



# ALLERGY AND ANAPHYLAXIS MANAGEMENT POLICY

## Introduction

St Columba's College is a Mary Aikenhead Ministries College in the tradition of the Sisters of Charity. We are called to develop in each member of our community a contemporary understanding and application of the charism of Venerable Mary Aikenhead and the spirituality of the Sisters of Charity, and the Mary Aikenhead Ministries' mission, vision and values of justice, love, compassion and hope.

## Purpose and Objectives

Under the *Education and Training Reform Act 2006* (VIC) (s 4.3.1 (6)(c)), all schools must develop an Anaphylaxis Management Policy, where the school knows or ought to reasonably know, that a student enrolled at the school has been diagnosed as being at risk of anaphylaxis.

The key to the prevention of anaphylaxis in schools is knowledge of the student diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/carers are important in helping the student avoid exposure.

## Policy

### Principles

St Columba's is committed to providing a safe learning environment for all our students and complying with the current Ministerial Order No 706: Anaphylaxis Management in Victorian Schools, and the Department of Education and Early Childhood Development's Anaphylaxis Guidelines as amended by the Department from time to time.

The College recognises that it cannot achieve a completely allergen-free environment. It is our policy:

- to provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling
- to raise awareness about anaphylaxis and the College's Allergy and Anaphylaxis Management Policy in the College community
- to engage with parents/carers of each student at risk of anaphylaxis when assessing risks and developing risk minimisation strategies for the student
- to ensure that staff have knowledge about allergies, anaphylaxis and the College's guidelines and procedures in responding to an anaphylactic reaction.

The College's management of anaphylaxis and allergic reactions includes:

- Prevention strategies
- The College's management and emergency response procedures (See Appendix One)

- The purchase of adrenaline auto-injectors for general use
- The training of College staff, including a twice-yearly briefing and practice administering first aid for anaphylaxis and administration of an auto-injecting device biannually
- The completion of a College anaphylaxis risk management checklist annually
- Maintaining a register of students who are at risk of Anaphylaxis and Allergic reaction
- Information about the development, implementation, monitoring, and regular review of Individual Anaphylaxis Management Plans and Allergy Plans (by the Principal/Principal's Delegate), which include an individual ASCIA Action Plan for Anaphylaxis and an individual Anaphylaxis Management Plan which will be documented in the First Aid and Student Health Procedures Manual and updated annually. Staff have access to the students' ASCIA Action Plans and Individual Anaphylaxis Management Plans via SEQTA.
- Completion of Individual Student Risk Minimisation Plan (annually)
- Risk assessments for outside of school hours activities have considered students at risk of anaphylaxis
- A communication plan is in place for students at risk of anaphylaxis and allergic reactions
- The College Nurse has adequate training on anaphylaxis management which is updated every two years
- An expectation of parents/carers to advise the College of an updated ASCIA Action Plan including any changes to a student's medical condition (annually or after an anaphylactic or allergic reaction) signed by the treating medical practitioner, with a recent photo and any medications referenced in the plan.
- For out of hours activities which includes flights, parents/carers must provide an ASCIA Travel Plan for People at Risk of Anaphylaxis which is to be completed by a registered medical practitioner in conjunction with a red ASCIA Action Plan for Anaphylaxis.

## Related Guidelines

- Education and Training Reform Act (2006)
- Ministerial Order 706: Anaphylaxis Management in Victorian Schools
- Equal Opportunity Act 2010 (Vic)
- Disability Discrimination Act 1992 (Cth)
- Department of Education Victoria Anaphylaxis Guidelines

### POLICY HISTORY AND SCHEDULE

Date of Approval:	June 2024
Approval Authority:	College Leadership Team
Delegated Contact Person:	Head of Students
Next Review Date:	June 2026

