



ANAPHYLAXIS MANAGEMENT PLAN

References and Legislation:	<ul style="list-style-type: none">• <i>Education and Care Services National Law Act 2011</i>• <i>Education and Care Services National Regulations 2011</i>• <i>National Quality Standard</i>• <i>Work Health and Safety Act 2011 (Qld)</i>• <i>Work Health and Safety Regulations 2011 (Qld)</i>• <i>First Aid in the Workplace Code of Practice 2021 (Qld)</i>• Australian Privacy Principles• Anaphylaxis Guidelines for Queensland State Schools 2013• ASCIA Anaphylaxis Guidelines
Ormiston College Related Documents:	<ul style="list-style-type: none">• Administration of Medication Policy• First Aid Policy• Infection Control Policy• Workplace Health and Safety Policy• Administration of Medication Procedure• Administration of Medication Consent Form
Version:	V130924
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RATIONALE

Ormiston College has a duty of care to take reasonable steps to keep students safe at school. This includes but is not limited to, minimising the risk of personal injury to students, seeking prompt medical assistance and administering emergency medication when a student shows signs and symptoms of Anaphylaxis.

Ormiston College is committed to provide, as far as practicable:

- A safe and supportive environment in which students at risk of Anaphylaxis can participate equally in all aspects of school.
- Raising awareness of Anaphylaxis and the College's Anaphylaxis Management Plan/guidelines in the school community.
- To engage with parents/guardians of each student at risk of anaphylaxis in assessing risks and developing risk minimisation strategies for the student.
- To ensure that staff have knowledge about allergies, anaphylaxis and the school's guidelines and procedures in responding to an anaphylactic reaction.

While this Plan uses the term 'student', it can also be applied to staff members, contractors or visitors to the College.

WHAT IS ANAPHYLAXIS?

Anaphylaxis is a potentially life threatening, severe allergic reaction that requires immediate treatment with adrenaline (epinephrine).

Anaphylaxis should always be treated as a Medical Emergency.

In Australia, call 000 and ask for an ambulance, immediately after giving adrenaline (EpiPen® or Anapen®).

Anaphylaxis occurs after exposure to an allergen (usually to foods, insects or medicines), to which a person is allergic. Not all people with allergies are at risk of anaphylaxis. Common food allergens that may cause anaphylaxis include peanut, egg, tree nuts, cow's milk (dairy), soy, sesame, wheat, fish and shellfish. Other allergens include medications, insects (bee, wasp, ant) venoms and latex.

The [Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](https://www.allergy.org.au/patients/about-allergy) provides information on a wide range of allergens. <https://www.allergy.org.au/patients/about-allergy>

SIGNS and SYMPTOMS of an ALLERGIC REACTION

Signs and symptoms of an allergic reaction can vary from individual to individual. Students may display all symptoms or just one symptom. It is important to always monitor any symptoms closely in a student with known allergies as Anaphylaxis can develop at any time. Symptoms may develop instantly after exposure to an allergen or can develop slowly over hours. It is vital that rapid onset and progression of symptoms be treated as potentially life threatening, and the ASCIA Anaphylaxis Action Plan is followed.

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Mild to Moderate Symptoms

- Swelling of lips, face, eyes
- Tingling mouth
- Hives or welts (raised, red, itchy patches of skin)
- Abdominal pain, vomiting - these are signs of anaphylaxis for insect allergy

Severe Symptoms

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

FIRST AID REQUIREMENTS

Ormiston College has the responsibility of administering First Aid to students both on campus and during off-campus excursions. This can include but is not limited to, an initial episode of Anaphylaxis in an undiagnosed student. The College will provide First Aid Kits that include an in-date EpiPen in locations around the campus. Ormiston College will, via a Risk Assessment, decide the number of EpiPen's required to be stored on campus to facilitate early management of Anaphylaxis in students.

Adrenaline given through an adrenaline autoinjector (EpiPen®) into the muscle of the outer mid-thigh is the most effective first aid treatment for Anaphylaxis. Along with early transportation to hospital via ambulance for emergency treatment.

The College will have a First Aid Kit appropriate to the number of students with a minimum of one in-date EpiPen on all off-campus excursions/camps.

Ormiston College provides CPR first aid training yearly for staff members which includes training for the management of Anaphylaxis and the administration of an EpiPen.

Specific Requirements to Cater for Diagnosed Students

Any parent/guardian of a student diagnosed at risk of Anaphylaxis and the individual student diagnosed at risk of Anaphylaxis should:

- be familiar with their individual Anaphylaxis Action Plan.
- be familiar with the Ormiston College Anaphylaxis Management Plan.
- be aware of the roles and responsibilities of parents, the Headmaster, College staff and students.
- develop an Anaphylaxis Risk Management Plan in accordance with their Immunologist or GP.

