# Anaphylaxis Procedures for NSW Catholic Schools

## 2013



# Table of Contents


| | | Page |
|---|---|---|
| **A:** | Managing Anaphylaxis at School | 3 |
| **B:** | Action Steps for Principals | 5 |
| **C:** | Action Steps for Parents | 14 |
| **A1:** | Students with Allergies Form | 16 |
| **A2:** | Information for Parents and Carers of Students at Risk of Anaphylaxis | 18 |
| **A3:** | Authorisation to Contact Doctor | 21 |
| **A4:** | Severe Allergies - Information from the Doctor | 22 |
| **A5:** | Information for School Staff about Anaphylaxis | 24 |
| **A6:** | *Individual Health Care Plan* Cover Sheet | 30 |
| **A7:** | ASCIA Action Plans for Anaphylaxis (Emergency Response Plans) | 35 |
| **A8:** | Risk Management Strategies | 39 |
| **A9A:** | Examples of Strategies for Minimising Risk | 41 |
| **A9B:** | Anaphylaxis Hazard and Risk Identification Checklist | 42 |
| **A10A:** | Communication Strategies for School Communities | 57 |
| **A10B:** | Awareness Letter for School Community Parents and Carers | 60 |
| **A11:** | Information about Adrenalin Auto-Injectors | 61 |
| **A12:** | Flow Chart - Managing Anaphylaxis at School | 65 |
| **A13A:** | Principal's Action Step Checklist | 66 |
| **A13B:** | Anaphylaxis Management Checklist for Managers and Supervisors | 68 |
| **A14:** | Sample Allergen Exposure Risk Management Plan | 70 |
| **A15:** | Official Information for Principals | 75 |
| **A16A:** | Letter 1 to Parents - Children Not Carrying Own Medication | 77 |
| **A16B:** | Letter 2 to Parents – Children Carrying Own Medication | 80 |
| **A16C:** | Letter 3 to Parents – Conformation of Own Medication Arrangements | 82 |
| **A17:** | Parental Request Form - Children to Carry Own Medication | 83 |
| **A18:** | Draft Awareness Article for School Newsletter | 85 |
| **A19:** | Letter to General Medical Practitioner | 87 |
| **D:** | Acknowledgements | 89 |

# A
# Managing Anaphylaxis at School

## What is anaphylaxis?

Anaphylaxis is a severe and sometimes sudden allergic reaction. It can occur when a susceptible person is exposed to an allergen (such as a food or an insect sting or bite). Reactions usually begin within minutes of exposure and can progress rapidly over a period of up to two hours or more.



**Anaphylaxis is potentially life-threatening and always requires an emergency response**.

Further information about anaphylaxis is found at Appendix 5.

## Providing support to students at risk of anaphylaxis

It is the responsibility of the parent[1] to notify the school that their child has an allergy and is at risk of anaphylaxis. This notification should occur either at the time of enrolment, or if the student is already enrolled, as soon after diagnosis as possible.

As with other serious health conditions, it is important that schools put in place strategies to manage a student at risk of anaphylaxis at school or while the student is engaged in school-related activities.

For student management strategies to be effective, it is important that:

- a partnership is established between the parent and the school to share information and clarify expectations,
- every reasonable effort is made to minimise the exposure of a student who is at risk of anaphylaxis to known allergens within the school environment and during school related activities (Appendices 8 and 9),
- the full range of the student's learning and support needs are identified in relation to their anaphylaxis, and
- an ASCIA[2] *Action Plan for Anaphylaxis*, signed and dated by the student's doctor, is provided to the school by the parent for the individual student (Appendix 7).

If written information provided by the parent from a doctor confirms that their child has been assessed as being at risk of anaphylaxis, an *Individual Health Care Plan* (Appendices 6, 7 and 8) must be formulated by the principal or their delegated executive staff in consultation with the parent and relevant staff, and where practicable, the student and their doctor.

[1] In this document the term parent is used to refer to parent, parents or carer.

[2] ASCIA - Australasian Society of Clinical Immunology and Allergy

The *Individual Health Care Plan* must include an ASCIA *Action Plan for Anaphylaxis* for the individual student signed by their doctor (Appendix 7) and a plan for the avoidance of known allergens (Appendix 8), developed by the school with regard to their particular environment and drawing on advice from the student where practicable, and the student's parent and doctor.

Planning must take into account the student's full range of learning and support needs including their age, maturity, ability to understand their condition, and any factors that may affect the student's health, safety and wellbeing while at school, for example, learning difficulties or an intellectual disability. In addition, the severity of an anaphylactic reaction can be influenced by the presence of asthma.

If the plan indicates that adjustments are required to be made at school, the student should be included in the data for the National Collection of Data on Students with Disabilities, in agreement with the parent/carer.

Educating other students and their parents about anaphylaxis is important:

- to gain their support in minimising the risk of the affected student's exposure to allergens
- to alert other students to the need to immediately inform a teacher if they become aware a classmate has come into contact with an allergen
- to minimise the potential for teasing or provocation that may result in risk taking associated with allergens, e.g. peanuts. (Appendix 9).



Symptoms of severe allergic reactions or anaphylaxis **can occur when there is no history of known allergies**.

This situation **should be treated as an emergency.**

- An adrenaline auto-injector should be administered (if available)
- An ambulance should be called, and
- First aid should be provided until expert help arrives.

# B
# Action Steps for Principals

Principals are responsible for overseeing the planning and implementation of procedures and support to protect the health and safety of students at risk of anaphylaxis when they are at school or involved in school activities.

Principals need to develop and document local procedures, which may include utilising the leadership of the assistant principal, other delegated executive staff and/or learning and support teams to put processes in place to support students. This will include the development of an *Individual Health Care Plan* that takes account of the student's full range of learning and support needs. This information should be recorded on the CEC's online Individual Plan, enabling inclusion in the National Collection of Data for Students with Disabilities, in agreement with the parent/carer (refer to the CEC' online e-learning program Managing Individual Planning for Students With Disabilities: http://stage.cecnsw.catholic.edu.au/INDIVIDUAL_PLANNING/main.htm).

**Schools should seek information** from parents about allergies and other health conditions that may affect their child at school, at enrolment and on an ongoing basis (as part of regular health updates for example).

It is important that principals **have a system in place** in the school to check enrolment forms and follow up where this or any other information indicates a student has an allergy or medical condition.

A system should be in place in all schools, **whether or not any student is known to be at risk** of anaphylaxis.

Providing the learning support team or delegated executive staff with a list of students who indicate they have allergies or other health conditions on their enrolment form would assist in this process.

## Where allergies are identified the following steps apply:

**Step 1.** **Provide parent with a copy of the *Students with Allergies Form*** (Appendix 1) **to be completed and returned to the school** where information from the parent indicates (either on enrolment forms or by notifying the school about an existing enrolment) that their child has allergy/s. Consideration should be given to any necessary adjustments for the parent's access to this information (see Step 4).

**Step 2.** **Determine whether** the information provided by the parent on the *Students with Allergies Form* indicates the **need for further action**, including discussion with the parent.

Further action or discussion **is required if**:

- ✓ The *Form* confirms the student has an allergy or the student has either

been hospitalised or prescribed an adrenaline auto-injector

- ✓ The *Form* is left blank, incomplete or not returned
- ✓ The information provided is inconsistent with any information provided by a former school.

**If** further action or discussion is **not required**:

- ✓ Add the *Form* to the student's records
- ✓ As necessary, manage in accordance with the school's procedures for assisting students with health conditions at school, and
- ✓ Ask the parent to notify the principal or delegated executive staff immediately if there is a change in the student's condition, including if their child is:
  - subsequently hospitalised as a consequence of a severe allergic reaction or
  - prescribed an adrenaline auto-injector.

**Step 3.** **Access a copy of the student's *Individual Health Care Plan*** and/or any other relevant health and learning and support information held by the previous school or preschool in relation to the student's anaphylaxis[3].

Health and other relevant learning and support records from the student's preschool and/or previous school can inform and assist health care planning in the new school. It is important that the new *Individual Health Care Plan* considers the contextual situation of the new school environment and that the most recent *ASCIA Action Plan for Anaphylaxis* is current.

An updated *ASCIA Action Plan for Anaphylaxis* will be issued when a new adrenaline auto-injector is prescribed by the student's doctor. It is important for the *Individual Health Care Plan* to include the current *ASCIA Action Plan for Anaphylaxis* completed, signed and dated by the child's prescribing doctor.

**Step 4.** **Consider any barriers to communication with the parent** (for example language or disability) and implement strategies to respond to those barriers.

This may include providing adjustments such as having a translator and/or support person available for meetings. Consideration may need to be given to how best to explain to the parent who has a cognitive disability the health management strategies in place.

[3] This information can be directly requested from schools/preschools within the same system (e.g. a school within the same Diocese). If the school/preschool is from a different system the information can be exchanged under Chapter 16A of the *Children and Young Persons (Care and Protection) Act*.

**Step 5.** **Arrange a meeting with parent/s whose *Students with Allergies Form*** (Appendix 1) **indicated further discussion is required** (see Step 2).

**Before the meeting** provide the parent with:

a) A copy of *Information for Parents and Carers of Students at Risk of Anaphylaxis* (Appendix 2)

b) A copy of the *Authorisation to Contact Doctor* form (Appendix 3). The parent should be asked to complete this *Authorisation* and bring it to the meeting.

c) A copy of *Severe Allergies - Information from the Doctor* (Appendix 4). The parent may be able to have the doctor complete this *Information* and provide an *ASCIA Action Plan for Anaphylaxis* (Appendix 7) prior to the meeting. If not, these requirements should be discussed at the meeting.

d) Documentation relating to the student carrying auto-injector if relevant

Schools are advised to check (and revise if necessary) current enrolment application documentation to ensure it includes permission for the named doctor to provide the school with information about how to manage the student's allergy or medical condition at school is included in the enrolment forms.

The use of the appendices in these *Anaphylaxis Procedures for Schools* is still recommended for students diagnosed at risk of anaphylaxis as it gives the parent the opportunity to provide permission and contact details relevant to their child's allergy specialist and provides additional detail.

**Step 6.** **Develop an Interim *Individual Health Care Plan*** in consultation with the student and where practicable, parents and staff. Consideration should be given to whether reasonable adjustments need to be made for the student at this time.

It is important to put measures in place to address student health care needs in time for a student's commencement at school. Sometimes it may not be possible to implement necessary health care support arrangements in time.

If it is not possible to put appropriate measures in place in time for the student to commence at the school and the student's safety could be a risk, enrolment should be deferred for the minimum time needed to introduce the necessary arrangements.

Consideration may also need to be given to the provision of education support programs in the interim period. On rare occasions, an enrolment or continued attendance at a school may give rise to genuine safety issues that cannot be resolved or that impose an unjustifiable hardship on the school.

Refusing enrolment or continued access to education in circumstances other than where there are **irresolvable safety issues or an unjustifiable hardship** arises, may amount to unlawful discrimination. It is recommended that legal advice is sought before any such decision is made.

**Step 7.** **Assess the risk of an individual student's potential exposure to known allergens** in the school setting and the issues to be addressed in implementing the student's *ASCIA Action Plan for Anaphylaxis*.

**Step 8.** **Gather information to assist in developing *Individual Health Care Plan* strategies** (Appendices 8 and 9). Information forming the basis of the student's *Individual Health Care Plan* should consider:

- ? The physical school environment
- ? The social/cultural environment
- ? Any individual characteristics of the student including the full range of their learning and support needs that may impede implementation of the *Plan* and therefore need to be explicitly addressed in the *Plan*
- ? How to inform the student and other students about anaphylaxis using curriculum and other measures, for example, an address by the principal or delegated executive staff in the school assembly
- ? Informing parents of all students of policy and school management of risk of anaphylaxis through range of initiatives such as newsletters, excursion notes, information evenings etc
- ? Routine classroom activities, including lessons in other locations around the school
- ? Non-routine classroom activities
- ? Non-routine school activities
- ? Before school, recess, lunchtime, other break or play times
- ? Sport or other programmed out of school activities, work placement, work experience, VET
- ? Excursions, including overnight excursions and school camps.

**Step 9.** **Develop and document an *Individual Health Care Plan*** (including Appendix 6, 7, 8 and 9) in consultation, where practicable, with relevant staff, the parent and student, that takes account of the student's full range of learning and support needs, incorporating:

- ✓ An *ASCIA Action Plan for Anaphylaxis* for the student (Appendix 7), to be completed, signed and provided by the doctor.
- ✓ Strategies for minimising the student's exposure to known allergens (Appendices 8 and 9)

- ✓ Medical information provided by the student's doctor, including information about other known health conditions and/or disabilities that may impact on overall management of the student's health condition at school (Appendix 6). For example, the potential impact on a cognitive condition on a student's ability to understand and manage aspects of their own health.
- ✓ Information about the student from his or her previous pre-school and/or school (where applicable), including previous known examples of risk-taking behaviour by the student and any learning difficulties.
- ✓ Arrangements for the supply, storage and replacement of medication, including the adrenaline auto-injector.
- ✓ Emergency contacts.
- ✓ Transfer information to the CEC online Individual Plan for inclusion in the National Collection of Students with Disabilities, in agreement with the parent/carer, and student, where appropriate.

Where practicable, in view of the student's age, maturity and abilities, discussion with the student about his or her anaphylaxis and the *Individual Health Care Plan* that has been developed should take place. It is important to check the level of the student's understanding of their condition, and the strategies that are in place to minimise risk of exposure to a known allergen/s during this discussion.

**Step 10.** **Develop and implement a communication strategy** covering:

- ✓ Communication of relevant aspects of the *Individual Health Care Plan* to other parents and staff
- ✓ Ongoing communication within the school community to provide information about severe allergies and the school's procedures to staff, students and parents. This should include awareness of how to respond in the event of a student suffering an anaphylactic reaction. Consideration should be given to any differing responses required, for example, excursions/playground/classroom.
- ✓ Advising staff that they will not be legally liable for administering an auto-injector to a student who is having an anaphylactic reaction
- ✓ Reminding parents on a regular basis of the need to advise the principal or their delegated executive staff if there has been a change in their child's health condition. This can be done through parent's association meetings, newsletters, school website, blogs, etc.

**Step 11. Implement a strategy that addresses the training needs of staff for relevant aspects of the student's *Individual Health Care Plan***

Schools need to arrange specialist anaphylaxis training for staff, particularly where a student in the school has been diagnosed as being at risk of anaphylaxis. Specialist training should include practical instruction in how to use an adrenaline auto-injector (EpiPen® and Anapen®) and practice with auto-injector training devices regularly, at least once per year.

In NSW, a recommended training program is the *NSW Anaphylaxis Education Progra*m, a joint initiative of the NSW Ministry of Health and NSW Department of Education and Communities and based at the Children's Hospital Westmead. The *Program* provides school staff with training in the signs and symptoms of allergy and anaphylaxis as well as prevention strategies and how to use an adrenaline auto-injector.

The *NSW Anaphylaxis Education Progra*m can be contacted:

**H**ours: Monday - Thursday 9am - 3pm

**P**hone: (02) 9845 3501

**E**mail: anaphylaxis@chw.edu.au

While a number of private training providers are also available, it is important before booking services not provided by the *Anaphylaxis Education Program*, to ascertain that the training will be provided by a trainer who has undertaken specific trainer training for the purpose of conducting specialist anaphylaxis training workshops.

A recent recommendation from the Coroner is that 'face-to-face' training for staff be conducted every two years. However, schools can make decisions about conducting training more frequently on the basis of:

- ✓ Turnover of staff
- ✓ Enrolment of new students
- ✓ Changing needs of students
- ✓ Updates made to students' *Individual Health Care Plans*.

The principal or delegated executive staff will inform staff about anaphylaxis (using Appendix 5) and advise them of relevant details of the individual student's allergy/s, including as appropriate, information about other health conditions and/or disabilities that may impact on the health, safety and wellbeing of the student.

As many school staff as possible, including school administrative staff, should attend training. Casual staff members who are working in the school on that day also should be invited to attend training. Schools should consider extending an invitation to their scheduled training session to other school community members as appropriate. This can include casual staff

who are not already working on that day, the school canteen manager and staff from the Out of School Hours Centre associated with the school. Principals or their delegated executive staff should maintain records of staff training in anaphylaxis.

In addition, the *ASCIA online Anaphylaxis e-Training Program*:

- ✓ Should be completed at least once every two years, ideally in the alternate year to 'face-to-face' training.
- ✓ Should also be offered as an interim measure to new staff and to staff who may have missed the 'face-to-face' session
- ✓ Should not replace the existing requirement for staff to undertake face-to-face training when a student with anaphylaxis enrols in a school.

Schools should also arrange for face-to-face CPR training to be conducted annually by appropriately qualified external providers to ensure the optimal numbers of staff members are trained.

