# Individual Anaphylaxis Management Plan

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| This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent.  It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes. | | | | | | | |
| **School** | | Toorak Primary School | | **Phone** | | 98272959 | |
| **Student** | |  | | | | | |
| **DOB** | |  | | **Year level** | |  | |
| **Severely allergic to:** | |  | | | | | |
| **Other health conditions** | |  | | | | | |
| **Medication at school** | |  | | | | | |
| EMERGENCY CONTACT DETAILS (PARENT) | | | | | | | |
| **Name** | |  | | **Name** | |  | |
| **Relationship** | |  | | **Relationship** | |  | |
| **Home phone** | |  | | **Home phone** | |  | |
| **Work phone** | |  | | **Work phone** | |  | |
| **Mobile** | |  | | **Mobile** | |  | |
| **Address** | |  | | **Address** | |  | |
| EMERGENCY CONTACT DETAILS (ALTERNATE) | | | | | | | |
| **Name** | |  | | **Name** | |  | |
| **Relationship** | |  | | **Relationship** | |  | |
| **Home phone** | |  | | **Home phone** | |  | |
| **Work phone** | |  | | **Work phone** | |  | |
| **Mobile** | |  | | **Mobile** | |  | |
| **Address** | |  | | **Address** | |  | |
| **Medical practitioner contact** | | **Name** |  | | | | |
| **Phone** |  | | | | |
| **Emergency care to be provided at school** | | Notify Ambulance  Administer epipen  Notify Parents | | | | | |
| **Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)** | | Student’s homeroom  First aid room  On excursion – first aid bag | | | | | |
| ENVIRONMENT | | | | | | | |
| To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc. | | | | | | | |
| **Name of environment/area:** The students’ classroom; | | | | | | | |
| **Risk identified** | **Actions required to minimise the risk** | | | | **Who is responsible?** | | **Completion date?** |
| Ingestion of allergen,  Nuts, (list those pertaining to the particular student)….. | Notify all students and staff of students at risk at the beginning of the students first school day by 1. Written and pictorial display on view in each classroom 2. Written and pictorial display on view on each class roll. 3. A MEDIC ALERT, ALLERGY AWARENESS notice to be given to each student and family informing all of food intolerance and allergies in the school . | | | | Sara Harris ( First Aid)  Sara ( First Aid) | |  |
|  | Liaise with Parents about food-related activities ahead of time. | | | | Class room teacher | | On going |
|  | Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student. | | | | Class room teacher | | On going |
|  | Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location. | | | | Sara Harris  First Aid | | Day one of school attendance each year |
|  | Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. | | | | Class room teacher | |  |
|  | A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student’s Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School’s Anaphylaxis Management Policy, and each individual person’s responsibility in managing an incident. ie seeking a trained staff member. | | | | Assistant Principal Office Staff | |  |
|  | Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars). | | | | Class room teacher  Specialist teachers | |  |
|  | Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking. | | | | Classroom teacher | |  |
| **Name of environment/area: Tuck Shop** | | | | | | | |
| **Risk identified** | **Actions required to minimise the risk** | | | | **Who is responsible?** | | **Completion date?** |
| Purchasing food from Tuck Shop | Volunteers should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. | | | | Canteen Manager | |  |
|  | Prominently display the volunteer responsible for Tuck Shop with training in Safe Food Handling. | | | | Canteen Manager | |  |
|  | Display the student’s names and photos in the canteen as a reminder to School Staff. | | | | Sara Harris ( First Aid) | |  |
|  | Display the student’s management plans in the canteen for reference to canteen staff. | | | | Sara Harris ( First Aid) | |  |
|  | Prominently display the volunteer in charge of the Tuck Shop on the entry door. | | | | Canteen Manager | |  |
| **Name of environment/area: Yard** | | | | | | | |
| **Risk identified** | **Actions required to minimise the risk** | | | | **Who is responsible?** | | **Completion date?** |
| **Sharing Food** | If the School has a student who is at risk of anaphylaxis, School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed with the ratified response. | | | | Julkie Manallack | |  |
|  | The Adrenaline Autoinjector and each student’s Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff are aware of their exact location. | | | | Sara Harris | |  |
|  | The School has a Communication Plan in place so the student’s medical information and medication can be retrieved quickly if a reaction occurs in the yard. | | | | Office staff  Sara Harris | |  |
| **Name of environment/area: S** special events (ie. Sporting events, class parties, incursions)**events (e.g. sporting events, incursions, class parties, etc.)** | | | | | | | |
| **Risk identified** | **Actions required to minimise the risk** | | | | **Who is responsible?** | | **Completion date?** |
| Ingestion of allergen, sharing foods.  Nuts, (list those pertaining to the particular student)….. | School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required. | | | | TPS Staff | |  |
|  | Liaise with Parents about food-related activities ahead of time. | | | | Classroom teacher | | On going |
|  | A MEDIC ALERT, ALLERGY AWARENESS notice to be given to each student and family informing all of food intolerance and allergies in the school | | | | Office | | On going |
|  | A mobile phone will be carried by the supervising teacher when out of the school | | | | Supervising teacher - Office to supply | |  |
| **Name of environment/area: Field trips, excursions, sporting events** | | | | | | | |
| **Risk identified** | **Actions required to minimise the risk** | | | | **Who is responsible?** | | **Completion date?** |
| Ingestion of allergen, sharing foods.  Nuts, (list those pertaining to the particular student)….. | School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required. | | | | TPS Staff | |  |
|  | A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions. | | | | Team Leader | |  |
|  | The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis will be stored in the Excursion bag with School Staff. | | | | Team Leader Classroom Teacher  Sara Harris | |  |
|  | For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.  All School Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face. | | | | Team Leader | |  |
|  | Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis. | | | | Team Leader | |  |
| **Name of environment/area:** | Camps and Remote areas | | | |  | |  |
| **Risk identified** | **Actions required to minimise the risk** | | | | **Who is responsible?** | | **Completion date?** |
| Ingestion of allergen, sharing foods.  Nuts, (list those pertaining to the particular student)….. | Prior to engaging a camp owner/operator’s services the School must make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider. | | | | **Team Leader** | |  |
|  | The School will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. | | | | **Team Leader** | |  |
|  | School Staff will consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. | | | | **Team Leader/Parent/Camp operator** | |  |
|  | The student's two Adrenaline Autoinjectors, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. | | | | **Camp First Aid Officer Classroom Teacher Team leader** | |  |
|  | Prior to the camp taking place the classroom teacher will consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp. | | | | **Classroom teacher /Parent** | |  |
|  | School Staff participating in the camp will be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities. | | | | **Team Leader/classroom teacher/Camp Operator** | |  |
|  | The School will take an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency. | | | | **Sara Harris**  **Team Leader** | |  |

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| This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):   * annually; * if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes ; * as soon as practicable after the student has an anaphylactic reaction at School; and * when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).   I have been consulted in the development of this Individual Anaphylaxis Management Plan.  I consent to the risk minimisation strategies proposed.  Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines | |
| Signature of parent: |  |
| Date: |  |
| I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. | |
| Signature of Principal (or nominee): |  |
| Date: |  |