

Policy: *Anaphylaxis Management Policy*

Rationale

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common triggers (allergens) in school aged children include:

- Peanuts
- Eggs
- Tree nuts (such as cashews, hazelnuts, almonds, pistachios, macadamias, brazil nuts, pecans, chestnuts and pine nuts)
- Cows milk
- Fish and shellfish (oysters, lobsters, clams, mussels, shrimps, crabs and prawns)
- Wheat
- Sesame (oil and seeds)
- Soy
- Insect stings
- Latex
- Medications

Although these are the most common triggers, any food can trigger an allergic reaction.

The only way to prevent anaphylaxis is to avoid the trigger. The keys to the prevention of anaphylaxis in schools are:

- Knowledge of those students who have been diagnosed at risk;
- Awareness of triggers (allergens) and;
- Prevention of exposure to those triggers

The most effective first aid treatment of anaphylaxis is adrenaline administered via an adrenaline auto-injector (EpiPen) to the muscle of the outer mid thigh.

Ministerial Order 706 – Anaphylaxis Management in Schools

Rockbank Primary School will fully comply with Ministerial Order 706 and the associated guidelines published and amended by the Department from time to time. It is the schools responsibility to develop and maintain an Anaphylaxis Management Policy. In the event of an anaphylactic reaction, the school's first aid emergency response procedures and the student's Individual Anaphylaxis Management Plan must be followed.

Aims

The Anaphylaxis Management Policy aims to:

- Provide, as far as practicable, a safe and supportive environment in which all students

- at risk of anaphylaxis can participate equally in all aspects of school life;
- Raise awareness about anaphylaxis and the School's Anaphylaxis Management Policy in the school community;
 - Engage with parents/guardians 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 about allergies, anaphylaxis and the school's policies and procedures about responding to an anaphylactic reaction; and

Ensure compliance by the School with *Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools*.

Implementation

MANAGEMENT OF STUDENTS DIAGNOSED AS BEING AT RISK OF ANAPHYLAXIS

Individual Anaphylaxis Management Plans

The principal is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents/guardians, for any student who has been diagnosed by a 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 Individual Anaphylaxis Management Plan must be put in place as soon as practicable after the student enrolls, and where possible before the student's first day of attendance at school, or as soon as possible after diagnosis (See Appendix B Individual Anaphylaxis Management Plan Template)

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 or 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 schoolyard, at camps and excursions, or at special events conducted, organised or attended by the school;
- The name(s) 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; and,
- An ASCIA Action Plan for Anaphylaxis (being an action plan in a format approved by ASCIA, and referred to in this policy as an ASCIA Action Plan) completed and signed by the student's treating doctor and then provided to the school by the

parent/guardian. This plan must set out the signs and symptoms of a mild to moderate or severe allergic reaction, and include the emergency procedures to be taken in the event of an allergic reaction (see Appendix C: ASCIA Anaphylaxis Action Plan Template).

The school will review the student's Individual Anaphylaxis Management Plan in consultation with the student's parents/guardians in all of the following circumstances:

- Annually;
- If the student's medical condition in so far as it relates to allergy and the potential for anaphylactic reaction, changes;
- As soon as is practicable after a student has an anaphylactic reaction at school; and,
- When a student is to participate in off-site activities such as camps and excursions, or at special events conducted, organised or attended by the school.

It is the responsibility of the parent/guardian to:

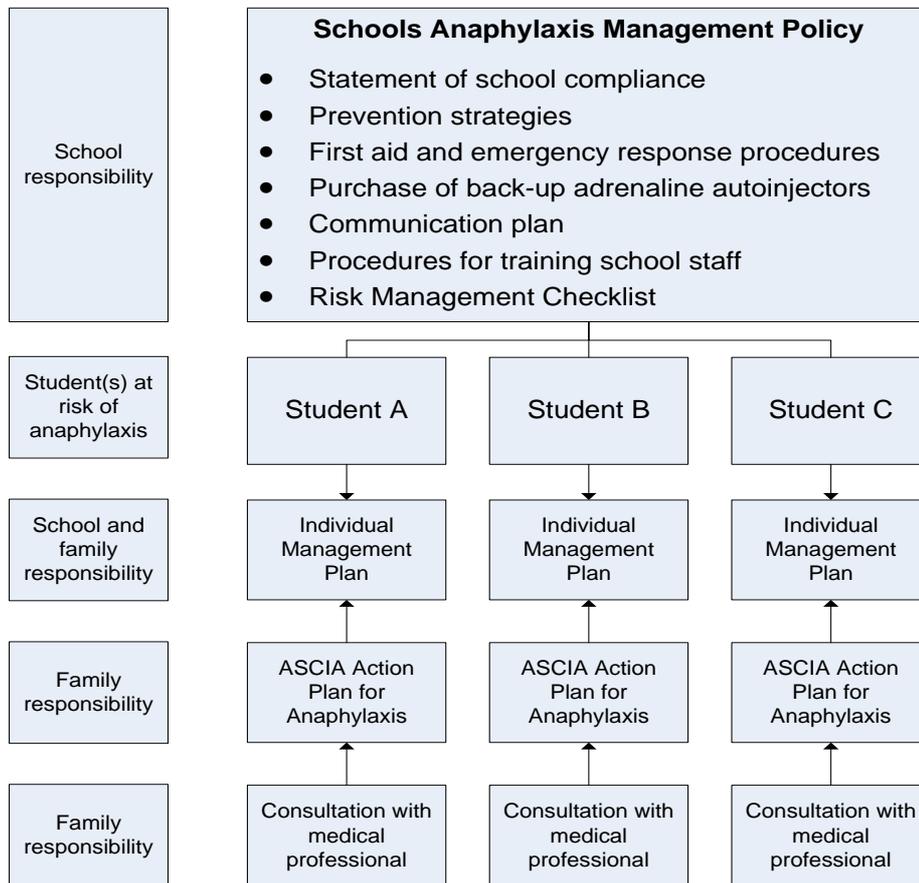
- Provide an ASCIA Action Plan to the school signed by the student's treating doctor;
- Inform the school in writing of their child's medical condition, in so far as it relates to allergy and the potential for anaphylactic reaction, changes, and if relevant, provide an updated ASCIA Action Plan;
- Provide an up-to-date colour photograph for the ASCIA Action Plan when that plan is provided to the school and when it is reviewed;
- Provide the school with one adrenaline autoinjector that is current and not expired for their child.
- Participate in annual reviews of their child's plan;
- Assist school staff in planning and preparing the student attending camp and any excursions, special days and celebrations, including class parties.

A copy of each student's ASCIA Anaphylaxis Action Plan will be stored:

- With the student's adrenaline autoinjector in the school office (reception cupboard)
- In the first aid room/sickbay, first aid and yard duty bags, staff room, school hall, kitchen/canteen and
- In each student's classroom

The interaction between the school's Anaphylaxis Management Policy and each student's Individual Anaphylaxis Management Plan is represented in the figure below including the responsibilities of the principal and the student's family.

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SCHOOL MANAGEMENT OF ANAPHYLAXIS

Risk Minimisation Strategies

Minimisation of the risk of anaphylaxis is the responsibility of the principal, all school staff, parents, students and the broader school community. The school has put into place a number of prevention strategies to minimise the risk of an anaphylactic reaction which can be found below:

School Communication
<ul style="list-style-type: none"> • Information sheet sent out to parent community on severe allergy and the risk of anaphylaxis • Alert parents to strategies that the school has in place (e.g., Anaphylaxis Management Policy) and the need for their child to not share food and to wash hands after eating. • Regular communication via newsletters and notes sent home reminding them that nuts are not banned, however, they should exercise caution when preparing lunches and snacks
Part-time educators, CRT Staff

- During induction, casual relief staff will be made aware of student s' Action Plans located on the staffroom noticeboard and in the on the wall next to the teacher's desk in the classroom
- In the case of a part time/casual relief teacher taking student's offsite for any reason, an anaphylaxis trained Education Support Officer will accompany the class
- Casual/part time staff who work at the school regularly will be offered anaphylaxis training sessions to increase the likelihood that they recognise an allergic reaction and know how to administer the adrenaline autoinjector

