



ANAPHYLAXIS MANAGEMENT POLICY AND PROCEDURES

STATEMENT OF PURPOSE:

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school-aged children are peanuts, eggs, tree nuts, cow's milk, fish and shellfish, wheat, soy, sesame seeds, latex, certain insect stings and medications.

It is the responsibility of the school to maintain and review its anaphylaxis management procedures regularly by following guidelines related to anaphylaxis management in schools as published and amended by the Department. The school recognises that in developing this Policy, the keys to prevention of anaphylaxis are planning, risk minimisation, awareness and education.

Mandama Primary School will fully comply with *Ministerial Order 706* (revised 2015) and *DET Anaphylaxis Guidelines – A resource for managing severe allergies in Victorian schools* – issued February 2014.

<http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxisschl.aspx>

AIMS:

- 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 their schooling.
- To raise awareness about allergies and anaphylaxis in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

IMPLEMENTATION:

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's Parents/Carers, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.

(Refer to Individual Management Plan Template Appendix 1).

The Individual Anaphylaxis Management Plan will set out the following:

- Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner).
- Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School.
- The name of the person(s) responsible for implementing the strategies.
- Information on where the student's medication will be stored.
The student's emergency contact details.
- An ASCIA Action Plan provided by the parents/carers.
- School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's Parents/Carers in all of the following circumstances:

- 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).

It is the responsibility of Parents/Carers to:

- Provide the ASCIA Action Plan.
- Inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- Participate in yearly reviews of their child's Individual Anaphylaxis Management Plan;
- Provide an up to date photo for ASCIA Action Plan when that Plan is provided to the school and when it is reviewed; and
- Provide the school with an Adrenaline Autoinjector that is current and not expired for their child.

RISK MINIMISATION PREVENTION STRATEGIES:

CLASSROOMS	
1	All students' Individual Anaphylaxis Management Plans are displayed in their classrooms, First Aid Room, Room 0 and Staff Room. Individual student Adrenaline Autoinjectors are housed at the front office with a copy of their management plans. The school's Adrenaline Autoinjectors for General Use are housed in the First Aid Room and in the Yerrawil Building. In 2016, four donated Adrenaline Autoinjectors for General Use are carried in insulated bags by teachers on Yard Duty each day.
2	All teaching staff and education support staff who work with students at risk of an anaphylactic reaction have completed training in Anaphylaxis Management in the previous 3 years and participate in briefings twice yearly on Anaphylaxis.
3	Teachers must liaise with Parents/Carers about food-related activities ahead of time.
4	Teachers / Education Support Staff use non-food treats where possible, but if food treats are used in class it is recommended that Parents/Carers of students with food allergies provide a treat box with alternative treats. Treat boxes must be clearly labelled and only handled by the student.
5	NEVER give food from outside sources to a student who is at risk of anaphylaxis.
6	Treats for the other students in the class should not contain the substance to which the student is allergic. Non-food treats are to be used where possible.
7	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy etc.
8	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science activities, and art classes (e.g. egg or milk cartons, empty peanut butter jars, hatching chickens).
9	Ensure all cooking utensils, preparation dishes, plates, knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
10	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
11	All CRT folders contain the student's Individual Anaphylaxis Management Plan, and the Assistant Principal informs CRTs, Specialists and Volunteers the names of students at risk of anaphylaxis, the school's Anaphylaxis Management Policy, the location of the students' own

	Adrenaline Autoinjectors and the school's Adrenaline Autoinjectors for General Use, and each individual person's responsibility in managing an incident.
--	--

CANTEEN	
1	Canteen staff can 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. Refer to: <ul style="list-style-type: none"> 'Safe Food Handling' in the School Policy and Advisory Guide, available at:http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx Helpful resources for food services: http://www.allergyfacts.org.au/component/virtuemart/
2	The students' names and photos are displayed in the canteen office as a reminder to Canteen Staff. Canteen Manager liaises regularly with School Office Staff for updated information regarding students with allergies.
3	No products with nut or nut related substances, including sesame seeds, are to be sold by Canteen Staff.
4	The Canteen provides a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
5	Benches and surfaces are sanitised daily with a proper sanitised product.
7	Canteen Staff are aware of contamination of other foods when preparing, handling or displaying food.

