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1. Policy

1.1 Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life-threatening. Although allergic reactions are common in children, severe life threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency that requires a rapid response.

Certain foods and insect stings are the most common causes of anaphylaxis. Eight foods cause 90% of food allergic reactions in Australia and can be common causes of anaphylaxis. These are:

- peanuts
- tree nuts (e.g. hazelnuts, cashews, almonds)
- egg
- cow’s milk
- wheat
- soybeans
- fish and shellfish

Other common allergens include some insect’s stings, particularly bee stings, some medications, latex and anaesthesia.

The symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- abdominal pain and/or vomiting

The symptoms of anaphylaxis (a severe allergic reaction) can include:

- difficulty breathing or noisy breathing
- swelling of the tongue
- swelling/tightness in the throat
- difficulty talking and/or a hoarse voice
- wheezing or persistent coughing
- loss of consciousness and/or collapse
- young children may appear pale and floppy

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

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. Staff members, parents/guardians and students need to be made aware that it is not possible to achieve a completely allergen-free environment at any school and should not have a false sense of security that an allergen has been eliminated from the environment. Instead the school recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a student having an anaphylactic reaction, including strategies to minimise the presence of the allergen at the school.

Adrenaline given as an injection into the muscle of the outer mid thigh is the most effective first aid treatment for anaphylaxis.
1.2 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/guardians 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.

1.3 Relevant Legislation

- Sophia Mundi Steiner School has updated its policies and procedures relating to Anaphylaxis Management in order to fully comply with Ministerial Order 706 and the associated Guidelines. These policies and procedures will be regularly reviewed and updated to remain compliant with Guidelines published and amended by the Department from time to time.

- Ministerial Order 706 (See Link below)

- Education and Training Reform Act 2006
- Education and Training Reform Regulations 2007
- Children’s Services and Education Legislation Amendment (Anaphylaxis Management) Act 2008
- Health Act 1958 (to be replaced by the Public Health and Wellbeing Act 2008 from 1 January 2010)
- Health Records Act 2001
- Information Privacy Act 2000
- Occupational Health and Safety Act 2004
- Occupational Health and Safety Regulations 2007

1.4 Definitions

1.4.1 Allergen

A substance that can cause an allergic reaction.

1.4.2 Allergic reaction

A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.

1.4.3 Allergy

An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

1.4.4 Anaphylaxis

A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.
1.4.5 **Anaphylaxis Action Plan**

A medical management plan prepared and signed by a Registered Medical Practitioner providing the student’s name and allergies, a photograph of the student and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

1.4.6 **Anaphylaxis Management Plan**

A plan specific to the school that specifies each student’s allergies, the ways that each student at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the school, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of students at risk of anaphylaxis and staff members at the service and should be reviewed at least annually, but always upon the enrolment or diagnosis of each student who is at risk of anaphylaxis.

1.4.7 **Anaphylaxis management training**

Accredited anaphylaxis management training which includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practise with an adrenaline auto-injection device trainer.

1.4.8 **Adrenaline auto-injection device**

An Adrenaline Auto-injection device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis. These may include EpiPen®, EpiPen® Jr, Anapen 300 or Anapen 150.

1.4.9 **Adrenaline auto-injection device training**

Training in the administration of adrenaline via an auto-injection device, such as an Adrenaline Auto-injection, provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the use of the self paced trainer CD ROM and trainer Adrenaline Auto-injection.

1.4.10 **Communication plan**

A plan developed by the School which provides information to all School Staff, students and Parents about anaphylaxis and the School’s Anaphylaxis Management.

1.4.11 **Intolerance**

Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

1.4.12 **No food sharing**

The practice where the student at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

1.4.13 **Nominated staff member**

A staff member is nominated to be the liaison between parents/guardians of a student at risk of anaphylaxis and the school for each student. They are responsible for checking that adrenaline auto-injection devices and Action Plans are current. In the primary years this is usually the class teacher.

