

ST LIBORIUS PRIMARY SCHOOL

ANAPHYLAXIS MANAGEMENT POLICY

MINISTERIAL ORDER 706

AD MAJOREM DELGLORIAM

Rationale

Anaphylaxis the most severe form of allergic reaction and is potentially life threatening. It must be treated as a medical emergency, requiring immediate treatment and urgent medical attention.

Anaphylaxis is a generalized allergic reaction, which often involves more than one body system (eg: skin, respiratory, gastro-intestinal and cardiovascular). A severe allergic reaction or anaphylaxis usually occurs within 20 minutes to 2 hours of exposure to the trigger and can rapidly become life threatening. Adrenaline given through Epipen auto injector to the muscle of the outer mid thigh is the most effective first aid treatment for Anaphylaxis.

Vision Statement

We believe our school creates a sense of Hope by being a positive and child safe place where children are happy and secure in their learning and development.

Belief

St Liborius will provide a safe and healthy school environment by fully complying with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

http://www.education.vic.gov.au/school/principals/health/Pages/anaphylaxisschools.aspx#link71

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.

To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.

To engage with parents of students at risk of anaphylaxis in assessing risks, developing risk minimization strategies and management strategies for the student.

To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policies and procedures in responding to an anaphylactic reaction.

St Liborius School will take all practical steps to provide a safe, healthy environment that takes into consideration

the needs of all students, including those who may suffer from anaphylaxis.

We will do this by the following practices.

Practice

Individual Anaphylaxis Management Plans

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. It is the parents responsibility to provide the following:-

- provide the ASCIA Action Plan;
- inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- provide the School with an Adrenaline Auto injector that is current and not expired for their child.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrols, and where possible before their first day of school. It is to be updated annually.

Note: The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by Medical Practitioners to Parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found in Appendix 3 of the Anaphylaxis Guidelines or downloaded from:

http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

The Individual Anaphylaxis Management Plan will set out the following:

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

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

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

• 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).

Prevention Strategies In classroom

- Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom and the ASCIA Action Plan is easily visible noting location of epipen.
- Liaise with Parents about food-related activities ahead of time.
- Use non-food treats where possible, but if food treats are used in class it is recommended that
 Parents of students with food allergy 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.
- Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
- Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
- Class Meals Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- A designated staff member should inform casual relief teachers, specialist teachers and volunteers
 of the names of any students at risk of anaphylaxis, the location of each student's Individual
 Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis
 Management Policy, and each individual person's responsibility in managing an incident. ie seeking
 a trained staff member.

School Yard

- If there is a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®) to be able to respond quickly to an anaphylactic reaction if needed.
- The Adrenaline Autoinjector is located in sickbay. A red Epipen Card in Yard bum bag is to be sent to staff room by student if no other staff are available on yard, for trained staff member to locate Epipen and go to student.

School Excursions/Camps/Sports/Special Events

- **S**ufficient School Staff supervising the event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
- School Staff should avoid using food in activities or games, including as rewards.
- For special occasions, School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
- Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.
- For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.
- All School Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
- The Teacher in charge of event must consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required).
- Prior to engaging a camp owner/operator's services the teacher in charge should make enquiries
 as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator
 cannot provide this confirmation to the School, then the School should consider using an
 alternative service provider.
- The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- Teacher in charge of event should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates
- The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
- School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.
- The Adrenaline Autoinjector should be carried in the school first aid kit and should remain close to the student and School Staff must be aware of its location at all times.

School Management Adrenaline Autoinjectors

At St Liborius School every student with anaphylaxis or known allergy must have an Action Plan. Anaphylactic students must also have an Individual Management Plan. These are located in students classroom on wall near teachers desk, Liborius Centre Kitchen/Tuckshop and also in medical information folder.

These plans are also located in the Administration Office and First Aid room. These plans will also be taken on any school excursions and camps that the student attends along with their Adrenaline Autoinjectors. Students Adrenaline Autoinjectors are located in First Aid room in unlocked cupboard. Injectors are in a marked container along with emergency contact details and action plans.

