ANAPHYLAXIS MANAGEMENT POLICY

Background:
Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (eg. cashews), cow’s milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness and triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain food or items are kept away from the student while at school.

Adrenaline given through an EpiPen auto injector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

Purpose:
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 school’s anaphylaxis management policy in the school community.
To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school’s policy and procedures in responding to an anaphylactic reaction.

Implementation:
The school’s anaphylaxis management policy will comply with the Order and guidelines on Anaphylaxis Management and is based on appropriate action in relation to:
- Individual Anaphylaxis Management Plans
- Communication Plan
- Staff Training and Emergency Response
- Procedures for the purchase of back up Adrenaline Auto injectors for general use in schools
- The completion of an Annual Risk Assessment checklist
- Prevention strategies used to minimise the risk of an anaphylactic reaction

Individual Anaphylaxis Management Plans
The principal will ensure that an individual management plan is developed, in consultation with the student’s parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual anaphylaxis management plan will be in place as soon as practicable after the student enrols, and where possible before their first day of school.

The individual anaphylaxis management plan will set out the following:
- Information about the diagnosis, including the type of allergy or allergies the student has (based on the diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
- The name of the person/s responsible for implementing the strategies.
- Information on where the student’s medication will be stored.
- The student’s emergency contact details.
- An emergency procedures plan, provided by the parent that:
  - sets out the emergency procedures to be taken in the event of an allergic reaction.
  - is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan
  - includes an up to date photograph of the student

The student’s individual management plan will be reviewed, in consultation with student’s parents/carers:
- annually, and as applicable
• if the student’s condition changes, or
• immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:
• provide the emergency procedures plan.
• Inform the school if their child’s medical condition changes, and if relevant provide an updated emergency procedures plan.
• Provide an up to date photo for the emergency procedures plan when the plan is provided to the school and when it is reviewed.

**Communication Plan**
The principal will be responsible for ensuring that a communication plan is developed to provide information to all staff, students and parents about anaphylaxis and the school’s anaphylaxis management policy.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.

Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of the student at risk and their role in responding to an anaphylactic reaction by a student in their care through information contained within the class replacement teacher information folder.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:
• the school’s anaphylaxis management policy.
• the causes, symptoms and treatment of anaphylaxis.
• the identities of students diagnosed at risk of anaphylaxis and where their medication is located.
• how to use an auto adrenaline injecting devise.
• the school’s first aid and emergency response procedures.

**Staff Training and Emergency Response**
All teachers and other school staff will: complete the ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years) and
• be verified by the School Anaphylaxis Supervisor within 30 days of completing the ASCIA e-training as being able to use the adrenaline auto injector (training) device/s correctly to complete their certification.

In addition to the above training requirements staff are to attend twice-yearly Anaphylaxis School Briefings at our school
At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal must ensure that there is a sufficient number of staff present who have up to date training in an anaphylaxis management training course.

The principal will identify the school staff to be trained based on a risk assessment. Training will be provided to these staff as soon as practicable after the student enrolls. Wherever possible, training will take place before the student’s first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.

The school’s first aid procedures and student’s emergency procedures plan will be followed in responding to an anaphylactic reaction. Replace this sentence with
In the event of an anaphylactic reaction the school’s first aid and response procedures and the student’s Individual Anaphylaxis Management Plan must be followed.

Procedures for the Purchase of back up Adrenaline Auto injectors for general use in schools
The Principal will authorise the purchase of Adrenaline Auto injectors for General Use (purchased by the School) and as a back up to those supplied by Parents.

The Principal will determine the number of additional Adrenaline Auto injectors required. In doing so, the Principal will take into account the following relevant considerations:

- the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of Adrenaline Auto injectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of Adrenaline Auto injectors for General Use in specified locations at the School, including in the school yard, and at excursions, camps and special events conducted or organised by the School; and
- the Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first.

