

INTRODUCTION

Bairnsdale Secondary College recognises its responsibility for supporting the safety, participation, wellbeing and empowerment of children. Our College values of 'respect for self' and 'respect for others' provide a strong foundation for this policy.

Bairnsdale Secondary College has a responsibility to support students diagnosed with anaphylaxis and to effectively treat all students who develop signs or symptoms of anaphylaxis. It is a primary purpose of the College to treat all people with dignity and respect, and provide an educational environment that is safe, supportive and inclusive.

AIM

This policy explains to Bairnsdale Secondary College parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Bairnsdale Secondary College is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

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

POLICY AND IMPLEMENTATION

School Statement: Bairnsdale Secondary College will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

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

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:	Signs and symptoms of anaphylaxis, a severe allergic reaction can include:
<ul style="list-style-type: none"> • swelling of the lips, face and eyes 	<ul style="list-style-type: none"> • difficult/noisy breathing
<ul style="list-style-type: none"> • hives or welts 	<ul style="list-style-type: none"> • swelling of tongue
<ul style="list-style-type: none"> • tingling in the mouth 	<ul style="list-style-type: none"> • difficulty talking and/or hoarse voice
	<ul style="list-style-type: none"> • wheeze or persistent cough
	<ul style="list-style-type: none"> • persistent dizziness or collapse
	<ul style="list-style-type: none"> • student appears pale or floppy
	<ul style="list-style-type: none"> • abdominal pain and/or vomiting

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

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis. Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Bairnsdale Secondary College who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan (Appendix 2) and an ASCIA Action Plan (Appendix 3). When notified of an anaphylaxis diagnosis, a Principal of Bairnsdale Secondary College is responsible for developing a plan in consultation with the student's parents/carers.

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

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the 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.

Review and Updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated annually 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 had an anaphylactic reaction at school
- if the student's medical condition, related 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 College may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Document Name: Anaphylaxis Policy Reviewer: College Principal Tabled at School Council: 24/8/2023	Review Schedule: annually Date of last review: 24/8/2023 <i>Uncontrolled version when printed</i>
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Location of Plans and Adrenaline Autoinjectors

Students are encouraged to keep their adrenaline autoinjectors on their person. Students who do not keep an adrenaline autoinjector on their person will provide one to be stored and labelled with their name at the McKean

St Administration Office and/or Wallace St Administration Office, in the same location as the adrenaline autoinjectors for general use.

Student Anaphylaxis Management Plans and Action Plans are pinned to individual students' Compass profiles.

Paper copies of students' Individual Anaphylaxis Management Plans, together with their ASCIA Plans, are also stored together in a clearly labelled folder in the following locations:

- McKean Street:
 - Staff Room
 - Main Administration Office
 - Sickbay
 - Each Learning Hub
 - Wellbeing Office
 - Copy Room
 - Food Technology Room
 - Science Centre
 - Library
 - Canteen.
- Wallace Street:
 - Staff Room
 - Sickbay
 - Food Technology Room.

Risk Minimisation Strategies

Under MO706, a school's policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction. College staff members have a duty of care to protect students in their care from risks of injury that are reasonably foreseeable.

Bairnsdale Secondary College has risk minimisation strategies to cover:

- classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- canteens
- recess and lunchtimes
- before and after school
- camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions)

students identified as at risk from Anaphylaxis are never left alone when complaining of feeling unwell, even in sickbay.

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

- Events that involve sharing of food require approval from a Principal.
- Equipment is provided when picking up litter in the school grounds.
- Canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination.
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

Refer to Appendix 1 for a more detailed checklist of minimisation strategies used by the College.

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Adrenaline autoinjectors for general use

Bairnsdale Secondary College will maintain a supply of adrenaline autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first-time reaction at school. The autoinjectors will be labelled 'general use' and are stored in the following locations:

- Main Administration Office at McKean Street (x2).
- Administration Office at Wallace Street.
- School Canteen.
- Science Centre.
- Food Technology at Wallace Street and McKean Street (x2).
- Ngooloo Campus Room 11.

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

- the number of students enrolled at Bairnsdale Secondary College at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

Emergency Response

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

All students at risk of anaphylaxis have a Medical Alert clearly displayed on their Compass Profile. Students' ASCIA Action Plans can be downloaded directly from their Compass Profile. A paper copy of the Action Plan is kept in individual student files and stored together in a folder at the relevant Hub.