Further, from Semester 2, 2013 all student teachers will be required to provide proof of having undertaken the *ASCIA online Anaphylaxis e-Training Program*.



Note: From January 2013 all preschools are required to comply under the *National Quality Framework for Early Childhood Education and Care* and are subject to mandatory training requirements set out in the Education and Care Services National Regulations.

ASCIA e-training and ASCIA face-to-face anaphylaxis training are approved training under this requirement. The face-to-face training for childcare is offered through the *NSW Anaphylaxis Education Training Program* as one of the approved providers.

**Step 12.** **Review the *Individual Health Care Plan* and the CEC online Individual Plan at least annually** at a specified time (for example, at the beginning of the school year) and at any other time where there are changes in:

- ✓ **Student health needs** (e.g. if the student has had a severe allergic reaction)
- ✓ **Student learning and support needs** (e.g. other health-related conditions, learning or behaviour difficulties)
- ✓ **Staff**, particularly class teachers, year coordinator or adviser or any staff member who has a specific role in the plan
- ✓ **Activities** (e.g. VET, work experience and work placement)
- ✓ **Curriculum** (e.g. the student wishes to study Food Technology or

there are changes to subjects conducted outdoors such as PDHPE)

- ✓ **Medical treatment** (e.g. medication, medical conditions, adrenaline auto-injector, *ASCIA Action Plan for Anaphylaxis* provided by the parent).

**The Health Care Plan needs to be signed by the parent and the principal/designated staff member.**

Each time the doctor prescribes a new adrenaline auto-injector they should issue an updated *ASCIA Action Plan for Anaphylaxis*. It is important for the *Individual Health Care Plan* to include the current *ASCIA Action Plan for Anaphylaxis* signed and dated by the student's prescribing doctor.



It is important that review dates for *Individual Health Care Plans* are identified through a number of reliable systems at your school, for example, standard agenda items at the beginning of the year for learning and support teams, include annually on the school calendar and incorporated into the school plan.

**Step 13.** **Forward a copy of the current *Individual Health Care Plan* to the principal of a new school**[4]**.** In the event that the student enrolls/transfers to another school, or where a student attends two schools, for example, a shared enrolment a copy of the current *Individual Health Care Plan* should be forwarded to the principal of the new school keeping in mind any privacy considerations that must be taken into account.

**Step 14.** **Record keeping**

Anaphylaxis is a life-threatening condition and it may be necessary to provide records in the event of an anaphylaxis-related event. Systems need to be in place for keeping records of such things as:

- ✓ Training registers
- ✓ Risk management plans
- ✓ Meetings about development of the *Individual Health Care Plan* and emergency response
- ✓ Meetings of learning and support teams that assist in health care planning for the student
- ✓ Conversations and communications with parents
- ✓ Medical advice sought and provided.

[4] This information can be directly requested from schools/pre-schools within the same Diocesan system. If the school/pre-school is from a different system, the information can be exchanged under Chapter 16A of the *Children and Young Persons (Care and Protection) Act*.

**Complete the anaphylaxis management checklists** (Appendices 13A and 13B). A system must be in place for checking enrolment forms for health information and arranging follow up where this or any other information indicates a student has an allergy.



**Note:** In secondary schools, principals are to read the critical information about anaphylaxis and asthma medication (Appendix 15) and provide parents with:

1. the appropriate letter regarding students carrying their own adrenaline auto-injector (Appendices 16A, 16B or 16C), and
2. a *Request for student to carry his/her own EpiPen® or Anapen® or asthma reliever medication* form (Appendix 17).

Appendix 18 is included as a suggestion of how the issue of students carrying their own Auto-injectors might be raised in a school newsletter.

Appendix 19 is a copy of the 2013 letter sent to all General Practitioners in NSW by the Department of Education and Communities regarding secondary students carrying their own anaphylaxis and asthma medication.

# C
# Action steps for parents

It is important that parents[5] notify the school if their child has an allergy and is at risk of anaphylaxis. This notification should occur either at the time of enrolment, or if the student is already enrolled, as soon after diagnosis as possible.

So that the support provided by the school is effective, it is important that a partnership is established between the parent and the school to share information and clarify expectations.

**It is the role of the parent to:**

- ✓ **Promptly notify** the Principal or their delegated executive staff:
  - ? If they are aware that their child has been diagnosed as being at risk of a severe allergic reaction,
  - ? If the health needs of their child change,
  - ? If their child has a severe allergic reaction outside of school hours, at home or at another location, or
  - ? Of any other known learning and support needs, including health care needs, disability or learning or behaviour difficulties which may impact on the management of anaphylaxis.
- ✓ **Assist** in the development of an *Individual Health Care Plan* for school support of their child's health with the Principal or their delegated executive and staff.
- ✓ **Provide** the '*Severe Allergies-Information from the Doctor*' form (Appendix 4) to their child's doctor for completion, and return the completed form to the school.
- ✓ **Provide** an *ASCIA Action Plan for Anaphylaxis* completed and signed by the doctor.



A new *ASCIA Action Plan for Anaphylaxis* should be completed by the doctor each time an adrenaline auto-injector is prescribed. It is important that parents provide the school with a copy of the updated plan, or a photocopy of that plan

- ✓ **Reinforce** relevant aspects of the *Individual Health Care Plan* with their child where practicable. For example, reminding the child that if they come into contact with an allergen at school they must immediately inform a teacher, and (if age-appropriate) take their adrenaline auto-injector to school with them.

[5] In this document the term parent is used to refer to parent, parents or carer or, if the student is living independently, the term applies to the student.

- ✓ **Provide** the equipment and consumables for carrying out health care support as specified in the student's *Individual Health Care Plan*, including where relevant, the appropriate adrenaline auto-injector (Appendix 12).

- ✓ **Replace** the adrenaline auto-injector in a timely manner before it expires or after it has been used. Parent to place the auto-injector in medical kit carried by the student and remove expired auto-injector.

- ✓ **Provide** written requests for the school to administer prescribed medications where necessary. For example some children are prescribed antihistamine or have other health conditions that require administration of prescribed medications. **Complete** and return the *Request for student to carry his/her own EpiPen® or Anapen® or asthma reliever medication* form (Appendix 17), as necessary

- ✓ **Talk** to their child about the most likely times and places they may be exposed to allergens and how to avoid them.

- ✓ **Reinforce** risk minimisation strategies agreed upon for the school environment with their child, as appropriate.

# APPENDIX 1

## Students with Allergies Form

This form is to be completed by the parent or carer of a student with an allergy and returned to the principal or delegated executive staff. The school will complete the first three fields. The purpose of collecting this information is to identify students who are at risk of a severe allergic reaction. Information provided on this form will be used to assist the school in determining what action needs to be taken in relation to a student with an allergy.

Dear _____

You have identified _____

as having an allergy/allergies to _____

**Please complete the questions below and return to the principal or delegated executive staff**.

A doctor has diagnosed my child with an allergy to: _____

| | | | | Specific details of allergy ↓ |
|---|---|---|---|---|
| ☐ | Insect sting/bite | | | |
| ☐ | Medication | | | |
| ☐ | Food: | Yes | No | |
| | Peanuts | ☐ | ☐ | |
| | Nuts | ☐ | ☐ | |
| | Fish | ☐ | ☐ | |
| | Shellfish | ☐ | ☐ | |
| | Soy | ☐ | ☐ | |
| | Sesame | ☐ | ☐ | |
| | Wheat | ☐ | ☐ | |
| | Milk | ☐ | ☐ | |
| | Egg | ☐ | ☐ | |
| | Other | ☐ | ☐ | |
| ☐ | Latex | | | |
| ☐ | Other | | | |

| My child: | Yes | No |
|---|---|---|
| Has been hospitalised with a severe allergic reaction | ☐ | ☐ |
| Has been prescribed an adrenaline auto-injector (EpiPen® or Anapen®) | ☐ | ☐ |
| Has an *ASCIA Action Plan for Anaphylaxis*[6] *dated* _____ (if 'Yes', please attach the *Plan* and return with this form) | ☐ | ☐ |

*Student with Allergies Form* completed by parent or carer:

Name _____ Date _____
(DD/MM/YYYY)

Signature _____

[6] Each time your child is prescribed a new adrenaline auto-injector the doctor will issue an updated *ASCIA Action Plan for Anaphylaxis*. It is important that this is the plan provided to the school.

# APPENDIX 2

## Information for Parents & Carers of Students at Risk of Anaphylaxis

**You have identified your child as being at risk of a severe allergic reaction**. Thank you for providing this information. While the main role of the school is to provide education, we want your child to be relaxed, safe and happy at school and for you to feel confident that your child is being well looked after.

The school principal and/or delegated executive staff will work with you to prepare an *Individual Health Care Plan* for your child. In some circumstances the principal or their delegated executive staff may need additional support from relevant school authorities or your child's doctor to determine the best way for your child's needs to be met.

If you are seeking enrolment for your child, the enrolment process might need to be slightly delayed or, if your child is already enrolled, there may be a slight delay while arrangements are worked out.

**In order to meet your child's needs the school will take the following steps**:

**Step 1. Communicate with you and your child's doctor to collect all relevant health information.**

We will need to gather information that will assist in determining how best to support your child at school. This will help in putting together an *Individual Health Care Plan*. This will include obtaining a current *ASCIA Action Plan for Anaphylaxis* completed, signed and dated by your child's doctor and getting additional information from your child's doctor about:

- ✓ Known allergens
- ✓ Medication prescribed
- ✓ When and how medication should be administered
- ✓ Other conditions that may impact on your child's ability to:
  - Understand the nature of their anaphylaxis
  - Understand the risk that it poses
  - Participate in strategies to minimise the risk of their being exposed to known allergens
  - Advise a teacher promptly of this exposure if it happens at school
- ✓ Other known health conditions

- ✓ Any other details your doctor believes are important in managing the severe allergy at school and during activities conducted under the auspices of the school.

The school would like your permission to contact your doctor if necessary. A consent form to obtain information from your doctor is attached (Appendix 3) as well as a form for your doctor requesting information that will help in putting together the *Individual Health Care Plan* (Appendix 4).

While it would be preferable to obtain your consent to this information being provided, **please be advised** that if your doctor works in a public health organisation, we are able to collect information that relates to the safety, welfare or wellbeing of your child under Chapter 16A of the *Children and Young Persons (Care and Protection) Act* without your explicit permission.

## Step 2. Preparation of an *Individual Health Care Plan*



Your doctor will need to provide information about the nature of the allergy and appropriate emergency treatment, including an *ASCIA Action Plan for Anaphylaxis* so we can develop the *Individual Health Care Plan*.

This *Health Care Plan* will include:

- ✓ **Details** of your child's severe allergy/allergies.
- ✓ A passport-sized **photograph** of your child.
- ✓ An ***ASCIA Action Plan for Anaphylaxis***, completed, signed and dated by your child's treating doctor. This sets out the emergency response to be followed if your child has an anaphylactic reaction at school or during a school related activity.
- ✓ **Instructions** to your child about what they need to do if they come into contact with an allergen or appear to be experiencing the signs of anaphylaxis.
- ✓ **Changes, modification or support** needed to allow your child to participate in school related activities.
- ✓ **Actions** the school will take to minimise the risk of contact with known allergens.
- ✓ **Arrangements** for school staff to support your child (for example, training in the management of severe allergic reactions).
- ✓ **Arrangements** for the supply, storage and replacement of medication, including the adrenaline auto-injector.
- ✓ **Your contact details (**and those of another person in the event you are unavailable) in case of an emergency.
- ✓ **Arrangement** for copies of the *ASCIA Action Plan for Anaphylaxis*,

including your child's photograph, to be placed in appropriate places around the school. You will be consulted in relation to this.

- ✓ **Yours and the principal's signatures** to confirm details have been read and that you (and your child if age-appropriate) have been consulted in the development of the *Plan*. Even if you do not sign the *Plan,* it will still be implemented at school.

### Step 3. Documentation and supply of prescribed medication

Any medication required by your child will require a written request to the principal or delegated executive staff, including instructions for administration.

You will need to provide the appropriately labeled medication(s) to the school (e.g. EpiPen®, Anapen®, antihistamine). Advise the school also if your child wears a medical identification bracelet or necklace.

If your child is in secondary school and will be carrying his/her own adrenaline auto-injector, as recommended, you will need to complete the *Request for student to carry his/her own EpiPen® or Anapen® or asthma reliever medication* form (Appendix 17) and send it in to the school.

### Step 4. Participate in annual review of the *Individual Health Care Plan*

The school will review your child's *Individual Health Care Plan* annually or at any other time where there are changes in your child's health needs, for example, if they have had a severe allergic reaction, they have new medication or medical conditions, or a new *ASCIA Action Plan for Anaphylaxis* and adrenaline auto-injector is provided. Please let us know if there is ever a change in your child's health needs.

### School contact details

School principal _____ Phone _____

Signature _____ Date _____

# Appendix 3

## Authorisation to Contact Doctor

This form is to be completed by the parent or carer of a student with an allergy and returned to the principal or delegated executive staff.

My child _____

(student's name)

is currently enrolled or applying for enrolment at _____

(name of school)

**I have been advised** that:

1. The school may need to discuss the implications of my child's medical condition(s) with the treating doctor so that the school can develop and implement an *Individual Health Care Plan*

2. The information that can be sought by the school includes information about my child's allergy and risk of anaphylaxis and any other condition that might impact on the school providing support for my child during school hours and during activities conducted under the auspices of the school.

3. Information provided by the doctor to the school may be used or disclosed by school staff for the purposes of the development or implementation of the *Individual Health Care Plan*

**I consent** to the health care professional identified below to provide

_____

(name of school)

with information about my child's allergy, risk of anaphylaxis and any other condition, including a learning disorder, that might impact on the school providing support for my child during school hours and during school-related activities.

### Treating doctor

Name _____ Phone _____

Address _____ Mobile _____

Email _____ Fax _____

### Authorisation

Name of parent _____

(please print)

Signature _____ Date _____

# Appendix 4

## Severe Allergies - Information from the Doctor

This 2-page form is to be completed and signed by the doctor, signed by the parent/carer, returned to the school and signed by the principal. Information provided will be used for the development of the student's *Individual Health Care Plan* at school.

**Dear Doctor,** Please provide, completed and signed, the appropriate *ASCIA Action Plan for Anaphylaxis* for this patient, outlining the emergency response for anaphylaxis. A template for the *Plan* can be accessed from ASCIA:

*http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis.*

Please complete all parts of the *Plan* so it can be brought to school for use as the school's emergency response plan for this patient.

The additional information requested below will further assist the school in the development of the student's *Individual Health Care Plan.*

### Additional Information Requested

Name of patient _____

This patient has ☐ No history of asthma ☐ Mild asthma ☐ Moderate asthma ☐ Severe asthma

Other relevant health conditions _____

Conditions known to you that may impact on the student's ability to understand the nature of their anaphylaxis and the risk that it poses to them

This has been discussed by you with the patient/his or her parents ☐ Yes ☐ No

Other information or details you believe are important in managing the severe allergy at school and during activities conducted under the auspices of the school:

## School

If you require further information, please speak to the school principal:

School _____ Principal _____

(name) (name)

Address _____ Phone _____

_____

## Treating doctor

Name _____ Phone _____

Address _____ Mobile _____

_____ Fax _____

Email _____

Signature _____ Date _____

## Parent/Carer

I, _____

(name)

consent to this information being provided to the school so they can develop an *Individual Health Care Plan*
for my child _____ at school.

(name)

Signature _____ Date _____

## Principal

Signature _____ Date _____

# Appendix 5
# Information for School Staff about Anaphylaxis

## What is anaphylaxis?

Anaphylaxis is a **severe and often sudden allergic reaction**. It occurs when a susceptible person is exposed to an allergen, such as a food or insect sting or bite. Although death is rare, an anaphylactic reaction **always requires an emergency response**. Prompt treatment with adrenaline is required to halt progression and can be lifesaving. Fortunately, anaphylactic reactions are usually preventable by implementing strategies for avoiding allergens.

**Common allergens** that can trigger anaphylaxis include:

- Foods (e.g. peanuts and tree nuts, shellfish, fish, milk, egg, wheat, sesame, soy)
- Insect stings and bites (e.g. bee, wasp, jack jumper ants)
- Medications (e.g. antibiotics, aspirin)
- Latex (e.g. rubber gloves, balloons, swimming caps).

This is not, however, an exhaustive list of possible allergens.

The severity of an anaphylactic reaction can be influenced by a number of factors including minor illness, asthma, and in the case of food allergens the amount eaten. In the case of severe food allergies, an anaphylactic reaction is usually triggered by ingestion of the food. Contact skin reactions to an allergen are very unlikely to trigger anaphylaxis, but represents a significant level of exposure and needs to be dealt with immediately in accordance with the student's *ACSIA Action Plan for Anaphylaxis*. An immediate response might include seeking medical advice and/or consulting the student's Individual Health Care Plan.