Adrenaline Autoinjectors for General Use

St Liborius School will purchase Adrenaline Autoinjector(s) for General Use and as a back up to those supplied by Parents.

The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:

- The number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of Adrenaline Autoinjectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the School, including
- in the school yard, and at excursions, camps and special events conducted or organised by the School; and
- the Adrenaline Autoinjectors for General Use have a limited life, usually expiring 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. A check of expiry dates of Auto injectors is to be carried out every March and August.

Communication Plan

All staff will be informed at beginning of every school year of students with allergies and Anaphylaxis, and processes in place to deal with an emergency. These meetings will be held at the beginning of every term to note any changes/additions etc.

Casual relief staff will be provided with an information folder which includes students Action Plans, medical conditions etc. for the class/classes they may be teaching. On induction they will also be informed of any students who are anaphylactic.

School newsletters and class room information boards will provide information that St Liborius has students who are Anaphylactic, informing community of known allergens.

Staff Training

All school staff will be appropriately trained:

In 2016 Victoria introduced an online training model for anaphylaxis training. This forms part of the ongoing commitment to provide a safe and supportive learning environment for all children and young people. Departmental guidelines and Ministerial Order 706 have been updated to support his new approach.

All St Liborius School staff will undertake the new ASCIA e training for schools every 2 years commencing in 2017. This course can be accessed at https://etrainingvic.allergy.org.au/

All staff will also have their competency in using an autoinjector tested in person within 30 days of completing the course to meet legislative requirements.

Once your School Anaphylaxis Supervisors have been trained they will work with staff to undertake inperson assessments of your competency in using an autoinjector (e.g. EpiPen®). This assessment must be undertaken within 30 days of you completing the ASCIA e-training course. Competency checks will need to be repeated every two years in line with the ASCIA e-training course.

"School Supervisors Observation Checklists" must be completed when training has been completed.

• participate in a staff meeting, to occur twice per calendar year (with the first meeting to be held at the beginning of the school year) on:

- o the School's Anaphylaxis Management Policy;
- o the causes, symptoms and treatment of anaphylaxis;
- o the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
- o how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
- o the School's general first aid and emergency response procedures; and
- o the location of, and access to, Adrenaline Autoinjector that have been provided by parents or purchased by the School for general use.

The meeting must be conducted by a member of school staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant school staff as soon as practicable after the student enrols, 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 in the three years prior.

Annual Risk Management Checklist

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

Evaluation

This policy is to be reviewed every 12 months or when required

Revised March 2014 Reviewed March 2015 Revised March 2016 Revised Aug 2016 Revised Feb 2017 Reviewed March 2020



Individual Anaphylaxis Management Plan

This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent.