In the Classroom

- Displaying a copy of students ASCIA Action Plan in classrooms;
- Liaising with parents/guardians about food related activities ahead of time;
- In an attempt to minimise exposure, children in classrooms where a student has anaphylaxis will be invited to eat food products containing allergens (e.g., eggs, nuts) away from that student (e.g., on a different table /at the front of the classroom)
- Using non-food treats where possible, but if food treats are used in class the school will recommend that parents of students with food allergy provide a treat box with alternative treats. The boxes should be clearly labelled and only handled by the student.
- Never giving food from outside sources to a student who is at risk of anaphylaxis.
- Being aware of the possibility of hidden allergens in cooking and art classes (e.g. egg or milk cartons packaging, food containers such as boxes).
- Having regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Casual/relief teachers, specialist teachers and volunteers will be informed of the names of any students at risk of anaphylaxis, the location of the student's ASCIA Action Plan and their responsibility in seeking a trained staff member in managing an incident.

In the Canteen

- Ensuring the school's external/contracted food service provider is able to demonstrate satisfactory training in the area of anaphylaxis and its implications on food handling.
- Briefing canteen staff (including volunteers) about students at risk of anaphylaxis, preventative strategies in place and the information in their ASCIA Action Plans (with permission from parents/guardians);
- Students with food allergies should have distinguishable lunch order bags
- Restriction of who serves food to students with food allergies when they go to the canteen
- External canteen provider to provide a canteen list outlining which foods contain nuts
- Displaying the boy's name, photo and the foods they are allergic to in the canteen as a reminder to staff (with permission from parents/guardians);
- Liaising with parents/guardians about food for the student;
- Not stocking peanut and tree nut products (including nut spreads);
- Not providing products labelled 'may contain traces of peanuts/tree nuts';
- Being aware of the potential for cross contamination when storing, preparing, handling or displaying food; and
- Ensuring tables and surfaces are wiped clean regularly.

In the Yard

- Staff on duty are trained in the administration of an adrenaline autoinjector;
- Both assigned and unassigned adrenaline autoinjectors are stored in easily accessible areas (school office);
- Staff to carry yard duty packs with urgent first aid cards (to be given to runners to alert office of emergency)
- Staff to carry phones around school grounds to enable immediate contact with office;
- All staff on duty briefed on school's emergency response procedures; Students will wear shoes outside at all times;
- In the instance of an insect infestation, a student at risk will be kept away from the area and the infestation managed quickly and efficiently;
- Lawns mowed regularly; and
- Non rubbish collection duties are encouraged for students at risk of insect skin anaphylaxis and students at risk of food allergy anaphylaxis will be provided with gloves or an instrument to pick up the rubbish to avoid skin contact with potential allergens.
- Student's medical information contained on CASES21 and XUNO.

Special Events (e.g. Sporting Events, Incursions, class parties)

- Class teachers should consult parents/guardians in advance to either develop an alternative food menu or request the parents/guardians to send a meal for the student;
- Parents/guardians of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis as well as being informed of the school's allergen minimisation strategies;
- Staff should avoid using food in activities or games, including rewards;
- Sport and teaching staff to have a list of students with medical alerts, have contact details for all families, and can access copies of a student's ASCIA Action Plan; and

Field Trips, Excursions, Sports Carnivals

- The student's adrenaline autoinjector, ASCIA Action Plan and means of contacting emergency assistance must be taken on all field trips/excursions.
- Staff members who have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector should accompany the student on field trips or excursions;
- All staff present during the field trip or excursion need to be aware if there is a student at risk of anaphylaxis;
- Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
- The school should consult parents/guardians in advance to discuss issues that may arise, to develop an alternative food menu or request the parent/guardian to send a meal (if required);
- Parents/guardians may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/guardians as another strategy for supporting the student.

