



Anaphylaxis / Allergic Reactions Policy for Students and Staff

Document Control

Document Details

Document Name	Anaphylaxis / Allergic Reactions Policy for Students and Staff
Document created by	School Nurse Director of Risk and Compliance
Document Approval	Leadership Team

Document Management

Relevant to	All Staff, All Students, Parents/Caregivers, School Nurses and First Aid Officers
Related documents include but not limited to:	<ul style="list-style-type: none">• Parent Code of Conduct• Student Code of Conduct• Child Safety Code of Conduct• OHS Policy• Anaphylaxis Guidelines• Camps and Excursions Policy• Student Medication Policy• Administration of First Aid Procedure• Distribution of Medicine Procedure• Health Centre Procedure• Staff First Aid Qualifications• Emergency Management Plan• Joigny Food Sharing Policy
Related Legislation includes but not limited to:	<ul style="list-style-type: none">• The Occupational Health and Safety Act 2004 (OHS Act)• The Occupational Health and Safety Regulations 2017 (OHS Regulations)• The Occupations Health and Safety Compliance Codes of practice• Ministerial Order 706 (MO706) 2015• Education and Training Reform Act 2006• Equal Opportunity Act 2010 (Vic)• Disability Discrimination Act 1992
Review	The Policy shall be reviewed every annually as per MO 706 guidelines

Change History

Author	Date	Change Description	Version
MW and JC	June 2017	2014 Policy updated by MW. Reviewed by WR and Draft sent to Leadership Team for endorsement.	V1
MW, JC, MZ and NV	April 2021	Policy reviewed and updated. Policy reviewed and endorsed by School Nurses, Director of Risk and Compliance and Leadership Team. Communicated to all staff and published on Firefly and the School Website.	V2
MW, JC and NV	March 2023	Policy updated due to a non-material process amendment (not requiring leadership endorsement).	V3



Anaphylaxis / Allergic Reactions Policy

Introduction

It is the policy of Sacré Cœur to live out the values that reflect its Sacred Heart tradition. These values are embodied in the Five Goals of Sacred Heart education, which are:

1. A personal and active faith in God
2. A deep respect for intellectual values
3. The building of community as a Christian value
4. A social awareness that impels to action
5. Personal growth in an atmosphere of wise freedom

1. Allergic Reactions and Anaphylaxis

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school-aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication. The key to prevention of anaphylaxis and allergic reactions in schools is knowledge of those students who are diagnosed to be at risk of allergic reactions and anaphylaxis, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools, students and parents are important in ensuring that the student while at school avoids certain foods and other triggers. Antihistamine medication as prescribed by a doctor as outlined on a student's ASCIA Action Plan for Allergic Reactions is the most effective treatment for a mild to moderate allergic reaction. Adrenaline given through an Adrenaline Auto injector (EpiPen) to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

2. Signs and Symptoms of Anaphylaxis

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

- Swelling of the lips face and eyes
- Hives or welts
- Tingling mouth
- Abdominal pain and/or vomiting (these are signs of a severe allergic reaction in the case of insect allergy)

2.2 Anaphylaxis (severe allergic reaction) can include:

- 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)
- Abdominal pain and/or vomiting are signs of a severe allergic reaction to insects.

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

3. Purpose

- To provide, as far as practicable, a safe and supportive environment in which a student at risk of allergic reactions / anaphylaxis can participate in all aspects of her schooling.
- To communicate with parents/caregivers of students at risk of allergic reactions / anaphylaxis in assessing risks, ensuring emergency medication and ASCIA action plans signed by a medical practitioner are provided to the School annually and as required.
- Actively involving parents in developing risk minimisation and management strategies for each student in the form of annually updated Individual Risk Management Plans
- To ensure that each staff member has adequate knowledge and first aid training to recognise allergies / anaphylaxis and be aware of the School's policy and procedures in responding to an allergic reaction / anaphylactic reaction. In the event of an anaphylactic reaction, the School's Administration of First Aid and Emergency Management Plan procedures and the student's Individual Anaphylaxis Management Plan must be followed.
- To raise awareness about allergic reactions/anaphylaxis and the School's Anaphylaxis/Allergic Reactions Policy in the School community through newsletters and parent information nights.
- To ensure the School fully complies with Ministerial Order 706 and associated guidelines published and amended periodically by the Department of Education and Training.

