

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: |
|---|--|
| • swelling of the lips, face and eyes | • difficult/noisy breathing |
| • hives or welts | • swelling of tongue |
| • tingling in the mouth | • difficulty talking and/or hoarse voice |
| | • wheeze or persistent cough |
| | • persistent dizziness or collapse |
| | • student appears pale or floppy |
| | • 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 on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has 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.

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 that target the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in canteens
- during 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).

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 checklist of minimisation strategies used by the College.

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. Autoinjectors for general use are available 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
- 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.

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 ASCIA Action 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. 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.

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. • 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) • 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:

- several staff members at the College and one at the Ngoolo Campus are qualified in 'Course in Verifying Correct Use of Adrenaline Autoinjector Devices' (see Appendix 4 for the list of staff).
- 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.

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
- Appendix 4: List of staff with Anaphylaxis Supervisor Qualification.

APPENDIX 1: Anaphylaxis Minimisation Strategies

| Classrooms (all campuses) | Person Responsible |
|--|--------------------|
| Communicate with parents and students at risk of anaphylaxis about food related activities prior to activity. | |
| Be aware of hidden dangers of triggers in activities including science, art and food technology classes (use of containers that once contained nuts or milk for example) | |
| CRT staff are briefed on students with anaphylaxis in their care, ASCIA plans, preventative strategies and the College EMP. | |
| Preference is for use of non-food treats where possible and if foods are used in the classroom alternatives are sought for students with anaphylaxis. | |

| Canteen | Person Responsible |
|---|--------------------|
| Canteen staff make an effort to minimise foods containing nuts and understand that the canteen cannot be considered 'nut free'. | |
| All canteen staff members are briefed on students with anaphylaxis, including face recognition of at-risk students. | |
| A spare autoinjector is kept in the canteen. | |
| A high level of hygiene standards is maintained in the canteen. | |
| ASCIA action plans of students with food allergy are displayed inside the canteen. | |
| Be aware of cross contamination of foods in food preparation, storage and serving. | |
| Canteen staff members avoid preparing foods containing triggers to anaphylaxis if students are identified with these allergies. | |
| Canteen staff members clearly label food with ingredients that may cause anaphylaxis if there is a student at the College who is at risk. | |


| Outdoor areas of school campuses | Person Responsible |
|---|--------------------|
| Students' own and school spare autoinjectors are easily accessible from all areas of the school yard. | |
| Bins are covered with lids to minimise insect pests. | |
| Litter is collected daily to minimise insect pests. | |

| Extra-curricular events (sports events, incursions, class parties etc.) | Person Responsible |
|---|--------------------|
| Organiser has checked student medical records and identified all students with anaphylaxis. | |
| Students carry their own adrenaline autoinjector with them while off school campus, including at the BARC. | |
| All staff on the trip are aware of the students with anaphylaxis, the locations of the ASCIA Management Plans and medication and how to manage anaphylaxis. | |
| Students' ASCIA Individual Anaphylaxis Management Plans are updated for all activities that occur off school campus. | |

| Day excursions & field trips / Overnight trips & school camps | Person Responsible |
|--|--------------------|
| Students' ASCIA Individual Anaphylaxis Management Plans are updated for all activities that occur off school campus. | |
| Students' Anaphylaxis Management Plans (including ASCIA Action Plan), student adrenaline autoinjectors, a spare College adrenaline autoinjector and a mobile phone must be taken on any trip off school campus. | |
| Any student off campus at risk of anaphylaxis must carry 2 of their own adrenaline autoinjectors and their ASCIA Plan and carry these on their person at all times. | |
| Staff must know where the autoinjector is located when off school campus at all times. | |
| All trips with a student at risk of anaphylaxis must include at least one staff member trained in the recognition of anaphylaxis and the administration of an adrenaline autoinjector. All staff members on the trip must be aware of the students at risk of anaphylaxis. | |
| Camps must be advised ahead of time whenever there is a student attending at risk of anaphylaxis with alternative meals provided (include meals on flights). | |
| College staff, camp staff and parents should work together to develop alternative menus or for students to bring their meals if required. | |
| College staff, camp staff and parents should work together to ensure protective clothing and/or repellents are brought and used by students at risk of anaphylaxis to insect bites. | |
| Remind all students that sharing food is not encouraged. | |

| Overseas travel | Person Responsible |
|---|--------------------|
| Students' ASCIA Individual Anaphylaxis Management Plans are updated for all activities that occur off school campus. | |
| A food plan will be developed for all students at risk of anaphylaxis as a result of a dietary trigger, taking into account all the environments that the student will encounter (including on flights). | |
| Consider the requirement for interpretation of the ASCIA plan when travelling and have the plan translated if required. | |
| Research and bring copies of the local emergency services including locations and phone numbers of hospitals in each destination and during transit. | |
| Research the requirement for documentation to verify the requirement for an adrenaline autoinjectors to be brought into other countries and organise this if required. | |
| Ensure that adrenaline autoinjectors are carried in carry-on luggage when in transit to ensure they are accessible and also to avoid the medication being damaged by x-rays. | |
| Research the availability of purchasing extra adrenaline autoinjectors (adrenaline autoinjectors) at each location and what these may be called in various other countries including other English-speaking destinations. | |

APPENDIX 2

| | | | |
|--|------------------------------|---|--------------|
|  Bairnsdale SECONDARY COLLEGE | | <h1>Individual Anaphylaxis Management Plan</h1> | |
| <p>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.</p> | | | |
| 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 | |
| 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 | | | |
| Storage location for (EpiPen®) | | | |

APPENDIX 2

ENVIRONMENT

To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area: 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

APPENDIX 2

- 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 conducted, organised or attended by the school (e.g. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

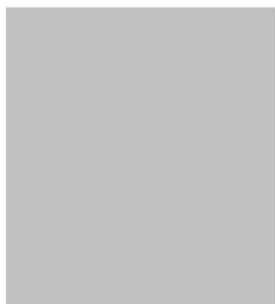
| | |
|--|--|
| Name and Signature of parent: | |
| Date: | |
| I have consulted with the parent(s) /carer of (student name)_____ and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. | |
| Name and Signature of Principal (or nominee): | |
| Date: | |

APPENDIX 3: ASCIA Action Plan for Anaphylaxis

ACTION PLAN FOR Anaphylaxis

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:

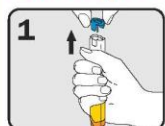
- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

Date: _____

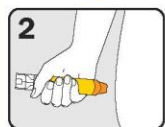
Signed: _____

Date: _____

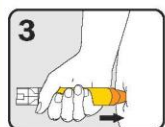
How to give EpiPen® adrenaline (epinephrine) autoinjectors



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.

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

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

- 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.

APPENDIX 4: Staff with Anaphylaxis Supervisor Qualification

| Name | Ext | Work Area | Photo |
|-------------------|-----------|-------------------------------------|--|
| Ross Graham | 874 / 829 | Teacher |  |
| Rebecca Armstrong | 832 | Parent Liaison / Attendance Officer |  |
| Gail Daniell | 808 / 814 | Main Office 4 days p/w |  |
| Jaclyn Powell | 800 | Main Office |  |

| Name | Ext | Work Area | Photo |
|----------------|--------------|----------------|--|
| Rebecca Reid | 844 | Science Centre |  |
| | 845 | Science Office | |
| Kim Dunwoodie | 852 / 856 | Food Tech |  |
| Michael Nelson | 0416 048 680 | Ngooloo Campus |  |