Camps and Remote Settings

- A risk management plan for the student at risk of anaphylaxis should be developed in consultation with parents/guardians and camp managers when planning school camps;

- Campsites/accommodation providers should be advised in advance of any student with food allergies;
- Staff should liaise with parents/guardians to develop alternative menus or allow students to bring their own meals;
- Camp providers should avoid stocking peanut, sesame or tree nut products, including nut spreads. Products that 'may contain' traces of peanuts/tree nuts will not be provided;
- Use of other substances containing allergens (e.g. soaps, lotions or sunscreens containing nut oils) should be avoided.
- The student's adrenaline autoinjector and ASCIA Action Plan and a mobile or satellite phone must be taken on camp.
- All staff who go on camp have been trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector;
- All staff present will be made aware if there is a student at risk of anaphylaxis;
- Staff should develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction;
- Staff need to be aware of what local emergency services are in the area and how to access them. Contact with these services should be made before the camp.
- Adrenaline autoinjectors should remain close to them and staff must be aware of its location at all times. (Note: staff still have a duty of care towards the student even if they carry their own adrenaline autoinjector); and
- Students with allergies to insect venoms should always wear closed shoes when outdoors;

SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

Strategies and Processes for Anaphylaxis Management

The strategies the school uses to manage students with an allergy and the potential for an anaphylactic reaction and the emergency responses used in the event of an anaphylactic reaction form an integral part of the school's first aid and emergency response procedures. As such, the emergency response procedures below must be followed together with the school's general first aid and emergency response procedures and the student's ASCIA Action Plan.

- No student who has been prescribed an adrenaline autoinjector is permitted to attend Rockbank Primary School or participate in its programs without providing an auto-injector and doctor-authorized ASCIA Action Plan for Anaphylaxis.
- Parents of students who are at risk of anaphylaxis must supply the school with an adrenaline autoinjector that is within its expiry date and an ASCIA Action Plan that has been completed by a medical practitioner. The autoinjector along with a copy of the ASCIA Action Plan will be stored in the cupboard in the school office reception.
- When a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside of normal class activities, including the schoolyard, at camps and excursions, or at special events conducted, organised or attended by the school, the principal must ensure that

there is a sufficient number of school staff present who have accredited anaphylaxis training.

- An up to date student medication list/register outlining students who have a medical condition that relates to allergies and the potential for anaphylactic reaction is to be kept in the both the first aid room as well as the student medication and first aid administration folders kept in the school office (back room) and with adrenaline autoinjector (office reception cupboard behind Business Manager's desk). This list will also be distributed to all staff as appropriate. A hard copy will be kept in front of hard copy rolls – e.g., for easy access for CRT's).
- Copies of Individual Anaphylaxis Management Plans, including the ASCIA Action Plan for Anaphylaxis will be accessible to all staff, including those who organise trips, camps and excursions and for all activities where students are under the care and supervision of Rockbank staff. It will be accessible via the:
 - CASES21 and XUNO
 - Student Medication Folder
 - First Aid Administration Folder
- In addition, Individual ASCIA Action Plans will be located:
 - With students' individual adrenaline autoinjectors
 - Next to teachers desks in classrooms
 - In first aid room/sickbay
 - On the notice board in the staff room
 - In the canteen
 - In the Hall (office/storerroom)
 - In yard duty first aid bum bags
 - In first aid camp and excursion bags
- General First Aid and emergency response procedures are located in the first aid room, in all first aid bags/kits, including yard duty bags, and are circulated to all staff as appropriate.

Emergency Response in the Event of an Anaphylactic Reaction

In the classroom

- Teacher in charge will contact office via phone/intercom system to raise the alarm that a reaction has occurred and send a runner to the office to request that the student's personal adrenaline autoinjector (EpiPen) be brought directly to the room
- Student must not be left unattended at any time
- Lay the student flat – if breathing is difficult allow them to sit. If vomiting or unconscious, lay them on side (recovery position) and check airway for obstruction.
- At the same time office will make an announcement for an accredited anaphylaxis trained staff member to attend/support an anaphylaxis incident in the relevant

- classroom (if there isn't one already present)
- Student's EpiPen to be administered as per students ASCIA Action Plan (noting time delivered)
- Office to also call 000 for an ambulance and request assistance
- A nominated staff member will wait for the ambulance at school's front entrance/car park
- Student's parents/guardians to be contacted
- If another adrenaline autoinjector is available, a further adrenaline dose may be given if there is no response after five minutes