YARD	
1	Sufficient School Staff on yard duty are trained in the administration of the Adrenaline Autoinjector (EpiPen®) to be able to respond quickly to an anaphylactic reaction if needed.
2	The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan, as well as the Autoinjectors for General Use are easily accessible from the yard, and staff are aware of their exact location. In 2016, Adrenaline Autoinjectors for General Use are carried by Yard Duty teachers in insulated bags.
3	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. Staff on Yard Duty carry 2-way radios to communicate readily with Office Staff. Yard Duty Staff may be required to administer the Adrenaline Autoinjector for General Use they carry with them.
4	Yard duty staff can identify, by face, those students at risk of anaphylaxis. A list of these students with photos are included in the Yard Duty Folders.
5	Students with anaphylactic responses to insects are encouraged to stay away from water or flowering plants.
6	Lawns and clover are mowed regularly and outdoor bins covered.
7	Students are encouraged to keep drinks and food covered while outdoors.

SPECIAL EVENTS (e.g. SPORTING EVENTS, INCURSIONS, CLASS PARTIES etc.)	
1	Sufficient School Staff supervising the special event are trained in the administration of an Adrenaline Autoinjector and are able to respond quickly to an anaphylactic reaction if required.
2	School Staff minimise the use of food in activities or games, including as rewards.
3	For special occasions, School Staff consult Parents/Carers in advance to either develop an alternative food menu, request the Parents/Carers to send a meal for the student or attend the event.
4	Parents/Carers of other students are to be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.
5	Party balloons are not be used if any student is allergic to latex.
6	Visitors to the school who provide activities for students (e.g. science incursions) are to be informed of any students at risk of anaphylactic reactions.

Out-of-School Settings

FIELD TRIPS/EXCURSIONS/SPORTING EVENTS	
1	Sufficient School Staff supervising the special event are trained in the administration of an Adrenaline Autoinjector and are able to respond quickly to an anaphylactic reaction if required.
3	School Staff should avoid using food in activities or games, including as rewards.
4	The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis will be carried by a designated member of the School Staff who will be in close proximity of the student at all times.
5	For each field trip, excursion etc, a risk assessment will 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 will be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
6	The school will consult Parents/Carers of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu, or request the Parents/Carers to provide a meal (if required).
7	Parents/Carers may wish to accompany their child on field trips and/or excursions. This should be discussed with Parents/Carers as another strategy for supporting the student who is at risk of anaphylaxis.
8	Prior to the excursion taking place school staff will consult with the student's Parents/Carers and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.
9	Students who are at risk from insect bites and stings will be encouraged to wear appropriate protective clothing.
10	First Aid Kits and mobile phones will be taken on every out-of-school activity.

CAMPS	
1	Prior to engaging a camp owner/operator's services the School will 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 will consider using an alternative service provider.
2	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. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
3	The school will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This will be developed in consultation with Parents/Carers of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
4	School Staff will consult with Parents/Carers 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. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
5	Use of substances containing allergens will be avoided where possible.
6	The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
7	Prior to the camp taking place School Staff will consult with the student's Parents/Carers to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
8	All School camps require School Council approval of the following completed DEECD forms: Notification of Activity, Risk Register, Planning Summary and Emergency Management Plan. All School Staff participating in the camp are clear about their roles and responsibilities.
9	Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
10	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.
11	The Adrenaline Autoinjector will remain with the supervising adult, who will accompany the student at risk of Anaphylaxis, at all camp activities.
12	The Adrenaline Autoinjector will be carried in the school first aid kit to and from the camp.
13	Students with anaphylactic responses to insects will always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
14	Cooking and art and craft games will not involve the use of known allergens.
19	Staff will be aware of the potential exposure to allergens from food consumed on buses and in cabins.

