe and always ensure best practice.

### Approval

Policy Issue date	January 2025
Policy Owner	Health Centre Nurse
Document updated by	Risk and Compliance
Document reviewed by	Health Nurse
Document approved/endorsed by	Principal and Board
Next Review date	January 2026



Help for non-English speakers.  
If you need help to understand this policy,  
please contact us at  
enquiries@firbank.vic.edu.au

The school community may provide feedback on this document by emailing: healthcentre@firbank.vic.edu.au



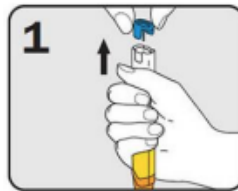


## Appendix A - How to administer an auto injector.

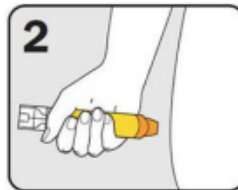


### How to give EpiPen®

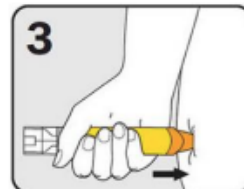
adrenaline (epinephrine) autoinjectors



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



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



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

© 2018 ASCIA

ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand

Website: [www.allergy.org.au](http://www.allergy.org.au)



ascia

australian society of clinical immunology and allergy

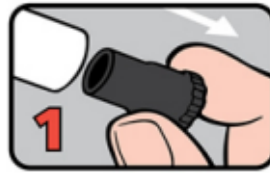
www.allergy.org.au

# Information

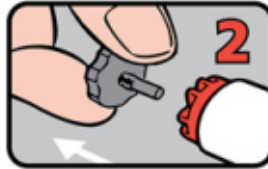
FOR PATIENTS, CONSUMERS AND CARERS

## How to give Anapen®

adrenaline (epinephrine) autoinjectors



**1**  
PULL OFF BLACK  
NEEDLE SHIELD



**2**  
PULL OFF GREY  
SAFETY CAP  
from red button



**3**  
PLACE NEEDLE END  
FIRMLY against outer  
mid-thigh at 90° angle  
(with or without clothing)



**4**  
PRESS RED BUTTON  
so it clicks and hold  
for 3 seconds.  
REMOVE Anapen®

© ASCIA 2022 ASCIA is the peak professional body of clinical immunology/allergy specialists in Australia and New Zealand. Website: [www.allergy.org.au](http://www.allergy.org.au)

VINCIT QUI SE



# Appendix B - ASCIA Action Plan Samples

**ascia**  
australian society of clinical immunology and allergy  
[www.allergy.org.au](http://www.allergy.org.au)
ACTION PLAN FOR  
Anaphylaxis

Name: \_\_\_\_\_ Date of birth: DD / MM / YYYY

Confirmed allergen(s): \_\_\_\_\_

Family/emergency contact(s):

1. \_\_\_\_\_ Mobile: \_\_\_\_\_

2. \_\_\_\_\_ Mobile: \_\_\_\_\_

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

Signed: \_\_\_\_\_ Date: DD / MM / YYYY

Antihistamine: \_\_\_\_\_ Dose: \_\_\_\_\_

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

How to give adrenaline (epinephrine) injectors

EpiPen®

**1**

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

**2**

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

**3**

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

EpiPen® is prescribed as follows:  
EpiPen® Jr (150 mcg) for children 7.5-20kg  
EpiPen® (300 mcg) for children over 20kg and adults

Anapen®

**1**

**PULL OFF BLACK NEEDLE SHIELD**

**2**

**PULL OFF GREY SAFETY CAP** from red button

**3**

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

**4**

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

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

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 injector
- Give antihistamine - see above
- Phone family/emergency contact
- Insect allergy - flick out sting if visible
- Tick allergy - seek medical help or freeze tick and let it drop off

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

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

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

ACTIONS FOR ANAPHYLAXIS

**1 LAY PERSON FLAT - do NOT allow them to stand or walk**

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

**2 GIVE ADRENALINE INJECTOR**

**3** Phone ambulance - 000 (AU) or 111 (NZ)

**4** Phone family/emergency contact

**5** Further adrenaline may be given if no response after 5 minutes

**6** Transfer person to hospital for at least 4 hours of observation

**IF IN DOUBT GIVE ADRENALINE INJECTOR**

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

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

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

© ASCIA 2023 This plan is a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

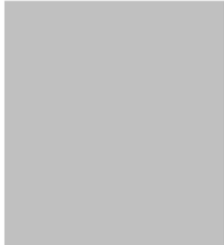
Anaphylaxis and Allergy Management Policy and Communication Plan V2.0 Jan 2025

Page 23



**ascia**  
australian society of clinical immunology and allergy  
[www.allergy.org.au](http://www.allergy.org.au)

## ACTION PLAN FOR Allergic Reactions



Name: \_\_\_\_\_ Date of birth: DD / MM / YYYY  
 Confirmed allergen(s): \_\_\_\_\_  
 Family/emergency contact(s):  
 1. \_\_\_\_\_ Mobile: \_\_\_\_\_  
 2. \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Plan prepared by: \_\_\_\_\_ (doctor or nurse practitioner)  
 who authorises medications to be given, as consented by the patient or parent/guardian,  
 according to this plan.  
 Signed: \_\_\_\_\_ Date: DD / MM / YYYY  
 Antihistamine: \_\_\_\_\_ Dose: \_\_\_\_\_  
 This plan does not expire but review is recommended by: DD / MM / YYYY

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

### MILD TO MODERATE ALLERGIC REACTIONS

**SIGNS:**

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

Mild to moderate allergic reactions may not always occur before anaphylaxis

**ACTIONS:**

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

### SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

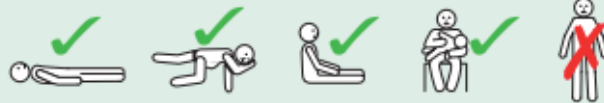
Watch for ANY ONE of the following signs:

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

### ACTIONS FOR ANAPHYLAXIS

**1 LAY PERSON FLAT - do NOT allow them to stand or walk**

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



**2 GIVE ADRENALINE INJECTOR IF AVAILABLE**

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

**IF IN DOUBT GIVE ADRENALINE INJECTOR**

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

Adrenaline injector doses are:

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

Instructions are on device labels.

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

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

© ASCIA 2023 This plan is a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.