4. Process for Treating Allergic Reactions / Anaphylaxis

Staff responding to an anaphylactic reaction will follow the School's Administration of First Aid and Emergency Management Plan procedures and the student's Individual Anaphylaxis Management Plan/ASCIA Action Plan.

4.1 Joigny - In Class Time

- Teacher to send a student to Joigny Reception to collect the Medbag containing the student's EpiPen
- Teacher to send another student to the Health Centre to alert the Nurse to call emergency services and bring a general use EpiPen.
- As soon as an EpiPen is available, the staff member in attendance is to administer the EpiPen and note the time the EpiPen was administered.
- The student experiencing the anaphylactic reaction should NOT be moved.
- A staff member is to stay with the student until emergency services arrives. If after 5 minutes there is little or no improvement a second EpiPen should be administered.
- A staff member is to contact student's parents/caregivers
- Joigny Reception is to be notified by the attending staff member that there is a student experiencing an anaphylactic reaction, the location of the student and that emergency services have been contacted and are on their way.
- Joigny Receptionist is to notify a member of the Leadership Team that a student has experienced an anaphylactic reaction and that emergency services are on their way to the School.
- A member of Leadership Team or their delegate is to walk out to the driveway of the School to meet the emergency service vehicle and direct them to the location of the student.
- If the student's parent is not present, a member of the Leadership Team is to accompany the student in the ambulance and stay with them until a parent arrives at the hospital.

- A staff member (normally the School Nurse or member of the Leadership Team) is to contact the student's parents/caregivers as soon as possible.

4.2 Joigny - Outside Class Time

- A bag containing a school general use EpiPen and a copy of the ASCIA General Use Action Plan for Anaphylaxis accompanies each teacher on yard duty. The duty bag also includes a first aid folder which contains individual cards displaying the name & photo of each student with allergies and anaphylaxis and 2 red laminated cards marked "Attention EpiPen" and the location of the Yard duty staff member (Joigny Senior Playground, Joigny Oval, Joigny Junior Playground)
- In the event that a student has symptoms of an anaphylactic reaction the staff member on yard duty must:
 - Locate the student's photo card in the first aid folder and hand it to a nearby student directing them to go straight to Joigny Reception to hand it to Reception staff to collect the student's named Medbag containing their EpiPen. The student will then bring the Medbag/EpiPen back to the staff member on duty in the yard.
 - Locate the red laminated card marked 'Attention: Nurse' in the duty bag and give to a second student instructing them to take it directly to the Health Centre and give it to the Nurse.
 - Locate a second red laminated card marked 'Attention: Staff Centre' in the duty bag and give to a third student instructing them to take it directly to the Staff Centre for help.
- The staff member in attendance is to administer student's own EpiPen immediately if it is available, if unavailable the student is to be administered the general use EpiPen located in the duty bag and note the time the EpiPen is administered.
- The School Nurse will phone emergency services when alerted by the student coming to the Health Centre for help. If, however, the staff member on duty is carrying a mobile phone they should phone emergency services immediately. Notify the School Nurse that the emergency services have been contacted.
- The School Nurse will attend the location as soon as possible with their mobile phone and a general use EpiPen in case the student requires a second dose.
- If the incident occurs when the School Nurse is not at school, e.g. before school in the Kirby Centre or anywhere else in the School, one staff member should stay with the student. Another staff member should go to Joigny Reception to collect the student's named Medbag with EpiPen inside or use any general use EpiPen from the closest location to the incident. The student experiencing an anaphylactic reaction should NOT be moved. A student should be sent to Senior Reception to ask for emergency services to be called or staff member in attendance can use their own mobile phone where available to call for emergency services. A staff member or delegate is to walk out to the driveway of the School to meet the emergency service vehicle and direct them to the location of the student.
- A staff member (normally the School Nurse or member of the Leadership Team) is to contact the student's parents/caregivers as soon as possible.

