



Sebastopol Primary School

P.O. Box 246
Warreen Street
Sebastopol 3356

Anaphylaxis Policy

RATIONALE

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, latex, certain insect stings and medication. The keys to prevention of anaphylaxis are planning, risk minimisation, awareness and education.

AIM

Sebastopol Primary School is committed to supporting the safety and well-being of students at risk of anaphylaxis. In doing so, the school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time. The school 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 the student's schooling.
- Raise awareness about anaphylaxis and the school's Anaphylaxis Management Policy in the school community
- Involve parents/carers of students at risk of anaphylaxis in assessing risks, and developing risk minimisation and management strategies for the student.
- Ensure that each staff member has adequate knowledge of allergies, anaphylaxis, and the school's procedure for responding to an anaphylactic reaction

IMPLEMENTATION

The principal will ensure that an Individual Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. This Plan will be in place as soon as practicable after the student enrolls and, where possible before their first day of school. The Individual Anaphylaxis Management Plan will include:

- Information provided by the student's medical practitioner about their diagnosis, and type of allergy or allergies.
- Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including camps and excursions.
- The name/s of person/s responsible for implementing the strategies.
- Information on where the student's medication will be stored
- Emergency contact details for the student.
- An **ASCIA Action Plan** provided by the parent/Carer

The student's Individual Management Plan will be reviewed:

- Annually in consultation with the student's parents/ carers
- When and if the student's condition in relation to allergies changes, or
- Immediately after a student has an anaphylactic reaction at school

It is the responsibility of the parent to inform the school in writing, if their child's medical condition changes in relation to allergies and their potential for an anaphylactic reaction; and to ensure the school has an up-to-date ASCIA Action Plan (including recent photo) signed by the medical practitioner who was treating the student when the plan was signed.



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PREVENTION STRATEGIES (CLASSROOMS INCLUDING SPECIALISTS)

- Keep a copy of the student's ASCIA Action Plan in the classroom roll book.
- Liaise with parents/carers about food related activities ahead of time.
- Use non-food treats where possible. If food treats are used in class, it is recommended that parents/carers provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Be aware of hidden allergens in cooking, food technology, science and art classes (e.g. egg, milk cartons and cereal boxes).
- A student eating food with allergens needs to be moved away from any at-risk students, and needs to wash hands after eating.
- Regularly discuss with students the importance of washing hands, eating their own food and not sharing food.
- Wipe down tables and surfaces regularly.
- Assistant Principal/CRT co-ordinator will inform Casual Relief Teachers of students at risk of anaphylaxis, the preventive strategies in place, and the school's emergency procedures. They will be provided with a copy of the student's Individual Management Plan and ASCIA Action Plan
- Volunteers who work with children at risk of anaphylaxis will be briefed on the preventative strategies in place, and the school's emergency procedures.

PREVENTION STRATEGIES (SCHOOL YARD)

- Yard Duty Staff are familiar with the School's Emergency Response Procedure, and are aware of the location of all Adrenaline Autoinjectors and Management Plans in the General Office.
- Yard Duty staff can identify by face those students at risk of anaphylaxis
- Yard Duty bags contain the following information, which can be retrieved quickly: Communication Alert Cards to notify the General Office/staffroom of an anaphylactic reaction in the yard, a back-up Junior and Standard Adrenaline Autoinjectors labelled for use by the appropriate children, and a laminated copy of each child's ASCIA Action Plan.
- Students are supervised in the playground before school from 8:45 to 9 am, and after school from 3:30 to 3:45 pm under the same conditions as above.
- Students at-risk to insect bites will be encouraged to stay away from water or flowering plants. The school will liaise with parents/carers to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
- Students should keep drinks and food covered while outdoors
- Lawns and grass are mowed regularly, and outdoor bins are covered

PREVENTION STRATEGIES (SPECIAL EVENTS: SPORTS, CULTURAL DAYS, ETC)

- If at-risk students are attending these events, sufficient School Staff must be trained to quickly locate and administer an Adrenaline Autoinjector.
- Parents/carers of other students will be informed in advance about foods that may cause allergic reactions in at-risk students, and request they avoid them in treats brought from home.



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- Class teachers will consult parents/carers in advance to develop an alternative food menu, or request that they provide a meal for the student.
- Food should not be used in activities or games, or as rewards.
- Party balloons and swimming caps should not be used if a student is allergic to latex.

