

Individual Anaphylaxis Management Plan

This plan is to be completed by the principal or nominee based on information from the student's medical practitioner (**ASCIA Action Plan for Anaphylaxis**) provided by the parent.

It is the parent's responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School	Caulfield Junior College	Phone	(03) 9509 6872
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 Please tick:	<input type="radio"/> EpiPen <input type="radio"/> Antihistamine <input type="radio"/> Other:		
Storage location for adrenaline autoinjector (device specific) (EpiPen®)	First Aid room (school sick bay)		

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: *Classroom*

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Classroom	<i>Reinforce "no sharing food" policy to avoid accidental exposure</i>	<i>Teacher</i>	<i>ongoing</i>
Playlunch and lunch			

Name of environment/area: *Classroom*

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Classroom	<i>Reinforce "hand washing" policy to avoid spreading potential allergens</i>	<i>teacher</i>	<i>ongoing</i>
Playlunch and lunch			

Name of environment/area: *Classroom*

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Classroom	<i>Wash tables after meals to remove potential allergens</i>	<i>Teacher</i>	<i>ongoing</i>
Playlunch and lunch			

Name of environment/area: *Classroom*

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Classroom	<i>Promote allergy awareness in the classroom and inform classmate families that a student in their class has anaphylaxis. Ask parents to avoid bringing allergens to the classroom.</i>	<i>Teacher</i>	<i>ongoing</i>
Playlunch and lunch			

Name of environment/area: *Classroom*

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Classroom special	<i>Check food labels when possible</i>	<i>teacher</i>	<i>ongoing</i>

celebrations and class parties	<i>Remind families not to bring food containing allergens to the classroom</i> <i>Parent of anaphylactic child to bring alternate safe food from home when possible</i>	<i>parents</i>	

Name of environment/area: <i>School grounds/excursions/camps</i>			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Incursions	<i>During camps and excursion, the student medication is to be kept with child the teacher in charge during the activities that the child is attending.</i>	<i>Teacher</i>	<i>ongoing</i>
Excursions			
Camps			

Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan via:

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

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- annually

- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.
 I consent to the risk minimisation strategies proposed.
 Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

Signature of parent:	
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Date:	
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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):	
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Date:	
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