The Completion of an Annual Risk Assessment checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

Prevention Strategies used to minimise the risk of an anaphylactic reaction

The Risk Minimisation and Prevention Strategies that our School will put in place for all relevant in-school and out-of-school settings will include the following:

**Classroom**

- Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
- Liaise with Parents about food-related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
- Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
- Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
- Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student’s Individual Anaphylaxis Management Plan and Adrenaline Auto injector, the School’s Anaphylaxis Management Plan and AdrenalineAuto injectors.
Policy, and each individual person’s responsibility in managing an incident. ie seeking a trained staff member.

Canteen

- Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to:
- Helpful resources for food services: http://www.allergyfacts.org.au/component/virtuemart/
- Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrols.
- Display the student’s name and photo in the canteen as a reminder to School Staff.
- Products labelled 'may contain traces of nuts’ should not be served to students allergic to nuts.
- Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a ‘may contain...’ statement.
- Make sure that tables and surfaces are wiped down with warm soapy water regularly.
- Food banning is not generally recommended. Instead, a ‘no-sharing’ with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.

Yard

- If a School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Auto injector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
- The Adrenaline Auto injector and each student’s Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes).
- Schools must have a Communication Plan in place so the student’s medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the School’s Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
- Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
- Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
- Keep lawns and clover mowed and outdoor bins covered.

### Special events; sporting days, class parties

- If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Auto injector to be able to respond quickly to an anaphylactic reaction if required.

- School Staff should avoid using food in activities or games, including as rewards.

- For special occasions, School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.

- Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.

- Party balloons should not be used if any student is allergic to latex.

### Travel to and from school by School Bus

- School Staff should consult with Parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from School on the bus. This includes the availability and administration of an Adrenaline Auto injector. The Adrenaline Auto injector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Auto injector on their person at School.

### Excursions

- If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Auto injector and be able to respond quickly to an anaphylactic reaction if required.

- A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Auto injector must accompany any student at risk of anaphylaxis on field trips or excursions.

- School Staff should avoid using food in activities or games, including as rewards.

- The Adrenaline Auto injector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and School Staff must be aware of their exact location.

- For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.

- All School Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.

- The School should consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required).

- Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis.
• Prior to the excursion taking place School Staff should consult with the student's Parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps

• Prior to engaging a camp owner/operator’s services the School should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider.

• The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.

• Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.

• Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.

• School Staff should consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.

• If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.

• Use of substances containing allergens should be avoided where possible.

• Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that ‘may contain’ traces of nuts may be served, but not to students who are known to be allergic to nuts.

• The student's Adrenaline Auto injector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.

• Prior to the camp taking place School Staff should consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.

• School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.

• Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
• Schools should consider taking an Adrenaline Auto injector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back up device in the event of an emergency.

• Schools should consider purchasing an Adrenaline Auto injector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.

• The Adrenaline Auto injector should remain close to the student and School Staff must be aware of its location at all times.

• The Adrenaline Auto injector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Auto injector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Auto injector.

• Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.

• Cooking and art and craft games should not involve the use of known allergens.

• Consider the potential exposure to allergens when consuming food on buses and in cabins.

**Overseas Travel**

• Review and consider the strategies listed under “Field Trips/Excursions/Sporting Events” and “Camps and Remote Settings”. Where an excursion or camp is occurring overseas, Schools should involve Parents in discussions regarding risk management well in advance.

• Investigate the potential risks at all stages of the overseas travel such as:
  - travel to and from the airport/port;
  - travel to and from Australia (via aeroplane, ship etc);
  - various accommodation venues;
  - all towns and other locations to be visited;
  - sourcing safe foods at all of these locations; and
  - risks of cross contamination, including -
    - exposure to the foods of the other students;
    - hidden allergens in foods;
    - whether the table and surfaces that the student may use will be adequate cleaned to prevent a reaction; and
    - whether the other students will wash their hands when handling food.