PREVENTION STRATEGIES (EXCURSIONS)

- The student's Individual Adrenaline Autoinjectors, medications and ASCIA Action Plan must be signed out and taken on all excursions, including local excursions such as Wylie Reserve.
- A mobile phone must be taken on all excursions, including local excursions.
- A staff member who has been trained in the recognition of anaphylaxis and the administration of an Adrenaline Autoinjector must accompany the student on excursions. All staff present during the excursion need to be aware if there is a student at risk of anaphylaxis.
- Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- The school should consult parents/carers in advance to discuss possible issues, e.g. the need for staff to develop an alternative food menu, or to request the parent/carer sends an appropriate meal for their student.
- 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.
- Consider the potential exposure to allergens when consuming food on buses.

PREVENTION STRATEGIES (CAMPS AND REMOTE SETTINGS)

- A risk management strategy for students at risk of anaphylaxis for school camps will be developed in consultation with the student's parents/carers.
- Camps must be advised in advance of any students with food allergies.
- Camps must be checked for mobile phone coverage.
- Staff will liaise with parents/carers to develop alternative menus or allow students to bring their own meals.
- Use of other substances containing allergens should be avoided where possible.
- The student's signed out Individual Adrenaline Autoinjector, medication, ASCIA Action Plan and a mobile phone must be taken on camp.
- Staff who have been trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjectors must accompany the student on camp. All staff present need to be aware if there is a student at risk of anaphylaxis.
- Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- Be aware of the local emergency services and know how to access them.
- The Adrenaline Autoinjector should remain close to the student (and other students if appropriate) and staff must be aware of its location at all times.
- A backup Adrenaline Autoinjector for General Use will be available in the first aid kit.
- Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.



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- Cooking and art and craft games should not involve the use of known allergens. Consider the potential exposure to allergens when consuming food on buses and in cabins.

SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

Complete and up-to-date information for each at-risk student is readily accessible in Classroom and Specialist Rolls, CRT Folders, Yard Duty Bags and the General Office. The Individual Action Plan outlines a gradation of observable symptoms, the student's medications, and the procedure to follow.

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face eyes
- Hives or welts
- Abdominal pain, vomiting

SEVERE ALLERGIC REACTION OR ANAPHYLAXIS

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

ACTION

- Stay with the child and call for help
- Give medications as prescribed
- Locate student's Adrenaline Autoinjector
- Contact parent/carer

ACTION: IN THE CLASSROOM

- Classroom teacher stays with child to reassure him
- Classroom teacher alerts Office (ring) or another teacher to get Epipen
- Follow individual child's ASCIA Plan
- Office alerts closest teacher to ring 000 immediately while taking Epipen to classroom
- Parents notified
- Principal (or next in charge) notified

ACTION: IN THE SCHOOLYARD

- First teacher to the scene stays with child
- Teacher contacts Staffroom for Epipen (via Emergency Card, other Yard duty teacher or student)
- Follow individual child's ASCIA Plan
- Contacted teacher alerts closest teacher to call 000 immediately, while proceeding to playground.
- Parents notified
- Principal (or next in charge) notified and check that gate is open.

COMMUNICATION PLAN

The principal is responsible for ensuring a Communication Plan is developed which provides information to all School Staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy. The Communication Plan informs School Staff, students and parents about how to respond to an anaphylactic reaction during normal activities (including the classroom, in the school yard, and in school buildings such as the Hall), and out of school activities (including on excursions, school camps, and at special events conducted or organised by the school).



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The Assistant Principal or CRT co-ordinator, will inform volunteers and casual relief staff of students at risk of anaphylaxis in their care, and their role in responding to an anaphylactic reaction.

The Principal will ensure that school Staff are trained and briefed as required.

STAFF TRAINING

The following school staff will be appropriately trained:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- Any other school staff as determined by the principal to attend (indicate which staff in your school will be trained, for example all canteen staff, admin staff, first aiders, volunteers etc).
- School staff must complete one of the following options to meet the anaphylaxis training requirements of Ministerial Order 706 (indicate which of these options your school will adopt) and record the dates that training has occurred:
- The location of, and access to, adrenaline auto-injectors that have been provided by parents or purchased by the school for general use.