WORK EXPERIENCE STUDENTS

- | | |
|---|---|
| 1 | The school will involve Parents/Carers and the student in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience at the school. The school must be shown the ASCIA Action Plan for Anaphylaxis and present his/her Adrenaline Autoinjector as a precaution whilst attending work experience at the school. |
|---|---|

PRE SERVICE TEACHERS

- | | |
|---|---|
| 1 | The school will involve Pre Service Teachers at risk of anaphylaxis in discussions regarding risk management prior to attending school placement rounds at the school. The school must be shown the ASCIA Action Plan for Anaphylaxis and present his/her Adrenaline Autoinjector as a precaution whilst attending their placement at the school. |
|---|---|

SCHOOL MANAGEMENT AND EMERGENCY RESPONSE:

Role and Responsibilities of the Principal

- Ensure the school develops and implements its School Anaphylaxis Management Policy in accordance with Ministerial Order 706 and DEECD Guidelines.
- Ensure all students are identified who have severe life-threatening allergies or at risk of anaphylaxis either at enrolment or at the time of diagnosis.
- Ensure Parents/Carers provide an ASCIA Action Plan which has been signed by the student's Medical Practitioner and contains an up-to-date photograph of the student.
- Ensure that an Individual anaphylaxis Management Plan is developed in consultation with the student's Parents/Carers for any student diagnosed with a medical condition relating to allergy and the potential for anaphylactic reaction where the school has been notified of that diagnosis. Ensure students' Individual Anaphylaxis Plans are communicated to staff.
- Ensure the Canteen provider can demonstrate satisfactory training in the area of anaphylaxis and its implications for food-handling practices.
- Ensure that Parents/Carers provide the school with an Adrenaline Autoinjector for their child that is not out-of-date and a replacement Adrenaline Autoinjector when requested to do so.
- Ensure that a communication Plan is developed to provide information to all School Staff, Students and Parents/Carers about anaphylaxis and the school's Anaphylaxis Management Policy.
- Ensure procedures are in place for providing volunteers and CRT Staff with knowledge of their role in responding to an anaphylactic reaction by a student in their care.
- Ensure that relevant school staff have completed an anaphylaxis management training course in the 3 years prior.
- Ensure that all school staff are briefed at least twice a year by a staff member who has completed current anaphylaxis management training on:
 - The school's Anaphylaxis Management Policy.
 - The causes, symptoms and treatment of anaphylaxis.
 - The identities of students diagnosed at risk of anaphylaxia and the location of their medication.
 - How to use an Adrenaline Autoinjector, including hands-on practise with a trainer Adrenaline Autoinjector.
 - The school's first aid and emergency procedures.
 - The location of Adrenaline Autoinjecting devices that have been purchased by the School for General Use.
- Conduct drills to test the effectiveness of the School's general first aid procedures.

- Encourage ongoing communication between Parents/Carers and school staff about the current status of the student's allergies, the school's policies and their implementation.
- Ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with Parents annually, when the student's medical condition changes, as soon as possible after a student has had an anaphylactic reaction at school and whenever a student is to participate in an off-site activity such as camps or excursions or at special events.
- Ensure the Risk Management Checklist for anaphylaxis is completed annually. (See Appendix 2)
- Arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for General Use to be part of the school's first aid kit.