4.3 Secondary - In Class Time

- Staff member is to administer the student's own EpiPen immediately if it is available. If not available locate the closest general use EpiPen and administer immediately. The student experiencing reaction should NOT be moved. Send a student to the Health Centre for the School Nurse. Note the time the EpiPen is administered.
- The School Nurse will ring emergency services when the student comes to the Health Centre for help. If, however the staff member on duty is carrying a mobile phone they should call emergency services immediately. Notify the School Nurse that an ambulance has been called.
- The School Nurse will come to the student's location with their mobile phone and a general use EpiPen, or the student's own EpiPen in case the student requires a second dose.
- If after 5 minutes there is little or no improvement a second EpiPen is to be administered. A staff member is to stay with the student until emergency services arrives.
- The School Nurse is to notify Senior Reception that there is a student experiencing an anaphylactic reaction, the location of the student and that emergency services have been contacted and are on their way.
- The Receptionist is to notify a member of the Leadership Team that a student has had an anaphylactic reaction and the emergency services are on their way to the School.
- A member of Leadership Team or their delegate is to walk out to the driveway of the School to meet the emergency service vehicle and direct them to the location of the student.
- If the student's parent is not present, a member of the Leadership Team is to accompany the student in the ambulance and stay with them until a parent arrives at the hospital.
- A staff member (normally the School Nurse or member of the Leadership Team) is to contact the student's parents/caregivers as soon as possible.

4.4 Secondary - Outside Class Time

- If the incident occurs when the School Nurse is not at school, e.g. before school or after school, the staff member should immediately administer the student's own EpiPen and call emergency services if they have a mobile phone. If a second staff member is present, they should collect a general use EpiPen from either the Health Centre or from the closet general use EpiPen location. If no second staff member is present, send a student to the closest general use EpiPen location to collect the general use EpiPen. If no mobile phone, send a student to find a person who has a mobile phone to call emergency services.
- If the incident occurs off-site the staff member should immediately administer the student's own EpiPen and call emergency services on their mobile phone. The student experiencing reaction should NOT be moved.
- A Staff member is to locate the general use EpiPen that has been taken on the off-site activity in case a further EpiPen is required.
- If after 5 minutes there is little or no improvement a second EpiPen is to be administered. A staff member is to stay with the student until emergency services arrives.
- A staff member is to contact student's parents/caregivers as soon as possible.
- In the event that a parent/caregiver cannot be present whilst the ambulance is transporting the student to hospital from the offsite event and if there is more than one staff member present at the off-site event, one staff member is to travel with the student in the ambulance and stay with the student until parent/caregiver can be present. If there is no other staff member present at the

offsite event, the staff member in attendance is to contact the School Reception to request a staff member attend the off-site event as soon as possible to provide assistance.

- A staff member (normally the School Nurse or member of the Leadership Team) is to contact the student's parents/caregivers as soon as possible.

4.5 If a member of staff or guest or visitor experiences an anaphylactic reaction

Follow general first aid plan for anaphylaxis (Appendix 1).

- Lay the person flat and DO NOT move them. If unconscious place in the recovery position, if having difficulty breathing allow them to sit.
- Locate the person's own EpiPen if available or closest general use school EpiPen available and administer as soon as possible. Note time EpiPen was administered.
- A student or the closest staff member should be sent to notify the School Nurse as soon as possible who will call emergency services if they have not already been called. Notify the School Nurse if the emergency services have already been contacted. The School Nurse will attend with a mobile phone and another general use EpiPen. If after 5 minutes there is little or no improvement a second EpiPen should be given.
- The School Nurse is to notify Senior Reception that there is a person experiencing an anaphylactic reaction, the location of the person and that emergency services have been contacted and are on their way.
- Receptionist is to notify a member of the Leadership Team that a staff member or other person on site has had an anaphylactic reaction and emergency services are on their way to the School.
- A member of Leadership Team or their delegate to walk out to the driveway of the School to meet the emergency service vehicle and direct them to the person experience an anaphylactic reaction.
- If the person is a staff member, their emergency contact is to be notified as soon as possible.
- Medical response to a staff member will be recorded in Synergetic. Medical response to a visitor or guest will be recorded in an Incident Report.