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INDIVIDUAL ANAPHYLAXIS ACTION PLANS

Ormiston College requires any student diagnosed at risk of Anaphylaxis or Severe Allergies to have a current ASCIA Anaphylaxis Action Plan, completed by their Immunologist or GP (*APPENDIX A*). The Anaphylaxis Action Plan must detail the known allergens that can trigger Anaphylaxis in that student, any additional management required and a current photo of the student in Ormiston College Uniform.

The parents/guardian of the student at risk of Anaphylaxis are encouraged to provide a current Anaphylaxis Action Plan each school year. The onus is on the parent/guardian to ensure the Anaphylaxis Action Plan remains current and up to date. A new Anaphylaxis Action Plan is required should any new allergens be diagnosed or if any changes are made by the student's Immunologist, Nurse Practitioner or GP. The Anaphylaxis Action Plan will be stored in the Health Centre as well as on the student's electronic health record.

Any student deemed at high risk of Anaphylaxis or with recent anaphylactic reactions, requiring an EpiPen will require an individual Health Care Plan. The Health Care Plan will be developed with the parents/guardian of the student, the treating Doctor or Nurse Practitioner, the appropriate Head of School and the College Nurse. The Health Care Plan will detail any specific medication and/or treatment required should an allergic reaction occur. The student, if age appropriate, will be aware of the details of the Health Care Plan and comply with this management should any episode of Anaphylaxis occur. Junior School students in Prep to Year 2 diagnosed with Anaphylaxis are to wear a white ribbon on their hats, assisting First Aiders to identify who has Anaphylaxis and enabling timely treatment.

INDIVIDUAL ALLERGY ACTION PLANS

Any student with diagnosed allergies but not Anaphylaxis is to have an ASCIA Allergy Action Plan for allergic reactions (*APPENDIX B*). The Allergy Action Plan will detail the allergens that may cause an allergic reaction in the student. It will also list the medication and dose required should an allergic reaction occur. Should any student display signs of Anaphylaxis then the ASCIA Anaphylaxis Action Plan will be followed.

Equipment for Anaphylactic Emergencies – Student

Each student diagnosed to be at risk of Anaphylaxis should have his or her own Anaphylaxis Emergency Kit. This Kit contains:

- A minimum of one personal adrenaline auto-injector (EpiPen®) to administer if required. The adrenaline auto-injector must be in-date and have a Pharmacist label stating the student's name.
- The student's current ASCIA Action Plan for Anaphylaxis to provide personalised instructions (*APPENDIX A*).
- Any additional emergency medication required e.g. Salbutamol inhaler.

The storage of the student's Anaphylaxis Emergency Kit will be determined by the College in consultation with the parent and student, after careful consideration of the risks involved. It is preferred that every student who has been prescribed an EpiPen should carry their Anaphylaxis Emergency Kit with them to all classes. Junior School teachers will assist the younger students in remembering to take the EpiPen to specialist lessons.

Any student deemed at risk of Anaphylaxis will be required to supply a minimum of one EpiPen for any off-campus excursions.

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School Emergency Equipment

Ormiston College will provide a number of EpiPens around the campus, located in designated Anaphylaxis and Asthma Kits (*APPENDIX D*). A minimum of three general use EpiPens will be in the Health Centre.

A current ASCIA First Aid Plan for Anaphylaxis (ORANGE) 2023 General (*APPENDIX C*), which provides standard emergency procedures for Anaphylaxis administering an EpiPen (*APPENDIX C*), will be located with each EpiPen located on campus.

All ASCIA Action Plans for Anaphylaxis (general) are available at:

[ASCIA Action, First Aid, Management, Transfer, Travel and Treatment Plans - Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#)

The College Nurse will supply an appropriate number of First Aid Kits for off-campus excursions, which will contain a minimum of one EpiPen. The number of EpiPens required will be determined via a Risk Assessment by the responsible Teacher and the College Nurse.

RISK MANAGEMENT

Ormiston College is **NOT** a Nut Free school, as blanket food bans are not recommended by ASCIA. Blanket food bans give a false sense of security, and the College cannot guarantee an environment completely free from allergens. The College encourages all students to NOT share foods and eat only the food provided by their parent/caregiver.

