

Portland South Primary School Anaphylaxis Management Policy

School Statement

This school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department of Early Childhood and Development (DEECD) from time to time.

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.

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

The Individual Anaphylaxis Management Plan will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (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 all of the following circumstances:

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at School; 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 (e.g. class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of the Parents to:

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

Prevention Strategies

In-school settings

Classrooms

1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Auto-injector is kept in another location.
2. Liaise with Parents about food-related activities ahead of time.
3. 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.
4. Never give food from outside sources to a student who is at risk of anaphylaxis.
5. 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.
6. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
7. 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).
8. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
9. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10. 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 Auto-injector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident, i.e. seeking a trained staff member.

Canteens

1. Canteen staff (whether internal or external) 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. Refer to:
'Safe Food Handling' in the School Policy and Advisory Guide, available
at:<http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx>
Helpful resources for food services:
<http://www.allergyfacts.org.au/component/virtuemart/>
2. Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls.
3. Display the student's name and photo in the canteen as a reminder to School Staff.
4. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5. Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6. Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7. Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
8. Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

Yard

1. If a School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Auto-injector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Auto-injector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. (**Remember that an anaphylactic reaction can occur in as little as a few minutes**).
3. Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5. Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6. Keep lawns and clover mowed and outdoor bins covered.
7. Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)

1. If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Auto-injector to be able to respond quickly to an anaphylactic reaction if required.
2. School Staff should avoid using food in activities or games, including as rewards.
3. 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.

4. 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.

5. Party balloons should not be used if any student is allergic to latex.

Out-of-school settings

Travel to and from School by bus

1. School Staff should consult with Parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from School on the bus. This includes the availability and administration of an Adrenaline Auto-injector. The Adrenaline Auto-injector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Auto-injector on their person at School.

Field trips/excursions/sporting events

1. If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Auto-injector and be able to respond quickly to an anaphylactic reaction if required.

2. A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Auto-injector must accompany any student at risk of anaphylaxis on field trips or excursions.

3. School Staff should avoid using food in activities or games, including as rewards.

4. The Adrenaline Auto-injector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and School Staff must be aware of their exact location.

5. 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.

6. The School should 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).

7. Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with Parents as another strategy for supporting the student who is at risk of anaphylaxis.

8. Prior to the excursion taking place School Staff should consult with the student's Parents and Medical Practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps and remote settings

1. Prior to engaging a camp owner/operator's services the School 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.
2. 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.
3. Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.

4. Schools 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.
5. School Staff should consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. **If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.**
6. If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
7. Use of substances containing allergens should be avoided where possible.
8. Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
9. The student's Adrenaline Auto-injector, 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.
10. Prior to the camp taking place School Staff should consult with the student's Parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
11. 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.
12. Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.

13. Schools should consider taking an Adrenaline Auto-injector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency.
14. Schools should consider purchasing an Adrenaline Auto-injector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
15. The Adrenaline Auto-injector should remain close to the student and School Staff must be aware of its location at all times.
16. The Adrenaline Auto-injector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Auto-injector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Auto-injector.
17. Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
18. Cooking and art and craft games should not involve the use of known allergens.
19. Consider the potential exposure to allergens when consuming food on buses and in cabins.

School Management and Emergency Response

A list of current students at risk of Anaphylaxis is located in Appendix 1. The ACSIA plans for each of these students are located on the Staff Room wall, and in the classroom of each individual student. Adrenaline Auto-injectors provided by parents for students are kept in classrooms. The school maintains two general use Adrenaline Auto-injectors. These are located in the Staff Room, and the First Aid room off the office.

Emergency Response

Portland South Primary School has in place first aid and emergency response procedures that allow staff to react quickly if an anaphylactic reaction occurs, for both in-school and out-of-school settings. Drills to test the effectiveness of these procedures will be undertaken annually.

Self-administration of the Adrenaline Auto-injector (if applicable)

The decision whether a student can carry their own Adrenaline Auto-injector should be made when developing the student's Individual Anaphylaxis Management Plan, in consultation with the student, the student's Parents and the student's Medical Practitioner.

It is important to note that students who ordinarily self-administer their Adrenaline Auto-injector may not physically be able to self-administer due to the effects of a reaction. In relation to these circumstances,

School Staff must administer an Adrenaline Auto-injector to the student, in line with their duty of care for that student.

If a student self-administers an Adrenaline Auto-injector, one member of the School Staff member should supervise and monitor the student, and another member of the School Staff should contact an ambulance (on emergency number 000/112).

If a student carries their own Adrenaline Auto-injector, it may be prudent to keep a second Adrenaline Auto-injector (provided by the Parent) on-site in an easily accessible, unlocked location that is known to all School Staff.

Responding to an incident

Where possible, only School Staff with training in the administration of the Adrenaline Auto-injector should administer the student's Adrenaline Auto-injector. However, it is imperative that an Adrenaline Auto-injector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Auto-injector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by).

