



# ANAPHYLAXIS MANAGEMENT POLICY

## **RATIONALE**

Anaphylaxis is the most severe form of allergic reaction and is potentially life threatening. It must be treated as a medical emergency requiring immediate treatment and urgent medical attention. Students enrolled at Christ the King who suffer from this significant health problem deserve and require a supportive and flexible school environment that understands and responds to their individual needs. The purpose of this policy is to put procedures in place that:

- Minimise the risk of an anaphylactic reaction by students in our care
- Assist in the management and care of a student if they were to suffer an anaphylactic reaction.

**Christ the King P.S. will fully comply with Ministerial Order 706 and the associated guidelines published and amended by the Department of Education and Training from time to time. These can be found in the Anaphylaxis Guidelines Folder in the Sick Bay and also on the school network (resources/policies/anaphylaxis).**

## **AIMS:**

- To provide, as far as is practicable, a safe environment for children with severe allergies and the potential for an anaphylactic reaction.
- To educate staff, students and parents on the seriousness of anaphylaxis.
- To provide procedures which enable staff to:
  - Identify children with known allergies, including severe allergies
  - Understand their symptoms and triggers
  - Implement prevention strategies to minimise the risk of exposure to allergens.
  - Implement a management plan in the event of a severe allergic reaction.
  - Administer appropriate medications.

## **IMPLEMENTATION**

### ***Individual Anaphylaxis Management Plans***

The Principal or their delegate (Deputy Principal) shall ensure that:

- All children who have been diagnosed by a medical practitioner as being at risk of anaphylaxis shall have an Anaphylaxis Management Plan developed in consultation with the student's parents. This shall be put in place as soon as practicable after the student has enrolled and where possible before their first day of school.
- Children at risk of anaphylaxis will be identified and their Anaphylaxis Management Plan and their ASCIA Action Plans made available to all staff.
- The Anaphylaxis Management Plan will comply with the requirements of section 7 of Anaphylaxis Guidelines published by the Dept. of Education and Early Childhood Development (DEECD) and shall include an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan provided by the child's parents.
- Anaphylaxis Management Plans must be developed in consultation with the child's parents and reviewed annually, if the condition changes, after the event of an allergic reaction occurring or 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).

- This plan shall include:
  - 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
  - Strategies to reduce the risk of exposure to known allergens while the student is under the care/supervision of school staff for in school and out of school settings, including the school yard, camps, excursions and special events conducted, organised or attended by the school.
  - The names of the persons responsible for implementing the strategies.
  - Information on where the student's medication is stored
  - The student's emergency contact details and
  - An ASCIA Action Plan.

It is the responsibility of **parents** to:

- Provide the school with an ASCIA Action Plan developed with the advice of each child's medical practitioner. A doctor's authority to administer an EpiPen/Anapen will accompany the provision of an EpiPen/Anapen.
- Inform the school in writing if their child's medical condition, in so far as it relates to allergy and the potential for an anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan.
- Provide an up to date photo for the ACSIA Action Plan when the plan is provided to the school and when it is reviewed.

### *Adrenaline Auto injectors*

- Parents/Guardians will be responsible for supplying an Adrenaline Auto injector that is current and not expired to the school for their child.
- Parents of children at risk of anaphylaxis will ensure that medication held at the school will be replaced before the expiry date. The Deputy Principal or their delegate will also check Adrenaline Auto injectors to ensure they are not out of date on a regular basis.

### *Adrenaline Auto injectors for general use*

- The school will purchase at least one generic Adrenaline Auto Injector as a backup to that provided by the parents of students who have been diagnosed as being at risk of anaphylaxis. This will enable administration of an Adrenaline Auto Injector as quickly as possible, and will mean that a second Adrenaline Auto Injector is available in the event of:
  - instruction by a medical officer after calling 000,
  - an ambulance delay,
  - when a student's prescribed Adrenaline Auto Injector doesn't work,
  - when a student's prescribed Adrenaline Auto Injector is misplaced,
  - when a student's prescribed Adrenaline Auto Injector is out of date or
  - when a student's prescribed Adrenaline Auto Injector has already been used.
- The number of Adrenaline Auto Injectors required by the school will be determined by the Principal or their delegate (Deputy Principal), taking into consideration the following relevant considerations:
  - The number of enrolled students 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 by or organised by the school.
- The school will be responsible for monitoring the expiry date of the school's generic Adrenaline Auto Injector.