Option	Completed by	Course	Provider	Cost	Valid for
Option 1	All school staff	ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School	ASCIA	Free to all schools	2 years
	AND 2 staff per school or per campus (School Anaphylaxis Supervisor)	Anaphylaxis Supervisor Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years
Option 2	School staff as determined by the principal	Course in First Aid Management of Anaphylaxis 22300VIC	Any RTO that has this course in their scope of practice	Paid by each school	3 years
Option 3	School staff as determined by the principal	Course in Anaphylaxis Awareness 10313NAT	Any RTO that has this course in their scope of practice	Paid by each school	3 years

Please note: General First Aid training does **NOT** meet the anaphylaxis training requirements under Ministerial Order 706.

In addition, all staff are to participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:

- title and legal requirements as outlined in Ministerial Order 706
- pictures of the students at your school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
- signs and symptoms of anaphylaxis
- ASCIA Anaphylaxis e-training
- ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen®



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- your school's First Aid policy and emergency response procedures
- on-going support and training

The briefing must be conducted by a member of the school staff, preferably the person nominated as the School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the last 2 years.

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. Training will be provided to relevant school staff as soon as practicable after the student enrolls, and preferably before the student's first day at school.

The principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of school staff present who have successfully completed an anaphylaxis management training course.

THE PRINCIPAL

The principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, 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. 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 and the signs or symptoms the student might exhibit in the event of an allergic reaction (based on a written diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to known 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 risk minimisation strategies which have been identified in the Plan
- information on where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner

ANNUAL RISK MANAGEMENT CHECKLIST

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

REFERENCES/RESOURCES/ AGREEMENTS

- *Anaphylaxis Guideline*. A resource for managing severe allergies in Victorian schools. Issued February 2014. (<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>)
- Department of Allergy, Royal Children's Hospital, Parkville, 3052 (www.rch.org.au)



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- ASCIS Guidelines for Prevention of Food Anaphylactic Reactions in Schools (www.allergy.org.au)
Royal Children's Hospital Free Anaphylaxis Advisory Line: 1300 725 911 or (03) 9345 4235.

EVALUATION

This policy will be reviewed as part of the school's three-year review cycle.

This document was last ratified by School Council in <MONTH> <YEAR>.



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Appendix 1: The Role & Responsibilities of the Principal

Principal will purchase up-to-date Adrenaline Autoinjectors as a back up to those supplied by parents. The Principal will determine the number needed, and an appropriate place for storage. The Principal has overall responsibility for implementing the school's Anaphylaxis Management Policy. The Principal should:

- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Meet with parents/carers to develop an Individual Anaphylaxis Management Plan for the student.
- Request that parents provide an ASCIA Action Plan that has been signed by the student's medical practitioner and has an up to date photograph of the student. Obtain written consent to display photo.
- Ensure that parents provide an up-to-date Adrenaline Autoinjector for the student.
- Ensure that staff are informed and trained in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
- Develop a communication plan to raise student, staff and parent awareness about severe allergies and the school's policies.
- Ensure that there are procedures in place for informing Casual Relief Teachers of students at risk of anaphylaxis, and the steps required for prevention and emergency response.
- Liaise with the Anaphylaxis Coordinator.
- Allocate time, to discuss, practise and review the school's management strategies for students at risk of anaphylaxis. Practise using the trainer Adrenaline Autoinjectors regularly.
- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the school's policies and their implementation.
- Review Student's Management Plan annually with parents/carers, and whenever circumstances change.



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Appendix 2: The Role & Responsibilities of the Anaphylaxis Coordinator

The Anaphylaxis Coordinator has a lead role in supporting the Principal and teachers to implement prevention and management strategies for the school. The Anaphylaxis Coordinator should:

- Liaise with the Principal
- Maintain an up to date register of students at risk of anaphylaxis.
- Inform all parents of children with Action Plans the identity and how they may contact the Anaphylaxis Coordinator
- Display all ASCIA Action Plans with medication and Adrenaline Autoinjectors in individually identified pouches, in the General Office.
- Provide information to all staff so that they are aware of the students who are at risk of anaphylaxis, the student's allergies, the school's management strategies and first aid procedures.
- Provide copies of all students' Individual Anaphylaxis Management Plans & ASCIA Action Plans to each teacher for their class rolls, to the Principal, A.P. & OOSH and display in Staffroom.
- Organise a letter home, separate to the newsletter, to inform all classmates of a child's allergy and ways to minimise risk.
- Maintain yard duty bags and ensure that Back up Adrenaline Autoinjectors are clearly marked
- Ensure ambulance cards are placed by appropriate phones.
- Maintain an up to date register of Adrenaline Autoinjectors, including regular checks for cloudiness and expiry dates.
- Inform parents/carers a month prior in writing if Individual Adrenaline Autoinjectors need to be replaced.
- Arrange training each three years, and a briefing each semester. Record the dates and participants. Arrange training which includes inside & outside drills.
- Arrange post-incident support to students and staff, if appropriate.
- Raise staff, student and community awareness of severe allergies.