5. Location of General Use EpiPen's

General use EpiPens have been purchased by the School and placed in the following locations:

- Health Centre
- Nurses backpack
- Senior Library
- Joigny Library
- Kirby on the Betty O'Brien Room door
- Year 7/9 corridor outside S09
- JES Kitchen Hallway
- Senior Reception back office
- Joigny yard duty bags
- Joigny PE bum bag first aid kit – stored in the PE office in the Gym
- Staff Centre
- There are also several general use EpiPens in the Health Centre for use on off-site activities

6. Off-site Activities and Major School Events

Organisers, or staff members, who are in charge of any off-site activities/major events take a First Aid Kit and must ensure that any student who is diagnosed with anaphylaxis who is attending, has their own individual EpiPen with them. Organisers or staff members are also to ensure that one of

the general use EpiPens is attached to the First Aid Kit being taken off-site or to event. This will be facilitated by the School Nurse.

7. ASCIA Action Plans and Individual Allergic Reaction / Anaphylaxis Risk Management Plans

An ASCIA Action Plan for Allergic Reactions / Anaphylaxis is required by the school, to be developed and provided by the student's parents/caregivers in consultation with their doctor, when a student has been diagnosed by a medical practitioner as being at risk of allergic reactions / anaphylaxis.

7.1 The ASCIA Allergic Reaction / Anaphylaxis Action Plan is to include the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner)
- Sets out the emergency procedures to be taken in the event of allergic reaction / anaphylaxis
- Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency Action Plan
- Includes an up to date photograph of the student

7.2 An updated student ASCIA Allergic Reaction /Anaphylaxis Action Plan will be required, annually, via the Family Information Form, and as applicable:

- If the student's condition changes, or
- Immediately after a student has an anaphylactic reaction at school.

7.3 It is the responsibility of parents/caregivers to:

- Provide an ASCIA Action Plan
- Inform the School in writing if their child's medical condition changes, and if relevant, provide an updated ASCIA action plan
- Provide an up-to-date photo for the ASCIA Action Plan when the plan is provided to the School and when it is reviewed annually (See Appendix II – Action Plan for Allergic Reactions / Anaphylaxis).
- Provide the School with an EpiPen that is current and not expired for their child
- Participate in an annual review of their child's Individual Allergic Reactions / Anaphylaxis Management Plan

7.4 Develop an Individual Allergic Reaction / Anaphylaxis Risk Management Plan

The School Nurse, as delegated by the Principal, in consultation with teaching staff and parents will develop an Individual Allergic Reaction / Anaphylaxis Risk Management Plan for each student diagnosed by a medical practitioner as being at risk of allergic reactions / anaphylaxis.

The ASCIA Allergic Reactions / Anaphylaxis Action Plan and school Individual Allergic Reactions / Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and where possible before their first day at school.

The school Individual Allergic Reactions / Anaphylaxis Management Plan will be written annually, and updated as applicable. School staff will then implement the student's Individual Allergic Reactions / Anaphylaxis Management Plan as required.

The Individual Allergic Reactions / Anaphylaxis Risk Management Plan will include:

- Student's personal details including confirmed allergens, other health issues, medications required at school.
- Parents' contact details
- Emergency contacts details
- Doctor's details
- All risk management strategies identified by the school for the individual student

- Actions required to minimise the risks
- Those responsible for risk management strategies
- Completion date for each risk management strategy
- Signature of parents/caregivers and school representative ensuring the allergic reactions / anaphylaxis management plan and risk management strategies are clearly understood by parents and the School.