In-School Environment

- Classrooms - Staff may use personal mobile phones to raise the alarm that a reaction has occurred, however, an Anaphylaxis Emergency card system (laminated card stating anaphylaxis emergency), whereby students go to the nearest teacher or the office to raise an alarm which triggers getting an Adrenaline Auto-injector to the child, and other emergency response protocols, will be in place
- Yard - Staff may use mobile phones (if available) whilst on yard duty, or send for help using an Anaphylaxis Emergency card (contained in the Yard Duty Folder)

Once the message has been received that an Anaphylaxis Emergency is occurring, the teacher receiving the message should:

- a) ensure an Anaphylaxis Auto-injector is provided to the student with extreme urgency,
- b) ask another staff member to call an ambulance, or do so themselves after a) has been attended to; then
- c) ask another staff member to wait at the designated entrance for the ambulance, or do so themselves after a) and b) have occurred.

Out of School Environments

- Excursions and Camps - Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore emergency procedures will vary accordingly. A team of School Staff trained in anaphylaxis will attend each event, and appropriate methods of communication will be discussed, depending on the size of excursion/camp/venue. This process will include documenting the following information:
 - the location of Adrenaline Auto-injectors i.e. who will be carrying them. Is there a second medical kit? Who has it?;
 - 'how' to get the Adrenaline Auto-injector to a student; and
 - 'who' will call for ambulance response, including giving detailed location address. e.g. Melway reference if city excursion, and best access point or camp address/GPS location.

Students at risk of anaphylaxis

A member of the School Staff will remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan:

'Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.'

A member of the School Staff will immediately locate the student's Adrenaline Auto-injector and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan. The Adrenaline Auto-injector should then be administered following the instructions in the student's ASCIA Action Plan.

How to administer an EpiPen®

1. Remove from plastic container.
2. Form a fist around EpiPen® and pull off the blue safety cap.
3. Place orange end against the student's outer mid-thigh (with or without clothing).
4. Push down hard until a click is heard or felt and hold in place for 3 seconds.
5. Remove EpiPen®.
6. Note the time you administered the EpiPen®.
7. The used auto-injector must be handed to the ambulance paramedics along with the time of administration.

If an Adrenaline Auto-injector is administered, the School must

1. **Immediately** call an ambulance (000/112).
2. Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3. Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere.
4. In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second auto-injector is available (such as the Adrenaline Auto-injector for General Use).
5. **Then** contact the student's emergency contacts.
6. **For government and Catholic schools - later**, contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).
7. **For independent schools - later**, enact your school's emergency and critical incident management plan.

Always call an ambulance as soon as possible (000)

When using a standard phone call 000 (triple zero) for an ambulance.

If you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.

First-time reactions

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the School Staff will follow the school's first aid procedures.

This will include immediately contacting an ambulance using 000.

It may also include locating and administering an Adrenaline Auto-injector for General Use.

Post-incident support

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and Parents. In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident counselling, provided by the student welfare coordinator or School psychologist.

Review

After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision, it is important that the following review processes take place.

The Adrenaline Auto-injector must be replaced by the Parent as soon as possible.

In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Auto-injector being provided.

If the Adrenaline Auto-injector for General Use has been used this should be replaced as soon as possible.

In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Auto-injector for General Use being provided.

The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents.

The School's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.

Adrenaline Auto-injectors for General Use

The Principal will purchase Adrenaline Auto-injector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents.

The Principal will determine the number of additional Adrenaline Auto-injector(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 Auto-injectors 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 Auto-injectors 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 Auto-injectors 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.

Note: Adrenaline Auto-injectors for General Use are available for purchase at any chemist. No prescriptions are necessary.

Communication Plan

The Principal of a School is responsible for ensuring that a Communication Plan is developed to provide information to all School Staff, students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy.

The Communication Plan for Portland South Primary School includes the strategies listed below for advising School Staff, students and Parents about how to respond to an anaphylactic reaction of a student in various environments including:

- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
- during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the School.

The Communication Plan also includes procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

It is the responsibility of the Principal to ensure that the School Staff are:

- trained; and
- briefed at least twice per calendar year.

Raising Staff Awareness:

School Staff will be briefed at least twice per year by a staff member who has current anaphylaxis management training.

Classroom teachers will be responsible for ensuring information about children at risk of anaphylaxis in their class is contained in their C.R.T. folder, which is kept at the school office. The staff member(s) with current anaphylaxis management training or the Principal will be responsible for briefing all volunteers and casual relief staff, and new School Staff (including administration and office staff, canteen staff, sessional teachers, specialist teachers) of the above information and their role in responding to an anaphylactic reaction by a student in their care.

Raising Student Awareness:

School Staff can raise awareness in School through appropriate fact sheets or posters displayed in hallways and classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages, outlined in the following:

Student messages about anaphylaxis	
1.	Always take food allergies seriously – severe allergies are no joke.
2.	Don't share your food with friends who have food allergies.
3.	Wash your hands after eating.
4.	Know what your friends are allergic to.
5.	If a school friend becomes sick, get help immediately even if the friend does not want to.

6.	Be respectful of a school friend's Adrenaline Autoinjector.
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7.	Don't pressure your friends to eat food that they are allergic to.
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Source: Be a MATE kit, published by Anaphylaxis & Allergy Australia.