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the Wellbeing Administration Officer and stored with the plans (see *Location of Plans and Adrenaline Autoinjectors on page 2*). For camps, excursions and special events, the organising staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

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If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"> • Lay the person flat. • Do not allow them to stand or walk. • If breathing is difficult, allow them to sit. • If unconscious place in the recovery position. • Be calm and reassuring. • Do not leave them alone. • Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan stored on the student's Compass Profile or at the relevant Hub. • If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5.
2.	<p>Administer an EpiPen (or EpiPen Jr if the student is under 20kg):</p> <ul style="list-style-type: none"> • Remove from plastic container. • Form a fist around the EpiPen and pull off the blue safety release (cap). • Place orange end against the student's outer mid-thigh (with or without clothing – avoid seams). • Push down hard until a click is heard or felt and hold in place for 3 seconds. • Remove EpiPen. • Note the time the EpiPen is administered. • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration. <p>OR</p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"> • Pull off the black needle shield. • Pull off grey safety cap (from the red button). • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing). • Press red button so it clicks and hold for 10 seconds. • Remove Anapen®. • Note the time the Anapen is administered. • Retain the used Anapen to be handed to ambulance paramedics along with the time of administration.
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

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

Schools can use either the EpiPen® and Anapen® on any student suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction.

Communication Plan

This policy will be available on Bairnsdale Secondary College's website so that parents and other members of the school community can easily access information about the College's anaphylaxis management procedures. This policy is also located in Compass School Documentation for all staff to access. The parents and carers of students who are enrolled at Bairnsdale Secondary Colleges and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

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

At the College, information about students with anaphylaxis is communicated in the following ways:

- The College emails all staff a list of students along with photos at diagnosed with anaphylaxis at the start of each year or as soon as a new student is enrolled.
- ASCIA Action Plans for Anaphylaxis are available on Compass.
- Student medical alerts appear clearly on student profiles on Compass.
- Emergency/casual and volunteer staff members are provided with relevant information regarding students' medical alerts, including life threatening allergy.
- Staff are briefed twice per year regarding students with anaphylaxis.

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's Anaphylaxis Guidelines.

Staff Training

The Principal will ensure that all staff members complete the 'ASCIA Anaphylaxis e-training for Victorian Schools' followed by a competency check by a School Anaphylaxis Supervisor within 30 days every 2 years. Bairnsdale Secondary College uses the following training course ASCIA eTraining course 22579VICVIC, 22578VIC or 10710NAT.

Additionally, training of College staff members on anaphylaxis management includes the following measures:

- Two staff members at the College are qualified in 'Course in Verifying Correct Use of Adrenaline Autoinjector Devices' – Sophie Brown, School Nurse and Gail Daniel, Main Administration Office.
- All College staff members, including Canteen staff, are briefed twice per year (including at the beginning of every year) facilitated by a staff member who has successfully completed the Anaphylaxis Management Training within the last 2 years. This briefing includes information about:
 - the College's Anaphylaxis Management Policy
 - the causes, symptoms and treatment of anaphylaxis
 - the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located
 - how to use an adrenaline autoinjector, including hands-on practice with a trainer adrenaline autoinjector
 - the school's general first aid and emergency response procedures
 - the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Bairnsdale Secondary College who is at risk of anaphylaxis, the Wellbeing Administration Officer will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

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A record of staff completion and dates of training courses and briefings will be maintained by the Wellbeing Administration Officer.

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

The Principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

EMERGENCY CONTACT NUMBERS

- Ambulance 000
- Poisons Information Service 13 11 26
- Nurse on Call 1300 60 60 24
- DET Emergency and Security Management Unit 9589 6266 / 1800 126 126

RELATED DOCUMENTS/KEY REFERENCES

Bairnsdale Secondary College:

- First Aid Policy
- Health Care Needs Policy
- Asthma Management Policy.