# Appendix One

## Emergency Response Procedures – Anaphylaxis

<p>Plan Contents</p>	<p>Generally, the College promotes allergy awareness. If a student suffers an anaphylactic reaction, the student will be managed in accordance with the College’s emergency response procedures, which set out how to respond to an incident. Student health incidents that do not require anaphylaxis treatment are managed through our First Aid, Injuries and Illness Policy.</p> <p>The procedures set out in the student’s ASCIA Action Plan for Anaphylaxis, and the College’s Emergency Response procedures will be followed when responding to an anaphylactic reaction.</p>
<p>List of Students with Allergy-Related Conditions</p>	<p>St Columba's College maintains a complete and up-to-date list of students identifying as having a medical condition that relates to allergy and the potential for an anaphylactic reaction. It is the responsibility of the College Nurse to keep this list up-to-date. The list is kept electronically on the Student Data System - Synergetic and can be generated via reports in SEQTA from the Student Medical Information that has been recorded.</p>
<p>Location of Individual Anaphylaxis Plans and Individual ASCIA Action Plans</p>	<ul style="list-style-type: none"> <li>• Individual Anaphylaxis Management Plans are kept with student medication in the First Aid Room</li> <li>• Copies of the Anaphylaxis Management Plans are kept in the student's medical profile in SEQTA</li> <li>• Individual ASCIA Action Plans for Anaphylaxis are kept with the student's medication</li> <li>• Copies of the ASCIA Action Plans for Anaphylaxis are also kept in the student’s medical profile in SEQTA.</li> </ul>
<p>Storage and Location of Adrenaline Auto-injectors</p>	<p><b>Adrenaline Autoinjectors for General Use</b></p> <p>In accordance with their responsibilities set out in the Allergy and Anaphylaxis Management Policy and Procedures, the Principal purchases Adrenaline Autoinjectors for general use.</p> <p>Adrenaline Autoinjectors for general use refer to back-up or unassigned Adrenaline Autoinjectors and they are additional to the prescribed Adrenaline Autoinjectors for individuals provided by parents/carers. These Adrenaline Autoinjectors are not a substitute for individuals at high risk of anaphylaxis having their own prescribed auto-injectors.</p> <p>General use Adrenaline Autoinjectors are used when:</p> <ul style="list-style-type: none"> <li>• a student’s prescribed autoinjector does not work, is misplaced, out of date or has already been used</li> <li>• a student is having a suspected first-time anaphylactic reaction and does not have a medical diagnosis for anaphylaxis</li> </ul>

- when instructed by a medical officer after calling 000.

The number and type of adrenaline autoinjectors are purchased considering:

- the number of students enrolled who have been diagnosed as being at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors that have been provided by parents/carers
- the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the College (eg College yard, at excursions, camps and special events)
- that adrenaline autoinjectors have a limited life, usually expire within 12-18 months, and will need to be replaced either at the time of use or expiry, whichever is first
- that currently the adrenaline autoinjectors available in Australia are EpiPen® and Anapen®
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjectors to purchase
- adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Even when there are no students enrolled with a diagnosed risk of anaphylaxis, the Principal should consider purchasing an adrenaline autoinjector for general use (300mcg dose) for students/staff who may experience their first anaphylactic reaction while at the College.

#### **Storage and Location of Adrenaline Autoinjectors**

All adrenaline autoinjectors and medication must be stored according to a student's ASCIA Action Plan for Anaphylaxis and checked regularly to ensure that they have not expired, become discoloured or sediment is visible.

Adrenaline autoinjectors and other medication are stored in various locations which are easily accessible. A copy of the student's ASCIA Action Plan for Anaphylaxis is stored with their medical bags.

All students must carry their own medication with their adrenaline autoinjectors and ASCIA Action Plan on their person at all times.

The College expects another adrenaline autoinjector to be kept at the College in case the student forgets or misplaces their device.

The following procedures will be followed for storage of adrenaline autoinjectors:

- adrenaline autoinjectors for individual students, or for general use, are stored correctly and able to be accessed quickly
- adrenaline autoinjectors are stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer
- each adrenaline autoinjector is clearly labelled with the student's

name and stored with a copy of the student's ASCIA Action Plan for Anaphylaxis

- an adrenaline autoinjector for general use will be clearly labelled and distinguishable from those for students at risk of anaphylaxis and stored with a general ASCIA Action Plan for Anaphylaxis (orange)
- adrenaline autoinjector trainer devices (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion.

Whenever adrenaline autoinjectors are taken and returned to/from their usual location, such as for camps and excursions, this must be clearly recorded.

St Columba's College maintains adrenaline autoinjectors and other relevant medication in the following location/s:

- Sick Bay
- Front Reception Area
- Multi Purpose Centre
- Performing Arts Area
- IT Area (Help Desk)
- Dance Hall
- Gayip-biik Small
- Level 2 Aikenhead outside House Leaders office
- Outside classroom S001
- Outside classroom S204
- Outside classroom K103
- Sacred Heart Kitchen.

All staff should be aware of these locations.

### **Review of Adrenaline Autoinjectors**

The College will undertake regular reviews/checks of students' adrenaline autoinjectors and those for general use to ensure the requirements of this Policy are being met.

If the Supervisor or other designated College staff member identifies any adrenaline autoinjectors which are out of date or cloudy/dicoloured, they should:

- immediately send a written reminder to the student's parent/carer to replace the adrenaline autoinjector as soon as possible (and follow this up if no response is received from the parent/carer or if no replacement adrenaline autoinjector is provided)
- advise the Principal that an adrenaline autoinjector needs to be replaced
- work with the Principal to prepare an interim Individual Anaphylaxis Management Plan pending receipt of the replacement adrenaline autoinjector.