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Appendix 3: The Role & Responsibilities of all School Staff

School Staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. The Staff should:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Ensure at-risk students, in particular, wash hands before eating. Ensure tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Be trained in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
- Know the school's first aid emergency procedures and what their role is in responding to an anaphylactic reaction.
- Keep a copy of all students' Management and ASCIA Action Plans in the class roll and follow it in the event of an allergic reaction.
- Raise student awareness about severe allergies and foster a school environment that is safe and supportive of students at-risk of anaphylaxis.
- Be aware of and use the Anaphylaxis Record Book to sign in/out prior to all excursions, special days and local excursions.

Class teachers of students at risk of anaphylaxis should:

- Be very familiar with student's Management Plan
- Display students' ASCIA Action Plan prominently in front of class roll and follow it in the event of an allergic reaction.
- Meet with parents during first week of school, or as soon as practicable
- Liaise with parents prior to excursions, special days, sports days, parties etc and camp Pass on updated information to Anaphylaxis Coordinator
- Use preventative strategies to minimise contamination in classroom including hand washing, and regularly wiping down tables & surfaces.



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Appendix 4: The Role & Responsibilities of Parents/Carers of a Student at Risk of Anaphylaxis

The Parents/Carers should:

- Inform the school, at enrolment or when diagnosed, of the student's allergies and whether the student has been diagnosed as being at risk of anaphylaxis.
- Obtain information from the student's medical practitioner about their condition and any medications to be administered. Inform school staff of all relevant information and concerns relating to the health of the student.
- Meet with the Principal to develop the student's Anaphylaxis Management Plan.
- Provide an ASCIA Action Plan to the school that is signed by the student's current medical practitioner, and has an up to date photograph.
- Provide an Adrenaline Autoinjector and any other medications to the school.
- Replace the Adrenaline Autoinjector before it expires. Check it is appropriate for the student's weight (eg: EpiPen Junior is only appropriate to 25kgs)
- Assist school staff in planning and preparing for the student prior to school camps, incursions, excursions or special events such as class parties or sport days.
- Supply alternative food options for the student when needed.
- Inform staff of any changes to the student's emergency contact details.
- Participate in reviews of the student's Anaphylaxis Management Plan, e.g. when there is a change to the student's condition or at an annual review.



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Appendix 5: 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 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.

Student Name:

Date of Birth:

Year Level:

Severe Allergy to:

Other Health Conditions:

Medication at School:

Storage Location for AutoInjector:

Emergency Care to be Provided at School:

Medical Practitioner:

Phone Number:

EMERGENCY CONTACT DETAILS (PARENT)

Name:

Name:

Relationships:

Relationships:

Home Phone:

Home Phone:

Work Phone:

Work Phone:

Mobile:

Mobile:

Address:

Address:

EMERGENCY CONTACT DETAILS (ALTERNATIVE)

Name:

Name:

Relationships:

Relationships:

Home Phone:

Home Phone:

Work Phone:

Work Phone:

Mobile:

Mobile:

Address:

Address:



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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 Risk	Who's Responsible?	Completion Date
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Name of Environment/Area:

Risk Identified	Actions Required to Minimise Risk	Who's Responsible?	Completion Date
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Name of Environment/Area:

Risk Identified	Actions Required to Minimise Risk	Who's Responsible?	Completion Date
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Name of Environment/Area:

Risk Identified	Actions Required to Minimise Risk	Who's Responsible?	Completion Date
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www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s): _____

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Dr or NP: _____

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

Signed: _____

Date: _____

Action Plan due for review: _____

SIGNS OF 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
- For tick allergy - freeze dry tick and allow to drop off
- 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 (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

<ul style="list-style-type: none"> Difficult/noisy breathing Swelling of tongue Swelling/tightness in throat Wheeze or persistent cough 	<ul style="list-style-type: none"> Difficulty talking and/or hoarse voice Persistent dizziness or collapse Pale and floppy (young children)
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ACTION FOR ANAPHYLAXIS

- 1 Lay person flat - do NOT allow them to stand or walk**
 - If unconscious, place in recovery position
 - 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**
- 6 Transfer* person to hospital for at least 4 hours of observation**

If in doubt give adrenaline autoinjector

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

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

How to give EpiPen®



1

Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2

Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



3

PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds

REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label



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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
- 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/Carer:

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:



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Appendix 6: Annual Risk Management Checklist

To be completed at the start of each year.