Other Resources:

- School Policy and Advisory Guide:
 - Anaphylaxis
 - Anaphylaxis Management in Schools
- ASCIA Guidelines: Schooling and Childcare
- Ministerial Order 706
- DET Anaphylaxis Guidelines for Victorian Schools
- Allergy and Anaphylaxis Australia: Risk minimisation Strategies
- Royal Children's Hospital Anaphylaxis Advisory Line (8.30am - 5.00pm, Monday to Friday, Phone 1300 725 911 or 03 9345 4235)
- Australasian Society of Clinical Immunology and Allergy (ASCI) .

APPENDICES

- Appendix 1: Anaphylaxis Minimisation Strategies
- Appendix 2: Individual Anaphylaxis Management Plan
- Appendix 3: ASCIA Action Plan for Anaphylaxis

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APPENDIX 1: Anaphylaxis Risk Minimisation Strategies

RISK	Considerations when you have a child at risk of anaphylaxis in your care
Food brought to school	<ul style="list-style-type: none"> • Consider sending out an information sheet to the parent community on severe allergy and the risk of anaphylaxis. • Alert parents to strategies that the school has in place and the need for their child to not share food and to wash hands after eating.
Fundraising / events	Consider children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc. Notices may need to be sent to parent community discouraging specific food products, e.g. nuts.
Food rewards	<ul style="list-style-type: none"> • Food rewards should be discouraged and non-food rewards encouraged. • Children at risk of food anaphylaxis should eat food that is supplied by their parents or food that is agreed to by parents prior to a given event. If required a clearly labelled 'treat box' could be supplied by parents and located in child's classroom.
Class parties / Birthday celebrations	<ul style="list-style-type: none"> • Discuss these activities with parents of allergic child well in advance • Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products • Teacher may ask the parent to attend the party as a 'parent helper' • Child at risk of anaphylaxis should not share food brought in by other students and ideally they should bring their own food. • Child can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cupcakes stored in freezer in a labelled sealed container.
Cooking/Food Technology	<ul style="list-style-type: none"> • Teachers carefully check class lists for allergies. • Engage parents in discussion prior to cooking sessions and activities using food. • Remind all children to not share food they have cooked with others at school.
Science exp.	Engage parents in discussion prior to experiments containing foods.
Litter Collection	Students at risk of food or insect sting anaphylaxis should be excused from this duty, and given non rubbish collecting duties.
Music	Music teacher to be aware, there should be no sharing of wind instruments (e.g. recorders). Speak with the parent about providing the child's own instrument.
Art and craft classes	<ul style="list-style-type: none"> • Ensure containers used by students at risk of anaphylaxis do not contain allergens, e.g. egg white or yolk on an egg carton • Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg • Care to be taken with play dough etc. Check that nut oils have not been used in manufacture. Discuss options with parent of wheat allergic child
Canteen	<ul style="list-style-type: none"> • Does canteen offer foods that contain the allergen? • What care is taken to reduce the risk to a child with allergies who may order/ purchase food? <p>Strategies to reduce the risk of an allergic reaction can include:</p> <ul style="list-style-type: none"> • Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods said to be 'safe' • Child having distinguishable lunch order bag • Restriction on who serves the child when they go to the canteen • Discuss possibility of photos of the children at risk of anaphylaxis being placed in the canteen/children's service kitchen. • Encourage parents of child to visit canteen/Children's Service kitchen to view products available. • See Anaphylaxis Australia's School Canteen poster, Preschool/Playgroup posters and School Canteen Discussion Guide. www.allergyfacts.org.au
Sunscreen	Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own.
Hand washing	Classmates encouraged to wash their hands before and after eating.
Part-time teachers	These educators need to know the identities of children at risk of anaphylaxis and should be aware of the school's management plans, which includes minimisation strategies initiated by the school community. Some casual staff have not received training in anaphylaxis management and emergency treatment. This needs to be considered when a teacher is chosen for a class with a child at risk of anaphylaxis and if this teacher is on playground/yard duty.