It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School			Phone			
Student						
DOB			Year level			
Severely allergic to:						
Other health conditions						
Medication at school						
	EM	ERGENCY CONTA	CT DETAILS	(PARENT)		
Name			Name			
Relationship			Relationship			
Home phone			Home phone			
Work phone			Work phone			
Mobile			Mobile			
Address			Address			
	EME	RGENCY CONTACT	⊥ ΓDETAILS (A	LTERNAT	E)	
Name			Name			
Relationship			Relationship			
Home phone			Home phone			
Work phone			Work phone			
Mobile			Mobile			
Address			Address			
Medical practitioner contact	Name		<u>. I</u>	1		
	Phone					
Emergency care to be provided at school						
Storage for Adrenaline Autoinjector (device specific) (EpiPen®/ Anapen®)						
ENVIRONMENT						
To be completed by Principal or canteen, food tech room, sports			rea (on and off school	ol site) the stude	nt will be in for the year, e.g. cl	assroom,
Name of environment/area:						
Risk identified	Actions require	ed to minimise the risk	Who is res	ponsible?	Completion date?	
Name of environment/area:						
Risk identified	Actions require	ed to minimise the risk	Who is res	ponsible?	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? This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier): annually: in 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; and when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):					
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? This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier): annually: in 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; and when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):					
Name of environment/area: Risk identified Actions required to minimise the risk Who is responsible? Completion date? Name of environment/area:	Name of environment/areas	<u> </u>			
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? 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; and when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: Thave 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):	Risk identified	Actions required	to minimise the risk	Who is responsible?	Completion date?
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? 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; and when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: Thave 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):					
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? 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; and when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: Thave 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):					
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? 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; and when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: Thave 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):					
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? 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; and when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: Thave 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):					
Name of environment/area: Risk identified Actions required to minimise the risk Who is responsible? Completion date? 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; and • when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: Thave 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):	Name of environment/area	<u> </u> :			
Risk identified Actions required to minimise the risk Who is responsible? Completion date? This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier): annually: 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; and when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):	Risk identified	Actions required	to minimise the risk	Who is responsible?	Completion date?
Risk identified Actions required to minimise the risk Who is responsible? Completion date? This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier): annually: 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; and when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):					
Risk identified Actions required to minimise the risk Who is responsible? Completion date? This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier): annually: 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; and when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):					
Risk identified Actions required to minimise the risk Who is responsible? Completion date? This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier): annually: 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; and when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):					
Risk identified Actions required to minimise the risk Who is responsible? Completion date? This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier): annually: 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; and when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):					
Risk identified Actions required to minimise the risk Who is responsible? Completion date? This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier): annually: 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; and when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):	Name of environment/area:				
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; and • when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):		1	to minimise the risk	Who is responsible?	Completion date?
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; and • when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):					
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; and • when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):					
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; and • when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):					
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; and • when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):					
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; and • when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):					
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; and • when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):					
 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; and when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: 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): 	This Individual Anaphy	laxis Managem	ent Plan will be reviewed	d on any of the follow	ing occurrences (whichever
 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; and when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee): 	happen earlier):				-
changes; as soon as practicable after the student has an anaphylactic reaction at School; and when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):	 annually; 				
as soon as practicable after the student has an anaphylactic reaction at School; and when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):	if the student's med	dical condition,	insofar as it relates to all	ergy and the potential	for anaphylactic reaction,
 when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee): 					
conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions). I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):					
I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):	conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes,				
I consent to the risk minimisation strategies proposed. Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):					
Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines Signature of parent: Date: I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):	· · · · · · · · · · · · · · · · · · ·				
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: 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):	KISK IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII				
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):					
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):	Signature of parent:				
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):					
implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):	Date:				
implementation of this Individual Anaphylaxis Management Plan. Signature of Principal (or nominee):	I have consulted the Pa	arents of the st	udents and the relevant	School Staff who will	be involved in the
Signature of Principal (or nominee):					-
Date:	J				
Date:	Data				
	Date:				



Annual Risk Management Checklist For Anaphylaxis

Sch	ool Name:				
Dat	ate of Review:				
Who completed Name:		Name:			
this checklist?		Position:			
Review given to: Name					
		Position			
Cor	nments:				
Ger	neral Informatio	on			
1.		rent students have been diagnosed as being at risk of anaphylaxis, prescribed an Adrenaline Autoinjector?			
2.	2. How many of these students carry their Adrenaline Autoinjector on their person?				
3.	3. Have any students ever had an allergic reaction requiring medical intervention at school?				
	a. If Yes, how	many times?			
4.	4. Have any students ever had an Anaphylactic Reaction at school?		☐ Yes ☐ 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?			☐ Yes ☐ No		
	a. If Yes, how many times?				
6.	6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?				
SEC	TION 1: Individ	ual Anaphylaxis Management Plans			
7.	prescribed an	dent who has been diagnosed as being at risk of anaphylaxis and Adrenaline Autoinjector have an Individual Anaphylaxis Plan and ASCIA Action Plan completed and signed by a prescribed tioner?	☐ Yes ☐ No		
8.	Are all Individu (at least annua	al Anaphylaxis Management Plans reviewed regularly with Parents Illy)?	☐ Yes ☐ No		
9.		ual Anaphylaxis Management Plans set out strategies to minimise osure to allergens for the following in-school and out of class			