Ormiston College promotes risk minimisation for any student with a diagnosed food allergy. Risk minimisation involves:

- 1) Identifying the Risks:
 - a) Knowing the student's allergy triggers.
 - b) Identifying the student's level of capability in managing their allergy.
 - c) Identifying situations where there is increased risk of an allergic reaction.
 - d) The level of Anaphylaxis training provided to any staff directly caring for students with allergies.
- 2) Minimising the Risks:
 - a) Having a current ASCIA Anaphylaxis Action Plan.
 - b) Ensuring staff are aware of the student's allergy triggers.
 - c) All students are encouraged to eat only the food provided by their parent/caregiver.
 - d) The student is encouraged to always have their individual EpiPen in an appropriate carrier/case/bag near them.
 - e) The parent/caregiver is encouraged to supply safe treats for their child for class birthday parties.
- 3) Preparation for a Medical Emergency:
 - a) In the event of an anaphylactic reaction, staff are to follow the Anaphylaxis Action Plan and notify the College Nurse as soon as possible.
 - b) Staff trained in First Aid with yearly Anaphylaxis management training.
 - c) Staff with students who have high risk Anaphylaxis and have a Health Care Plan will be informed and educated of the current Health Care Plan and be confident in the management of these students.

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- 4) Raising Awareness of Anaphylaxis Risks:
 - a) Having supportive teachers and peers is an important part of risk minimisation.
 - b) Key messages for students include:
 - i) take allergies seriously
 - ii) know what your friends are allergic to
 - iii) wash your hands after eating or touching food
 - iv) don't share your food with friends who have food allergies
 - v) don't pressure your friends to eat or clean up food that they are allergic to
 - vi) if a friend or classmate with allergy becomes sick or unwell, get help from an adult immediately.
 - vii) be respectful of student's adrenaline auto-injectors.
 - c) Ensure all students are aware of the risks associated with Anaphylaxis and the unacceptable dangers of teasing students with their allergens.

The College Nurse is available to provide Allergy education sessions to students to promote allergy awareness among classmates.

ADRENALINE AUTO-INJECTORS

Adrenaline is the medication used to treat the symptoms of Anaphylaxis. Adrenaline works rapidly to reduce throat swelling, open the airways and maintain blood pressure.

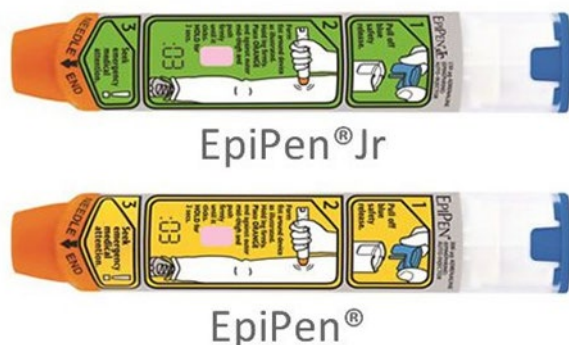
Adrenaline auto-injectors have been designed to be used by anyone, adrenaline can be a lifesaving treatment and should be given as soon as possible. If in doubt, it is advised to always administer an adrenaline auto-injector because any delay in lifesaving medication can be detrimental. People with appropriate training should administer adrenaline auto-injectors to ensure they are used safely and effectively. However, if there is no trained person available, a person with no training can administer the adrenaline auto-injector.

EpiPen

The EpiPen is an adrenaline auto-injector that contains 300 micrograms of Adrenaline.

The EpiPen Junior is advised for children under 20kg and contains 150 micrograms of Adrenaline.

The ASCIA Anaphylaxis Action Plan EpiPen contains the directions for administration of the EpiPen (*APPENDIX A and C*).



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EMERGENCY TREATMENT OF ANAPHYLAXIS – MANAGEMENT OF THE SITUATION

Providing Treatment to the Student

- Ensure the student with any signs of allergy or Anaphylaxis is **not left alone**.
- Provide immediate treatment to the student following the ASCIA Anaphylaxis Action Plan (*APPENDIX A*).
- Contact the College Nurse on 3488 6742 or 3821 8999 as soon as possible, as they will bring additional EpiPen's and monitoring equipment.
- Do Not Move the student unless instructed by the College Nurse.
- If you have administered an EpiPen or are unsure of what to do, call 000 and follow the QAS Operator's Instructions.
- If you have administered an EpiPen please note the exact time it was administered. A second dose may be required after 5 minutes if symptoms continue and another EpiPen is available.

The Location of the Student

- Have a student wait outside the classroom to direct the College Nurse to the student requiring treatment.
- Consider the number of adults available in the vicinity to assist.
- Consider the location of and access to phones during out of class activities.