The school can help by assisting the student in the avoidance of allergens through health care planning. The early recognition of the signs and symptoms of anaphylaxis may save lives by allowing the earlier administration of emergency care and contact of the appropriate emergency medical services.

**All staff need to be aware of students diagnosed at risk of anaphylaxis** and the relevant parts of their *Individual Health Care Plan*, including the emergency response for anaphylaxis, which is outlined in their *ASCIA Action Plan for Anaphylaxis*, including:

- Signs and symptoms of anaphylaxis
- Administration of adrenaline auto-injectors
- Strategies to avoid exposure to known allergens
- Location of the adrenaline auto-injector.

## Who is at risk of anaphylaxis?

Students who are highly allergic to any of the above allergens are at risk of anaphylaxis if exposed. Those who have had a previous anaphylactic reaction are at increased risk.

## How can you recognise an anaphylactic reaction?

Reactions usually begin within minutes of exposure and can progress rapidly at any time over a period of two hours.

**In some cases, but not all, anaphylaxis is preceded by signs of a mild to moderate allergic reaction including:**

- Swelling of face, lips and eyes
- Hives or welts on the skin
- Tingling mouth
- Stomach pain, vomiting (these are signs of a mild to moderate allergic reaction to most allergens, however, in insect allergy these are signs of anaphylaxis)

**A severe allergic reaction is indicated by <u>any ONE</u> of the following:**

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

## Staff responsibility in an emergency

Any school staff member must, when necessary, reasonably assist in an emergency.

## What should I do?

It is important for all staff members to know which students are at risk of anaphylaxis, and where their adrenaline auto-injector is located.

**Anaphylaxis always requires an emergency response**. You should administer the adrenaline auto-injector and call an ambulance. The *ASCIA Action Plan for Anaphylaxis* (Appendix 7) provides instructions for administering the adrenaline auto-injector and should be kept with the adrenaline auto-injector, in an accessible location.

In secondary schools, it is recommended that students at risk of anaphylaxis carry with them their adrenaline auto-injector. These students may need to self-administer their medication if they find themselves in a serious emergency situation. Teachers are advised that, in such circumstances, they are to provide support to the student in any way they can, including calling an ambulance and following the *ASCIA Action Plan for Anaphylaxis*.



For an individual with asthma who is also at risk of anaphylaxis:

- ! **The adrenaline AUTO-INJECTOR should be used FIRST**
- ! Then administer asthma reliever medication,
- ! Call an ambulance,
- ! Continue asthma first aid and
- ! Follow the instructions on the student's *ASCIA Action Plan for Anaphylaxis*.

**Early recognition of symptoms and immediate treatment COULD SAVE A STUDENT'S LIFE**.

## Anaphylaxis training

Schools must arrange **specialist anaphylaxis training** for staff where a student in the school has been diagnosed as being at risk of anaphylaxis. The specialist training includes practical instruction in how to use an adrenaline auto-injector (EpiPen® and Anapen®).

Your principal or delegated executive staff will inform staff about anaphylaxis training and advise them of relevant details of the individual student's allergy/s, including, as appropriate, information about other health conditions and/or disabilities that may impact on the health, safety and wellbeing of the student.

**Online training** for schools has been developed by the Australasian Society of Clinical Immunology and Allergy (ASCIA). This does not replace specialist training, but can be used:

- ✓ as interim training until training is conducted by the NSW Anaphylaxis Education Training Program or other appropriate face-to-face training provider,
- ✓ as a refresher course between training sessions conducted by the NSW Anaphylaxis Education Training Program or other appropriate face-to-face training provider, and/or
- ✓ for any staff, including new and casual staff, who were unable to attend a scheduled anaphylaxis training session.

The **self-paced online course** is completed in modules and can be accessed:

http://www.allergy.org.au/etraining/

Schools and preschools are directed to **information about anaphylaxis training**

http://www.schools.nsw.edu.au/studentsupport/studenthealth/conditions/anaphylaxis/index.php

Note - Personnel in the Catholic Sector are advised that some information on this site is specific to NSW DEC schools.

**From January 2013 all preschools** are required to comply under the National Quality Framework for Early Childhood Education and Care *(http://acecqa.gov.au/national-quality-framework)* and are subject to mandatory training requirements set out in the Education and Care Services National Regulations.

ASCIA face-to-face anaphylaxis training and ASCIA e-training are approved training under this requirement. The face-to-face training for childcare is offered through the NSW Anaphylaxis Education Training Program.

Specialised training is also available via private providers. If arranging a private provider, a careful check should be made to ascertain that the provider has undertaken specific competency-based training. An abridged course by a first aid provider included in a CPR/Emergency Care training session may not suffice.

## Legal liability of staff administering medication

School education authorities have a **duty of care to take reasonable steps to keep students safe** while they attend school. They meet their duty of care obligations through the actions of their staff. This includes the administration of an adrenaline auto-injector and/or any other emergency care provided when a student has an anaphylactic reaction at school or during school activities.

Staff acting in the course of their employment enjoy **full legal protection** in relation to any personal liability claims. The education authorities are liable for their employees regarding claims for compensation that may be made in the unlikely event of a student suffering injury as a result of an employee's actions in dealing with anaphylaxis. The legal principle involved is called vicarious liability. Essentially, this means employers are responsible for what employees do as part of their work.

The only **exception** will be where the actions of the employee amount to serious and willful misconduct. Carelessness, inadvertence, or simple mistakes do not amount to serious and willful misconduct.

## Further information about anaphylaxis

- ✓ **Advice on a wide range of issues relating to student health in schools** including advice specific to anaphylaxis can be found on the NSW Department of Education and Communities:

  @ http://www.schools.nsw.edu.au/studentsupport/studenthealth/index.php

  Note: Personnel in the Catholic Sector are advised that some information on this site is specific to NSW DEC schools.

- ✓ **Information on a range of medical conditions including anaphylaxis** is available through the resource *Physical as Anything*:

  @ http://www.physicalasanything.com.au

- ✓ **Advice on managing risk associated with anaphylaxis** can also be obtained from the NSW Catholic Education Commission for schools in the Catholic Sector or from the NSW Association of Independent Schools (AIS) for AIS schools:

  @ http://www.cecnsw.catholic.edu.au

  http://www.aisnsw.edu.au

- ✓ **Information about early childhood education and care**:

  @ http://www.dec.nsw.gov.au/what-we-offer/regulation-and-accreditation/early-childhood-education-care

- ✓ **Allergies and anaphylaxis factsheets** from the NSW Ministry of Health

  @ www.health.nsw.gov.au/factsheets/general/allergies.html

  http://www.chw.edu.au/parents/factsheets/

- ✓ **Resources** from the Australasian Society of Clinical Immunology and Allergy (ASCIA) **including guidelines, online training and *ASCIA Action Pans for Anaphylaxis and Action Plan for Allergic Reactions***

  @ www.allergy.org.au/content/view/10/3/

  http://etraining.allergy.org.au

- ✓ **Factsheets** from the Children's Hospital at Westmead

  http://kidshealth.chw.edu.au/fact-sheets

- ✓ **The support organisation Allergy & Anaphylaxis Australia,** provides support for anyone (including individuals, families, health industry, childcare and teaching professionals, food industry, workplaces etc) needing to manage allergy and the risk of anaphylaxis. The organisation has a Medical Advisory Board which consists of ASCIA members.

  www.allergyfacts.org.au

  Phone: 1300 728 000.

- ✓ **EpiPen® administration** directions, video demonstration, resource packs and new look EpiPen® Trainer from EpiClub

  www.epiclub.com.au/trainer.html

- ✓ **Anapen® administration** directions, video demonstration and Anapen® Trainers from Analert Club

  www.analert.com.au

# Appendix 6

## *Individual Health Care Plan* Cover Sheet

The *Individual Health Care Plan* is to be developed in consultation with the parent, staff and student (where practicable) and on the basis of information from the student's doctor provided to the school by the parent.

For students at risk of anaphylaxis, the student's *ASCIA Action Plan for Anaphylaxis* (Appendix 7) and risk management strategies (Appendix 8) must be attached and form part of this *Individual Health Care Plan.*

**School** _____ Phone _____

**Student**

| | | |
|---|---|---|
| **N**ame | _____ Photo | |
| **D**.O.B | _____ | |
| **C**lass | _____ | |
| **S**tudent # | _____ | |
| **M**edicare # | _____ | |

**Health Information**

| | |
|---|---|
| **H**ealth conditions (including anaphylaxis) | |
| **I**f anaphylaxis, confirmed allergies | |
| **L**earning and support needs of the student (including learning and behavior difficulties and other disabilities) | |
| **I**mpact of any of the conditions (as mentioned above) on implementation of this *Individual Health Care Plan* | |
| **M**edications at school | |
| **O**ther support at school | |
| (For students with anaphylaxis)<br>**A**drenaline auto-injector supply/storage/replacement | |

## Contacts

**Parents**

| | Parent 1 | Parent 2 |
|---|---|---|
| **N**ame | | |
| **R**elationship to child | | |
| **A**ddress | | |
| | | |
| **H**ome phone | | |
| **W**ork phone | | |
| **M**obile phone | | |

**Emergency & Medical**

| | **Other** contact (if parents unavailable) | **Medical practitioner** |
|---|---|---|
| **N**ame | | |
| **R**elationship to child | | |
| **A**ddress | | |
| | | |
| **H**ome phone | | |
| **W**ork phone | | |
| **M**obile phone | | |
| **F**ax | | |
| **E**mail | | |

## Emergency care



An emergency response plan is required if the student is at risk of an emergency.

For students at risk of anaphylaxis, the *ASCIA Action Plan for Anaphylaxis* is the emergency response plan. This Plan is obtained by the parent from the student's doctor and not developed by the school or the parent.

**Requirements:**

**Emergency service contacts:**

**A**mbulance _____

**L**ocal hospital _____

**M**edical centre _____

**O**ther _____

**Special medical notes:**

(Any notes relating to religion, culture or legal issues (e.g. blood transfusions). If the student is transferred to the care of medical personnel, e.g. paramedics, this information will, if practicable in the circumstances, be provided to those personnel. It will be a matter for the professional judgment of the medical personnel whether to act on the information)

_____

_____

_____

## Documents attached

Please tick which of the following documents are attached as part of the *Individual Health Care Plan*:

- ☐ An emergency care/response plan (for students with severe allergy this is the *ASCIA Action Plan for Anaphylaxis*)
- ☐ A statement of the agreed responsibilities of different people involved in the student's support
- ☐ A schedule for the administration of prescribed medication
- ☐ A schedule for the administration of health care procedures
- ☐ An authorisation to contact the medical practitioner
- ☐ Other documents - please specify (for anaphylaxis this should include strategies to minimise risk and details of communication and staff training strategies)

## Consultations

This *Individual Health Care Plan* has been developed as part of the learning and support plan, in consultation with those indicated below and overleaf and with the knowledge and agreement[7] of the student's parent/caregiver.

**Information** has been provided by:

☐ Student ☐ Parent/Carer ☐ General practitioner ☐ Medical specialist

**Staff involved** in *Plan* development include:

| Name | Phone |
|---|---|
| | |
| | |
| | |
| | |

**Health care personnel** (e.g. community nurse, therapist) involved in managing the student's health at school:

| Name | Health care role | Phone |
|---|---|---|
| | | |
| | | |
| | | |
| | | |

## *Plan* for review

(*Individual Health Care Plans* should be reviewed at least annually, if there is an allergic reaction or when the parent notifies the school that the student's health needs have changed. Principals or their delegated executive staff can also instigate a review of the *Individual Health Care Plan* at other times)

The student's Plan will be reviewed on _____
(Date)

**Signatures**

Parent/Carer _____ Date _____

Principal _____ Date _____

[7] If the parent does not agree to the development of an *Individual Health Care Plan* it will still be necessary to develop one. The reference to the parent agreeing to the *Plan* should be deleted in these circumstances.

Information in this *Individual Health Care Plan* (which includes an *ASCIA Action Plan for Anaphylaxis*, i.e. emergency response plan) remains **specific to meet the needs of the individual student named** and should not be applied to the care of any other student with similar health and emergency care needs. All *Individual Health Care Plans,* which includes an *ASCIA Action Plan for Anaphylaxis*, must take into account issues of **confidentiality and privacy** to ensure information about the student is treated appropriately.

When discussing the *Individual Health Care Plan* with parents and students, reasonable adjustments necessary for them to participate may need to be considered. This may include adjustments in the provision of written materials including alternate formats, use of a translator/interpreter, and involvement of a support person or disability advocate.

Schools are subject to the *Health Records and Information Privacy Act 2002*. The information for the *Plan* is being collected for the primary purpose of ensuring the health and safety of students, staff and visitors to the school. It may be used and disclosed to medical practitioners, health workers including ambulance officers and nurses, government departments or other schools (government and non-government) for this primary purpose or for other related purposes and as required by law. It will be stored securely in the school.

Helpful information about *Individual Health Care Plans* is available at the DEC website

http://www.schools.nsw.edu.au/studentsupport/studenthealth/individualstud/devimpindhcplan/index.php

Note: Personnel in the Catholic Sector are advised that some information on this site is specific to NSW DEC schools.

When developing risk management strategies for a student at risk of anaphylaxis, the risk management process applied to other risks may be appropriate. Appendices 8, 9 and 14 will also assist in this process.

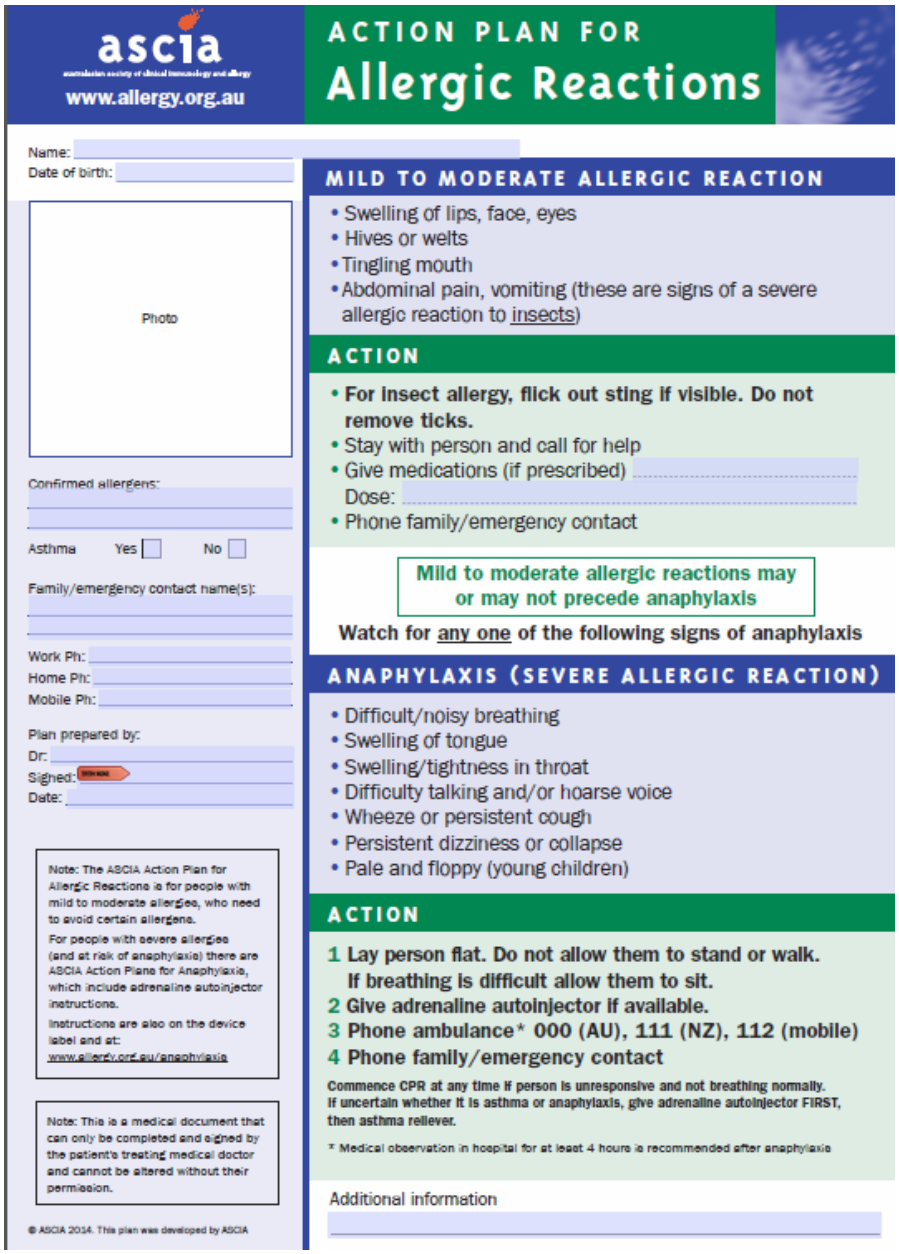
# Appendix 7

## ASCIA Action Plans for Anaphylaxis
(Emergency Response Plans)

A student's *Individual Health Care Plan* for anaphylaxis **must include an emergency response plan - an *ASCIA Action Plan for Anaphylaxis***, which is to be completed and signed by the student's doctor. The doctor will determine which personal *ASCIA Action Plan for Anaphylaxis* should be used and will provide this to the parent.