Medical Communication Plan - Anaphylaxis	Refer to the <a href="#">Medical Communication Plan</a> for information on communicating an emergency to the College community.
Planning for an Emergency	<p>The College regularly undertakes drills to test the effectiveness of our emergency response procedures, including in responding to an anaphylactic incident.</p> <p>Staff should refer to the <a href="#">Anaphylaxis Guidelines for Victorian Schools</a> to plan for an anaphylactic reaction, including information on:</p> <ul style="list-style-type: none"> <li>• self-administration of an Adrenaline Autoinjector responding to an incident</li> <li>• procedures to follow in the College and out of College environments</li> <li>• how to administer an Adrenaline Autoinjector</li> <li>• steps to follow if an Adrenaline Autoinjector is administered</li> <li>• first-time reactions</li> <li>• post-incident support.</li> </ul>
Common Allergens for which Students may be at risk of Allergy or Anaphylaxis	<p>Common food allergies include those caused by:</p> <ul style="list-style-type: none"> <li>• egg</li> <li>• milk</li> <li>• Banana</li> <li>• Kiwi Fruit</li> <li>• peanuts</li> <li>• tree nuts</li> <li>• fish</li> <li>• shellfish</li> <li>• soy</li> <li>• sesame</li> <li>• wheat</li> <li>• lupin</li> <li>• mammalian meat (caused by tick bite exposure).</li> </ul> <p>Other common allergies can be caused by:</p> <ul style="list-style-type: none"> <li>• bites and stings</li> <li>• latex</li> <li>• certain medications.</li> </ul>
Signs and Symptoms of a Mild to Moderate Allergic Reaction	<p>Signs and symptoms of a mild to moderate allergic reaction may include:</p> <ul style="list-style-type: none"> <li>• swelling of lips, face or eyes</li> <li>• hives or welts</li> </ul>

	<ul style="list-style-type: none"> <li>• tingling mouth</li> <li>• abdominal pain and vomiting (these are signs of anaphylaxis for insect allergy).</li> </ul> <p>Signs and symptoms for anaphylaxis may include:</p> <ul style="list-style-type: none"> <li>• difficult/noisy breathing</li> <li>• swelling of tongue</li> <li>• swelling/tightness in throat</li> <li>• wheeze or persistent cough</li> <li>• difficulty talking and/or hoarse voice persistent dizziness or collapse</li> <li>• pale and floppy (usually in younger children).</li> </ul>
<p>Emergency Response Procedures for Students at risk of Anaphylaxis</p>	<p>A member of staff should remain with the student displaying signs of an anaphylaxis reaction at all times. Another College staff member should immediately locate the student's adrenaline autoinjector and the student's ASCIA Action Plan for Anaphylaxis. Where possible, only College staff trained in administering an adrenaline autoinjector should administer the student's adrenaline autoinjector. However, it is imperative that an adrenaline autoinjector is administered as soon as signs of anaphylaxis are recognised by any staff member, if trained College staff are unavailable.</p> <p>For students having anaphylaxis, the following first aid steps should be followed:</p> <ol style="list-style-type: none"> <li>1. Lay the student flat and do not allow them to stand or walk. If breathing is difficult, allow the student to sit. The student must not stand or be moved unless they are in danger (for example, from bees in a nearby hive)</li> <li>2. If the student is carrying their adrenaline autoinjector, follow the ASCIA Action Plan instructions and give the adrenaline autoinjector accordingly</li> <li>3. If the student is not carrying their adrenaline autoinjector but has one in the office or their classroom, there must be a system to quickly get the adrenaline autoinjector to the student. An adrenaline autoinjector for general use from one of the College's communal medication locations using the general ASCIA Action Plan for instructions can also be administered</li> <li>4. Call an ambulance on triple zero "000". Students should be transported by stretcher to the ambulance in all circumstances, even if symptoms appear to have improved or resolved</li> <li>5. Alert the student's parents/carers</li> <li>6. Further adrenaline autoinjector doses may be given if no response after five minutes</li> <li>7. The student must remain in the hospital for at least four hours of observation.</li> </ol> <p>Always give the adrenaline autoinjector first and then the asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has sudden severe breathing difficulty (including</p>