Role and Responsibilities of School Staff

- Know and understand the School Anaphylaxis Management Policy.
- Know the identity of students who are at risk of anaphylaxis. Know the students by face.
- Understand the causes, symptoms and treatment of anaphylaxis.
- Complete an Anaphylaxis Management Training course every three years and participate in a briefing twice yearly.
- Know where to find a copy of each student's Individual Anaphylaxis Management Plan quickly, and follow it in the event of an allergic reaction.
- Each class teacher to display each student's Individual Anaphylaxis Management Plan in their classroom and ensure the information is also present in their CRT folders.
- Know the school's general first aid and emergency response procedures and understand their role in relation to responding to an anaphylactic reaction.
- Know where students' Adrenaline Autoinjectors and the Adrenaline Autoinjectors for General Use are kept.
- Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.
- Plan ahead for special class activities. Work with Parents/Carers to provide appropriate food for their child if there may be food present that may be of risk.
- Avoid the use of food treats in class or as rewards. Work with Parents/Carers to provide appropriate treats for students at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using utensils or objects.
- Be aware of the risk of cross-contamination when preparing, handling and displaying food.
- Ensure surfaces are wiped down regular and students wash their hands after handling food.
- Raise student awareness about severe allergies, not sharing food and the importance of their role in fostering a safe and supportive environment for their peers.

Role and Responsibilities of Parents/Carers of a student at risk of Anaphylaxis.

- Inform the school in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed at the time as being at risk of anaphylaxis.
- Obtain an ASCIA Action Plan from the student's Medical Practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the school.
- Inform school staff in writing of any changes to the student's medical condition and if necessary, provide an updated ASCIA Action Plan.

- Provide the school with an up to date photo for the student's ASCIA Action Plan and when the plan is revised.
- Meet and assist the school to develop the student's Individual Anaphylaxis Management Plan.
- Provide the school with an Adrenaline Autoinjector and any other medications that are current and not expired.
- Replace the student's Adrenaline Autoinjector and any other medications before their expiry date or when used.
- Assist staff in planning and preparation for the student prior to camps, trips, incursions, excursions or special events.
- Assist in identifying and providing alternative food options for the student when needed.
- Inform school staff in writing of any changes to the student's emergency contact details.
- Participate in reviews of the student's Individual Anaphylaxis Management Plan when there is a change to the student's condition, after an anaphylactic reaction at school, at its annual review and prior to the student participating in off-site activities or special events attended by the school.

STORAGE OF ADRENALINE AUTOINJECTORS:

Individual Adrenaline Autoinjectors

- When a student has been prescribed an Adrenaline Autoinjector, this must be provided by the student's Parent /Carer to the school.
- Clearly labelled Adrenaline Autoinjectors are stored in the office, in an unlocked, easily accessible place away from direct heat. (Not in a fridge or freezer)
- Adrenaline Autoinjectors are clearly labelled with the student's name.
- Individual Plans are housed in a folder clearly labelled next to the Adrenaline Autoinjectors.
- Each student's Adrenaline Autoinjector is distinguishable from other student's Adrenaline Autoinjectors and medications.
- Adrenaline Autoinjectors are to be signed in and out when taken from its usual place, eg for camps or excursions.
- The school's First Aid Officer is responsible to liaise with the Parent/Carer to ensure Adrenaline Autoinjectors are not expired.

Adrenaline Autoinjectors for General Use

- Adrenaline Autoinjectors are stored in the First Aid room and Yerrawil Building in an unlocked, easily accessible place away from direct heat. (Not in a fridge or freezer)
- In 2016, 4 donated Adrenaline Autoinjectors are stored in insulated bags to be carried by Yard Duty teachers.
- Adrenaline Autoinjectors are to be signed in and out when taken from its usual place, eg for camps or excursions.
- The school's First Aid Officer is responsible for replacement prior to the expiry date of the Adrenaline Autoinjectors for General Use in the First aid room and Yerrawil Building. The school's First Aid Officer will monitor the expiry date of the donated Adrenaline Autoinjectors.