• Assess where each of these risks can be managed using minimisation strategies such as the following:
  - translation of the student’s Individual Anaphylaxis Management Plan and ASCIA Action Plan;
  - sourcing of safe foods at all stages;
  - obtaining the names, address and contact details of the nearest hospital and Medical Practitioners at each location that may be visited;
  - obtaining emergency contact details; and
  - sourcing the ability to purchase additional auto injectors.

• Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.
Plan for appropriate supervision of students at risk of anaphylaxis at all times, including that:
- there are sufficient School Staff attending the excursion who have been trained in accordance with Chapter 12;
- there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;
- there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and
- staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

The School should re-assess its Emergency Response Procedures, and if necessary re-assess its Emergency Response Procedures, and if necessary adapt it to the particular circumstances of the overseas trip. Keep a record of relevant information such as:
- dates of travel;
- name of airline, and relevant contact details;
- itinerary detailing the proposed destinations, flight information and the duration of the location;
- hotel addresses and telephone numbers;
- proposed means of travel within the overseas country;
- list of students and each of their medical conditions, medication and other treatment; 
- emergency contact details of hospitals, ambulances, and Medical Practitioners in each location;
- details of travel insurance
- plans to respond to any foreseeable emergency including who will be responsible for implementation of each part of the plans;
- possession of a mobile phone or other communication device that would enable the School Staff to contact emergency services in the overseas country if assistance is required.

Evaluation:
The ‘Anaphylaxis Management’ policy statement will undergo review in accordance with the established policy/program review processes of the school.

References:
Ministerial Order No. 706 - Anaphylaxis Management in Victorian Schools
Education and Training Reform Act 2006
Anaphylaxis Management DVD – recognising & responding to anaphylaxis
STUDENT HEALTH SUPPORT PLAN

This plan outlines how the school will support the student’s health care needs, based on health advice received from the student’s medical/health practitioner. This form must be completed for each student with an identified health care need (not including those with Anaphylaxis as this is done via a Individual Anaphylaxis Management Plan – see http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisSchl.aspx.

This Plan is to be completed by the principal or nominee in collaboration with the parent/carer and student.

<table>
<thead>
<tr>
<th>School:</th>
<th>Phone:</th>
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<tbody>
<tr>
<td>Student’s name:</td>
<td>Date of birth:</td>
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<tr>
<td>Year level:</td>
<td>Proposed date for review of this Plan:</td>
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</tbody>
</table>

Parent/carer contact information (1) | Parent/carer contact information (2) | Other emergency contacts (if parent/carer not available)

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<thead>
<tr>
<th>Name:</th>
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<td>Relationship:</td>
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Medical /Health practitioner contact:

Ideally, this plan should be developed based on health advice received via the appropriate Departmental Medical Advice form or in case of asthma, the Asthma Foundation’s School Asthma Action Plan. Please tick the appropriate form which has been completed and attach to this Plan. All forms are available from the Health Support Planning Forms – School Policy and Advisory Guide

- General Medical Advice Form - for a student with a health condition
- School Asthma Action Plan
- Condition Specific Medical Advice Form – Cystic Fibrosis
- Condition Specific Medical Advice Form – Acquired Brain Injury
- Condition Specific Medical Advice Form – Cancer
- Condition Specific Medical Advice Form – Diabetes
- Condition Specific Medical Advice Form – Epilepsy
- Personal Care Medical Advice Form - for a student who requires support for transfers and positioning
- Personal Care Medical Advice Form - for a student who requires support for oral eating and drinking
- Personal Care Medical Advice Form - for a student who requires support for continence

List who will receive copies of this Student Health Support Plan:

1. Student’s Family 2. Other: ___________________________ 3.

The following Student Health Support Plan has been developed with my knowledge and input

Name of parent/carer or adult/mature minor** student: ___________________________ Signature: __________ Date: __________

**Please note: Mature minor is a student who is capable of making their own decisions on a range of issues, before they reach eighteen years of age. (See: Decision Making Responsibility for Students - School Policy and Advisory Guide).