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis must be treated as a serious and dangerous incident and dealt with in line with the School's anti-bullying policy.

Raising School Community Awareness:

Schools are encouraged to raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. This will be done by providing information in the school newsletter.

Parent Information Sheets that promote greater awareness of severe allergies can be downloaded from the Royal Children's Hospital website at: www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/

It is the responsibility of the Principal of the School to ensure that relevant School Staff are:

- trained; and
- briefed at least twice per calendar year.

Staff Training

The following School Staff will be appropriately trained:

- School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any further School Staff that are determined by the Principal.

The identified School Staff will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior; and
- participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
 - the School's Anaphylaxis Management Policy;
 - the causes, symptoms and treatment of anaphylaxis;
 - 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;
 - how to use an Adrenaline Auto-injector, including hands on practice with a trainer Adrenaline Auto-injector device;
 - the School's general first aid and emergency response procedures; and
 - the location of, and access to, Adrenaline Auto-injector that have been provided by Parents or purchased by the School for general use.

The briefing must be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last three years.

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 enrolls, and preferably before the student's first day at School.

The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

Annual Risk Management Checklist

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

(See Appendix 2)

Resources/References:

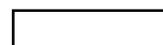
Organisations providing information and resources

- **Australasian Society of Clinical Immunology and Allergy (ASCIA)** provide information on allergies. ASCIA anaphylaxis e-training provides ready access to anaphylaxis management education throughout Australia and New Zealand, at no charge. The child care versions of the courses, incorporating training in the use of the Adrenaline Autoinjector devices EpiPen® and Anapen®, have been approved by ACECQA for the purposes of meeting the requirements of the National Regulations. Further information is available at: <http://www.allergy.org.au/>
- **ANAlert** is a free alert service that sends reminders to replace an Anapen® before it expires, helping to ensure it is within its 'use by' or 'expiry date'. ANAlert can be accessed at: <http://www.analert.com.au>
- **EpiClub** provides a wide range of resources and information for managing the use and storage of the Adrenaline Autoinjector device EpiPen®. They also provide a free service that sends a reminder by email, SMS or standard mail prior to the expiry date of an EpiPen®. Further information is available at: www.epiclub.com.au
- **Allergy & Anaphylaxis Australia** is a non-profit organisation that raises awareness in the Australian community about allergy. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. Further information is available at: <http://www.allergyfacts.org.au/allergy-and-anaphylaxis>
- **Royal Children's Hospital Anaphylaxis Advisory Line** provides advice and support on implementing anaphylaxis legislation to education and care services and Victorian children's services. The Anaphylaxis Advisory Line is available between the hours of 8:30 a.m. to 5:00 p.m., Monday to Friday. Phone 1300 725 911 (toll free) or (03) 9345 4235. Further information is available at: http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/
- **Royal Children's Hospital, Department of Allergy and Immunology** provide information about allergies and the services provided by the hospital. Further information is available at: <http://www.rch.org.au/allergy/>

Evaluation:

This policy will be reviewed annually as part of the school's review cycle.

This policy was last ratified by School Council in...



Appendix 1

As of February 2017, the Portland South Primary School has the following students enrolled who have been identified as being at risk of anaphylaxis:

Name	Class	Known Allergens	ASCIA Plan

Appendix 2

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

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

General information

1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline auto-injector?	
2. How many of these students carry their adrenaline auto-injector 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 auto-injector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1: Training

7. Have all school staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an approved Anaphylaxis Management Training Course, either: <ul style="list-style-type: none"> • ASCIA e-training within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, why not as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9. Do all school staff participate in a twice yearly briefing? If no, why as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline auto-injectors (EpiPen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are your school staff being assessed for their competency in using adrenaline auto-injectors (EpiPen®) within 30 day of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: Individual Anaphylaxis Management Plans

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

22. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are the adrenaline auto-injectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline auto-injector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Are the adrenaline auto-injectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Has someone been designated to check the adrenaline auto-injector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Are there adrenaline auto-injectors which are currently in the possession of the school and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Has the school signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Do all school staff know where the adrenaline auto-injectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Has the school purchased adrenaline auto-injector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is the adrenaline auto-injector for general use clearly labelled as the 'General Use' adrenaline auto-injector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Is there a register for signing adrenaline auto-injectors in and out when taken for excursions, camps etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Prevention strategies	
34. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

35. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why not as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: School management and emergency response

37. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Is there a designated person who will be sent to collect the student's adrenaline auto-injector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Have you checked how long it will take to get to the adrenaline auto-injector and the individual ASCIA Action Plan for Anaphylaxis to a student from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline auto-injector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline auto-injector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. Who will make these arrangements during excursions?	

45. Who will make these arrangements during camps?	
46. Who will make these arrangements during sporting activities?	
47. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Have all school staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction attend, and any other staff identified by the principal, been briefed on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an adrenaline auto-injector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline auto-injector, including hands on practise with a trainer adrenaline auto-injector?	<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 auto-injector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline auto-injectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
49. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	

51. How is this information kept up to date?

52. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?

Yes No

53. What are they?