



BACKGROUND

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

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at the school.

Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.

The policy will be enacted if students that are identified as Anaphylactic enrol at school.

PURPOSE

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

The key reference and support for the school regarding anaphylaxis is the DET Anaphylaxis Guidelines for Victorian Schools

SCHOOL STATEMENT

Tallygaroopna Primary School will fully comply 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/teachers/health/Pages/anaphylaxisschl.aspx>

STAFF TRAINING

The following school staff will be appropriately trained:

- School staff who conduct classes of students with a medical condition that relates to allergy and the potential for anaphylactic reaction
- Any other school staff as determined by the principal

School staff must complete one of the following options to meet the anaphylaxis training requirements of MO706:

Option	Completed by	Course	Provider	Cost	Valid for
Option 1	All school staff	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
		<i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years
Option 2	School staff as determined by the principal	<i>Course in First Aid Management of Anaphylaxis 22300 VIC (previously 22099VIC)</i>	St John Ambulance or any RTO that has this course in their scope of practice	Free from St John Ambulance (for government schools) until 30/6/16, then paid by each school	3 years
Option 3	School staff as determined by the principal	<i>Course in Anaphylaxis Awareness 10313NAT</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years

Please note: First Aid training does **NOT** meet anaphylaxis training requirements under MO706.

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

- 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 autoinjector, including hands on practise with a trainer adrenaline autoinjector device
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjector(s) that have been provided by parents or purchased by the school for general use.

The briefing must be conducted by a member of the school staff nominated as the School Anaphylaxis Supervisor who has successfully completed an Anaphylaxis Management Training Course in the last 2 years.

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

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.

Appendices :

- Anaphylaxis Risk Management Checklist
- Anaphylaxis Management Plan

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

Note: A template for an Individual Anaphylaxis Management Plan can be found in Appendix E of the Anaphylaxis Guidelines for Victorian Schools on the Department's website:

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

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
- an ASCIA Action Plan for Anaphylaxis.
 - sets out the emergency procedures to be taken in the event of an allergic reaction;
 - is signed and dated by a medical practitioner who was treating the child
 - includes an up to date photograph of the student.

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 E of the Anaphylaxis Guidelines or downloaded from

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

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

- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of 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
- provide the school with an adrenaline autoinjector that is current (the date has not expired) for their child and any other relevant medications for the event of allergy.

PREVENTION STRATEGIES

Risk Minimisation and Prevention Strategies that our school may put in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- munch n crunch / cooking / craft activities
- during recess and lunchtimes
- before and after school
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

The following strategies may be adopted by the school to minimise anaphylaxis risks in the school setting.

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 Autoinjector is kept in another location.
2.	Liase 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 where practical.
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 Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

School Kitchen/Parent's Club Activities

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 Autoinjector (i.e. EpiPen®) to be able to respond quickly to an anaphylactic reaction if needed.
2. The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan 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 Autoinjector 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.

The following strategies may be adopted by the school to minimise anaphylaxis risks in the out-of-school setting.

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 Autoinjector. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Autoinjector 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 Autoinjector 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 Autoinjector 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 Autoinjector 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 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.
10.	Prior to the camp taking place School Staff should consult with the student's Parents to review the students 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 Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back up device in the event of an emergency.
14.	Schools should consider purchasing an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
15.	The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.
16.	The Adrenaline Autoinjector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector 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 Autoinjector.
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 RESPONSE

The school will maintain a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for an anaphylactic reaction.

Individual Anaphylaxis Management Plans will be developed for each student identified with anaphylaxis or severe allergy in consultation with the student's parents and reviewed at a minimum annually or as required. These will be stored with the student's files and in their classroom with their autoinjector device, and be reviewed at Staff Meetings on a frequent basis.

The ASCIA Action Plans for Anaphylaxis for each student provided by the family will be stored in the student's classroom with the auto-injector device at an appropriate location. This plan will also be located in the school office, on the student's file, in the School Kitchen, in the First Aid Room, in the Excursion First Aid bag (taken on all excursions and camps) and in the CRT folders.

The autoinjector device provided by the family will be stored in the student's classroom in a location as defined by the Individual Anaphylaxis Management Plan. It is to be clearly marked with the student's name and stored with the current ASCIA Action Plan.

A general use autoinjector device is stored in the First Aid Room cupboard and is to be clearly marked as 'General Use'. The 'Use By' dates of these devices are to be regularly checked as per the OHS fixed agenda item at weekly Staff Meetings.

Information about students with Anaphylaxis will be regularly provided to staff through weekly staff meetings. Teachers will provide their class and students with information regarding anaphylaxis and severe allergy on a frequent basis. Information will be circulated to parents and the school community via the school newsletter to increase awareness and help reduce risk. Casual Relief Teachers will be provided with a CRT folder containing a student's ASCIA Action Plan, triggers, location of the autoinjector device and emergency contact numbers.

Responding to an incident

In-School Environment

Classrooms/Yard – A staff member may send a reliable student to the office or nearest staff member to raise the alarm and get assistance (or use their mobile phone to call the office).