APPENDIX 1: Anaphylaxis Risk Minimisation Strategies

RISK	Considerations when you have a child at risk of anaphylaxis in your care
/CRTs / casuals	<ul style="list-style-type: none"> Casual staff who work at school regularly, should be included in anaphylaxis training sessions to increase the likelihood that they recognise an allergic reaction and know how to administer the adrenaline autoinjector. Schools should have interim educational tools such as autoinjector training devices and DVDs available to all staff. A free online training course for teachers is available whilst waiting for face to face training by a DET nominated anaphylaxis education provider. Visit ASCIA www.allergy.org.au. This course can also be done as a refresher.
Incursions	<p>Prior discussion with parents if incursions include any food activities.</p>
Excursions, Sports carnivals, Swimming program	<ul style="list-style-type: none"> Teachers organising/attending excursion or sporting event should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylactic reaction occurs. This includes distribution of laminated cards to all attending teachers, detailing the following: <ul style="list-style-type: none"> Location of event, including Melway reference or nearest cross street. Procedure for calling ambulance, advising life threatening allergic reaction has occurred and adrenaline is required. Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other form of emergency communication e.g. walkie talkie. Consider increased supervision depending on size of excursion/sporting event (e.g. if students are split into groups at large venue (e.g. zoo), or at large sports venue for sports carnival). Consider adding a reminder to all parents regarding children with allergies on the excursion/sports authorisation form and encourage parents not to send in specific foods in lunches (e.g. food containing nuts). Discourage eating on buses. Check if excursion includes a food related activity, if so discuss with parent. Ensure that all teachers are aware of the location of the emergency medical kit containing adrenaline autoinjector.
Medical Kits (student's own and school general)	<ul style="list-style-type: none"> Medical kit containing ASCIA Action Plan for Anaphylaxis and adrenaline autoinjector should be easily accessible to child at risk and the adult/s responsible for their care at all times. On excursions ensure that the teacher accompanying the child's group carries the medical kit. For sporting events this may be more difficult, however, all staff and parent volunteers must always be aware of who has the kit and where it is. Be aware - adrenaline autoinjectors should not be left in the sun, parked cars or buses. Parents are often available to assist teachers on excursions in Children's Services and primary schools. If child at risk is attending without a parent, the child should remain in the group of the teacher who has been trained in anaphylaxis management, rather than be given to a parent volunteer to manage. This teacher should carry the medical kit.
School camps	<p>Parents of child at risk should have face to face meeting with school staff/camp coordinator prior to camp to discuss safety including the following:</p> <ul style="list-style-type: none"> School's emergency response procedures should clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction. All teachers attending the camp should carry laminated emergency cards, detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life-threatening allergic reaction has occurred and adrenaline is required. Staff to practise with adrenaline autoinjector training devices (EpiPen® and AnaPen® Trainers) and view DVDs prior to camp. Consider contacting local emergency services and hospital prior to camp and advise that xx children in attendance at xx location on xx date including child/ren at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to camp site area (eg consider locked gates in remote areas). Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, organise sat phone. Parents should be encouraged to provide 2 adrenaline autoinjectors and Action Plan for Anaphylaxis and any other required medications while the child is on the camp. Clear advice should be communicated to all parents prior to camp on what foods are not allowed. Parents of child at risk of anaphylaxis and school need to communicate about food for the duration of the camp. Parent should communicate directly with the provider of the food/chef/caterer and discuss food options/menu, cross contamination risks, safest food choices, bringing own food. Parents may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised. <p>Discussions by school staff and parents with the operators of the camp facility should be undertaken well in advance of camp:</p>

APPENDIX 1: Anaphylaxis Risk Minimisation Strategies

RISK	Considerations when you have a child at risk of anaphylaxis in your care
	<ol style="list-style-type: none"> 1. Possibility of removal of peanut/tree nut from menu for the duration of the camp. 2. Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed eg. egg, milk, wheat. A decision may be made to remove pavlova as an option for dessert if egg allergic child attending for example. 3. Awareness of cross contamination of allergens in general, e.g. during storage, preparation and serving of food. 4. Discussion of menu for the duration of the camp. 5. Games and activities should not involve the use of known allergens. 6. Camp organisers need to consider domestic activities which they assign to children on camp. It is safer to have the child with food allergy set tables, for example, than clear plates and clean up.
Insect sting allergy	<p>Children who have a severe insect sting allergy and are at risk of anaphylaxis need to have their adrenaline autoinjector and Action Plan for Anaphylaxis easily accessible at all times. Strategies that reduce the risk of insect stings vary depending on the insect the person is allergic to. Strategies both at school and on excursions can include:</p> <ul style="list-style-type: none"> • Avoiding being outdoors at certain times of the day • Using insect repellents that contain DEET (Diethyltoluamide, N, N - diethyl - 3- methylbenzamide) • Wearing light coloured clothing that covers most exposed skin, avoid wearing bright clothing with 'flower' type prints, wearing shoes at all times • Avoiding perfumes or scented body creams/deodorants • Wearing gloves when gardening • Avoid picking up rubbish which may attract insect/s • Being extra careful where there are bodies of water e.g. lake/pond/swimming pool and have awareness that chlorinated pools attract bees • Drive with windows up in the car/windows closed in a bus • Keep your drink (glass/bottle/can) indoors or covered • Always check your drinks before you sip / use a straw e.g. don't drink blindly from container • Keep garbage bins covered – lids on • Keep grass areas mowed (reduce weed such as clover which attracts insects) • Wearing boots and thick clothing such as denim jeans if ant sting allergic and in area where specific ants reside. Avoid ant mounds • Not provoking bees, wasps or ants • Have mounds/nests removed by professionals, and removal of nests when students/teachers are not present – outside of school hours • When putting in new plants consider location and select plants less likely to attract stinging insects