Name of principal (or nominee): ___________________________ Signature: __________ Date: __________

Privacy Statement

The school collects personal information so as the school can plan and support the health care needs of the student. Without the provision of this information the quality of the health support provided may be affected. The information may be disclosed to relevant school staff and appropriate medical personnel, including those engaged in providing health support as well as emergency personnel, where appropriate, or where authorised or required by another law. You are able to request access to the personal information that we hold about you/your child and to request that it be corrected. Please contact the school directly or FOI Unit on 96372670.
**How the school will support the student’s health care needs**

<table>
<thead>
<tr>
<th>Support</th>
<th>What needs to be considered?</th>
<th>Strategy – how will the school support the student’s health care needs?</th>
<th>Person Responsible for ensuring the support</th>
</tr>
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<tbody>
<tr>
<td>Overall Support</td>
<td>Is it necessary to provide the support during the school day?</td>
<td>For example, some medication can be taken at home and does not need to be brought to the school.</td>
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<td></td>
<td>How can the recommended support be provided in the simplest manner, with minimal interruption to the education and care program?</td>
<td>For example, students using nebulisers can often learn to use puffers and spacers at school.</td>
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<td>Who should provide the support?</td>
<td>For example, the principal, should conduct a risk assessment for staff and ask:</td>
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<td>- Does the support fit with assigned staff duties and basic first aid training (see the Department First Aid Policy <a href="http://www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm">www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm</a>)</td>
<td>- If so, can it be accommodated within current resources?</td>
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<td>- If not, are there additional training modules available</td>
<td>- If not, are there additional training modules available</td>
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<td>How can the support be provided in a way that respects dignity, privacy, comfort and safety and enhances learning?</td>
<td>For example, detail the steps taken to ensure that the support provided respects the students, dignity, privacy, comfort and safety and enhances learning.</td>
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<td>First Aid</td>
<td>Does the medical/health information highlight any individual first aid requirements for the student, other than basic first aid?</td>
<td>Discuss and agree on the individual first aid plan with the parent/carer.</td>
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<td>Ensure that there are sufficient staff trained in basic first aid (see the Department’s First Aid Policy <a href="http://www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm">www.education.vic.gov.au/hrweb/ohs/health/firstaid.htm</a>)</td>
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<td>Ensure that all relevant school staff are informed about the first aid response for the student</td>
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<tr>
<td>Support</td>
<td>What needs to be considered?</td>
<td>Strategy – how will the school support the student’s health care needs?</td>
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| First Aid, cont’d | Does the school require relevant staff to undertake additional training modules not covered under basic first aid training, such as staff involved with excursions and specific educational programs or activities | Ensure that relevant staff undertake the agreed additional training
Ensure that there are interim provisions in place (whilst awaiting the staff member to receive training), to ensure the student’s attendance at school. |
| --- | --- | --- |
| Complex/Invasive health care needs | Does the student have a complex medical care need? | Is specific training required by relevant school staff to meet the student’s complex medical care need?
Can the training be obtained through the Department funded Schoolcare Program? If so, the School should complete the relevant referral forms which can be accessed by contacting the Royal Children’s Hospital’s Home and Community Care on 9345 6548.
Consider if the following program/services are required: the Program for Students with Disabilities or Visiting Teachers Service. |
| Routine Supervision for health-related safety | Does the student require medication to be administered and/or stored at the School? | Ensure that the parent/carer is aware of the School’s policy on medication management.
Ensure that written advice is received, ideally from the student’s medical/health practitioner for appropriate storage and administration of the medication – via the Department’s Medication Authority Form
Ensure that a medication log or equivalent official medications register is completed by the person administering the taking of the medication. |
| Are there any facilities issues that need to be addressed? | Ensure the schools first aid room/sick bay and its contents provide the minimum requirements and discuss and agree if other requirements are needed in this room to meet the student’s health care needs.
Ensure the school provides sufficient facilities to assist a student who requires a wheelchair or other technical support. Discuss this with the parent/carer/student |
| Does the student require assistance by a visiting nurse, physiotherapist, or other health worker? | Detail who the worker is, the contact staff member and how, when and where they will provide support.
Ensure that the school provides a facility which enables the provision of the health service |
| Who is responsible for management of health records at the school? | Ensure that information privacy principles are applied when collecting, using, retaining or disposing of personal or health information. |
| Where relevant, what steps have been put in place to support continuity and relevance of curriculum for the student? | For example, accommodation in curriculum design and delivery and in assessment for a student in transition between home, hospital and school; for a student attending part-time or episodically. |
| Personal Care | Does the medical/health information highlight a predictable need for additional support with daily living tasks? | Detail how the school will support the student’s personal care needs, for example in relation to nose blowing, washing hands, continence care
Would the use of a care and learning plan for toileting or hygiene be appropriate? |
| Support | What needs to be considered? | Strategy – how will the school support the student’s health care needs? |
|  |  | Person Responsible for ensuring the support |
| Other considerations | Are there other considerations relevant for this health support plan? | For example, in relation to behaviour, such as special permission to leave group activities as needed; planned, supportive peer environment. For example, in relation to the environment, such as minimising risks such as allergens or other risk factors. For example, in relation to communication, is there a need to formally outline the communication channels between the school, family and health/medical practitioner? For example, is there a need for planned support for siblings/peers? |
Individual Allergic Reactions Management Plan