In the yard

- All yard duty teachers and staff will carry a bag which contains ASCIA Action Plans for all anaphylactic students at the school as well as a mobile phone on them, where possible
- In the event of an anaphylactic reaction, the staff member on yard duty will, in the first instance, use their mobile phone (if available) to raise the alarm with school office that a reaction has occurred or send a runner with a red urgent first aid card (from their yard duty bag) to contact the office and provide the name of the student so their EpiPen can be taken to the scene directly
- Student must not be left unattended at any time
- Staff member should lay the student flat – if breathing is difficult allow them to sit. If vomiting or unconscious, lay them on side (recovery position) and check airway for obstruction.
- The student's EpiPen is to be administered by an anaphylaxis trained staff member as per student's ASCIA Action Plan (noting time delivered)
- Office will call 000 for an ambulance and emergency advice at the same time
- A nominated staff member will wait for the ambulance at school's front entrance/car park
- Student's parents/guardians to be contacted
- If another adrenaline autoinjector is available, a further adrenaline dose may be given if there is no response after five minutes

At excursions/sports events/camps

- Teachers in charge of sports events, excursions and camps are responsible for ensuring that the CASES21 and XUNO system is checked for any information regarding medical conditions of students in their organised event/activity
- A risk assessment for each individual student at risk of anaphylaxis should be carried out prior to each out-of-school event. Based on the risk assessment, the emergency response may vary between individuals and events
- The principal must ensure that there is a sufficient number of school staff attending who have accredited anaphylaxis training

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- Staff in charge must ensure they have access to a phone at the venue
- The student's adrenaline autoinjector device and ASCIA Action Plan and any other related medication (e.g. anti-histamine) will accompany students at risk of anaphylaxis to all excursions, sports events/activities, and camps
- The device will be kept within close proximity to the student either in the centrally located first aid kit/bag or in a first aid bag carried by the teacher in charge if and when the student is participating in small group activities
- In the event of an anaphylactic reaction, the teacher in charge will administer the auto adrenaline injection
- The supervising teacher will ring 000 for medical assistance (and provide address, GPS location, best access point, etc.)
- If the episode takes place at another school or establishment, first aid assistance will be sought
- For school camps, parents of anaphylactic students will be informed of the risks prior to the event, remoteness of the camp (distance to nearest hospital), and mobile telephone coverage (in some locations, coverage is not reliable)

In the situation where a **student who has not been previously diagnosed with an allergy** or being at risk of anaphylaxis, staff will:

- Administer a general use adrenaline autoinjector
- Immediately call an ambulance (000 or Mobile 112)
- Commence First Aid measures
- Then contact the student's parents or if unavailable the student's emergency contact

Any time a student experiences an anaphylactic reaction and an adrenaline autoinjector is administered (either individual or general use), a School Anaphylaxis Supervisor will, in consultation with the principal or their nominee, conduct a review of:

- The student's Individual Anaphylaxis Management Plan with parents
- The School's Anaphylaxis Management Policy including risk assessments and preventative strategies

And will ensure that:

- The parents provide a replacement adrenaline autoinjector as soon as possible.
- An interim plan is arranged for access to a general use adrenaline autoinjector until the student's own is supplied.

ADRENALINE AUTOINJECTORS FOR GENERAL USE

The principal is responsible for arranging the purchase of additional autoinjectors for general use and as a back up to those supplied by parents. The principal will determine the number and type of autoinjectors for general use to be purchased and in doing so will take into account the following relevant considerations:

- The number of students enrolled in the school who have been diagnosed as being at

risk of anaphylaxis;

- The accessibility of adrenaline autoinjectors that have been provided by parents/guardians;
- The availability and sufficient supply of adrenaline autoinjectors for general use in specified locations at the school including in the school yard, at excursions, camps, and special events conducted, organised or attended by the school; and,
- That the adrenaline autoinjectors have a limited life, usually expire within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

The school's adrenaline autoinjectors for general use are stored in the following locations:

- School office reception (cupboard behind Business Manager's desk)
- In camp and excursion first aid bags/kits in the back room of first aid room

Regular reviews of the adrenaline autoinjectors are to be carried out by the School Anaphylaxis Supervisor(s) to ensure they are in date and not discoloured.

