Melbourne Archdiocese Catholic Schools

Individual Anaphylaxis Management Plan

Attach the student's **ASCIA Action Plan for Anaphylaxis (RED)**

This Individual Anaphylaxis Management Plan (IAMP) outlines the school's prevention strategies to minimise the risk of the student having an anaphylactic reaction while in the school's care. Refer to the student's Australasian Society of Clinical Immunology and Allergy (ASCIA) Action Plan for Anaphylaxis (RED), attached to this plan, for step-by-step emergency response instructions should the student experience an allergic reaction or anaphylaxis.

The IAMP is to be completed by the principal or a nominated staff member, in consultation with the student's parents and carers, for any student diagnosed by a registered medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis. The plan must be in place as soon as practicable after enrolment and, where possible, before the student's first day of attendance. The student's ASCIA Action Plan for Anaphylaxis (RED), signed by their registered medical practitioner, must be attached.

Parents and carers are responsible for providing the school with:

- a copy of their child's ASCIA Action Plan for Anaphylaxis (RED) signed by their registered medical practitioner
- an up-to-date photo of their child
- written updates if their child's medical condition changes in relation to allergy and the potential for anaphylactic reaction, including an updated ASCIA Action Plan (RED), if required
- at least one in-date adrenaline device, as specified in their child's ASCIA Action Plan for Anaphylaxis (RED).

Risk minimisation strategies included in the student's IAMP should be derived from the school's completed Risk Minimisation Strategies for Schools template. Schools may seek guidance from the Allergy & Anaphylaxis Australia website or contact the Royal Children's Hospital's Anaphylaxis Support Advisory Line on 1300 725 911 or anaphylaxisadviceline@rch.org.au.

Student's details				
School name	Click or tap here to enter text.			
Student name	Click or tap here to enter text.			
Date of birth	Click or tap here to enter text.	Year level: Click or tap here to enter text.		
Medical condition that relates to allergy	Click or tap here to enter text.			
Confirmed allergens	Click or tap here to enter text.			
Other relevant medical conditions	Click or tap here to enter text.			
Type of adrenaline device prescribed	☐ EpiPen®	☐ EpiPen® Jr	☐ Anapen® 500	☐ Anapen® 300
	☐ Anapen® Jr	☐ Jext®	☐ Neffy® (nasal spray)	
Location of the student's device	Click or tap here to enter text.	Expiry date of the device: Click or tap to enter a date.		
Can the student self-administer?	☐ Yes ☐ No			
List of medications administered at school	Click or tap here to enter text.			
Other medication administered at home	Click or tap here to enter text.			

Student's details
Emergency care to be provided at school by including the name of person/s responsible for implementing risk minimisation and prevention strategies: Click or tap here to enter text.

Student's emergency contact details	
Primary contact	
Name:	Click or tap here to enter text.
Relationship:	Click or tap here to enter text.
Main phone number:	Click or tap here to enter text.
Other phone number:	Click or tap here to enter text.
Alternate contact	
Name:	Click or tap here to enter text.
Relationship:	Click or tap here to enter text.
Main phone number:	Click or tap here to enter text.
Other phone number:	Click or tap here to enter text.

Student's medical practitioner details	
Name:	Click or tap here to enter text.
Phone number:	Click or tap here to enter text.

Possible allergen exposure sites

Consider every area the student will be in during the year (for example, classrooms, school yards, canteen, sports areas, specialist teaching areas, excursions, camps, special events).

Name of environment or area:			
Risk identified	**Actions to minimise the risk**	**When is the action required?**	**Name of person responsible**

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Reviewing this plan

The school must review this IAMP in consultation with the parents and carers:

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

It is also recommended that a student’s IAMP is reviewed if there is an identified and significant increase in the student’s potential risk of exposure to allergens at school.

Agreement/Signatures Parents and carers

- I have been consulted in the development of this IAMP and agree to the risk minimisation strategies proposed.
- I have provided the school with the ASCIA Action Plan for Anaphylaxis (RED), signed by a medical practitioner, and confirm the school has an up-to-date photo of the student.
- I understand that the school will handle all information in accordance with the privacy notice and the laws and policies stated within it.

Parents and Carers or Mature minor	
Name of Parents and Carers or Mature minor*	Click or tap here to enter text.
Signature	
Date	Click or tap to enter a date.

School agreement

- I have consulted the parent and carers of the student and the relevant school staff who will be involved in the implementation of this IAMP.
- I have been provided with the student's ASCIA Action Plan for Anaphylaxis (RED), signed by a medical practitioner, and have attached an up-to-date photo of the student.

Principal	
Name of Principal	Click or tap here to enter text.
Signature	
Date	Click or tap to enter a date.

Approval authority	Director, Education Excellence
Related policy	Anaphylaxis Management Policy for MACS Schools
Document owner	Chief of Student Services
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