There are different versions of *ASCIA Action Plans* available for the different auto-injectors, allergy severity and communication purpose. (Click *Plan* images to access)

### A: Action Plan for Allergic Reactions
**(where student has not been prescribed an auto-injector)**



ascia
www.allergy.org.au

ACTION PLAN FOR
Allergic Reactions

Name:
Date of birth:

Photo

Confirmed allergens:

Asthma Yes ☐ No ☐

Family/emergency contact name(s):

Work Ph:
Home Ph:
Mobile Ph:

Plan prepared by:
Dr:
Signed:
Date:

Note: The ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.
For people with severe allergies (and at risk of anaphylaxis) there are ASCIA Action Plans for Anaphylaxis, which include adrenaline autoinjector instructions.
Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

© ASCIA 2014. This plan was developed by ASCIA

**MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

**ACTION**

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Give medications (if prescribed)
  Dose:
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede anaphylaxis**

**Watch for any one of the following signs of anaphylaxis**

**ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

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

**ACTION**

1 **Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
2 **Give adrenaline autoinjector if available.**
3 **Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
4 **Phone family/emergency contact**

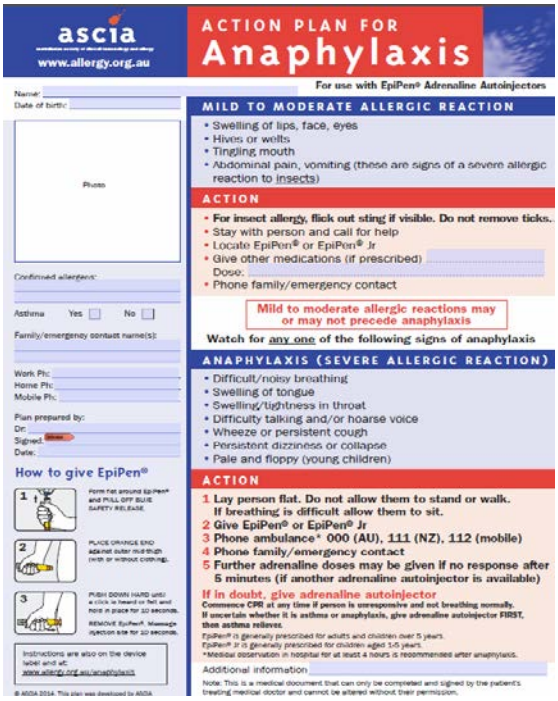
**Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.**

* Medical observation in hospital for at least 4 hours is recommended after anaphylaxis

Additional information

## B: ASCIA *Action Plans for Anaphylaxis* managed by prescribed EpiPen® auto-injector

**Personal** Action Plan



ascia
www.allergy.org.au

ACTION PLAN FOR
Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name:
Date of birth:

Photo

Confirmed allergens:

Asthma Yes No

Family/emergency contact name(s):

Work Ph:
Home Ph:
Mobile Ph:

Plan prepared by:
Dr:
Signed:
Date:

How to give EpiPen®

1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.

2 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 10 seconds. REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at: www.allergy.org.au/anaphylaxis

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed) Dose:
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

1 **Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
2 **Give EpiPen® or EpiPen® Jr**
3 **Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
4 **Phone family/emergency contact**
5 **Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

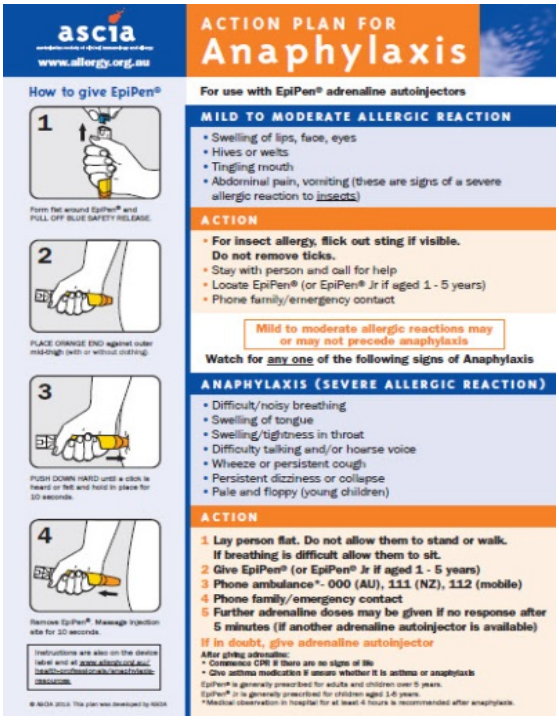
EpiPen® is generally prescribed for adults and children over 5 years. EpiPen® Jr is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

© ASCIA 2014. This plan was developed by ASCIA

**General** Action Plan



ascia
www.allergy.org.au

ACTION PLAN FOR
Anaphylaxis

How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



PLACE ORANGE END against outer mid-thigh (with or without clothing).



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.



Remove EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at www.allergy.org.au/health-professionals/anaphylaxis-resources

For use with EpiPen® adrenaline autoinjectors

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® (or EpiPen® Jr if aged 1 - 5 years)
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of Anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

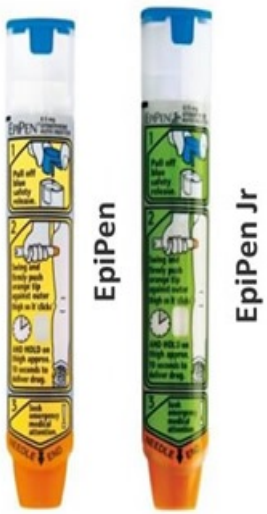
ACTION

1 **Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
2 **Give EpiPen® (or EpiPen® Jr if aged 1 - 5 years)**
3 **Phone ambulance*- 000 (AU), 111 (NZ), 112 (mobile)**
4 **Phone family/emergency contact**
5 **Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give adrenaline autoinjector

After giving adrenaline:
- Commence CPR if there are no signs of life
- Give asthma medication if unsure whether it is asthma or anaphylaxis

EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.



## C: ASCIA *Action Plans for Anaphylaxis* when Anapen® auto-injector is prescribed

**Personal *Action Plan***

ascia
www.allergy.org.au

**ACTION PLAN FOR Anaphylaxis**

For use with Anapen® Adrenaline Autoinjectors

Name:
Date of birth:

Photo

Confirmed allergens:

Asthma Yes ☐ No ☐

Family/emergency contact name(s):

Work Ph:
Home Ph:
Mobile Ph:

Plan prepared by:
Dr:
Signed:
Date:

**How to give Anapen®**

1 PULL OFF BLACK NEEDLE SHIELD.

2 PULL OFF GREY SAFETY CAP from red button.

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

4 PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen® and DO NOT touch needle. Massage injection site for 10 seconds.

Instructions are also on the device label and at: www.allergy.org.au/anaphylaxis

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**MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

**ACTION**

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed) Dose:
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede anaphylaxis**

**Watch for any one of the following signs of anaphylaxis**

**ANAPHYLAXIS (SEVERE ALLERGIC REACTION)**

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

**ACTION**

1 **Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
2 **Give Anapen® 300 or Anapen® 150**
3 **Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
4 **Phone family/emergency contact**
5 **Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

**If in doubt, give adrenaline autoinjector**

**Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.**

Anapen® 300 is generally prescribed for adults and children over 5 years.
Anapen® 150 is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

**General *Action Plan***

ascia
www.allergy.org.au

**ACTION PLAN FOR Anaphylaxis**

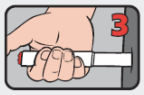
**How to give Anapen®**



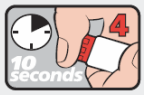

PULL OFF BLACK NEEDLE SHIELD.




PULL OFF GREY SAFETY CAP from red button.




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




PRESS RED BUTTON so it clicks and hold for 10 seconds. REMOVE Anapen® and DO NOT touch needle. Massage injection site for 10 seconds.

Instructions are also on the device label and at: www.allergy.org.au/anaphylaxis

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For use with Anapen® Adrenaline Autoinjectors

**MILD TO MODERATE ALLERGIC REACTION**

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

**ACTION**

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate Anapen® 300 (or Anapen® 150 if aged 1 - 5 years)
- Phone family/emergency contact

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- Persistent dizziness or collapse
- Pale and floppy (young children)

**ACTION**

1 **Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
2 **Give Anapen® 300 (or Anapen® 150 if aged 1 - 5 years)**
3 **Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
4 **Phone family/emergency contact**
5 **Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

**If in doubt, give adrenaline autoinjector**

**Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.**

Anapen® 300 is generally prescribed for adults and children over 5 years.
Anapen® 150 is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.



## Personal *Action Plans*

It is the role of the parent to provide the school with a personal *ASCIA Action Plan for Anaphylaxis* completed and signed by their child's doctor. A new *Action Plan* should be completed by the doctor each time an adrenaline auto-injector is prescribed. It is important that parents provide the school with a copy of the most recent *Action Plan*.

*ASCIA Action Plans for Anaphylaxis* detail the emergency response for anaphylaxis, including instructions for using the adrenaline auto-injector. A copy should therefore always be stored with the auto-injector.

A copy of each affected student's *ASCIA Action Plan for Anaphylaxis* should be posted in suitable locations for easy reference, in case of an emergency, in consultation with the parent and where appropriate, the student. If copies are required then the original signed copy, prepared by the doctor, should be photocopied and not altered in any way.

## General *ASCIA Action Plans*

General *ASCIA Action Plans* do not include information about a specific student. They can be used as a poster around the school reminding staff how to use the different adrenaline auto-injectors in an emergency. This *Action Plan* for general use should also be stored with the adrenaline auto-injector for general use.

## Further information

Appendix 11 provides additional information including links to information about how to use auto-injectors in an emergency. The Australasian Society of Clinical Immunology and Allergy (ASCIA) website is also very helpful.



http://www.allergy.org.au/health-professionals/anaphylaxis-resources

# Appendix 8

## Risk Management Strategies



See examples in Appendix 9 to assist with developing strategies to avoid exposure to known allergens. The principal or their delegated executive staff must exercise professional judgment to endorse strategies they believe are appropriate to the individual student. As part of the process, consideration should be given to the extent to which the student understands and is able to participate in a proposed strategy. Reasons for decisions made should be documented.

Student name

Year Level

Severe allergies

Asthmatic? ☐ Yes* ☐ No



*Asthmatic individuals are at high risk of severe allergic reaction. In the case of an individual with asthma who is also at risk of anaphylaxis, the adrenaline auto-injector should be used first, followed by asthma reliever medication, calling an ambulance, continuing asthma first aid and following the emergency response plan (*ASCIA Action Plan for Anaphylaxis*).

Other confirmed allergies

### Management plan

| Risks | Management strategies | Responsibilities |
|---|---|---|
| | | |

| Risks | Management strategies | Responsibilities |
|---|---|---|
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

## Principal

Signature _____ Date _____

# Appendix 9A

## Examples of Strategies for Minimising Risk



As a part of the development of the *Individual Health Care Plan* and at each review, schools should consider all learning activities and events the student will participate in as part of their learning program and plan accordingly so the health care needs of the student can be met.

### Considerations

To assist in the preparation of the *Individual Health Care Plan* and risk management strategies, schools must take into account the following factors when considering appropriate avoidance strategies to known allergens as part of health care planning:

? The particular **allergen/s** involved

? The **age** and **developmental level** of the student

? How to **communicate** risk minimisation strategies to other students and parents at the school

? **Other factors** that may influence risk of exposure, such as:

- **Learning difficulties or disability** impacting on the ability of the student to implement risk management strategies (for example in understanding the nature of the risk posed by exposure to an allergen)
- **Cultural and linguistic diversity** (including English as a second language)
- The potential influence of other students on children and young people at risk of anaphylaxis to engage in **risk taking behaviour** where they have contact with known allergens
- **Bullying** by provoking food-allergic children with food to which they are allergic should be recognised as a potential risk factor and be addressed

? Specific strategies that should be in place for **activities** during school time and for activities conducted under the auspices of the school, including

- Routine classroom activities and lessons in other locations around school
- Non-routine classroom and school activities and special events
- Before school, recess, lunchtime, other break or play times, and the school canteen
- VET enrolment and where there is a shared enrolment between two schools
- Sport or other off-site school activities, including sports carnivals and work experience
- Excursions, including overnight excursions and school camps
- School open days, celebrations and picnics
- Fundraising activities that involve food

# Appendix 9B

## Anaphylaxis Hazard and Risk Identification Checklist

This *Hazard and Risk Identification Checklist* may assist with identifying hazards that may trigger anaphylaxis in students, staff or visitors who are diagnosed with severe and sudden allergic reactions (anaphylaxis).

There are many ways to identify hazards, including workplace inspections, consultation with staff and other relevant stakeholders such as parents and medical professionals, review of injury, illness and near-miss records, hazard reports, direct observation of activities and incident investigations.

Using the risk assessment matrix below, consider the potential risk and seriousness of anaphylaxis that may occur as a result of hazards identified.

| | **How likely is the hazard to cause an allergic reaction?** | | | |
|---|---|---|---|---|
| **How serious could the reaction be?** | **Very Likely** | **Likely** | **Unlikely** | **Very Unlikely** |
| **Death or permanent injury** | **1** | **1** | **2** | **3** |
| **Long term illness or injury** | **1** | **2** | **3** | **4** |
| **Medical attention and several days off** | **2** | **3** | **4** | **5** |
| **First aid needed** | **3** | **4** | **5** | **6** |

**1 Extreme risk** - deal with the hazard immediately and urgently

**2 High risk** - deal with the hazard immediately

**3 and 4 Moderate risk -** deal with the hazard as soon as possible

**5 and 6 Low risk -** deal with the hazard when able

| | ANAPHYLAXIS RISK | | | | | |
|---|---|---|---|---|---|---|
| **ANAPHYLAXIS HAZARDS** | **1** | **2** | **3** | **4** | **5** | **6** |
| **Environment - food allergies** | | | | | | |
| Students sharing lunches | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Canteen stocking food containing known allergens: | | | | | | |
| Containing peanuts | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Containing tree nuts | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Containing milk | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Containing eggs | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Containing sesame | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Containing soy | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Environment - insect bites & stings** | | | | | | |
| Activities near outdoor garden areas | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Activities near outdoor grassed areas | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Activities near plants that attract stinging and biting insects (e.g. bees, wasps, jumper ants) | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Medication allergies** | | | | | | |
| Hazardous chemicals used and stored at the workplace | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Student medications brought from home without staff knowledge | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Treatment with or exposure to antibiotics | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Treatment with or exposure to aspirin | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| **Latex allergies** | | | | | | |
| Latex-based products used in workplace or activities: | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Latex gloves | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Latex balloons | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Latex swimming caps | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| Latex goggles | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## Guiding hierarchy of risk management strategies

In establishing risk management strategies for students at risk of anaphylaxis, a preferred order (ranked in order from most to least effective) should be followed:

1. **Reduce** the risk by eliminating the hazard, for example:
   - ✓ Eliminate the item or activity, where practicable
   - ✓ Eliminate the allergen from the learning or workplace environment
   - ✓ Eliminate the food product from the canteen and school lunches
2. **Substitute** the hazard by replacing the activity, material or equipment with a less hazardous one, for example:
   - ✓ Replace allergenic canteen foods (like peanut butter) with nutritious alternatives
   - ✓ Consider choice of plants when landscaping, for example, avoid plants that attract bees (and other stinging or biting insects) with other plants
3. **Isolate** the hazard by separating that hazard from the person at risk, for example:
   - ✓ Specify play/work/food areas to provide the lowest risk of exposure to allergens for students and staff
4. Use **engineering controls**, installing equipment to counteract the hazard, for example:
   - ✓ Ensure people caring for students at risk of anaphylaxis have ready access to their auto-injector in the event of an emergency
5. Use **administrative controls**, establishing procedures and safe practices to lower the risk, for example:
   - ✓ Informing the school community of the risk minimisation strategies and Policy for the Administration of Medication
   - ✓ Training staff in anaphylaxis awareness and management
   - ✓ Educating students about allergies
   - ✓ Displaying signs and posters about anaphylaxis around the school
6. Provide and ensure the use of **personal protective equipment** and clothing, for example:
   - ✓ Wearing of appropriate footwear and clothing that provides good coverage for students allergic to insect stings or bites.
   - ✓ Wearing a medical identification bracelet or necklace where required.