COMMUNICATION PLAN

The principal is responsible for ensuring that a communication plan is developed to:

- Provide information to all school staff, students and parents about anaphylaxis and the schools anaphylaxis management policy.
- Outline strategies advising all school staff, parents and students about how to respond to an anaphylactic reaction occurring during normal school activities (including the classroom, school yard, and all school buildings and sites) and during off-site or out-of-school activities (including excursions, camps, and special events conducted, organised or attended by the school).
- Indicate that the principal is responsible for ensuring that all school staff are trained and briefed at least twice a year in accordance with the Ministerial Order mentioned in the following 'Staff Training' section of this policy.

Raising Staff Awareness

In addition to all staff undergoing training as specified below, the following are available to assist in identifying those students who have an allergy and the potential for anaphylactic reaction:

- An Anaphylaxis register/list containing the name, photograph and details of the allergies of all students who have a medical condition that relates to allergy and the potential for anaphylactic reaction. It is available from the school's reception, and also located in the First Aid Room, in the Student Medication Folder, the First Aid Administration Folder and in the front of all classroom rolls

- The School Anaphylaxis Supervisor(s) will ensure casual relief staff (CRT's), all part time/seasonal staff and school volunteers are provided with a copy of the register/list identifying students in their care who have been diagnosed at risk of anaphylaxis and of the school's emergency response procedures

In relation to the communication plan for staff responding to an anaphylactic reaction, please refer the to the previous 'Emergency Response to an Anaphylactic Reaction' section of this document.

Raising Student Awareness

Classroom education from teaching staff and School Anaphylaxis Supervisors, discussions held during assemblies and prior to excursions, camps and trips will:

- Reinforce the importance of hand washing after eating;
- Remind students of the importance of getting help immediately if a school friend becomes sick;
- Reinforce the importance of not sharing food with friends who have food allergies;
- Remind students to not pressure friends to eat food that they are allergic to;
- Raise peer group awareness as to what particular students are allergic to;
- Ensure students are aware of the seriousness of allergic reactions; and,
- Remind students who share a classroom with a student who has anaphylaxis, to sit away from that student if they eat food products containing nuts at school, to minimise exposure

Working With Parents

The school will make regular contact with parents of students who are at risk of anaphylaxis to discuss matters relevant to their child's condition, e.g., prevention strategies, Individual Anaphylaxis Management Plans, student and whole school community education and awareness, and levels of support. This includes informing parents of any risks for off-site or out-of-school activities.

The School Anaphylaxis Supervisor(s) will regularly liaise with parents to alert them in advance about any student medication that is about to expire and to ensure they meet their responsibilities of:

- Providing the school with an up to date Anaphylaxis Action Plan from their child's medical practitioner including a colour photo of their child,
- Providing any medication, e.g., antihistamines, and an adrenaline autoinjector for their child that is current and not expired, and
- Informing the school of any changes to their child's medical condition

The school's Anaphylaxis Management Policy is available to parents via the school website at <http://rockbankps.vic.edu.au/>

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Raising School Community Awareness

To raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition, the school will:

- Provide a copy of the Anaphylaxis Management Policy to all new staff;
- Provide parents with a copy of the school's Anaphylaxis Management Policy on enrolment,
- Place information about anaphylaxis in school newsletters
- Provide information on anaphylaxis during school assemblies
- Send home notes to parents of specific grade levels, if deemed necessary
- Disseminate information about anaphylaxis at information sessions, as appropriate

STAFF TRAINING

Training in Anaphylaxis Management

The following school staff must be trained in accordance with the anaphylaxis training requirements of Ministerial Order 706:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- Any other staff as determined by the principal (e.g. admin staff, first aid staff, specialist staff, education support staff) and based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.