- Medication for each child will accompany them on excursions and camps. All parent helpers who attend excursions will be made aware of the children with anaphylaxis by the designated leader of the event.

### *Prevention Strategies*

The following risk minimisation and prevention strategies will be put in place for:

#### **CLASSROOMS**

1. A copy of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan will be kept in the classroom
2. Teachers will liaise with parents about food-related activities ahead of time.
3. Teachers will 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. Food from outside sources will never be given to a student who is at risk of anaphylaxis.
5. Teachers will ensure that treats for the other students in the class do not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6. Teachers will ensure that products labelled 'may contain traces of nuts' are not 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. Teachers will remain 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. Teachers will ensure that all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9. Teachers will have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

The Deputy Principal or a designated staff member will 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.

#### **CANTEEN**

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:
  - i. 'Safe Food Handling' in the School Policy and Advisory Guide, available at: [http://www.education.vic.gov.au/school/Principal or their delegate s/spag/governance/pages/foodhandling.aspx](http://www.education.vic.gov.au/school/Principal%20or%20their%20delegate/s/spag/governance/pages/foodhandling.aspx)
  - ii. 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 or their delegate (Deputy 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.
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 the 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 made aware of their exact location.
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 (SPORTING EVENTS, CLASS PARTIES, INCURSIONS)**

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**

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.
6. 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.

## **EXCURSIONS AND 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.
6. 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.
7. 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).
8. 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.
9. 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 camp owner/operators 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.
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 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 Auto Injector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a backup 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 students who have been identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction can be located in **Appendix 1**

#### **LOCATION OF ACSIA ACTION PLANS & INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS**

A copy of individual Anaphylaxis Management Plans and ACSIA Action Plans can be located:

- in the student's classroom – in the **Blue CRT folder in the receptacle behind or near the internal door.**
- in the **yard duty vests** for use in the school yard
- in the **Sickbay cupboard** in the folder labelled Anaphylaxis

A copy of these should be taken by the classroom teacher on all school excursions and camps

#### **LOCATION OF ADRENALINE AUTO INJECTORS**

The Adrenaline Auto Injectors supplied by parents and for general use are stored on the **top shelf of the sickbay cupboard.**

#### **EMERGENCY RESPONSE PROCEDURES in the event of a severe allergic reaction:**

##### **Classrooms/ Hall**

1. Phone the office IMMEDIATELY to ask for the Epipen and assistance to be sent to the classroom
2. Administer the epipen. All class teachers and Teacher Assistants to be trained to administer epipens.
3. Office staff to call for the ambulance/notify parents
4. Staff member from the office to remove other students from the room.
5. Monitor student until ambulance arrives
6. Designated teacher to travel with the student to the hospital and remain until parents arrive.

##### **School yard/Field**

1. Phone/send to the office IMMEDIATELY to ask for the Epipen and assistance to be sent to the yard location
2. Administer the epipen. All class teachers and Teacher Assistants to be trained to administer epipens.
3. Office staff to call for the ambulance/notify parents
4. Staff member from the office maintain order in the yard
5. Monitor student until ambulance arrives
6. Designated teacher in charge to travel with the student to the hospital and remain until parents arrive.

##### **Camps/Excursions/Special events**

1. Teacher in charge of activity or trained staff member present to administer Epipen immediately.
2. Designated teacher to phone for ambulance
3. Designated teacher to notify school and arrange for parents to be notified

4. Other staff present to assist by maintaining order with the remainder of students.
5. Monitor student until the ambulance arrives.
6. Designated teacher in charge to travel with the student to the hospital and remain until parents arrive.