**To assist in the development of risk management strategies**, reference can also be made to the *ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, Preschools and Childcare:*



http://www.allergy.org.au/health-professionals/papers/prevent-anaphylaxis-in-schools-childcare

The suggested risk management strategies listed in this Appendix are grouped under the following headings:

1. **A**ll allergies
2. **F**ood allergies
3. **I**nsect sting allergies
4. **L**atex allergies
5. **M**edication allergies

## 1. All allergies

**RISK:** LACK OF SCHOOL STAFF AWARENESS
of who is at risk and where emergency medication is stored

**Management strategy examples**:

**SCHOOL STAFF AWARENESS**

- ✓ **P**rovide a copy of the student's *ASCIA Action Plan for Anaphylaxis* to classroom teacher/s and in consultation with the parent (and where appropriate, the student) post the plan in suitable locations (such as the canteen) for easy reference.
- ✓ **C**ommunicate regularly with all staff so they are aware of which students have allergies and to the allergens to which they are allergic.
- ✓ **C**ommunicate to staff with responsibility for first aid and care of students who become unwell at school which students are at risk of anaphylaxis, the signs of anaphylaxis and the emergency response including the priority of administration of medication.
- ✓ **Regularly** (at least once a year) **practise with adrenaline auto-injector training devices** (including casual staff)
- ✓ **M**ake sure the adrenaline auto-injector is readily accessible from the classroom/s and playground and that staff know where it is located.
- ✓ **R**aise awareness of staff and educate student about the importance of the *ASCIA Action Plan for Anaphylaxis* being stored with the adrenaline auto-injector as the plan includes instructions on how to use the adrenaline auto-injector and the signs of anaphylaxis.

| | |
|---|---|
| | ✓ **P**rovide specialist anaphylaxis training to as many staff as possible so that trained staff are readily available to provide an emergency response to anaphylaxis during recess and lunch times. |
| | ✓ **D**evelop a communication strategy for the playground in the event of an allergic reaction. Teachers should not leave a student who is experiencing an allergic reaction. The teacher should direct another person to seek help: i.e. bring the adrenaline auto-injector and the *ASCIA Action Plan for Anaphylaxis* and call for an ambulance immediately. |
| | ✓ **P**rovide casual relief teachers with a copy of the student's *ASCIA Action Plan for Anaphylaxis* and details of where the auto-injector and *ASCIA Action Plan for Anaphylaxis* is located and how to access it if required. |
| | ✓ **C**ommunicate relevant information to the school community using such means as parent newsletters, fact sheets and letters. |

**RISK:** LACK OF OTHER STUDENTS' AWARENESS
of what to do if a student shows symptoms of anaphylaxis

**Management strategy example**:

| | |
|---|---|
| OTHER STUDENT AWARENESS | ✓ **R**aise the awareness of students about signs of allergic reactions and anaphylaxis and the importance of always telling a teacher if students notice that a classmate is unwell (even if their friend does not want them to). This could be done for example through year meetings and coordinated by relevant staff such as student advisors, stage coordinators or learning and support team coordinators. |

**RISK:** LACK OF STUDENT AND PARENT AWARENESS
of the student's allergy and risk management strategies

**Management strategy example**:

| | |
|---|---|
| STUDENT / PARENT AWARENESS | ✓ **D**iscuss risk minimisation strategies with the student and their parent so the level of understanding of the strategies can be determined, as appropriate. |

## **RISK:** OFF-SITE ACTIVITIES (sports and swimming carnivals, field trips, excursions)

**Management strategy examples**:

**OFF-SITE ACTIVITIES**

- ✓ **T**ake the student's adrenaline auto-injector/s, *ASCIA Action Plan for Anaphylaxis* and means of contacting emergency assistance to off-site school activities. If planned activities involve the auto-injector being exposed to extreme heat ask the parent to provide an insulated wallet for storage of the adrenaline auto-injector.
- ✓ **O**ne or more staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector accompany the student on field trips or excursions. An at-risk student should be in the care of the trained staff member.
- ✓ **I**nform all staff present during the excursion that there is a student at risk of anaphylaxis and of any relevant strategies to minimise exposure.
- ✓ **I**nform staff of the emergency procedure and the roles and responsibilities in the event of an anaphylactic reaction.
- ✓ **P**arents of younger children may wish to accompany their child on excursions. This can be discussed with the parent as another strategy for supporting the student.

## **RISK:** OVERNIGHT EXCURSIONS including camps, remote settings

**Management strategy examples**:

**OVERNIGHT EXCURSIONS**

- ✓ **D**evelop an excursion risk management plan that includes strategies to avoid exposure to allergens and provide a copy to staff on the excursion.
- ✓ **W**here a student attending the excursion has a severe allergy to peanuts or tree nuts, request that foods containing these are not taken or supplied by booked venues, parents or the students themselves.
- ✓ **T**ake the student's adrenaline auto-injector/s, a copy of their *Individual Health Care Plan*, *ASCIA Action Plan for Anaphylaxis* and a means of contacting emergency services on camp.
- ✓ **I**nform staff of the emergency procedure and the roles and responsibilities in the event of an anaphylactic reaction.

| | |
|---|---|
| | ✓ **I**dentify local emergency services in the area and how to access them. |
| | ✓ **H**ave an adrenaline auto-injector in reasonably close proximity to the student at risk of anaphylaxis, and inform staff of its location. Older students should carry their medical kit containing adrenaline and *ASCIA Action Plan for Anaphylaxis* on their person (in back pack or other) |
| | ✓ **R**equest the parent provide an additional adrenaline auto-injector. |
| | ✓ **F**urther information about excursion risk management can be found at:<br>• http://education.qld.gov.au/schools/healthy/<br>• http://www.sports.det.nsw.edu.au/spguide/activities/index.php<br>• https://www.det.nsw.edu.au/policies/student_admin/excursions/excursion_pol/implementation_1_PD20040010.shtml |

**RISK:** STUDENTS ATTENDING TAFE COURSES
(for example VET courses)

**Management strategy examples**:

| | |
|---|---|
| **TAFE COURSES** | ✓ **C**learly indicate on the expression of interest form/enrolment form that the student is at risk of anaphylaxis. |
| | ✓ **P**rovide the TAFE college with a copy of the students *ASCIA Action Plan for Anaphylaxis* and the student's *Individual Health Care Plan*. |
| | ✓ **C**onfirm and negotiate arrangements in regard to adrenaline auto-injector and *ASCIA Action Plan for Anaphylaxis* being carried by the student at TAFE. |
| | ✓ **F**or students who carry their own adrenaline auto-injector, check that the student has their adrenaline auto-injector and *ASCIA Action Plan for Anaphylaxis* with them before they leave the school for TAFE. |

**RISK:** STUDENTS WITH SHARED ENROLMENT
across two school settings

**Management strategy examples**:

**STUDENTS WITH SHARED ENROLMENT**

- ✓ **H**ome school should provide a copy of the student's *Individual Health Care Plan* and *ASCIA Action Plan for Anaphylaxis* to the shared site.
- ✓ **M**ake arrangements for an adrenaline auto-injector for the student to be available at both school sites.
- ✓ **F**or students who carry their own adrenaline auto-injector, check that the student has their adrenaline auto-injector and *ASCIA Action Plan for Anaphylaxis* with them before they leave the school.

**RISK:** WORK EXPERIENCE

**Management strategy examples**:

**WORK EXPERIENCE**

- ✓ **C**onduct a risk assessment prior to work placement.
- ✓ **D**iscuss risk minimisation strategies with the student, parent and the workplace.
- ✓ **P**rovide a copy of the student's *ASCIA Action Plan for Anaphylaxis* to the workplace.
- ✓ **Remind students of their responsibility to ensure that their adrenaline auto-injector is in close proximity at all times and to advise co-workers of their medical emergency needs**

## 2. Food allergies



**Peanuts and tree nuts:** To minimise the risk of exposure to these high-risk allergens, schools should avoid the use of peanuts, tree nuts, peanut butter and other nut products in all curricular or extra-curricular activities. They should also review curriculum materials to make sure that they do not advocate the use of peanuts, tree nuts, peanut butter and other nut products. It is prudent to apply these precautions whether or not any student is known to be at risk from anaphylaxis.

**Blanket food bans:** The general banning of foods or food products is not recommended by health experts as there is a lack of evidence to suggest that banning a food from entering a school is helpful in reducing the risk of anaphylaxis. Schools are encouraged to become aware of the risks associated with anaphylaxis and implement a broad range of strategies to minimise exposure to the known allergens. These strategies are developed taking into account the needs of the individual student and the context of the particular school.

Schools, however, may decide in consultation with their community to ask families not to bring peanuts, tree nuts or nut products to the school site or to school activities as one of their risk minimisation strategies. This will not guarantee a school site is nut-free and **schools should not claim they are 'nut or peanut-free'** if they implement such a strategy. Such a claim could not reliably be made and, if made, may lead to a false sense of security about exposure to peanut and tree nut products.

**RISK:** RECESS AND LUNCH

**Management strategy examples**:

| | |
|---|---|
| RECESS and LUNCH | ✓ **R**equest that all parents clearly label lunch boxes, bottles and other drinks with the name of the child for whom they are intended. |
| | ✓ **P**lan regular discussions with students about the importance of washing hands, eating their own food, and not sharing food, food utensils or food containers. Place visual reminders around the classroom, as appropriate. |
| | ✓ **I**f a child in the early primary years (Kindergarten to year 3) has a peanut allergy, consider, in consultation with the school community, parents being advised not to send peanut butter on sandwiches or in school lunches (due to higher risk of person-to-person contact in this age group**). Blanket bans, however, are not recommended.** |

| | |
|---|---|
| | ✓ **F**or early primary school children, consider having the class or year group eat lunch in a specified area which is the focus of supervision, due to higher risk of person to person contact in this age group. The student(s) **should not be isolated** from their peers in any way.<br>✓ **Children are not to share food with children with food allergy** |

**RISK:** CLASS PARTIES, OPEN DAYS, WHOLE-SCHOOL ACTIVITIES involving food

**Management strategy examples**:

| | |
|---|---|
| GROUP ACTIVITIES INVOLVING FOOD | ✓ **L**iaise with parent of the student at risk of anaphylaxis about activities involving food ahead of time so planning can occur. Where appropriate, they can provide suitable food or the activity may be adjusted to accommodate the student's allergies.<br>✓ **I**nform other class members' parents of food allergens that affect students in the class and request these foods are avoided.<br>✓ **U**se non-food treats as far as possible. If food treats are used in class or other activities, discuss this with the parents of students at risk of anaphylaxis ahead of time so they can provide suitable food.<br>✓ **I**f using alternative foods only for the student at risk (e.g. cupcakes as a replacement for a piece of birthday cake), store food in a clearly labeled container to prevent cross-contamination. |

**RISK:** CURRICULUM ACTIVITIES THAT INVOLVE FOOD
(e.g. kitchen gardens, primary school cooking classes, food technology, PDHPE, science classes)

**Management strategy examples**:

| | |
|---|---|
| CURRICULUM ACTIVITIES INVOLVING FOOD | ✓ **A**void the use of the known food allergen when the student at risk of anaphylaxis is participating in curricular activities.<br>✓ **Speak with the parent of the student with food allergy and discuss risk minimisation strategies such as the possibility of students at risk of anaphylaxis having their own utensils.**<br>✓ **W**here practical, replace known allergens in the recipe prepared in food technology and other classes by the at-risk student. Where not practicable, another recipe should be used by that student. |

| | |
|---|---|
| ✓ | **I**f known allergens are used by students *not* at risk, careful, clear instructions should be given that students are not to share any food. |
| ✓ | **R**aise awareness of the possibility of hidden allergens in food technology, science and art classes/activities, e.g. egg or milk containers, peanut butter jars. |
| ✓ | **T**he use of particular food may need to be restricted, depending on the allergies of particular students and their age and developmental stage. |
| ✓ | **D**iscuss with classes that prepare food the risks associated with sharing their food outside the classroom. |
| ✓ | **P**ut food handling and hygiene procedures in place and communicate to all staff and students involved in food preparation to avoid cross contamination. These procedures should include:<br>• Thorough hand washing before and after handling foods<br>• careful cleaning of food preparation areas including bench top areas and utensils before and after use (hot soapy water) |
| ✓ | **H**ave regular discussions with students about the importance of washing hands, eating their own food and not sharing food, food utensils or food containers. |

## **RISK:** FOOD ALLERGENS IN THE CANTEEN

**Management strategy examples**:

CANTEEN FOOD ALLERGENS

| | |
|---|---|
| ✓ | **W**here practical, identify foods that contain, or are likely to contain, known allergens and replace with other suitable foods – Note: this is possible for peanut butter and other nut products, but is less realistic for products containing wheat, milk egg etc. |
| ✓ | **W**here food is prepared on-site, clearly label food items on the menu, and at point of sale, as appropriate. |
| ✓ | **I**nform canteen staff (including volunteers) about students at risk of anaphylaxis and the foods they are allergic to. |
| ✓ | **D**isplay a copy of the student's *ASCIA Action Plan for Anaphylaxis* in the canteen. |

| | |
|---|---|
| | ✓ **H**ave separate areas and utensils for preparing food for students at risk of anaphylaxis. (these must be cleaned in hot soapy water before EACH students food is prepared) |
| | ✓ **U**tensils that are washed in hot soapy water may be used for any student. |
| | ✓ **P**ut food handling and hygiene procedures in place and communicate to all staff and volunteers the need to avoid cross contamination. These procedures should include:<br>• Hand washing in hot soapy water before and after handling food<br>• Careful cleaning of food preparation areas including bench top areas and utensils before and after use. |
| | ✓ **A**rrange for canteen staff and volunteers to undertake anaphylaxis training (free online training at www.allergy.org.au) |

**RISK:** TRYING NEW FOODS
(for example through the canteen, curriculum or extra-curricular activities)

**Management strategy examples**:

| | |
|---|---|
| **TRYING NEW FOODS** | ✓ **Students at risk of anaphylaxis should not try new foods at schools.** Notify parents prior to events that include preparation/cooking of foods at school so planning and consultation can occur with the parent of the student at risk of anaphylaxis. |
| | ✓ **P**rovide staff supervision so that no student is pressured to try foods during the promotion and encouragement of new foods. |

**RISK: Food consumption at off-site school activities**
**(**e.g. sports and swimming carnivals, field trips, excursions)

**Management strategy examples**:

| | |
|---|---|
| **OFF-SITE FOOD CONSUMPTION** | ✓ **C**onsider the potential exposure to allergens when consuming food on buses where teachers are supervising students in transit to school related activities. |
| | ✓ **A**dopt an "no-food-sharing" rule on excursions and include reminders on permission slips. |
| | ✓ **Always take two adrenaline auto-injectors for students at risk of anaphylaxis** |

| | |
|---|---|
| ✓ | **A**dvise camps/accommodation providers and airlines in advance of any student food allergies and ensure the adrenaline auto-injector and *ASCIA Action Plan for Anaphylaxis* are held by a staff member at all times, including on aircraft. Note: *ASCIA Travel Plans* are available for airline travel, which are carried with the adrenaline auto-injector in addition to the usual *ASCIA Action Plan for Anaphylaxis*. *ASCIA Travel Plans* may be accessed at http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis |
| ✓ | **A**rrange for parent of child with allergies to discuss camp menu with the food provider at the camp facility well in advance of the camp. |
| ✓ | **L**iaise with parents/carers to develop alternative menus or allow students to bring their own meals. |
| ✓ | **A**void using known food allergens in activities and games, including as rewards. |

## 3. Insect sting and bite allergies



**The risk to allergic and/or anaphylactic students from insect stings and bites is particularly high during outdoor activities.** For example:

- ! Playground and off-site school activities
- ! Sports and swimming carnivals
- ! Field trips and excursions
- ! Curriculum-based lessons (e.g. PDHPE, outdoor education, science, agriculture lessons etc)

**RISK: OUTDOOR ACTIVITIES**
(e.g. playground, off-site, sport & swimming carnivals, field trips, excursions, outdoor curriculum activities)

**Management strategy examples**:

| | | |
|---|---|---|
| OUTDOOR ACTIVITIES | ✓ | Students at risk of anaphylaxis from insect sting or bite should:<br>• Wear closed shoes and long-sleeved garments when outdoors<br>• Keep drinks and food covered while outdoors |
| | ✓ | Identify specific play areas that are lowest risk to the student and encourage the student and his or her peers to play in this area, e.g. encourage the student to stay away from water or flowering plants. |
| | ✓ | Consideration should be given to plants and sources of water in the playground or outdoor areas so that the student can avoid them without being unfairly limited. |
| | ✓ | Keep lawns and clover mowed and outdoor bins covered. |
| | ✓ | Have adrenaline auto-injectors and ASCIA Action Plan available and easily accessible during off site sporting activities, including cross country, swimming and athletic carnivals. |
| | ✓ | For students at risk of anaphylaxis to tick bites, encouraged them to cover skin as much as possible and shake clothing well before returning indoors. |

## 4. Latex Allergies

**RISK:** EXPOSURE TO LATEX
in school and class activities including swimming

**Management strategy examples**:

| | |
|---|---|
| LATEX EXPOSURE | ✓ Avoid using party balloons and latex gloves |
| | ✓ Avoid contact with swimming caps, latex products (especially in PDHPE lessons) and latex goggles. Other non-latex allergic students can use these products |

## 5. Medication Allergies

**RISK:** MEDICATION BROUGHT FROM HOME
without staff knowledge

**Management strategy examples**:

| | |
|---|---|
| UNMANAGED MEDICATIONS | ✓ Inform the school community of the procedures for requesting the administration of medications |
| | ✓ Educate the student and peers about medication allergies and the importance of taking medication prescribed only for them – both prescribed and non-prescribed medication. |
| | ✓ Encourage affected students to wear a medical identification bracelet or necklace. |
| | ✓ Implement effective procedures for administering prescribed medications at school and monitor this to minimise risk of students bringing medication to school without approval. |

# Appendix 10A

# Communication Strategies for School Communities



It is important to work with the whole school community to better understand how to provide a safe and supportive environment for all students, including students with severe allergies.