	wheezing, persistent cough or hoarse voice) even if there are no skin symptoms.
Emergency Response in the Classroom	<p>A staff member should always remain with the student displaying signs of an anaphylaxis reaction. Another College staff member should immediately locate the student’s adrenaline autoinjector and the student’s ASCIA Action Plan for Anaphylaxis. Where possible, only College staff trained in administering an adrenaline autoinjector should administer the student’s adrenaline autoinjector. However, it is imperative that an adrenaline autoinjector is administered as soon as signs of anaphylaxis are recognised by any staff member, if trained College staff are unavailable.</p> <p>For students having anaphylaxis, the following first aid steps should be followed:</p> <ol style="list-style-type: none"> <li>1. Lay the student flat and do not allow them to stand or walk. If breathing is difficult, allow the student to sit. The student must not stand or be moved unless they are in danger (for example, from bees in a nearby hive).</li> <li>2. If the student is carrying their adrenaline autoinjector, follow the ASCIA Action Plan instructions and give the adrenaline autoinjector accordingly.</li> <li>3. If the student is not carrying their adrenaline autoinjector but has one in the office or their classroom, there must be a system to quickly get the adrenaline autoinjector to the student. An adrenaline autoinjector for general use from one of the College’s communal medication locations using the general ASCIA Action Plan for instructions can also be administered.</li> <li>4. Call an ambulance on triple zero “000”. Students should be transported by stretcher to the ambulance in all circumstances, even if symptoms appear to have improved or resolved.</li> <li>5. Alert the student’s parents/carers.</li> <li>6. Further adrenaline autoinjector doses may be given if no response after five minutes.</li> <li>7. The student must remain in the hospital for at least four hours of observation.</li> </ol> <p>Always give the adrenaline autoinjector first and then the asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has sudden severe breathing difficulty (including wheezing, persistent cough or hoarse voice) even if there are no skin symptoms.</p>
Emergency Response in the College Grounds	<p>The College has developed the following emergency response in the College Grounds:</p> <ul style="list-style-type: none"> <li>• A staff member should remain with the student displaying signs of an anaphylaxis reaction at all times. Another College staff member should immediately locate the student’s adrenaline autoinjector and the student’s ASCIA Action Plan for Anaphylaxis. Where possible, only College staff trained in administering an adrenaline</li> </ul>



	<p>autoinjector should administer the student’s adrenaline autoinjector.</p> <ul style="list-style-type: none"> <li>• However, it is imperative that an adrenaline autoinjector is administered as soon as signs of anaphylaxis are recognised by any staff member, if trained College staff are unavailable.</li> </ul> <p>For students having anaphylaxis, the following first aid steps should be followed:</p> <ol style="list-style-type: none"> <li>1. Lay the student flat and do not allow them to stand or walk. If breathing is difficult, allow the student to sit. The student must not stand or be moved unless they are in danger (for example, from bees in a nearby hive).</li> <li>2. If the student is carrying their adrenaline autoinjector, follow the ASCIA Action Plan instructions and give the adrenaline autoinjector accordingly.</li> <li>3. If the student is not carrying their adrenaline autoinjector but has one in the office or their classroom, there must be a system to quickly get the adrenaline autoinjector to the student. An adrenaline autoinjector for general use from one of the College’s communal medication locations using the general ASCIA Action Plan for instructions can also be administered.</li> <li>4. Call an ambulance on triple zero “000”. Students should be transported by stretcher to the ambulance in all circumstances, even if symptoms appear to have improved or resolved.</li> <li>5. Alert the student’s parents/carers.</li> <li>6. Further adrenaline autoinjector doses may be given if no response after five minutes.</li> <li>7. The student must remain in the hospital for at least four hours of observation.</li> </ol> <p>Always give the adrenaline autoinjector first, and then the asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has sudden severe breathing difficulty (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms.</p>
<p>Emergency Response During Excursions and Offsite Activities</p>	<p>Each individual excursion and offsite activity (including College camps and special events such as sports carnivals) requires an individual risk management analysis.</p> <p>The College has developed the following emergency response during excursions and offsite activities:</p> <ul style="list-style-type: none"> <li>• When offsite, supervising staff members should ensure that the student is carrying their auto-injector. The supervising staff member should ensure that they have the student's school auto-injector and two spare auto-injectors available to them when offsite.</li> <li>• A staff member should always remain with the student displaying signs of an anaphylaxis reaction. Another College staff member should immediately locate the student’s adrenaline autoinjector and the student’s ASCIA Action Plan for Anaphylaxis. Where</li> </ul>

possible, only College staff trained in administering an adrenaline autoinjector should administer the student's adrenaline autoinjector.

- However, it is imperative that an adrenaline autoinjector is administered as soon as signs of anaphylaxis are recognised by any staff member, if trained College staff are unavailable.