The Class/Other Students

- Consider who will supervise the other students.
- Send a student to get another staff member for assistance.
- If possible, consider relocating the student to a nearby staffroom if no EpiPen has been administered and only if it is safe to do so. If not, consider moving the students out of the classroom for the privacy of the student with Anaphylaxis.

Calling an Ambulance

If an EpiPen has been administered or you require further assistance, please call an ambulance and follow these steps:

1	Dial 000	
2	When directed ask for:	Ambulance
3	The Operator will ask for the State & Town:	Queensland, Brisbane
4	The Operator will put you through to the Brisbane dispatch.	
5	The Operator will ask for the suburb you are calling from:	Ormiston
6	The Operator will ask for the exact address:	Ormiston College 97 Dundas Street West Ormiston 4160
7	You will then be asked to repeat the address.	As Above
8	The Operator will ask for the number you are calling from:	Your Phone Number
9	The Operator will ask you to state what has happened:	I have a student with Anaphylaxis

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10	Please answer the Operator's questions to the best of your knowledge and follow any instructions they give you.
11	If you have administered an EpiPen please inform the Operator.
12	Please give the Operator the nearest access to your location and send a staff member to meet the ambulance.
13	You will be required to stay on the line until the Paramedics have arrived at the patient.

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ASCIA Action Plan for Anaphylaxis (RED) 2023 EpiPen®

[https://www.allergy.org.au/images/stories/anaphylaxis/2023/ASCIA Action Plan Anaphylaxis Red General 2023.pdf](https://www.allergy.org.au/images/stories/anaphylaxis/2023/ASCIA_Action_Plan_Anaphylaxis_Red_General_2023.pdf)



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

ACTION PLAN FOR Anaphylaxis

Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

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

Signed: _____ Date: DD / MM / YYYY


Antihistamine: _____ Dose: _____

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


How to give adrenaline (epinephrine) injectors

EpiPen®

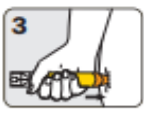
- 1



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



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



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

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

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

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

ACTIONS:

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

Mild to moderate allergic reactions may not always occur before anaphylaxis

SIGN(S) OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:

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

ACTIONS FOR ANAPHYLAXIS

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



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

IF IN DOUBT GIVE ADRENALINE INJECTOR

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

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

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

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

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ASCIA Action Plan for Allergic Reactions (GREEN) 2023

[ASCIA Action Plan Allergic Reactions Green 2023.pdf \(allergy.org.au\)](http://www.allergy.org.au)



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

ACTION PLAN FOR Allergic Reactions





Name: _____ Date of birth: DD / MM / YYYY

Confirmed allergen(s): _____

Family/emergency contact(s):

1. _____ Mobile: _____

2. _____ Mobile: _____

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

Signed: _____ Date: DD / MM / YYYY

Antihistamine: _____ Dose: _____

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

This ASCIA Action Plan for Allergic Reactions is for people who have allergies but do not have a prescribed adrenaline (epinephrine) injector.

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS:

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

Mild to moderate allergic reactions may not always occur before anaphylaxis

ACTIONS:

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

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:

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

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR IF AVAILABLE

- 3 Phone ambulance - 000 (AU) or 111 (NZ)
- 4 Phone family/emergency contact
- 5 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

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

Adrenaline injector doses are:

- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

Instructions are on device labels.

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

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

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ASCIA First Aid Plan for Anaphylaxis (ORANGE) 2023 EpiPen®

[ASCIA First Aid Plan Anaphylaxis EpiPen 2023.pdf \(allergy.org.au\)](#)



Anaphylaxis is the most severe type of allergic reaction and should always be treated as a medical emergency. Anaphylaxis requires immediate treatment with adrenaline (epinephrine), which is injected into the outer mid-thigh muscle. If treatment with adrenaline is delayed, this can result in fatal anaphylaxis.

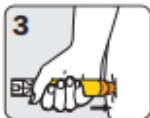
How to give EpiPen® adrenaline (epinephrine) injector



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



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



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

Instructions are also on device labels. For video instructions scan this QR code:



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

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

MILD TO MODERATE ALLERGIC REACTIONS

SIGNS

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

ACTIONS

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

Mild to moderate allergic reactions may not always occur before anaphylaxis

SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTIONS)

Watch for ANY ONE of the following signs:

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

ACTIONS FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



2 GIVE ADRENALINE INJECTOR

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

5 Further adrenaline may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

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

ALWAYS give adrenaline injector FIRST if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.



Ormiston College Anaphylaxis and Asthma Emergency Kit



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