School Name:

Date of Review:

Who Completed Checklist:

Position:

Review Given To:

Position:

Comments:

GENERAL INFORMATION

How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?

How many of these students carry their adrenaline autoinjector on their person?

Have any students ever had an allergic reaction requiring medical intervention at school?

YES | NO

If Yes, how many times?

Have any students ever had an anaphylactic reaction at school?

YES | NO

If Yes, how many students?

If Yes, how many times

Has a staff member been required to administer an adrenaline autoinjector to a student?

YES | NO

If Yes, how many times?

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)?

YES | NO

SECTION 1: TRAINING

Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either:

- online training (ASCIA anaphylaxis e-training) within the last 2 years, or
- accredited face to face training (22300VIC or 10313NAT) within the last 3 years?

YES | NO

Does your school conduct twice yearly briefings annually?

YES | NO

If no, please explain why not, as this is a requirement for school registration.



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Do all school staff participate in a twice yearly anaphylaxis briefing? YES | NO

If no, please explain why not, as this is a requirement for school registration.

If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:

• Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)? YES | NO

• Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools? YES | NO

SECTION 2: INDIVIDUAL ANAPHYLAXIS PLANS

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? YES | NO

Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)? YES | NO

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? YES | NO

During classroom activities, including elective classes YES | NO

In canteens or during lunch or snack times YES | NO

Before and after school, in the school yard and during breaks YES | NO

For special events, such as sports days, class parties and extra-curricular activities YES | NO

For excursions and camps YES | NO

Other YES | NO

Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)? YES | NO

Where are the Action Plans kept?

Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student? YES | NO

Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s? YES | NO

SECTION 3: STORAGE AND ACCESSIBILITY OF ADRENALINE AUTOINJECTORS

Where are the student(s) adrenaline autoinjectors stored?



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Do all school staff know where the school's adrenaline autoinjectors for general use are stored? YES | NO

Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight? YES | NO

Is the storage safe? YES | NO

Is the storage unlocked and accessible to school staff at all times? YES | NO

Comments:

Are the adrenaline autoinjectors easy to find? YES | NO

Comments YES | NO

Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector? YES | NO

Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names? YES | NO

Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? YES | NO

Who?

Are there adrenaline autoinjectors which are currently in the possession of the school which have expired? YES | NO

Has the school signed up to EpiClub (optional free reminder services)? YES | NO

Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?

Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)? YES | NO

Where are these first aid kits located?

Do staff know where they are located? YES | NO

Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector? YES | NO

Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc? YES | NO

SECTION 4: RISK MINIMISATION STRATEGIES

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? YES | NO



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Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? YES | NO

If yes, list these in the space provided below.

If no please explain why not as this is a requirement for school registration. YES | NO

Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training? YES | NO

SECTION 5: SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff? YES | NO

Do school staff know when their training needs to be renewed? YES | NO

Have you developed emergency response procedures for when an allergic reaction occurs? YES | NO

In the class room? YES | NO

In the school yard? YES | NO

In all school buildings and sites, including gymnasiums and halls? YES | NO

At school camps and excursions? YES | NO

On special event days (such as sports days) conducted, organised or attended by the school? YES | NO

Does your plan include who will call the ambulance?

Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis? YES | NO

Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:

The class room? YES | NO

The school yard? YES | NO

The sports field? YES | NO

The school canteen? YES | NO

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? YES | NO

Who will make these arrangements during excursions?

Who will make these arrangements during camps?



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Who will make these arrangements during sporting activities?	YES NO
Is there a process for post-incident support in place?	YES NO
Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	YES NO
The school's Anaphylaxis Management Policy?	YES NO
The causes, symptoms and treatment of anaphylaxis?	YES NO
The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	YES NO
How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	YES NO
The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	YES NO
Where the adrenaline autoinjector(s) for general use is kept?	YES NO
Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	YES NO

SECTION 6: COMMUNICATION PLAN

Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
To school staff?	YES NO
To students?	YES NO
To parents?	YES NO
To volunteers?	YES NO
To casual relief staff?	YES NO
Is there a process for distributing this information to the relevant school staff?	YES NO
What is it?	
How will this information kept up to date?	
Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	YES NO
What are they?	