a. During classroom activities, including elective classes	☐ Yes ☐ No
b. In canteens or during lunch or snack times	☐ Yes ☐ No
c. Before and after School, in the school yard and during breaks	☐ Yes ☐ No
d. For special events, such as sports days, class parties and extra-curricular activities	☐ Yes ☐ No
e. For excursions and camps	☐ Yes ☐ No
f. Other	☐ Yes ☐ No
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	☐ Yes ☐ No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	☐ Yes ☐ No
SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors	
12. Where are the student(s) Adrenaline Autoinjectors stored?	
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	☐ Yes ☐ No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	☐ Yes ☐ No
15. Is the storage safe?	☐ Yes ☐ No
16. Is the storage unlocked and accessible to School Staff at all times? Comments:	☐ Yes ☐ No
17. Are the Adrenaline Autoinjectors easy to find?	☐ Yes ☐ No
Comments:	
18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?	☐ Yes ☐ No
19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	☐ Yes ☐ No
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis?	☐ Yes ☐ No
Who?	

21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	☐ Yes ☐ No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	☐ Yes ☐ No
23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	☐ Yes ☐ No
24. 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
25. Where are these first aid kits located?	
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	∐ Yes ∐ No
27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?	☐ Yes ☐ No
SECTION 3: Prevention Strategies	
28. 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
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	☐ Yes ☐ No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	☐ Yes ☐ No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	☐ Yes ☐ No
SECTION 4: School Management and Emergency Response	
32. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	☐ Yes ☐ No
33. Do School Staff know when their training needs to be renewed?	☐ Yes ☐ No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	☐ Yes ☐ No
a. In the class room?	☐ Yes ☐ No
b. In the school yard?	☐ Yes ☐ No
c. In all School buildings and sites, including gymnasiums and halls?	☐ Yes ☐ No
d. At school camps and excursions?	☐ Yes ☐ No

e. On special event days (such as sports days) conducted, organised or attended by the School?	☐ Yes ☐ No
35. Does your plan include who will call the Ambulance?	☐ Yes ☐ No
36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	☐ Yes ☐ No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	☐ Yes ☐ No
a. The class room?	☐ Yes ☐ No
b. The school yard?	☐ Yes ☐ No
c. The sports field?	☐ Yes ☐ No
38. 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 ASCIAAction Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use?	☐ Yes ☐ No
39. Who will make these arrangements during excursions?	
40. Who will make these arrangements during camps?	
41. Who will make these arrangements during sporting activities?	
42. Is there a process for post incident support in place?	☐ Yes ☐ No
43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:	
a. The School's Anaphylaxis Management Policy?	☐ Yes ☐ No
b. The causes, symptoms and treatment of anaphylaxis?	☐ Yes ☐ No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?	☐ Yes ☐ No
d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?	☐ Yes ☐ No
e. The School's general first aid and emergency response procedures for all inschool and out-of-school environments?	☐ Yes ☐ No
f. Where the Adrenaline Autoinjector(s) for General Use is kept?	☐ Yes ☐ No
g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?	☐ Yes ☐ No
SECTION 4: Communication Plan	
44. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?	

a. To School Staff?	☐ Yes ☐ No
b. To students?	☐ Yes ☐ No
c. To Parents?	☐ Yes ☐ No
d. To volunteers?	☐ Yes ☐ No
e. To casual relief staff?	☐ Yes ☐ No
45. Is there a process for distributing this information to the relevant School Staff?	☐ Yes ☐ No
a. What is it?	
46. How is this information kept up to date?	
47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	☐ Yes ☐ No
48. What are they?	