

Individual Anaphylaxis Management Plan



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

It is the responsibility of the parent to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency response plan (signed by the medical practitioner), an up-to-date photo of the student (to be appended to this plan) and to inform the school if the child's medical condition changes.

School: -	St Louis De Montfort's	Phone	95805169
Student Name:			
DOB:	Year level		
Severely allergic to:			
Other health conditions			
Medication at school			

Emergency contact details (Parent/carer)

Name	Name
Relationship	Relationship
Home phone	Home phone
Work phone	Work phone
Mobile	Mobile
Address	Address

Emergency Contact Details (Alternative)

Name	Name
Relationship	Relationship
Home phone	Home phone
Work phone	Work phone
Mobile	Mobile
Address	Address
Medical practitioner name	Phone
Emergency care to be provided at school Follow Anaphylaxis Action Care Plan	
Storage location for autoinjector device First Aid Room. Spare EpiPen injectors are in several First Aid boxes located around the school	

Environment

To be completed by the principal or delegate. Please consider each environment/area (on or off school site) the student will be in for the year, e.g. classrooms, school yards, specialist teaching areas, excursions, camps, etc.

Name of environment/area: classroom/ learning areas			
Risk Identified	Actions required to minimise the risk	Who is responsible	Completion date?
	A copy of each student's Individual Anaphylaxis Management Plan will be easily accessible kept in the student's classroom (blue folder), the canteen, the sick bay.	Donna (office)	Beginning of each school year
	Where food-related activities are planned, staff will liaise with parents ahead of time	Classroom teacher	At least a week before the activity
	Use non-food treats 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.	Classroom teacher Parents	Before the activity or at the beginning of the school year.
	Staff will not provide food items from external sources to students who are at risk of anaphylaxis	Classroom teacher	
	Lunch box items/Treats from other students in class should not contain the substances to which the student is allergic. Staff will avoid the use of food items as 'treats.'	Classroom teacher	
	Products labelled as containing specific allergens known to impact students e.g. 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contains milk or egg' should not be served to students with milk or egg allergy.	Garden to kitchen staff; classroom teacher: canteen staff	
	Staff will be aware of possible hidden allergens in food and other substances used in cooking, food technology, science and art classes including packaging e.g. peanut butter containers, egg containers etc	Specialist teachers Classroom teachers Garden to kitchen staff Canteen staff	
	St Louis de Montfort's will regularly undertake discussions with students about the importance of washing hands, eating their own food and not sharing food	Classroom teachers	Regularly throughout the year.

	The Principal/ Deputy Principal/ Rose/ Mel Q/ Donna Lannan- Front desk will inform emergency teachers, specialists, teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and EpiPen, the School's Anaphylaxis Policy and each person's responsibility in managing an incident i.e. seeking a trained staff member.	Office staff Rose/Mel Q Deputy principals principal	Whenever we have CRT's on site
	St Louis de Montfort's will regularly undertake discussions with students about the importance of washing hands, eating their own food and not sharing food	Classroom teachers	
Name of environment; playground			
Risk Identified	Actions required to minimise the risk	Who is responsible	Completion date?
	St Louis de Montfort's will regularly review plans to ensure that sufficient school staff trained in the administration of the EpiPen are on yard duty and be able to access and autoinjector and respond quickly to an allergic reaction if needed.	Principal	Term 1 of each school Year
	St Louis de Montfort's will review processes to ensure that EpiPens and Individual Anaphylaxis Plans are easily accessible from the school grounds	Principal	Term 1 of each school Year
	St Louis de Montfort's will have an emergency response procedure and communication plan in place for Staff on Staff Duty so medical information can be retrieved quickly if an allergic reaction occurs in the yard. All staff will be aware of the school process for seeking support (notify the general office/first aid team) if an anaphylactic reaction occurs during recess or lunch time. All yard duty staff carrying emergency cards in yard-duty bags and personal mobile phones. Staff are aware of the several locations of spare EpiPen's around the school grounds.	Principal Staff	Termly Training Update each year or add new student
	Staff on duty will be able to identify by using the student cards in their yard duty bags, those students at risk of anaphylaxis	Staff	
Name of environment; canteen			
Risk Identified	Actions required to minimise the risk	Who is responsible	Completion date?