## *Communication Plan*

### **STAFF**

As awareness of students with anaphylaxis is vital, information regarding students' individual responses and treatment, including a photo, will be published on a colour coded backing and be displayed:

- In the relevant child's classroom
- In the sick bay
- In the yard duty vests.

All school staff will be briefed at the beginning of each school year or as a student enrolls about students who are at risk of anaphylaxis. A biannual briefing for all staff will be held in terms 1 and 3 on Anaphylaxis and the School's Anaphylaxis Policy. This will be conducted by the Deputy Principal or their delegate or another designated member of staff who has current Anaphylaxis management training.

The Deputy Principal or their delegate or another designated member of staff who has current Anaphylaxis management training will be responsible for briefing all Casual Relief teachers, volunteers and new staff on their role in responding to an anaphylactic reaction by a student in their care in line with the school's Anaphylaxis Management Policy.

### **RAISING STUDENT AWARENESS**

All class teachers will discuss the topic of allergies and anaphylaxis with students in their class at the beginning of the school year as they are setting up classroom routines and throughout the year as needed.

The following messages should be addressed with students:

1. Always take food allergies seriously – severe allergies are no joke
2. Don't share food with friends
3. Wash your hands after eating
4. Know what your friends are allergic to.
5. If a school friend or classmate becomes sick, get help immediately, even if the friend or classmate doesn't want you to.
6. Don't pressure your friends to eat food that they are allergic to.

### **PARENTS & SCHOOL COMMUNITY**

Regular (at least once a term) facts and information pertaining to allergies and anaphylaxis will be included in the school newsletter.

## *Staff Training*

The following school staff will be appropriately trained:

- School staff who conduct classes or assist in classes where a student has been identified as having a medical condition that relates to allergy and has the potential for an anaphylactic reaction
- Any further School Staff that are determined by the Principal or their delegate (Deputy Principal).

The identified School Staff will undertake An Anaphylaxis Management Training Course, valid for 3 years and will participate in a briefing to occur twice per calendar year (with the first briefing to occur 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 of an anaphylactic reaction and where their medication is located
- How to use an Auto Injector, including hands on training with a training device
- The School's first aid and emergency response procedures
- The location of, and access to the Auto Injectors provided by the parents or purchased by the school for general use.

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

If for any reason, the training and briefing does not occur as above, then the Principal or their delegate (Deputy Principal) is responsible for developing an interim Individual Anaphylaxis Management Plan in consultation with the student's parents. Training will be provided to relevant school staff as soon as is practicable after the student enrolls, and preferably before the student's first day at school.

The Principal or their delegate (Deputy Principal) will ensure that while the student is under the care or supervision of the school, including excursions, camps, yard and other special event days, there is a sufficient number of staff present who have successfully completed an Anaphylaxis Management Training course in the three years prior.

### ***ANNUAL RISK MANAGEMENT CHECKLIST***

The Principal or their delegate (Deputy Principal) will complete an annual Risk Management Checklist (Appendix 2) as published by the Department of Education and Early Childhood Development to monitor compliance with the school's obligations.

## APPENDIX 1

**2014**

The following students have an ACSIA Action Plan for Anaphylaxis and an Individual Anaphylaxis Management Plan:

KEVIN LE

1/2M

**NUTS**

Medical condition 'B': NUTS

**Kevin is anaphylactic and has an epipen**



ETHAN NGUYEN

1/2M

**NUTS**

Medical condition 'A': NUTS

**Ethan is anaphylactic and has an epipen**



ELIAN SANTANA

5/6C

**NUTS**

Medical condition 'B': NUTS

**Elian is anaphylactic and has an epipen**



The following students have been identified as having a medical condition that relates to allergy and the potential for anaphylactic reactions:

Student	Grade	Description
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ISABELLA ROSE FLORES

3/4TZ

**ALLERGIES**

Medical condition 'A': ALLERGIES

Medical condition 'B': 'PENICILLI



RAPHAEL PHAM



P/1J

**ALLERGIES**

Medical condition 'A': NUTS

CYNTHIA PHAN



P/1M

**ALLERGIES**

Medical condition 'A': ASTHMA

Medical condition 'B': ALLERGIES

Cynthia get asthma when she gets a cold or if in the rain and wind.