When a student is newly diagnosed with an allergic reaction / anaphylaxis, an interim management plan will be devised in consultation with the parents/caregivers. This will be replaced by a permanent plan as soon as possible.

8. Communication Plan

The Principal is 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/Allergic Reactions Policy.

8.1 ASCIA Actions Plans

All Joigny and Secondary students' ASCIA Action Plans will be displayed in the Health Centre and Individual Anaphylaxis Management Plans will be available electronically. Each secondary student's ASCIA Action Plan will be prominently displayed in the Staff Center with copies also kept in the Year Level Pastoral Files. For Joigny students, the ASCIA Action Plan will be displayed in the Joigny Workroom P08 and the student's classroom.

8.2 Staff Briefings

Staff are briefed once each semester by the School Nurse, who has up to date allergic reaction / anaphylaxis management training, about what steps are to be taken to respond to an allergic / anaphylactic reaction by a student or staff member in a classroom, in the schoolyard, on school excursions, on school camps and special event days. The briefing also includes the School's Allergic Reaction / Anaphylaxis Management Policy, the causes, symptoms and treatment of allergic reactions / anaphylaxis, how to use an EpiPen, the identities of students diagnosed at risk of allergic reactions / anaphylaxis and where their medication is located.

8.3 School's Allergic Reaction Anaphylaxis Policy for Students and Staff

The School's Allergic Reaction Anaphylaxis Policy for Students and Staff is accessible to all staff, parents/caregivers and students via the school's website and Firefly. Student Health Reports are made available to Class Teachers and Year Level Co-ordinators (YLC's) at the beginning of the School year and updated and re-issued when changes occur. A copy of the Joigny Health Report is available to all staff in the Joigny Workroom P08 and a copy of the Senior Health Report is available to staff in the Staff Centre.

8.4 Joigny School Events

Prior to School events/activities involving food such as Sacred Heart Day and French Day, information will be sent home to Joigny parents in a letter outlining the availability of food for group consumption. Signed consent regarding student participation in the event needs to be returned to school and held by the Class Teacher. Parents of a child with food allergies are requested to provide their daughter's food for that day. In the case of partial consent or ambiguity regarding food consumption indicated in the consent form, a phone call to the student's parents needs to be placed by the Class Teacher to clarify management of the student's participation in the event.

8.5 Joigny Allergy Awareness Lessons

Allergy awareness lessons are to be delivered through the Health component of the Wellness Program and the Connect Us transition program in Joigny. Joigny staff to have regular discussions with students about the importance of washing hands, and not sharing food, food utensils or food containers. A letter is written by the Head of Joigny to parents at the beginning of each year requesting that food products that have life-threatening implications to Joigny students not be sent

to school. Foods presenting risk are listed in the letter and Year level handbooks. Policy information sent home in information pack at the start of the school year.

8.6 School Community

Awareness in the School community about anaphylaxis is to be raised through newsletters and parent information nights.

8.7 Volunteers and Casual Relief Staff

Volunteers in contact with students at risk of allergic reactions/anaphylaxis will be informed of their role in responding to an allergic reaction / anaphylactic reaction. Casual Relief Teachers (CRTs) in contact with students at risk of allergic reactions/anaphylaxis will be required to attend formal Anaphylaxis and Allergy training as per below Section 7: Staff Training and Emergency Response and will be reminded of their role in responding to an allergic reaction/anaphylactic reaction when they arrive to work. They will be directed to student Action Plans by the School Organiser (Secondary) via the CRT iPad with instructions on how to access students Public Medical Alert information and DocMan as part of the electronic roll marking process for senior CRT's or by the Head of Joigny.

8.8 Immersion Students

Immersion students (both ANZNET and International) must carry their own EpiPen at all times. Information regarding these students will be disseminated to the relevant teachers by the Director of Mission or Director of Learning and Teaching.