This plan is to be completed by the principal or nominee in consultation with the parents/s on the basis of information from the student's medical practitioner (green ASCIA Action Plan for Allergic Reactions) provided by the parent.

It is the parents' responsibility to provide the school with a copy of the student's ASCIA Action Plan for Allergic Reactions (completed 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.

<table>
<thead>
<tr>
<th>School</th>
<th>Phone</th>
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<tbody>
<tr>
<td>Student</td>
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<tr>
<td>DOB</td>
<td>Year level</td>
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<td>Mild to moderate allergy to:</td>
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<td>Other health conditions</td>
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</table>

**Medication at school**

**EMERGENCY CONTACT DETAILS (PARENT)**

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<th>Name</th>
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<td>Relationship</td>
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<td>Home phone</td>
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**EMERGENCY CONTACT DETAILS (ALTERNATE)**

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<tr>
<th>Medical practitioner contact</th>
<th>Name</th>
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<td>Phone</td>
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| Emergency care to be provided at school |

Eaglehawk North Primary School  Last Review - 2017  Next Review Due - 2020
## 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.

<table>
<thead>
<tr>
<th>Name of environment/area:</th>
<th>Risk identified</th>
<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
<th>Completion date?</th>
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(continues on next page)
Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan from:

This Individual Allergic Reactions Management Plan will be reviewed on any of the following occurrences (whichever happens earlier):
- annually
- if the student's medical condition, insofar as it relates to allergy, changes
- as soon as practicable after the student has an allergic reaction in the care of the school

In addition to the above, this plan should be reviewed by the school staff in charge, immediately prior to any 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) which the student to whom this plan applies is attending.

I have been consulted in the development of this Individual Allergic Reactions 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

<table>
<thead>
<tr>
<th>Signature of parent:</th>
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<tr>
<td>Date:</td>
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I have consulted the parents of the student and the relevant school staff who will be involved in the implementation of this Individual Allergic Reactions Management Plan.

<table>
<thead>
<tr>
<th>Signature of principal (or nominee):</th>
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<td>Date:</td>
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**ACTION PLAN FOR Anaphylaxis**

**For 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 - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr 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 EpiPen® or EpiPen® Jr 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 medications prescribed: □ Y □ N

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**Eaglehawk North Primary School**

**Last Review - 2017**

**Next Review Due - 2020**