Principals or their delegated executive staff should develop communication strategies in order to provide information about severe allergies and the school's procedures to staff, students and parents.

## Raising staff awareness

All staff involved in the care of students at risk of anaphylaxis, including class teachers, casual relief teachers, canteen and administrative staff should know:

- ✓ The causes, symptoms and treatment of anaphylaxis
- ✓ The identities of students (by face) who are known to be at risk of anaphylaxis
- ✓ The risk minimisation strategies in place
- ✓ Where adrenaline auto-injectors and *ASCIA Action Plans for Anaphylaxis* are kept
- ✓ The school's first aid and emergency response procedures
- ✓ Their role in responding to an allergic reaction.
- ✓ Some secondary students will carry their own adrenaline auto-injectors and may need to self-administer if they find themselves in a serious emergency situation.

Some ways to achieve this include allocating time, such as at staff meetings, to discuss, practice and review the school's management strategies for students diagnosed at risk of anaphylaxis, and providing and/or displaying copies of the student's A*SCIA Action Plan for Anaphylaxis* in canteens, the front office and staff rooms.

It is particularly important that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response. Anaphylaxis e-training for all casual staff is highly recommended. A designated staff member should have responsibility for briefing new staff (including canteen staff, volunteers or casual relief staff) about students at risk of anaphylaxis, the school's procedures and strategies for minimising risk. New staff should complete the free online training whilst waiting for face-to face training.

## Raising student awareness

Having supportive friends and classmates is important for students at risk of anaphylaxis. Staff can raise awareness of anaphylaxis in school through class

activities, teaching activities and use of fact sheets or posters displayed in hallways, canteens and classrooms.

**Key messages** include:

- ✓ Always take allergies seriously - severe allergies are no joke
- ✓ Don't share your food with friends who have food allergies
- ✓ Wash your hands after eating or touching food
- ✓ Know what your friends are allergic to
- ✓ If a friend/student becomes sick or unwell, get help from an adult immediately
- ✓ Be respectful of a student's adrenaline auto-injector
- ✓ Don't put pressure on your friends to eat food that they are allergic to.

It is important to be aware that some students at risk of anaphylaxis may not want to be singled out or seen to be treated differently, but this must not compromise their safety.

At any age, students may be unable to communicate with their peers that they have come into contact with an allergen, particularly if they become too distressed or incapacitated. It is important to reinforce the message that if a student sees a peer who is unwell or distressed always notify a teacher.

Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student at risk of anaphylaxis must be treated seriously and dealt with accordingly.

Allergy & Anaphylaxis Australia launched a School Curriculum resource for students from Kindergarten through to Yr. 10. See www.allergyfacts.org.au

## Working with parents and carers of students at risk of anaphylaxis

Schools should be aware that the parents of a child who is at risk of anaphylaxis may experience high levels of anxiety about sending their child to school. It is important to encourage an open and cooperative relationship with parents so that they can feel confident that appropriate management strategies are in place.

Aside from implementing practical strategies to minimise risk in schools, the anxiety that parents, students and staff may feel can be considerably reduced by increased education, awareness and support from the school community.

## Engaging the broader school community

Schools can raise awareness about anaphylaxis in the school community so that parents of all students have an increased understanding of the condition.

See Appendix 5 for advice on where to access further information on anaphylaxis including posters, fact sheets and brochures for use to promote greater awareness of severe allergies in the school community.

## Privacy considerations

Privacy legislation places limitations on the collection, use and disclosure of personal and health information. It may be necessary to provide medical and other information to staff in order to implement an individual health care plan. Depending on the circumstances it may sometimes be necessary to convey such information to other parents and students. Using or disclosing information for this purpose will not breach privacy legislation.

Where it is necessary to provide information to staff, other parents or students the parent and where applicable the student should be informed of this beforehand. Principals or their delegated executive staff should ensure that the persons who are provided with this information are aware of the need to deal with such as information sensitively and confidentially.[8]

With parental permission, a letter to the parents of other students in the class may be helpful to gain both the support and assistance from other parents and to better engage other members of the class.

A sample letter suitable for parents of primary school students is provided on the following page.

[8] Information in this Appendix was informed by information used in the *Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian government schools* (Department of Education and Early Childhood Development. Victoria) and the '*Be a Mate*' resource developed by *Allergy & Anaphylaxis Australia.*

# Appendix 10B

## Sample letter for Parents and Carers of Other Students

[School logo]

[Student's picture]
(with parent's approval)

Date _____

**IMPORTANT INFORMATION**

Dear Parents,

You may be aware that a member of your child's class, [child's full name], in Year [child's year] is at risk of having a severe allergic reaction to [allergen]. This condition is known as **anaphylaxis,** and **is a severe and sudden allergic reaction.** In schools, anaphylaxis usually occurs after eating even a small amount of a particular food or after being stung or bitten by an insect. Reactions usually begin within minutes of exposure and can progress rapidly. Anaphylaxis is **potentially life-threatening** and always requires an emergency response. Whilst deaths from anaphylaxis are rare, anaphylaxis is not uncommon although reactions are usually preventable.

In an endeavour to support [child's name], our school community has implemented a number of measures. One of these measures is to try to minimise the contact [child's name] has with [allergen]. Another measure, over time and at an appropriate level, is to educate the students in your child's class about anaphylaxis, how important it is for [*child's name*] to avoid contact with the trigger for their allergy and to seek the children's support for [*child's name*] by avoiding any teasing.

Your assistance is a vital part of our management plan for [child's name]. You can assist us by talking with your child about the content of this letter and also by being aware that if you intend to provide food for the class, e.g. at the time of your child's birthday, you contact [child's name]'s parents on [phone number provided with permission] and organise with them to either provide an alternative for [child's name]. Alternatively, you can discuss arrangements with the class teacher who will contact the parents on your behalf.

As the health, well-being and safety of the children in our school is of paramount concern to us all, I know I can depend on your support and assistance with this matter. Please feel free to contact me if you require any further information.

Yours sincerely,

(Signature of principal)

[Name of principal], Principal

# Appendix 11
# Information About Adrenaline Auto-Injectors

## What is an adrenaline auto-injector?

Adrenaline auto-injectors are automatic injector devices containing a single dose of adrenaline in a spring-loaded syringe. Two brands are approved for sale in Australia by the Therapeutic Goods Administration:

1. EpiPen® and
2. Anapen®.

A version of each containing half the standard dose of adrenaline (EpiPen® Junior and Anapen® Junior) is available for small children (between 10 and 20 kg).

Adrenaline auto-injectors have been designed as first aid devices for use by people without formal medical or nursing training.

When adrenaline is injected, it slows progression and then reverses the effects of a severe allergic reaction by reducing throat swelling, opening the airways, and maintaining blood pressure. Adrenaline (also called epinephrine) is a natural hormone released in response to stress. It is a natural "antidote" to the chemicals released during severe allergic reactions (anaphylaxis) to common allergens such as drugs, foods or insect bites or stings. Adrenaline is destroyed by digestive enzymes in the stomach and so it needs to be administered by injection. In general terms administration of adrenaline in error is unlikely to cause the student any harm.

**It is important for school staff to be aware that EpiPen® devices look and operate differently to the Anapen® devices**. Information showing the differences between EpiPens® and Anapens® and how they operate can be found on the ASCIA website:

**ASCIA resources**

@ http://www.allergy.org.au/health-professionals/anaphylaxis-resources

**EpiPens®**

@ http://www.allergy.org.au/health-professionals/anaphylaxis-resources/how-to-give-epipen

**Anapens®**

@ http://www.allergy.org.au/health-professionals/anaphylaxis-resources/how-to-give-anapen

## What if the student is unable to administer his or her own adrenaline autoinjector?

At any age, students may be unable to administer their own medication, particularly if they become too distressed or unwell. Where that is the case, another person should

administer the adrenaline auto-injector immediately. Waiting for help to arrive may endanger the student's life.

## How quickly does an adrenaline auto-injector work?

Signs of improvement should be seen rapidly, usually within a few minutes. If there is no improvement, or the symptoms are getting worse, then a second adrenaline auto-injector may be administered after 5 minutes.

## Is giving an adrenaline auto-injector safe?

Administration of the adrenaline auto-injector is very safe. The needle is thin and short (14 mm) so damage to nerves and blood vessels is not a concern when it is administered in the outer mid-thigh according to standard instructions.



When it is suspected that a person is having a severe allergic reaction, **not giving the adrenaline auto-injector can be much more harmful than giving it** when it may not have been necessary

## What would happen if the adrenaline auto-injector was given and it was subsequently found to be unnecessary?

The speed and force of the heartbeat could increase and the student may have palpitations and feel shaky for a few minutes. This should wear off after 10 to 15 minutes.

## How should a used adrenaline auto-injector be disposed of?

If the adrenaline auto-injector has been given, then an ambulance should be called. The time of administration of the adrenaline autoinjector should be noted. In the case of the EpiPen®, a needle shield covers the needle after use so there is no sharp evident. In the case of the Anapen®, a sharp is evident after use as the needle does not fully retract and so it should be stored carefully until ambulance officers arrive. Any used adrenaline autoinjector should be given to the ambulance officers for safe disposal. This also assists the ambulance crew in knowing what medication the child has received. Used adrenaline auto-injectors not given to ambulance officers should be disposed of in a medical sharps container.

## Adrenaline auto-injector storage, shelf life and replacement

Adrenaline auto-injectors should be stored in a cool dark place (such as an insulated wallet) at room temperature, between 15 and 25 degrees Celsius. They must not be refrigerated, as temperatures below 15 degrees Celsius may damage the auto-injector mechanism.

Adrenaline auto-injectors should be kept out of the reach of small children, however, they must be readily accessible when needed and NOT in a locked cupboard. An *ASCIA Action Plan for Anaphylaxis* should always be stored with an adrenaline auto-injector.

Make sure the adrenaline auto-injector is readily accessible from the classroom/s and playground and that staff know where it is located. Note: It is not appropriate to store adrenaline auto-injectors in a locked classroom during recess/lunch breaks or to store an auto-injector in a fridge.

The shelf life of adrenaline auto-injectors is normally around 1 to 2 years from date of manufacture. The expiry date on the side of the device needs to be marked on a calendar and the device must be replaced prior to this date. Expired adrenaline auto-injectors are not as effective when used for treating allergic reactions. However, a recently expired adrenaline auto-injector should be used in preference to not using one. Once a replacement adrenaline auto-injector has been obtained, the expired one can be used on an orange for training purposes before being disposed of.

It is the role of the parent to provide the prescribed adrenaline auto-injector and to replace it when it expires or after it has been used. A student's *Individual Health Care Plan* should include details for replacing used and expired adrenaline auto-injectors in a timely way.

## Students who carry their own adrenaline auto-injectors

Students at risk of anaphylaxis usually only carry their own adrenaline auto-injector/s once they travel independently to and from school. This often coincides with high school or the latter years of primary school. It is now recommended that secondary school students at risk of anaphylaxis carry their adrenaline auto-injector with them. Parents are to complete and return to the school the *Request for student to carry his/her own EpiPen® or Anapen® or asthma reliever medication* form (Appendix 17)

Where a student carries their own adrenaline auto-injector it is advisable that the school requests the parent provide a second adrenaline auto-injector to be kept in a central location at school.

Older students may carry an adrenaline auto-injector on their person, as specified in their *Individual Health Care Plan*. If this is the case, a second auto-injector should be kept in a central location within the school in order to provide a safe environment as it should not be relied upon that the auto-injector is always being carried on their person.

If a student does choose to carry an auto-injector, they should be sufficiently mature and the exact location of the auto-injector should be easily identifiable by school staff. Hazards such as identical school bags should be considered. If a student carries the device in their school bag, the school bag must be taken into class with them and taken on playground (not left in sun).

Where an auto-injector is carried on their person, a copy of the *ASCIA Action Plan for Anaphylaxis* should also be carried.

## Adrenaline auto-injectors for general use, not specifically prescribed for a student

Adrenaline auto-injectors are available from pharmacies without a prescription,

though this is not PBS (Pharmaceutical Benefits Scheme) subsidised. While it is the role of the parent to provide adrenaline auto-injectors for students diagnosed at risk of anaphylaxis, it is strongly recommended that schools have an auto-injector as part of their first aid kit, to use as a backup, or if a previously undiagnosed student is having a first episode of anaphylaxis. Auto-injectors stored in first aid kits should be placed with *ASCIA Action Plan for Anaphylaxis* for general use.

The NSW Ministry of Health advises that:

1. The 150 microgram adrenaline auto-injector (EpiPen® Jr, Anapen® Jr) should be used by preschools.
2. The 300 microgram adrenaline auto-injector (EpiPen®, Anapen®) should be used by schools from Kindergarten to Year 12.

Systems should be in place to replace expired or used general use auto-injectors in a timely way.

Further information about **auto-injectors for general use** can be found:

http://www.allergy.org.au/health-professionals/anaphylaxis-resources/adrenalineauto-injectors-for-general-use

## Timing and giving a second dose of an adrenaline auto-injector

If an adrenaline auto-injector is administered it is important to note the time of administration. If there is no change in the student's condition after 5 minutes (i.e. there is no response) a second adrenaline auto-injector should be administered to the student, if available.

Information about the time that a student has been administered an adrenaline auto-injector should also be provided to ambulance personnel when they arrive at the school.

Another student's adrenaline auto-injector may be used if a second adrenaline auto-injector is required, or a general use adrenaline auto-injector purchased by the school, if available. If there are concerns that the other student may be placed at risk by using their adrenaline auto-injector he or she can be transported to hospital.