This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (**ASCIA Action Plan for Anaphylaxis**) provided by the parent. It is the parent's responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School	Bairnsdale Secondary College	Phone	03 5150 4800
Student			
DOB		Year level	
Severely allergic to			
Date of last anaphylactic reaction			
Signs and symptoms the student may exhibit			
Other health conditions			
Medication at school			

EMERGENCY CONTACT DETAILS (PARENT)

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

EMERGENCY CONTACT DETAILS (ALTERNATE)

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

Medical practitioner contact	Name	
	Phone	

Emergency care to be provided at school	
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Storage location for EpiPen® or Anapen®	
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ENVIRONMENT

To be completed by a Principal or nominee. Consider each environment/area the student will be in for the year. Refer to the risk Risk minimisation strategies.

Name of environment/area: CLASSROOM

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

Name of environment/area: CANTEEN

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

Name of environment/area: SCHOOL YARD DURING BREAKS AND BEFORE/AFTER SCHOOL

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

Name of environment/area: SCHOOL CAMPS /EXCURSIONS

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

Name of environment/area: SPECIAL EVENTS /OTHER

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

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whatever happens earlier):

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

I acknowledge that I have been consulted in the development of this Management Plan and consent to the strategies proposed.

Name / signature of parent: _____

Date: _____

I have consulted with the parent(s) /carer of (student name) _____ and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

Name / signature of Principal (or nominee): _____

Date: _____

ACTION PLAN FOR Anaphylaxis

Name: _____

For use with EpiPen® adrenaline (epinephrine) autoinjectors

Date of birth: _____



Confirmed allergens: _____

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

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

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by DD/MM/YY _____

Signed: _____

Date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts
- 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, call for help and locate adrenaline autoinjector
- Give antihistamine (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 or noisy breathing
- Difficulty talking or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling or tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

ACTION 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, as shown below
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright



2. GIVE ADRENALINE AUTOINJECTOR
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 AUTOINJECTOR

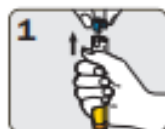
Commence CPR at any time if person is unresponsive and not breathing normally

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

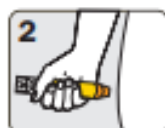
Asthma reliever medication prescribed: Y N

Note: 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.

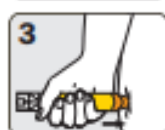
How to give EpiPen®



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:

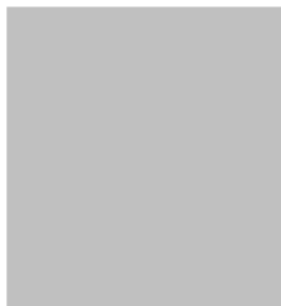
- EpiPen® Jr (150 mcg) for children 7.5-20kg
- EpiPen® (300 mcg) for children over 20kg and adults

ACTION PLAN FOR Anaphylaxis

Name: _____

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

Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

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

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: _____

Date: _____

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- Hives or welts
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- 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, as shown below
 - If breathing is difficult allow them to sit with legs outstretched
 - Hold young children flat, not upright



- 2 GIVE ADRENALINE AUTOINJECTOR**
- 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**

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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

Note: 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.

How to give 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 10 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® 600 for children and adults over 50kg