EMERGENCY RESPONSE ACTION PLAN

Incident in a Classroom / Specialist Room -

- Teacher in charge alerts the front office via phone.
- Teacher in charge then stays with student at all times.
- Teacher in charge requests the rest of the class to go to nearby classroom.
- Office Staff take Individual/General Adrenaline Autoinjector and Plans Folder to classroom / specialist room. **NB – If a student has an anaphylactic reaction for the first time (without a**

Anaphylaxis Management Plan) and requires the use of an Adrenaline Autoinjector for General Use, the designated Office Staff must phone 000 for permission before administering the Autoinjector. For students who have an Anaphylaxis Management Plan, the Plan is followed and the Individual student's Adrenaline Autoinjector is administered by the Office Staff. An ambulance is called by Office Staff and Parents/Carers contacted.

- Office Staff dispatch personnel to wait for ambulance at the designated school entrance.
- Principal/Nominee will make a follow up phone call to enquire the health of the student.

Incident in the Yard –

- Yard Duty Teacher alerts the front office via 2-way radio.
- Yard Duty Teacher stays with student at all times.
- Yard Duty Teacher requests nearby students to move away from incident area.
- Office Staff take Individual/General Adrenaline Autoinjector and Plans Folder to incident area and administer. If a student who does not have a plan requires the administration of an Adrenaline Autoinjector for General Use, the Office Staff must ring 000 for permission. In 2016 all Yard Duty Staff will carry Adrenaline Autoinjectors for General Use and also have access to the students' Anaphylaxis Management Plan in order to administer if deemed more urgent than waiting for the student's own Adrenaline Autoinjector.
- Office Staff call ambulance and Parent/Carer.
- Office Staff request additional adults to assist student management in school grounds.
- Office Staff dispatch personnel to wait for ambulance at the designated school entrance.
- Principal/Nominee will make a follow up phone call to enquire the health of the student.

Incident Out of School Environments –

Excursions, Camps, Special Events –

- Accompanying Staff Member alerts Teacher in charge/Camp or Event Director of incident via phone.
- Accompanying Staff Member remains with the student at all times.
- Accompanying Staff Member administers Adrenaline Autoinjector to student who has an Anaphylaxis Management Plan. For students experiencing an anaphylactic reaction for the first time, 000 must be rung and permission granted to administer an Adrenaline Autoinjector for General Use.
- Accompanying Staff Member calls ambulance and Parent/Carer.
- Accompanying Staff Member watches out for ambulance.
- Teacher in Charge/Principal/Nominee will make a follow up phone call to enquire the health of the student.

COMMUNICATION PLAN

- The Principal will ensure that all school staff will be briefed once each semester by a staff member who has current anaphylaxis management training (a staff member who has successfully completed an Anaphylaxis Management Training Course in the last 12 months).
- The Assistant Principal will be responsible for briefing Casual Relief Teachers, volunteers and new school staff of their roles in responding to an anaphylactic reaction by a student in their care.
- All students who are at risk of anaphylactic reactions have their photo in known designated areas and in Yard Duty and CRT folders.
- Risk assessments must be conducted prior to camps/excursions and all staff and volunteers attending made aware of procedures to follow if an emergency occurs.
- Parents/carers must be contacted prior to special event days that may pose a risk to their children of having an anaphylactic reaction (for example, class parties cooking activities) to plan and

organise for risk minimisation such as supplying alternative food, making parents/carers of all students in the class aware of the potential risk, and reminding students not to share food.

- Canteen staff will be provided with information regarding the students who have been diagnosed at risk of anaphylactic reactions and procedures outlined if a student has such a reaction.
- The school will raise awareness about anaphylaxis in the school community by providing information in the school newsletter. Parents/Carers will be given timely reminders through the school newsletter about the School's Anaphylaxis Management Policy and the need for the school to be kept well informed about children at risk.
- The school's Anaphylaxis Management Policy is made available to all Parents/Carers through the Mandama Primary School Website.
- School staff will raise student awareness through class discussions, providing the following key messages:

Student messages about anaphylaxis
Always take food allergies seriously – severe allergies are life threatening.
Don't share your food with friends who have food allergies.
Wash your hands after eating.
Know what your friends are allergic to.
If a school friend becomes sick get help immediately even if the friend does not want to.
Be respectful of a school friend's Adrenaline Autoinjector.
Don't pressure your friends to eat food that they are allergic to.