All school staff subject to the school anaphylaxis training requirements must successfully complete:

- The *ASCIA online Anaphylaxis e-training course for Victorian Schools* followed by a competency check by a School Anaphylaxis Supervisor in the two years prior **AND 2 staff** (School Anaphylaxis Supervisor) must complete the Asthma Foundation's *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC* in the three years prior **OR**
- One of the two following face-to-face training courses provided by any RTO which are recognised by the Order as meeting the anaphylaxis training requirements:
 - Course in First Aid Management of Anaphylaxis 22300VIC
 - Course in Anaphylaxis Awareness 10313NAT

Twice –Yearly School Briefings

In addition, the principal will ensure that all staff subject to the training requirements of the Order will participate in a briefing, to occur twice per calendar year, with the first one to be held at the beginning of the school year, on:

- The school's legal requirements as outlined in Ministerial Order 706
- Pictures of the students 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
- The school's First Aid Policy and Emergency response procedures
- How to access on-going support and training

A template presentation for the briefing can be downloaded from the DET website:
<http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxisschl.aspx>

A member of staff who has successfully completed an approved anaphylaxis management training course in the last 2 years and is a qualified School Anaphylaxis Supervisor will conduct the briefing.

In the event that the relevant training does not occur 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 or as soon as possible after diagnosis.

ANNUAL RISK MANAGEMENT CHECKLIST

Annual Risk Management Checklist

The Principal is required to complete an Annual Risk Management Checklist (See Appendix B) to monitor their compliance with obligations as published and amended from time to time by the Department of Education and Training, including Ministerial Order 706: Anaphylaxis Management in Schools, the Anaphylaxis Guidelines and their legal obligations.

Links

Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian schools. Department of Education and Training, August 2016

<http://www.education.vic.gov.au/Documents/school/teachers/health/AnaphylaxisGuidelines.pdf>

[Anaphylaxis Management in Schools Ministerial Order 706: Victorian Government Document, April 2014](#)

This policy should be read in conjunction with the following Rockbank Primary School Policies:

- First Aid Policy and Procedures
- Medication Management Policy

APPENDICES

- Appendix A: Individual Anaphylaxis Management Plan Template

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- Appendix B: Annual Risk Management Checklist Template

Appendix A

Individual Anaphylaxis Management Plan

<p>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.</p> <p>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.</p>			
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	

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Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		
Emergency care to be provided at school			
Storage location 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?

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ascia
australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR
Anaphylaxis

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

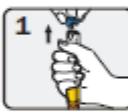
Commence CPR at any time if person is unresponsive and not breathing normally

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

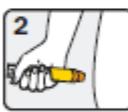
How to give EpiPen®

1



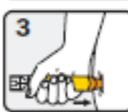
Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE

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

© ASCIA 2016 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission

Created: Suzi Gospic Dec 2016 Updated Darryl Spiteri Jan 2017	Ratified:	Review: Jan 2020
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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:

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:

APPENDIX B

Annual risk management checklist

(to be completed 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?	

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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 who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> • 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? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, please explain 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 anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: <ul style="list-style-type: none"> a. 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
<ul style="list-style-type: none"> b. 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? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
11. 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
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. 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?	
<ul style="list-style-type: none"> a. During classroom activities, including elective classes 	<input type="checkbox"/> Yes <input type="checkbox"/> No
<ul style="list-style-type: none"> b. In canteens or during lunch or snack times 	<input type="checkbox"/> Yes <input type="checkbox"/> No

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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
14. 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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

<p>22. Are the adrenaline autoinjectors easy to find?</p> <p>Comments:</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis?</p> <p>Who?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>27. Has the school signed up to EpiClub (optional free reminder services)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>30. Where are these first aid kits located?</p> <p>Do staff know where they are located?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>SECTION 4: Risk Minimisation strategies</p>	
<p>33. 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?</p>	<p><input type="checkbox"/> Yes <input type="checkbox"/> No</p>

34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. 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	
36. 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
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. 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
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. 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
41. 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:	<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
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. 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

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43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	
45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. 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:	
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 at risk of anaphylaxis, 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 practice 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	
48. 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
49. 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?	
50. How will this information kept up to date?	
51. 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
52. What are they?	