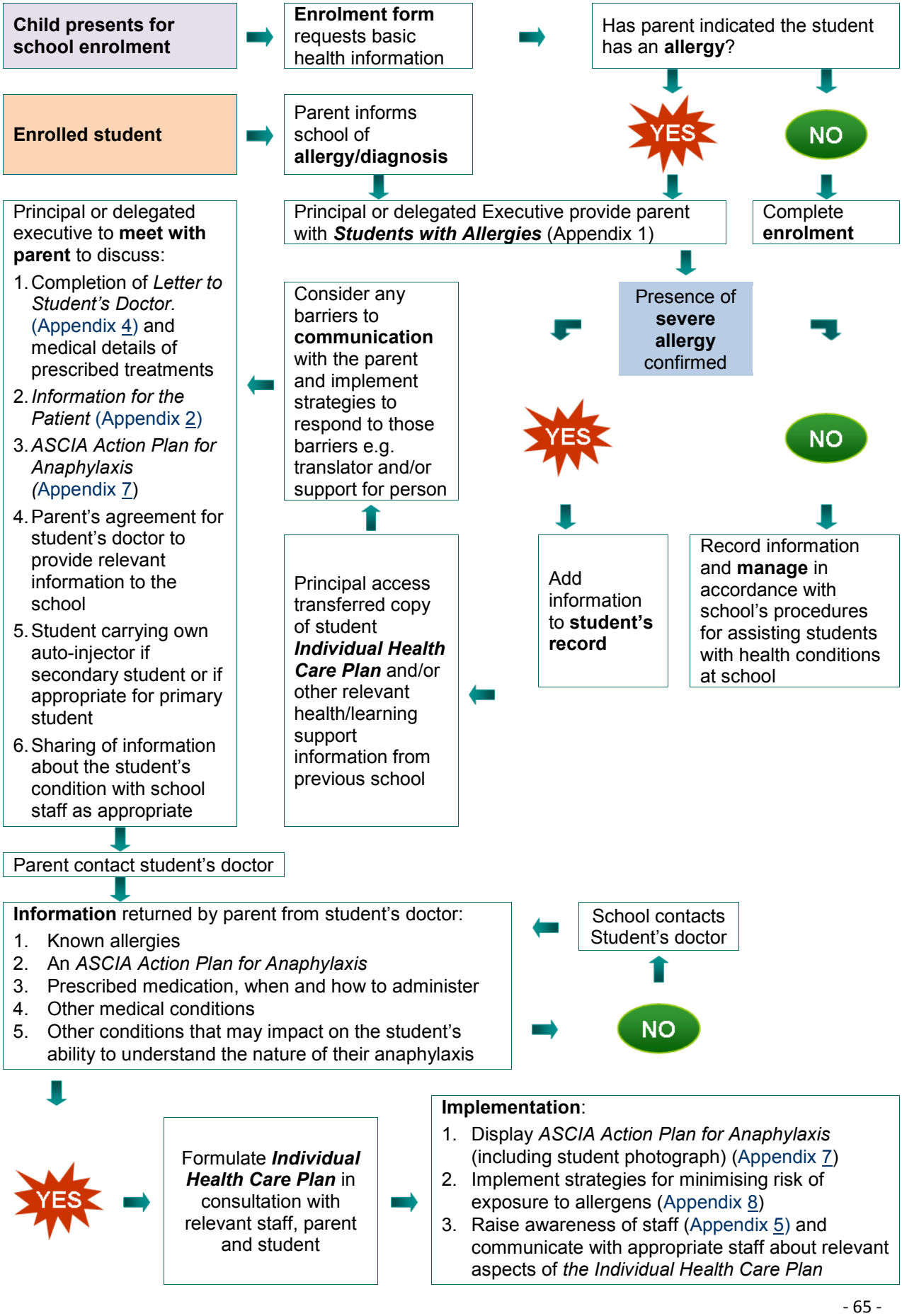
## *ASCIA Action Plans* and the adrenaline auto-injector

An *ASCIA Action Plan for Anaphylaxis* should be stored with the adrenaline auto-injector as the plan includes instructions on how to use the adrenaline auto-injector and the signs and symptoms of an allergic reaction, including anaphylaxis.

For more information and **frequently asked questions** about adrenaline auto-injectors see the ASCIA website:

*http://www.allergy.org.au/health-professionals/anaphylaxis-resources/adrenaline-autoinjectors-faqs*

# Appendix 12 – Flowchart: Managing Anaphylaxis at School



# Appendix 13A

## Principal's Action Step Checklist for a Student Identified with an Allergy (Including Anaphylaxis)



A system must be in place for checking enrolment forms for health information and arranging follow up where this or any other information indicates a student has an allergy.

Student name _____ Year _____

| Action steps for principals | | Completed? |
|---|---|---|
| **Step 1** | Copy of the *Students with Allergies Form* provided to the parent.<br>Appendix 1 | ☐ |
| **Step 2** | Appendix 1 checked to determine if action including discussion with the parent is required<br>NOTE: If information provided by the parent in Appendix 1 indicates no further action is required, add Appendix 1 to the student's records and as necessary manage in accordance with the schools procedures for assisting students with health conditions at school. | ☐ |
| **Step 3** | Information provided from previous preschool/school. | ☐ |
| **Step 4** | Barriers to communication with parent considered. | ☐ |
| **Step 5** | Parent provided with: | |
| | *Information for Parents and Carers of Students at Risk of Anaphylaxis Form* Appendix 2 | ☐ |
| | *Authorisation to Contact Doctor Form* (Appendix 3), to be completed and returned by parent to school | ☐ |
| | *Severe Allergies – Information From the Doctor Form* (Appendix 4) | ☐ |
| | Meeting with parent held to discuss arrangements for supporting their child at school. | ☐ |
| **Step 6** | Interim *Individual Health Care Plan* developed in consultation with student (where practicable), parents and staff. | ☐ |
| **Step 7** | Risk minimisation strategies developed and documented.<br>Appendices 8 and 9 | ☐ |

| Action steps for principals | | Completed? |
|---|---|---|
| **Step 8** | Final *Individual Health Care Plan* developed and documented.<br>Appendices 6, 7 and 8 | ☐ |
| | Parent provided school with an *ASCIA Action Plan for Anaphylaxis*, completed and signed by the doctor.<br>Appendix 7 | ☐ |
| **Step 9** | Communication strategy developed and implemented.<br>Appendix 10 | ☐ |
| **Step 10** | Training needs of staff addressed. | ☐ |
| **Step 11** | School has system in place for review of this student's *Individual Health Care Plan*, at least annually. | ☐ |
| **Step 12** | School has systems in place for keeping records in relation to anaphylaxis and support for this student. | ☐ |
| **Step 13** | System in place for keeping confidential health care records for the student. | ☐ |

| | | |
|---|---|---|
| **Principal/ delegated executive** | Name _____ | Date _____ |
| | Signature _____ | |

# Appendix 13B
## Anaphylaxis Checklist for Managers and Supervisors

| Management steps | Completed? |
|---|---|
| Establish local system to ensure enrolment form is checked for medical details and allergies (Part B, B3) at enrolment and workplace manager (principal) is notified immediately. | ☐ |
| Identify who is at risk using the *Students with Allergies Form.* Appendix 1 | ☐ |
| Collect relevant information related to the condition.<br>Appendices 1, 2, 3, 4 | ☐ |
| Conduct an assessment of potential exposure in the student's routine.<br>Appendices 8, 9 | ☐ |
| Develop an Interim *Individual Health Care Plan.* | ☐ |
| Complete an *Individual Health Care Plan, which **must*** include an emergency response plan completed and signed by doctor (*ASCIA Action Plan for Anaphylaxis*).<br>Appendices 6, 7 | ☐ |
| Complete an *Essential Student Health Information* form for casual staff. | ☐ |
| Update the workplace *Emergency Management Plan* to include emergency response advice for anaphylaxis and other complex medical conditions. | ☐ |
| Update the workplace *First Aid Plan* to include first aid advice for anaphylaxis and other complex medical conditions. | ☐ |
| Update the *School Anti-Bullying Plan* to include advice for the prevention of bullying of students with anaphylaxis and other complex medical conditions. | ☐ |
| Implement the *Risk Management Plan - Managing Exposure to allergens in the Workplace.*<br>Appendix 9 | ☐ |
| Consider risks when planning excursions, sporting activities and other off-site activities.<br>Appendices 5, 8, 9 | ☐ |

| Management steps | Completed? |
|---|---|
| Ensure all staff have had training in *anaphylaxis* and completed *Severe Allergy Aware* training. | ☐ |
| Coordinate specialist anaphylaxis training for staff. | ☐ |
| Communicate relevant information to the workplace and school community. | ☐ |
| Review anaphylaxis procedures and processes. | ☐ |
| Review *Individual Health Care Plans.* | ☐ |

| | | | |
|---|---|---|---|
| **Completed by:** | Name _____ | Date | _____ |
| | Signature _____ | | |

# Appendix 14

## Sample Risk Management Plan - Managing Exposure to Allergens in the Workplace[9]

| | | | |
|---|---|---|---|
| **Name of workplace** | Safehaven School | **Name of workplace manager** | M Principal |
| **Risk assessment focus** | Managing exposure to potential sources of allergens at Safehaven School | | |

| Hazard source | Hazard type/cause | Current controls | Risk * (Use matrix) | Risk elimination or control measures | Who | When |
|---|---|---|---|---|---|---|
| **CANTEEN:**<br>**Food allergy** | Canteen sells produce containing allergy trigger food such as peanuts or tree nuts (walnuts, almonds, cashews, pistachios, and pecans), fish and shellfish, eggs, milk, sesame, or soy<br>Note: many of these (as they are ingredients) cannot be removed from the canteen, but extra precautions can be taken, as shown. | Nil | 1 | • Minimise the risk of exposure to a high risk allergen, including by:<br>✓ Avoiding the use of peanuts, peanut butter, other peanut products and treenuts in curricular or extra-curricular activities.<br>✓ Reviewing curriculum materials to make sure that they do not advocate the use of peanuts, peanut butter, other peanut products and treenuts. | Canteen manager | Immediate |
| | | | | • Where food is prepared on site, clearly label foods items on the menu, and at point of sale, as appropriate. | Canteen manager | |

[9] *Note: assessments of risk vary with the particular circumstances (e.g. nature of the workplace, student group); this is a sample only

| Hazard Source | Hazard Type/Cause | Current Controls | Risk * (Use matrix) | Risk Elimination or Control Measures | Who | When |
|---|---|---|---|---|---|---|
| | | | | • Provide a list of students and what they are allergic to for the canteen manager | Principal | Ongoing |
| | | | | • Consider inviting parent of child with allergy to canteen to review foods child may be able to consume.( these foods will need to be checked again at time of sale) | | |
| | | | | • Consider nutritious food products that do not contain the 9 most common allergens | | |
| | | | | • Inform canteen workers of students with allergy and foods to which they are allergic | Class teacher | Ongoing |
| | | | | • Arrange for canteen workers to undertake anaphylaxis training. | Principal | |
| | | | | • Place a copy of the student's *ASCIA Action Plan for Anaphylaxis* (emergency response plan) on the canteen wall. | Principal | Ongoing |
| | | | | • Prevent cross-contamination during handling, preparation and serving of food, including by:<br>✓ Thorough hand washing before and after handling food<br>✓ Careful cleaning of food preparation areas including bench top areas and utensils before and after use<br>✓ Preparing particular foods in a separate area. | Canteen manager | Ongoing |

| Hazard source | Hazard type/cause | Current controls | Risk * (Use matrix) | Risk elimination or control measures | Who | When |
|---|---|---|---|---|---|---|
| **STUDENTS' LUNCHES or CLASS ACTIVITIES:**<br>**Food allergy** | • Student may share the lunch with allergic student which contains allergy triggers.<br>• Younger students may be unsupervised while eating some of their lunch. | • Discuss with students and emphasise importance of not sharing lunches.<br>• Class and lunch in a supervised area only (lower primary). | 2 | • Hold regular discussions with relevant classes about the importance of eating their own food and not sharing with their peers. | Principal | Ongoing |
| | | | | • Workplace and school community requested not to pack particular allergy foods such as peanuts and tree nuts, in consultation and in agreement with school community. | | |
| | | | | • Encourage parental involvement of allergic students on special days that involve food (birthdays etc). | | |
| | | | | • Reminders for students to wash hands before and after eating are displayed as posters around the playground. | | |
| | | | | • Reminders for parents to reinforce not to share food on excursions are included on parental permission slips. | | |

| Hazard source | Hazard type/cause | Current controls | Risk * (Use matrix) | Risk elimination or control measures | Who | When |
|---|---|---|---|---|---|---|
| **SCHOOL and WORKPLACE GROUNDS:**<br>**Insect allergy** | Overgrown grassed and garden areas with flowering shrubs attract bees and other biting or stinging insects<br>Other substances or areas attractive to insects/bees include pools of water, garbage bins and soft drinks | General maintenance | 3 | • Specify play areas that provide the lowest risk to the student and organise for the student and their peers to play there | | |
| | | | | • Encourage students to wear appropriate clothing when outdoors, including shoes | | |
| | | | | • Avoid scented perfumes and toiletries that may attract insects and bees | | |
| | | | | • Keep lawns and clover mowed and outdoor bins covered | | |
| | | | | • Remove wasp nests when students not at school | | |
| **MEDICATION ALLERGY** | Students ingesting or inhaling other students' medication brought from home without the knowledge of school staff | Medicines are secured | | • Inform school community of school policy regarding administration of medication | | |
| | | | | • Monitor implementation of the policy to minimise students bringing in unauthorised medication | | |
| | | | | • Educate students and peers about the dangers of sharing medication | | |
| | | | | • Encourage students with allergies to wear a medical identification bracelet or necklace, ongoing where required | | |

| Hazard source | Hazard type/cause | Current controls | Risk * (Use matrix) | Risk elimination or control measures | Who | When |
|---|---|---|---|---|---|---|
| **LATEX ALLERGY** | • Workers using protective gloves | Protective gloves | | • Provide protective gloves made of non-latex material | Class teachers- | Ongoing |
| | • Workers helping special care students (e.g. toileting) | Protective gloves | 5 | • Provide protective gloves made of non-latex material | | |
| | • Food technology | Protective gloves | 6 | • Provide protective gloves made of non-latex material | | |
| | • Sports activities | Swimming caps and goggles | 5 | • Provide swimming caps and goggles made of an alternative material. Non-allergic children can wear these near children with latex allergy. Children with latex allergy should not touch latex caps or goggles. | Sport teacher | Ongoing |
| | | | | • Exempt allergic students from wearing latex swimming caps and goggles | | |

## Plan preparation, consultation and communication:

| | | | | | |
|---|---|---|---|---|---|
| **Prepared by** | | **Position** | | **Date** | |
| **In consultation with** | | **Distribution** | | **Review**[10] | |
| **Relevant additional information reviewed/attached** | | | | | |

Further information about minimising the risk of exposure to allergens is available:

@ http://www.schools.nsw.edu.au/studentsupport/studenthealth/conditions/anaphylaxis/index.php

[10] **Monitor and review** the effectiveness of risk controls at staff meetings. Adjust as necessary. Review risk assessment if incident or significant change occurs.

# APPENDIX 15

## Official Information for Principals

### Anaphylaxis and asthma medication for students

A student attending a NSW secondary school died after having an anaphylactic reaction in 2011. The student had severe allergy and asthma and was not carrying his own EpiPen® or asthma reliever medication. Although he felt unwell at school he did not tell staff he was sick until he was seriously ill.

As part of the inquest into the student's death the Coroner recommended that the Department of Education and Communities actively encourage high school students to carry their own adrenaline auto-injector (EpiPen®, Anapen®) and/or asthma reliever medication on them while at school. This is in addition to the medication held by the school. For some students in the upper primary years it may also be appropriate for them to carry their own medication to and at school.

**Principals or delegated executive and/or learning support teams are asked to consider the appropriateness of individual students with anaphylaxis carrying their own medication to and at school**.

Two template letters have been prepared for sending to parents/carers of students considered as being appropriate to carry, or who already carry their own medication for anaphylaxis or asthma to and at school. A third follow-up letter to parents has been prepared confirming the arrangements for the child to carry their own medication.

In some instances it may be appropriate for the principal to arrange a meeting with the parent to gather more information before a decision is made about contacting a parent/carer about their child carrying their own medication.

Decisions on whether a student should carry their own medication are an essential part of the student's health care planning.

**Parent letter 1** (Appendix 16A) has been prepared to send to parents/carers where a student **does not currently carry** their own adrenaline auto-injector or asthma reliever medication. The parent/carer request form for students to carry their own EpiPen®, Anapen® or asthma reliever medication (Appendix 17) should be enclosed with this letter.

**Parent letter 2** (Appendix 16B) has been prepared to send to parents/carers of students who are **already carrying** through written agreement with the parent/carer their own adrenaline auto-injector or asthma reliever medication. This letter has key messages for parents/carers including the importance of reminding their children to tell school staff immediately if they feel sick at school. Schools are also asked to reinforce these messages to students who carry their own adrenaline auto-injector or asthma reliever medication.

**Parent letter 3** (Appendix 16C) has been prepared to send to parents/carers to **confirm arrangements** for the student to carry their own medication.

A copy of the completed parent/carer request form (Appendix 16A or 16B) and the confirmation letter (Appendix 16C) should be retained at the school and included in the student's individual health care plan. Information should be communicated to school staff so they are aware of the students who carry their own medication and of specific relevant details.

## More support for anaphylaxis and asthma management in schools

A school newsletter article provides key messages about anaphylaxis for the school community.

Principals are also asked to implement strategies to raise awareness of anaphylaxis among their students based on their local community contexts and to inform staff about which students carry their own medication.

For further information, please contact:

| | | |
|---|---|---|
| (i) | Systemic school | Diocesan office |
| (ii) | Congregational school | CEC, NSW |

# APPENDIX 16A

## Parent Letter 1 - Children not carrying own medication

[School logo]

Date:

**IMPORTANT INFORMATION for parents of children who do not already carry their own medication for anaphylaxis or asthma**

Dear Parent,

We are strongly committed to the health, safety and wellbeing of our students at this school.