She also has allergies to egg, chick peas, peanuts, weetbix and noodles she comes out in a rash.

RUQUEA MANIEL-FISHER



3/4H

**ALLERGY TO OMOXCILLIN**

Medical condition 'B': ALLERGY AM

CARL BENEDICT ROBLES



5/6SF

**ALLERGY TO SEAFOOD**

Medical condition 'A': ALLERGY SE

ANDREW NGUYEN



5/6C

**ALLERGY TO ANTIBIOTICS**

Medical condition 'A': ANTIBIOTIC

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ASHER CORTEZ

P/1M

**ALLERGY TO EGGS**

Medical condition 'B': EGGS



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EMMA HUANG

3/4T

**ALLERGY TO EGGS**

Medical condition 'B': EGGS

If any of these signs appear, we must give Zyrtec - swelling of lips, face, eyes, hives or welts, tingling mouth, abdominal pain, vomiting



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EILEEN HUANG

3/4H

**ALLERGY TO EGGS/NUTS**

Medical condition 'A': ASTHMA -  
Medical condition 'B': NUTS,EGGS,

If any of these signs appear please give Zyrtec - swelling of lips, face, eyes, hives or welts, tingling mouth, abdominal pain, vomiting



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MINH HOANG

P/1J

**ALLERGY TO BEESTINGS**

Bee stings, mozzie stings, ant stings will immediately need cream "STINGOES"



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VINA KAREN NGUYEN

3/4TZ

**ALLERGY TO EGGS**

Medical condition 'A': EGGS



DAVID CHARCHAR

34TZ

**NUTS**

Medical condition 'A': NUTS

Mild to moderate allergic reaction to nuts

His skin is sensitive and he reacts to chlorine in swimming pools. Please allow him to wash off in water after swimming before getting dressed.

Claratyne to be given and to watch signs of anaphylaxis



1/2M

**NUTS AND SESAME**

Medical condition 'A': NUTS AND S

He has had allergic eczema since infancy. His skin is sensitive and he reacts

to chlorine in swimming pools. Please allow him to wash off in water after swimming before getting dressed.

Mark has Claratyne and has an allergic reaction to nuts and eggs

MARK CHARCHAR

TANA JENKIN

34TZ

**PEANUTS**

Medical condition 'A': PEANUTS

Tana has a slight peanut/cashew allergy. Medication is Claratyne



**APPENDIX 2****Annual Risk Management Checklist**

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. 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: Individual Anaphylaxis Management Plans**

7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. 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
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors</b>	
12. Where are the student(s) Adrenaline Autoinjectors stored?	
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the storage unlocked and accessible to School Staff at all times?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	
17. Are the Adrenaline Autoinjectors easy to find?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:	

18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. 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
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis?  Who? ..... .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. 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
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Where are these first aid kits located?	
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. 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
<b>SECTION 3: Prevention Strategies</b>	
28. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No

31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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#### SECTION 4: School Management and Emergency Response

32. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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33. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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c. In all School buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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e. On special event days (such as sports days) conducted, organised or attended by the School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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35. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
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a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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38. On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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39. Who will make these arrangements during excursions? ..... .....	
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40. Who will make these arrangements during camps? ..... .....	
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41. Who will make these arrangements during sporting activities? ..... .....	
42. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal or their delegate , 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
<b>SECTION 4: Communication Plan</b>	
44. 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
45. 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?	

46. How is this information kept up to date?	
47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
48. What are they?	