9. Staff Training and Emergency Response

All staff (including Casual Relief Teachers) are provided with Anaphylaxis and Allergy training as per Ministerial Order 706 and Government guidelines. The training shall be renewed every 3 years. The School Nurse will communicate about anaphylaxis through twice-yearly briefings with all staff including catering staff. The first briefing to be held at the beginning of the school year. Information will include the School's Anaphylaxis/Allergic Reactions Policy, the School's general first aid and emergency response procedures, the causes, signs and symptoms of allergic reactions and anaphylaxis and treatment including practical experience with a training EpiPen. The identities of current students with a medical condition that relates to allergy and the potential for anaphylactic reaction will be shown and discussed. The location of student's own individual EpiPens and general use EpiPens throughout the school will be included in the briefing. At other times, while the student is under the supervision of the School including excursions, yard duty, camps and special event days, there will be a sufficient number of staff present who have accredited training in allergic reaction / anaphylaxis management. Anaphylaxis training, as mandated by Ministerial Order 706, will be provided to new staff as soon as practicable after they commence at Sacré Cœur.

10. Onsite School Canteen

Canteen staff are adequately trained in food allergen management and its implications for food handling practices, including knowledge of the major food allergens triggering anaphylaxis and cross-contamination issues specific to food allergy label reading. Canteen staff are briefed about students at risk of anaphylaxis and have up to date anaphylaxis management training. A list of all students with allergy or anaphylaxis, including their photo, is displayed in the Canteen. Joigny students ordinarily purchase food from the canteen via the lunch order system or via a slip issued at Joigny Reception after a phone call to parents. **Parents/caregivers of Joigny students in years 3-6 with an allergy or anaphylaxis who have breakfast at school after morning sport shall speak with Canteen staff at the beginning of the school year and throughout the year, as required, to discuss options for safe food consumption at breakfast. Parents/caregivers will then share their safest permitted breakfast choices with their daughter.**

11. Annual Risk Management Checklist

The Principal will complete an annual Anaphylaxis Risk Management Checklist as published by the Department of Education and Training to monitor compliance with the School's obligations.

12. Ongoing Prevention Strategies

Ongoing prevention strategies are in place at the school which includes:

Prevention Type	How?	Who?
Awareness	<ul style="list-style-type: none"> Allergic Reaction / Anaphylaxis Policy for Students and Staff Allergic Reaction / Anaphylaxis First Aid Sheet (Appendix 1) ASCI Action Plan for general use EpiPen located with each general use EpiPen located throughout the school (Appendix 2) ASCI Action Plan for Anaphylaxis for individual student use including photo displayed on the wall in Staff Center, Joigny Work Room, and Health Center. Plan uploaded to DocMan in Synergetic with a copy made available to Class Teacher /YLC's and as required to teaching staff of individual students. Copy in Individual Risk Management Plan and attached to Students own EpiPen kept at school, Copy placed in Nurse's black backpack first aid kit. (Appendix 3) ASCI Action Plan for Allergic Reactions for individual student use including photo displayed on the wall in the Staff Center and Joigny Work Room and in a folder in the Health Center. Copy uploaded to DocMan in Synergetic with a copy made available to Class Teacher/YLC's and as required to teaching staff of individual students. Copy in Individual Risk Management Plan attached to students own EpiPen kept at school and, in Nurse's black back pack first aid kit. (Appendix 4) Contact details for resources and support imbedded in policy (appendix 5) 	School Nurse / Registered Trainer
First Aid Kits	Regular First Aid kits review and expiry checks of medication, students own individual EpiPens and general use EpiPens located throughout the school (Appendix 1)	School Nurses
First Aid Training	Annual First Aid training and briefings in place	School Nurses/ Registered Trainer
Medical History	Report medical history of student/staff at enrolment or commencement of employment	Parent/caregiver People and Culture Manager
Action Plans	Obtain and inform the School of student/staff action plans annually and as required	Parents/caregivers School Nurse

APPENDIX 1 - Allergic Reaction / Anaphylaxis First Aid Sheet



For use with adrenaline (epinephrine) autoinjectors - refer to the device label for instructions

Translated versions of this document are on the ASCIA website www.allergy.org.au/anaphylaxis#ta5

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit
- 2 Give adrenaline autoinjector**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses 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 autoinjector

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

ALWAYS give adrenaline autoinjector FIRST, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this plan for the person with the allergic reaction.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.