We know that this is best achieved when we keep you informed and work in partnership with both you and, where possible, your children. I am writing to you today about an important health issue.

In May 2011, a 16 year old boy died after having an anaphylactic reaction at his NSW government high school. An inquest was held into his tragic death in December 2012. The NSW State Coroner made a number of recommendations to the NSW Minister for Education at the end of the inquest. I am writing to you today about one of those recommendations.

**The Coroner made a recommendation about students carrying their own EpiPen®, Anapen® and/or asthma reliever medication to and at school**

She recommended that high school aged children with asthma and/or allergies be actively encouraged to carry their EpiPen® or Anapen® and/or asthma reliever medication with them to school and at school. This would be in addition to any medication you provide us to use if your child needs our help.

For some students in their upper primary years it may also be appropriate for them to carry their own medication to and at school.

I know that not every school student will be ready to do this now.

Please seriously consider whether your son or daughter should carry their adrenaline auto-injectors or asthma reliever medication with them to school.

**If you are not sure about this - who can you talk to?**

Talk to your child's doctor if you have any doubts or concerns.

### Is there anything you should tell your child if he or she is carrying their own EpiPen®, Anapen® or asthma reliever to school?

Yes - please remind him or her to:

- ✓ carry their EpiPen®, Anapen® and/or asthma reliever medication with them at all times, including while at school and while travelling to and from school each day;
- ✓ keep a copy of their *ASCIA Action Plan for Anaphylaxis* with their EpiPen®, Anapen®; and/or keep their Asthma Action plan with their reliever medication;
- ✓ know how and when this medication should be used;
- ✓ keep their medication with them in an easily accessible and identifiable spot. For example some parents have bought pouches so their children can carry around their EpiPen® or Anapen® wherever they go;
- ✓ tell a teacher *immediately* if they start to feel unwell or sick at school. Please tell them this won't get them into trouble if they do this;
- ✓ ask the person closest to tell the teacher you need help if you don't feel well enough to contact the teacher yourself
- ✓ tell you *immediately* if their medication is used, lost or misplaced or is nearing its expiration date; and
- ✓ carry their EpiPen®, Anapen® or asthma reliever medication *with them* on all school excursions, training at TAFE and any work experience or structured work place learning your child is involved in.

We in the school will tell your child the same things.

### You will still need to provide the school with an EpiPen®, Anapen® or asthma reliever medication

The school still needs you to provide at least one additional EpiPen®, Anapen® and/or asthma reliever medication for your child in case we need it in an emergency. This could happen, for example, if your child doesn't have theirs with them at school when it is needed. We will store it in a central location in the school and use it to help your child if needed.

### It is important to tell the school if your child is carrying their own EpiPen®, Anapen® and/or asthma reliever medication

The school needs to know that your child carries their own medication. This will be important in the event of an emergency.

### You can get further information about ANAPHYLAXIS from:

- ✓ The Australasian Society of Clinical Immunology and Allergy (ASCIA)
  www.allergy.org.au
- ✓ The NSW Ministry of Health
  www.health.nsw.gov.au/factsheets/general/allergies.html
- ✓ Allergy & Anaphylaxis Australia
  www.allergyfacts.org.au

**You can get further information about ASTHMA** from:

- ✓ National Asthma Council
  www.nationalasthma.org.au
- ✓ Physical as anything.com
  http://physicalasanything.com.au/lo/asthma_004/index.htm
- ✓ the Asthma Foundation
  www.asthmafoundation.org.au
- ✓ the NSW Ministry of Health
  www.health.nsw.gov.au/topics/asthma.asp

**How do you arrange for your child to carry their own EpiPen®, Anapen® or asthma reliever medication to and at school?**

Please complete the attached form and return it to the school.

If you have any questions in relation to this letter please contact the school on [phone number].

Yours sincerely

(Signature of principal)

[Name of principal], Principal

# APPENDIX 16B

## Parent Letter 2 - Children carrying own medication

[School logo]

Date:

**Important information for parents of children with anaphylaxis and asthma who carry their own EpiPen®, Anapen® and/or asthma reliever medication to and at school**

Dear Parent,

We are strongly committed to the health, safety and wellbeing of our students at this school.

We know that this is best achieved when we keep you informed and work in partnership with both you and, where possible, your children.

Our records contain an agreement with you that your child carries their own EpiPen®, Anapen® or asthma reliever. I am writing to you today with an important reminder for you to raise with your child.

**Please remind him or her to:**

- ✓ carry their EpiPen®, Anapen® and/or asthma reliever medication with them at all times, including while at school and while travelling to and from school each day;
- ✓ keep a copy of their *ASCIA Action Plan for Anaphylaxis* with their EpiPen® or Anapen® and/or keep their *Asthma Action Plan* with their reliever medication;
- ✓ know how and when this medication should be used;
- ✓ keep their medication with them in an easily accessible and identifiable spot. For example some parents have bought pouches so their children can carry around their EpiPen® or Anapen® wherever they go;
- ✓ tell a teacher *immediately* if they start to feel unwell or sick at school. Please tell them
  this won't get them into trouble if they do this;
- ✓ tell you *immediately* if their medication is used, lost or misplaced or is nearing its expiry date; and
- ✓ carry their EpiPen®, Anapen® or asthma reliever medication *with them* on all school excursions, training at TAFE and any work experience or structured work place learning your child is involved in.

We in the school will tell your child the same things.

**You still need to provide the school with an EpiPen®, Anapen® or asthma reliever medication**

The school still needs you to provide at least one additional EpiPen®, Anapen® and/or asthma reliever medication for your child in case we need it in an emergency. This could happen, for example, if your child doesn't have theirs with them at school when it is needed. We will store it in a central location in the school and use it to help your child if needed.

It is important to tell the school if your child is carrying their own EpiPen®, Anapen® or asthma reliever medication

The school needs to know that your child carries their own medication. This will be important in the event of an emergency.

**You can get further information about ANAPHYLAXIS** from:

- ✓ The Australasian Society of Clinical Immunology and Allergy
  www.allergy.org.au
- ✓ The NSW Ministry of Health
  www.health.nsw.gov.au/factsheets/general/allergies.html
- ✓ Allergy & Anaphylaxis Australia
  www.allergyfacts.org.au
- ✓ Catholic Education Commission NSW
  http://www.cecnsw.catholic.edu.au

**You can get further information about ASTHMA** from:

- ✓ National Asthma Council
  www.nationalasthma.org.au
- ✓ Physical as anything.com
  http://physicalasanything.com.au/lo/asthma_004/index.htm
- ✓ the Asthma Foundation
  www.asthmafoundation.org.au
- ✓ the NSW Ministry of Health
  www.health.nsw.gov.au/topics/asthma.asp

If you have any questions in relation to this letter please contact the school on [phone number].

Yours sincerely

(Signature of principal)

[Name of principal], Principal

# APPENDIX 16C

## Parent Letter - Confirmation of medication arrangements

[School logo]

Date:

**Confirmation of arrangements for a student to carry their own EpiPen®, Anapen® or asthma reliever medication to and at school**

Dear Parent,

This letter is to advise you that your request for your child to carry their own EpiPen®, Anapen® and/or asthma reliever medication to school and at school is supported and confirmed.

I have outlined below how this arrangement will occur at school:

<insert agreed details of medication the child will carry and how and where the student will carry it>

Where the EpiPen® or Anapen® is carried by your child, he or she will also need to carry a copy of their *ASCIA Action Plan for Anaphylaxis* (see www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis).

Where asthma reliever medication is carried by your child, he or she will also need to carry a copy of their *Asthma Action Plan*.

Please ensure the medication that your child carries is within the expiry date and clearly labelled with their name.

If the situation arises where this arrangement cannot continue to be implemented we will contact you.

Please keep the school informed if your child's health condition and/or treatments change.

The school will continue to work with you to support your child in managing their health condition.

Yours sincerely

(Signature of principal)

**[Name of principal], Principal**

# APPENDIX 17

## Parent Medication Request Form

Insert School Logo here



# Request for student to carry his/her own EpiPen®, Anapen® or asthma reliever medication

**This form is not a substitute for the *ASCIA Action Plan for Anaphylaxis* or the *Asthma Action Plan* signed by the student's doctor.**

For some medications and some students it can be appropriate for them to carry their own medication to school and at school, for example, EpiPen® or Anapen® for anaphylaxis and asthma reliever medication for asthma.

For asthma and anaphylaxis it is important for students to have immediate access to their medication.

Please consider whether your child should carry their own EpiPen®, Anapen® or asthma reliever medication to school and while at school.

On receiving this completed request form, the school will confirm the arrangements for how and where your child will carry their medication.

You will still need to provide the school with at least one other EpiPen®, Anapen® and/or asthma reliever medication for storage in a central location/s within the school and for access by staff in case of an emergency.

**If you would like the school to consider your request for your child to carry their medication, please complete the following information and return to:**

## Student details

**First Name**

**Last Name**

**Date of birth** (DD / MM / YYYY) Class

**Q1. My child has been diagnosed with** (please select):

- Asthma ☐
- Severe allergies (anaphylaxis) ☐

**Q2. I am requesting my child carry the following medication with them to school and at school** (please select):

- EpiPen® ☐
- Anapen® ☐
- Asthma (reliever medication ☐

Write the name of the asthma reliever medication below:

. Continued overleaf

## **Medication request form** (continued) **Page 2 of 2**

**Q3.** **Describe where and how your child will carry this medication.**

(For example, my child will carry it on their person in a medical pouch or similar container)

**Note:**

The exact location of the medication should be easily identifiable by school staff.

Hazards such as identical school bags should be avoided.

**Privacy notice:**

The information requested on the form is essential for assisting the school to plan for the support of your child's health needs. It will be used by the school for the development of arrangements with you to support your child's health needs. Provision of this information is voluntary. If you do not provide all or any of this information, the school's capacity to support your child's health needs could be impaired. This information will be stored securely. You may correct any personal information provided at any time by contacting the Principal.

**Note:** Your child's medication should be clearly labelled with their name.

Where the EpiPen® or Anapen® is carried by your child they will need to carry with it a copy of their *ASCIA Action Plan for Anaphylaxis*:

*www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis*

For asthma reliever medication your child should carry with it a copy of their *Asthma Action Plan*.

### Parent/Carer details

**First Name**

**Last Name**

**Relationship to student**

**Street number / street name**

**Suburb** **Postcode**

**Home phone** **Work phone**

**Mobile phone**

**Email**

**Parent / Carer signature**

**Date**
(DD / MM / YYYY)

# APPENDIX 18

## Draft Article for School Newsletters

### IF YOUR CHILD HAS ANAPHYLAXIS SHOULD HE OR SHE CARRY THEIR OWN EPIPEN® OR ANAPEN® TO AND AT SCHOOL?

**What is this article about?**

If you have told the school that your child is diagnosed as being at risk of anaphylaxis you should have received a letter from <insert name of principal>.

This article provides more information about anaphylaxis.

**What is an EpiPen® and an Anapen®?**

EpiPen® and Anapens® are the emergency treatment for children who are having an anaphylactic reaction.

**What is anaphylaxis?**

Anaphylaxis is a severe and sometimes sudden allergic reaction. If your child has been diagnosed by a doctor as being at risk of anaphylaxis there are some important things to remember that will help the school to support your child's health care needs.

**Why you need to keep us informed if your child is diagnosed as being at risk of anaphylaxis or if his or her condition changes. This includes if they have an anaphylactic reaction while not at school.**

The school can only respond to risks it knows about. Please keep <insert contact> informed so that we can plan to support your child at school.

**Why you need to provide the school with your child's current *ASCIA Action Plan for Anaphylaxis* signed by their doctor and an EpiPen® or Anapen®**

The *Plan* sets out the steps the school needs to follow in an emergency. It is essential for us to have this to keep your child safe. We will keep a copy of your child's *ASCIA Action Plan for Anaphylaxis* stored with your child's EpiPen® or Anapen®.

**Why it is important to talk regularly with your child about some simple steps to help keep them safe**

It is important to regularly talk with your child about when and where they are at risk of contact with the things they are allergic to and how to avoid this. If you have told them not to take part in sharing food at school, regularly remind them of this.

Reassure them that if they do come into contact with something they are allergic to or they feel unwell at school they won't get into trouble. They need to tell a teacher IMMEDIATELY.

## Consider whether your child should carry their own EpiPen® or Anapen®

If your child has been diagnosed with anaphylaxis you can request that they carry their own EpiPen® or Anapen® to school and at school. A request form has been sent home and is also available from <insert location and/or person's name>

If you request that your child carry an EpiPen® or Anapen® with them to school and at school you will also need to provide the school with at least one additional EpiPen® or Anapen® for storage in a central location within the school and for access by staff in an emergency.

The school will contact you about any request you make for your son or daughter to carry their own EpiPen® or Anapen®.

## Why does the school need to know if your son or daughter is carrying their own EpiPen® or Anapen®?

Staff need to know your child carries an EpiPen® or Anapen® in an emergency. For this reason this information will be included in your child's *Individual Health Care Plan*.

They also need to be able to find it quickly so it is important that it be in an easily identifiable and accessible spot (eg. not a locker).

# APPENDIX 19

## GP Letter

[School logo]

Date:

**IMPORTANT INFORMATION**
**for doctors treating school-aged children for anaphylaxis and/or asthma**

Dear Doctor,

I am writing to you to request your ongoing support for children who you or another medical practitioner has diagnosed as being at risk of anaphylaxis and/or asthma.

### Deaths of children from anaphylaxis

Treating doctors were amongst those who gave evidence at the December 2012 inquest of a student who tragically died in 2011 after he had an anaphylactic reaction at a NSW government high school.

This latest tragic death follows earlier deaths of children who have had anaphylactic reactions at a NSW government high school in 2002, a Victorian preschool in 2004 and a Victorian high school camp in 2007. Tragically children also die from asthma.

### Your role in helping save lives

You can play a key role in educating your school aged patients and their families about carrying and administering their own medication and informing young people about its use.

In order to minimise the risk of another student dying it is vital that parents of children at risk of anaphylaxis provide their schools with:

a) up to date information about the child's anaphylaxis and any factors that may impact on the emergency response that may need to be provided to the child while at school, for example, a learning difficulty or an intellectual disability;

b) advice of any severe allergic reactions experienced away from school together with any changes to the child's health condition;

c) current medication that has been prescribed for the child (such as an EpiPen®, Anapen® or Ventolin); and

d) the most recent copy of the *ASCIA Action Plan for Anaphylaxis* that has been signed and dated by the child's doctor and/or the child's Asthma Action Plan. These plans can be completed online by doctors from the ASCIA website at *http://www.allergy.org.au/anaphylaxis action plan*

## Some questions parents may ask you

It is possible that if you have, as a patient, a child who has been diagnosed as being at risk of anaphylaxis and/or asthma you will be asked to complete some forms for the school. The information that is sought is essential to the school being able to develop a health care plan for that child. Your cooperation in completing these forms is greatly appreciated.

You may also be asked by a family or school (usually with parental consent) about whether there is any reason a particular child (usually a high school aged child) should carry an adrenaline auto injector or asthma reliever medication with them to and at school each day and the form that the parent has to complete so the school can consider this.

Medication carried by the student would be in addition to the adrenaline auto injector or asthma reliever medication parents may provide to the school for storage in a central location. A copy of the template letter being provided to parents with information about this is attached.

## Further information

Further information about allergies, anaphylaxis and/or asthma can be found in:

a) an article by Ms Geraldine Dunne in **Australian Doctor** dealing with the importance of teaching caregivers to recognise and treat an allergic reaction that was published on 22 October 2012 and can be accessed at http://www.australiandoctor.com.au/clinical/therapy-update/digesting-the-danger

b) the **Australasian Society of Clinical Immunology and Allergy** website at http://www.allergy.org.au/

c) the **NSW Ministry of Health** at http://www.health.nsw.gov.au/factsheets/general/allergies

d) the **Catholic Education Commission** http://www.cecnsw.catholic.edu.au

Thank you for taking the time to read this letter and for your ongoing support of students diagnosed as being at risk of anaphylaxis or asthma.

Yours sincerely,

(Principal's signature)

[**Principal's name]**
**PRINCIPAL**

# Acknowledgements

## Authorship

The original document was developed from procedures developed by the NSW Department of Education and Communities (DEC) with the assistance of the NSW Ministry of Health and the Anaphylaxis Education Program Governance Group comprising clinical, education and consumer representatives from:

- NSW Ministry of Health
- The Sydney Children's Hospitals Network
- John Hunter Children's Hospital
- Allergy & Anaphylaxis Australia
- The Australasian Society of Clinical Immunology and Allergy
- The Department of Education and Communities
- The Catholic Education Commission of NSW
- The Association of Independent Schools of NSW

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