



Anaphylaxis Emergency Treatment Plan For schools and preschools

This record is to be completed by parents/carers in consultation with their child's doctor (general practitioner). Parents/carers should inform the school immediately if there are any changes to the plan. Please tick (✓) the appropriate box and print your answers clearly in the blank spaces where indicated. This plan should be reviewed annually.

The Directorate collects the information contained in this form to provide or arrange first aid and other medical treatments for students. The information collected will be held at your child's school and will be made available to staff of the school and to medical or paramedical staff in the case of an accident or emergency. The information contained in the form is personal information and it will be stored, used and disclosed in accordance with the requirements of the *Privacy Act 1998 (Cwth)*. Parents/carers note that in the absence of an Emergency Treatment Plan only standard First Aid should be administered.

Personal Details

Student's name:.....

Sex: M F Date of birth:.....Year/Class.....

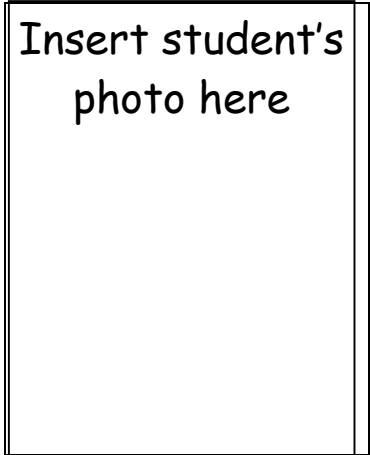
Emergency contact (e.g. parent, carer):

a.Name:.....Relationship:.....
Telephone No:.....(Hm).....(Wk/Mobile)

b.Name:.....Relationship:.....
Telephone No:.....(Hm).....(Wk/Mobile)

Doctor:.....Telephone No.....

Medications:.....



Student Medical Information

This student has been found to be allergic to.....
and has experienced the following symptoms (*delete those not applicable*)

SKIN	itch/redness /hives /welts /face swelling
GUT	stomach cramps /nausea /vomiting /diarrhoea
HEART	thumping of heart /dizziness /fainting /collapse
BREATHING	tongue swelling /throat swelling /wheeze /noisy breathing /asthma /difficulty speaking / persistent cough /blue lips indicating oxygen deficiency
OTHER

Past Reactions have been	mild /moderate /severe
Dangerous Symptoms have been	absent /present in the past
The risk of DANGEROUS reactions if exposed is	low /moderate /high

In an **emergency** follow the Plan below that has been ticked. (✓)

STANDARD FIRST AID PLAN

Please tick (✓) the preferred box.

If exposure is suspected:

Where EpiPen is stored:.....

- Call for help** (eg. other staff, ambulance)
- Get student to **spit** out the food
- Rinse** mouth
- Wash** hands and face
- Get **EpiPen** ready in case it is needed
- Give of (**antihistamine**) Y/N
- Observe** for dangerous symptoms such as difficulty speaking/breathing, gasping, collapse, fainting and

Health and Safety Policy – First Aid

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throat/lips/tongue swelling.

- If dangerous symptoms appear, administer **EpiPen** into mid thigh and **double check** that ambulance was called
- Note **TIME** that EpiPen was given:.....am/pm
- Notify Parents:** Telephone:.....

OR

- My Student's Anaphylaxis Emergency Treatment Plan (attached)**

This student HAS / HAS NOT been advised to have adrenaline available in case of an emergency.

USING EPIPEN

- *Remove grey cap*
- *Hold in fist grip (do not touch either end)*
- *Press black end of device into the front of the mid-thigh*
- *Listen for a "click" as the device is triggered*
- *Hold in place for 10 seconds*
- *Remove EpiPen- be careful not to touch needle*
- *Place in sharps container & hand to ambulance officer*

I verify that I have read the preferred Anaphylaxis Emergency Treatment Plan and agree with its implementation.

Signature of Doctor:.....Date:.....Date of Plan:.....

Signature of Parent/Carer:.....Date:

NOTES: Have a copy of Action Plan kept WITH the EpiPen. That way it can be followed by the person giving First Aid, the steps can be "ticked off" as they are done, and the used EpiPen and health information about the student and parent contact details can be given to the ambulance officers when they arrive. As exercise can make reactions worse, it is better to either carry the student closer to help OR bring adrenaline to the student. A sharps container is safer than putting EpiPen into a glass jar. Small sharps containers can be bought from Totalcare (ACT).

a) I/We (Parent/carer)give permission for my/our child
(Name)

1. to be treated in an emergency by staff at the school using the preferred Anaphylaxis Emergency Treatment Plan(including the use of adrenaline) if in their judgement it is required for the treatment of an allergic reaction.
2. to be identified by a Student Medical Alert poster including a photograph of my child and personal information which is to be displayed in the school's first aid and medical treatment room/s, staff room/s and other locations as considered necessary. These locations will be discussed with the parents/carers prior to action.

b) As a parent/carer I will notify you in writing if there are any changes to these instructions.

Signed.....Dated.....

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FIRST AID POLICY – APPENDIX E (3)

HOW TO USE THE EPIPEN AUTOINJECTOR



Intact (upper picture) and dismantled EpiPen (lower picture) to show the spring, needle and syringe that is enclosed within the EpiPen device.

	<p>Remove the device from the plastic protective container.</p>
	<p>Remove the grey cap from the fatter end of the device. (This "arms the unit" ready for use).</p>
	<p>*Hold the EpiPen in your fist with clenched fingers wrapped around it (NB: there is nothing to "push" at white end) *Press the black tip gently against the skin of the mid thigh, then start to push harder until a loud "click" is heard. (This means that the device has been activated). *Hold in place for 10-15 seconds (count "1 elephant, 2 elephants... 10 elephants) while the adrenaline is injected under pressure. (NB: EpiPen "pop" is often quite loud).</p>
	<p>*Remove the pen from the thigh; be careful with the needle that will now be projecting from the EpiPen when you dispose of the device. *Massage in the adrenaline for 10 seconds. There may be some slight bleeding at the injection site. *Apply firm pressure with a cloth, tissue, clean handkerchief or bandage. *Record the time that the EpiPen was given.</p>
	<p>*Call for help & dispose of used EpiPen into sharps container. *Record date and time of administration.</p>

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