For students having anaphylaxis, the following first aid steps should be followed:

1. Lay the student flat and do not allow them to stand or walk. If breathing is difficult, allow the student to sit. The student must not stand or be moved unless they are in danger (for example, from bees in a nearby hive).
2. If the student is carrying their adrenaline autoinjector, follow the ASCIA Action Plan instructions and give the adrenaline autoinjector accordingly.
3. If the student is not carrying their adrenaline autoinjector but has one in the office or their classroom, there must be a system to quickly get the adrenaline autoinjector to the student. An adrenaline autoinjector for general use from one of the College's communal medication locations using the general ASCIA Action Plan for instructions can also be administered.
4. Call an ambulance on triple zero "000". Students should be transported by stretcher to the ambulance in all circumstances, even if symptoms appear to have improved or resolved.
5. Alert the student's parents/carers.
6. Further adrenaline autoinjector doses may be given if no response after five minutes.
7. The student must remain in the hospital for at least four hours of observation.

Always give the adrenaline autoinjector first and then the asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has sudden severe breathing difficulty (including wheezing, persistent cough or hoarse voice) even if there are no skin symptoms.

# Appendix Two


## ASCIA Action Plan for Anaphylaxis



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

### ACTION PLAN FOR

# Anaphylaxis



Photo

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

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

Family/emergency contact(s):

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

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

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

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

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


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


### How to give adrenaline (epinephrine) injectors

#### EpiPen®

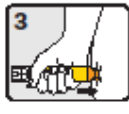
- 1



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE
- 2



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)
- 3



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

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

#### MILD TO MODERATE ALLERGIC REACTIONS

**SIGNS:**

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

Mild to moderate allergic reactions may not always occur before anaphylaxis


**ACTIONS:**

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


### SIGNIS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

#### Anapen®


- 1



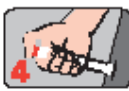
PULL OFF BLACK NEEDLE SHIELD
- 2



PULL OFF GREY SAFETY CAP from red button
- 3



PLACE NEEDLE END FIRMLY against outer mid-thigh at 90°angle (with or without clothing)
- 4








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

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

#### ACTIONS FOR ANAPHYLAXIS

- 1 LAY PERSON FLAT - do NOT allow them to stand or walk
  - If unconscious or pregnant, place in recovery position - on left side if pregnant
  - If breathing is difficult allow them to sit with legs outstretched
  - Hold young children flat, not upright

- 2 GIVE ADRENALINE INJECTOR
- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Further adrenaline may be given if no response after 5 minutes
- 6 Transfer person to hospital for at least 4 hours of observation

**IF IN DOUBT GIVE ADRENALINE INJECTOR**

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

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

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

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

## Appendix Three

### [Annual Anaphylaxis Checklist](#)

## Appendix Four

### Individual Risk Minimisation Plan

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

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		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	

Work phone		Work phone	
Mobile		Mobile	
Address		Address	
<b>EMERGENCY CONTACT DETAILS (ALTERNATE)</b>			
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	Observe if any suspected exposure to allergen and follow the ASCIA Action Plan.		

Storage location for adrenaline autoinjector (device specific) (EpiPen®)	Auto injecting device kept in the First Aid Room at school and taken to all off campus activities attended by the teacher.
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## ENVIRONMENT

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

Name of environment/area: All

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Sharing Food	Continuing education of students not to share food at school. Encourage hand washing after eating and dispose of food packaging appropriately. Students to bring their own food. No food used as a treat/reward in class.	Teachers Parents/Carers Students	Ongoing
Accident Exposure to Allergen	Teachers and College Nurse to highlight the students with anaphylaxis and their Anaphylaxis Management Plans.	Teachers Parents/Carers Students	Ongoing

Name of environment/area: Canteen

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Canteen	Staff to be aware of cross contamination with food preparation	School Nurse Canteen Staff	Ongoing

Name of environment/area: All

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Food Activity Days	Complete food activity risk assessment forms. Education to	Teachers Students	Ongoing



	teachers and students in regards to students at risk of allergies/ anaphylaxis.		
Special Needs	Education of the whole College community. Ensure zero tolerance to bullying is enforced (Students with anaphylaxis pressured into eating dares).	Student Counsellor Campus Nurse Teachers Parents Students	Ongoing
Off Campus Activities	EpiPen and/or Antihistamine Medication to be signed out of the first aid room by the teacher and taken to the activity with the student. Then signed back into the first aid room on return to the school.	Teachers Campus Nurse	Ongoing

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen 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 conducted, organised or attended by the school (eg 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.

Signature of parent/carer:	
Date:	
I have consulted the parents/carers of the student and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of Principal (or nominee):	
Date:	