	Canteen staff will be trained in food allergen management and its implications for food handling practices. Canteen staff (whether internal or external) should 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.	Canteen Staff Principal	
	Canteen staff, including volunteers, will be briefed about students at risk of anaphylaxis and, have up to date training in an anaphylaxis management training course as soon as practical after a student enrolls.	Donna (office staff)	
	A copy of the student's ASCIA Action Plan for Anaphylaxis will be displayed in the canteen as a reminder to canteen staff and volunteers.	Donna (office staff) and canteen staff	
	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts	Classroom teacher Garden to kitchen staff Canteen staff	
	The canteen will provide a range of healthy meals and products that exclude peanuts or other nut products in the ingredient list or a 'may contain...' statement.	Canteen staff Principal	
	Tables and surfaces will be wiped down regularly	Classroom teacher	
	St Louis de Montfort's acknowledges that food banning is not generally recommended by RCH and ASCIA. St Louis de Montfort's will reinforce a 'no sharing' rule with the students as recommended for food, utensils and food containers. Where it is deemed in the best interests of the school community St Louis de Montfort's may seek agreement to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.).	Leadership team Classroom teacher Garden to kitchen staff Canteen staff	
	Staff will have an awareness of 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.	Classroom teacher Garden to kitchen staff Canteen staff	

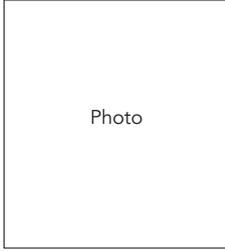
Name of environment; Excursion/ camp			
St Louis de Montfort's will determine which of the strategies set out below apply in the specific context for the out of-school setting involved in the planned activity. The strategies that are appropriate will be determined with consideration of factors such as the age and independence of the student, the facilities and activities available, and the general environment. Not all strategies will be relevant for each school activity.			
Risk Identified	Actions required to minimise the risk	Who is responsible	Completion date?
Travel to and from by bus to venue	School staff will consult with parents of students at risk of anaphylaxis to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from the venue 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.	Classroom teacher	
Excursions/sporting events	Risk Assessment will be undertaken for each individual student attending. If a student/s at risk of anaphylaxis is attending, sufficient school staff supervising the special event will be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.	Classroom teacher	
	Staff will not provide food items from external sources to students who are at risk of anaphylaxis	Classroom teacher	
	Treats from other students in class should not contain the substances to which the student is allergic. Staff will avoid the use of food items as 'treats.'	Classroom teacher	
	A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector will attend field trips or excursions.	Leadership team	
	The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.	Leadership team	
	For each field trip, excursion etc, a risk assessment will be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary	Classroom teachers to inform staff and volunteers who	

	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. All school staff members present during the field trip or excursion will be made aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.	are attending the event.	
	Staff in charge should consult parents of anaphylactic students in advance to discuss issues that might arise, to develop an alternative food menu or request the parent provide a meal (if required)	Classroom teacher and or the staff member in charge	
	In rare cases where the school deems it necessary, parents may be invited to accompany their child on field trips and/or excursions. This will be discussed with parents as one possible strategy for supporting the student who is at risk of anaphylaxis.	Classroom teacher and or the staff member in charge of the event	
	If the field trip, 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.	Classroom teacher and or the staff member in charge of the event.	

Parent signature..... Date

Classroom teacher’s signature..... Date

Principal’s signature Date



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

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

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

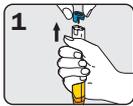
Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

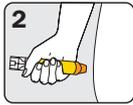
This plan does not expire but review is recommended by: DD / MM / YYYY

How to give adrenaline (epinephrine) injectors

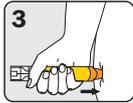
EpiPen®



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



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



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

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

Anapen®



PULL OFF **BLACK** NEEDLE SHIELD



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



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



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

Anapen® 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

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

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

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

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:

- Stay with person, call for help
- Locate adrenaline 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.