STAFF TRAINING

All school staff must complete an Anaphylaxis Management Training Course every 3 years. They must also be briefed bi-annually by a staff member who has current anaphylaxis training (Anaphylaxis Management Training in the past 12 months) on:

- The school's Anaphylaxis Management Policy;
- Causes, symptoms and treatment of anaphylaxis;
- The identifies of students diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction and where their medication is located;
- How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector;
- The school's general first aid and emergency response procedures and
- The location of, and access to Adrenaline Autoinjectors that have been provided by Parents or purchased by the school for general use.

The Principal may identify any further school staff who need to be trained based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.

If for any reason the training and briefing has not yet occurred as stated above, the Principal will develop an interim plan in consultation with the parents/carers of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and the training will occur as soon as possible thereafter.

ANNUAL RISK MANAGEMENT CHECKLIST

The Principal will ensure that the Annual Risk Management Checklist is completed each year to ensure compliance with DEECD guidelines (Refer to Appendix 2).

EVALUATION:

This policy will be reviewed as part of the school's three year review cycle, or at any time that DEECD policy changes influence practices in schools.

Ratified at School Council Meeting held May 23rd, 2016

Individual Anaphylaxis Management Plan

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		Phone	
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			

Storage for adrenaline autoinjector (device specific) (EpiPen®)	

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:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

(continues on next page)

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® adrenaline autoinjectors

Name: _____
 Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____
 Home Ph: _____
 Mobile Ph: _____

Plan prepared by:
 Dr: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date: _____
 Date of next review: _____

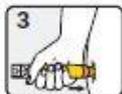
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



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 10 seconds.
 REMOVE EpiPen. Massage injection site for 10 seconds.

Instructions are also on the device label and at: www.allergy.org.au/anaphylaxis

MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Give other medications (if prescribed).....
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before anaphylaxis

Watch for **ANY ONE** of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector.**
- 3 Phone ambulance*: 000 (AU) or 111 (NZ).**
- 4 Phone family/emergency contact.**
- 5 Further adrenaline doses may be given if no response after 5 minutes, if another adrenaline autoinjector is available.**

If in doubt, give adrenaline autoinjector

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

EpiPen® is generally prescribed for adults and children over 5 years.
 EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y N Medication: _____

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 - 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:	
-------	--

Annual risk management checklist (reviewed at the start of each year)

School name:	
Date of review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	

General information

1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?	
2. How many of these students carry their adrenaline autoinjector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times	
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1: Training

7. Have all school staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an approved Anaphylaxis Management Training Course, either: <ul style="list-style-type: none"> ASCIA e-training within the last 2 years, or accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, why not as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in a twice yearly briefing? If no, why as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

11. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 day of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
12. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
16. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have the Individual Management Plans (for students at risk of anaphylaxis) been reviewed prior to any off site activities (such as sport, camps or special events), and where appropriate reviewed in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
18. Where are the student(s) adrenaline autoinjectors stored?	
19. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are the adrenaline autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is the storage unlocked and accessible to school staff at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
23. Are the adrenaline autoinjectors easy to find?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

24. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Who?	
27. Are there adrenaline autoinjectors which are currently in the possession of the school and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Has the school signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Where are these first aid kits located?	
Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Prevention strategies	
34. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why not as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
37. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No

41. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Have you checked how long it will take to get to the adrenaline autoinjector and the individual ASCIA Action Plan for Anaphylaxis to a student from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. Who will make these arrangements during excursions?	
45. Who will make these arrangements during camps?	
46. Who will make these arrangements during sporting activities?	
47. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Have all school staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction attend, and any other staff identified by the principal, been briefed on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
49. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No

50. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
51. How is this information kept up to date?	
52. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. What are they?	