The second staff member will bring the adrenaline autoinjector device, assist with the affected student and call an ambulance. A reliable student following direction from a teacher may also get the autoinjector device.

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 School Staff member trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:

- the location of Adrenaline Autoinjectors i.e. who will be carrying them. Is there a second medical kit? Who has it?;
- 'how' to get the Adrenaline Autoinjector 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 should 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 should immediately locate the student's Adrenaline Autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan.

The Adrenaline Autoinjector 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 10 seconds.
5.	Remove EpiPen®.
7.	Massage injection site for 10 seconds.
8.	Note the time you administered the EpiPen®.
9.	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

If an Adrenaline Autoinjector 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 autoinjector is available (such as the Adrenaline Autoinjector for General Use).
5.	Then contact the student's emergency contacts.

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| <p>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).</p> |
| <p>7. For independent schools - later, enact your school's emergency and critical incident management plan.</p> |

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 should follow the school's first aid procedures.

This should include immediately contacting an ambulance using 000.

It may also include locating and administering an Adrenaline Autoinjector 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 school nurse, guidance officer, 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.

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| 1. | The Adrenaline Autoinjector must be replaced by the Parent before the student returns to school. |
| 2. | 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 Autoinjector being provided. |
| 3. | If the Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible. |
| 4. | 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 Autoinjector for General Use being provided. |
| 5. | The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents. |
| 6. | 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 AUTOINJECTORS FOR GENERAL USE

The principal will purchase adrenaline autoinjector(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 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
 - 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.

COMMUNICATION PLAN

Tallygaroopna Primary School Anaphylaxis Communication Plan

Staff Awareness

The principal will ensure that relevant school staff are:

- trained
- briefed at least twice per calendar year.
- Have regular briefings during the weekly staff meetings including what their role is if a student has an anaphylactic reaction at school or on camps or excursions

Student Awareness

School Staff will raise awareness in School through fact sheets or posters displayed in the School Kitchen and classrooms. Class teachers will discuss the topic with students in class with instructions on what to do if a student has an anaphylactic reaction and also 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.
7.	Don't pressure your friends to eat food that they are allergic to.

Community Awareness

The school's Anaphylaxis policy is to be published on the school's website.

Parent Information Sheets that promote greater awareness of severe allergies will be downloaded from the Royal Children's Hospital website at:

www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/ and published in the school's newsletter and on Tiqbiz.

Identification of anaphylactic students

The Principal will ensure that a student with Anaphylaxis has an Individual Anaphylaxis Management Plan developed in consultation with the student's parents and that there is discussion taking place with the parents prior to excursions, camps and special events. This plan is to be developed prior to the student's enrolment or as close as possible to this time. The parents will also provide the school with an ASCIA Action Plan for Anaphylaxis developed by the student's doctor and the student's labelled EpiPen and/or medication that is in date.

The name and photograph of each student who has anaphylaxis will be displayed in the following locations:

- Sick Bay
- In Emergency Folder located in the office
- With the student's ASCIA Action Plan stored with their EpiPen
- In the CRT folder
- With their ASCIA Action Plan stored in the Excursion First Aid bag

Replacement/Volunteer Staff

CRT staff are given a folder containing information regarding the identity of any students with anaphylaxis specifically included in their class as well as others in the school. This folder will also contain instructions on what to do if a student has an anaphylactic reaction and how to administer an EpiPen.

Post incident action

- Debriefing meeting with staff and students involved and affected
- Discussion with parents regarding incident prevention
- Review individual management plan
- Implement updated risk prevention strategies.

ANNUAL ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

Note: A template for the Risk Management Checklist can be found at Appendix F of the Anaphylaxis Guidelines for Victorian Schools on the Department's website:
www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

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.

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

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

General information

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

SECTION 1: Training

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

9. Do all school staff participate in a twice yearly briefing? If no, why as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 day of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: Individual Anaphylaxis Management Plans

12. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
16. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Have the Individual Management Plans (for students at risk of anaphylaxis) been reviewed prior to any off site activities (such as sport, camps or special events), and where appropriate reviewed in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 3: Storage and accessibility of adrenaline autoinjectors

18. Where are the student(s) adrenaline autoinjectors stored?	
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19. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Are the adrenaline autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Are the adrenaline autoinjectors 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 autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Are there adrenaline autoinjectors which are currently in the possession of the school and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Has the school signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
33. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Prevention strategies	
34. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No

35. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why not as this is a requirement for school registration?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
37. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. Have you checked how long it will take to get to the adrenaline autoinjector and the individual ASCIA Action Plan for Anaphylaxis to a student from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
44. Who will make these arrangements during excursions?	
45. Who will make these arrangements during camps?	
46. Who will make these arrangements during sporting activities?	
47. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. Have all school staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction attend, and any other staff identified by the principal, been briefed on:	

a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
49. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
50. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
51. How is this information kept up to date?	
52. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
53. What are they?	

Evaluation:

- This policy was endorsed by School Council on Wed 8th June 2016.
- This policy will be reviewed as part of the school's four year review cycle.