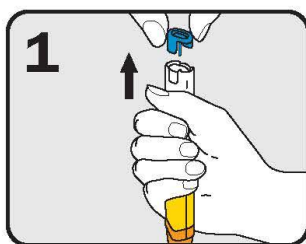
© ASCIA 2020 This document has been developed for use as a poster, or to be stored with general use adrenaline autoinjectors.

APPENDIX 2 - Action Plan for general use EpiPen

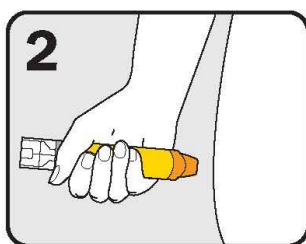
FIRST AID PLAN FOR Anaphylaxis

For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

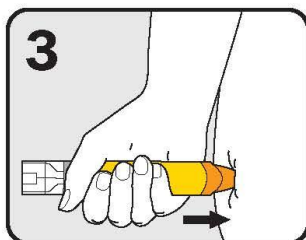
How to give EpiPen® adrenaline (epinephrine) autoinjectors



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 for
children over 20kg and adults.
EpiPen®Jr is prescribed for
children 7.5-20kg.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



2 Give adrenaline autoinjector

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

4 Phone family/emergency contact

5 Further adrenaline doses 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 autoinjector

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

ALWAYS give adrenaline autoinjector FIRST, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this plan for the person with the allergic reaction.

Appendix 3 – ASCIA Action Plan for Anaphylaxis for Individual student use with EpiPen (includes student photo)



ascia
australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: _____ For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np): _____

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

Date: _____

Signed: _____

Date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Locate adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit
- 2 Give adrenaline autoinjector**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses 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 autoinjector

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

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

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 in place for 3 seconds REMOVE EpiPen®

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 7.5-20kg.

- If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre.
- Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2020 This plan was developed as 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.

Appendix 4 – ASCIA Action Plan for Allergic Reactions for Individual Student Use (Includes student Photo)



ascia
australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Allergic Reactions

Name: _____

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np): _____

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Use of adrenaline autoinjector if available.
- Review of this plan is due by the date below.

Date: _____

Signed: _____

Date: _____

Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.

For people with severe allergies (and at risk of anaphylaxis) there are red ASCIA Action Plans for Anaphylaxis (brand specific or generic versions) for use with adrenaline (epinephrine) autoinjectors.

Instructions are on the device label.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Give other medications (if prescribed).....
- Phone family/emergency contact




Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - If breathing is difficult allow them to sit




- 2 Give adrenaline (epinephrine) autoinjector 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 autoinjector

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

ALWAYS give adrenaline autoinjector FIRST if available, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: ☐ Y ☐ N

© ASCIA 2020 This plan was developed as 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.

Appendix 5 – Contact Details for Resources and Support

- Australasian Society of Clinical Immunology and Allergy (ASCIA), at www.allergy.org.au provides information on allergies. Their sample Anaphylaxis Action Plan can be downloaded from this site (see also Appendix II). Telephone 0425 216 402
- Anaphylaxis Australia Inc, at www.allergyfacts.org.au is a non-profit support organization for families with food anaphylactic children. Items such as storybooks, tapes, EpiPen trainers and so on are available for sale from the Product Catalogue on this site. Anaphylaxis Australia Inc. provides telephone support line for information and support to help manage anaphylaxis. Telephone 1300 728 000.
- Royal Children’s Hospital, Department of Allergy, at www.rch.org.au provides information about allergies and the services provided by the hospital. Contact may be made to evaluate a child’s allergies and if necessary, provide an EpiPen prescription, as well as to purchase EpiPen trainers. Telephone (03) 9345 5701.