1.4.14 **Risk minimisation**

The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the school, educating parents and students about food allergies and washing hands after meals.
1.4.15 **Students at risk of anaphylaxis**

Those students whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

## 2. Responsibilities

### 2.1 Principal

The Principal has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis. The Principal will:

- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the school.
- Ensure the Class Teacher or other nominated staff member, meets with parents/guardians to develop an individual Anaphylaxis Management Plan for the student. This includes documenting practical strategies for in-school and out-of-school settings to minimise the risk of exposure to allergens, and nominating staff members who are responsible for their implementation.
- Request that parents/guardians provide an ASCIA (Australasian Society of Clinical Immunology and Allergy) Action Plan that has been signed by the student’s medical practitioner and has an up to date photograph of the student.
- Ensure that parents provide the student’s Adrenaline Auto-injection and that it is not out of date.
- Ensure that staff members obtain training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Auto-injection [both EpiPen® and Anapen]
- Ensure that staff are briefed at least twice per calendar year
- Identify the staff members to be trained based on an assessment of the risk of an anaphylactic reaction occurring while the student is under the care of the school.
- Develop a communication plan to raise student, staff and parent/guardian awareness about severe allergies and the school's policies. Feature regularly in Staff Bulletin.
- Provide information to all staff members (including specialist staff, new staff, sessional staff, canteen staff and office staff) so that they are aware of students who are at risk of anaphylaxis, the student’s allergies, the school’s management strategies and first aid procedures. This can include providing copies or displaying the student’s ASCIA Action Plan in canteens, classrooms and staffrooms.
- Ensure that there are procedures in place for informing casual relief teachers of students at risk of anaphylaxis and the steps required for prevention and emergency response.
- Allocate time, such as during staff meetings, to discuss, practice and review the school’s management strategies for students at risk of anaphylaxis, including regular practice using a trainer Adrenaline Auto-injection.
- Encourage ongoing communication between parents/guardians and staff members about the current status of the student’s allergies, the school’s policies and their implementation.
- In consultation with parents/guardians review the student’s Anaphylaxis Management Plan annually, as soon as practicable after an incident or if the student’s circumstances change.

### 2.2 All Staff Members

All staff members who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. This may include office staff, canteen staff, casual relief staff and volunteers. Staff members should:

- Know the identity of students who are at risk of anaphylaxis.
- Understand the causes, symptoms and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Auto-injection
- Know the school’s first aid emergency procedures and what their role is in relation to responding to an anaphylactic reaction.
- Keep a copy of the student’s ASCIA Action Plan (or know where to find one quickly) and follow it in the event of an allergic reaction.
- Know where the student’s Adrenaline Auto-injection is kept. Remember that the Adrenaline Auto-injection is designed so that anyone can administer it in an emergency.
- Know and follow the prevention strategies in the student’s Anaphylaxis Management Plan.
- Plan ahead for special class activities or special occasions such as excursions, incursions, sports days, camps and parties. Work with parents/guardians to provide appropriate food for the student.
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Work with parents/guardians to provide appropriate treats for the student.
- Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
- Be careful of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.

2.3 First Aid Co-ordinator/Senior First Aider
First Aid Co-ordinators should take a lead role in supporting the Principal and staff members to implement prevention and management strategies for the school. The First Aid Co-ordinator should:

- Keep an up to date register of students at risk of anaphylaxis.
- Ensure that students’ emergency contact details are up to date.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Auto-injecting device.
- Regularly check that Adrenaline Auto-injecting devices both those provided for individual students, and any purchased for general use, are not cloudy or out of date, e.g. at the beginning or end of each term.
- Inform parents/guardians in writing a month prior if the Adrenaline Auto-injecting device needs to be replaced.
- Ensure that Adrenaline Auto-injecting device/s are stored correctly (at room temperature and away from light) in an unlocked, easily accessible place and that it is appropriately labelled. The Adrenaline Auto-injecting device/s should be easily accessible by staff members but not accessible to students.
- Provide or arrange post-incident support (e.g. counselling) to students and staff members, if appropriate.
- Work with staff members to conduct regular reviews of prevention and management strategies.
- Work with staff members to develop strategies to raise awareness about severe allergies in the school community.

2.4 Parents/Guardians
Parents/guardians of a student who is at risk of anaphylaxis may experience high levels of anxiety about sending their child to school. It is important to develop an open and co-operative relationship with parents/guardians so that they can feel confident that appropriate management strategies are in place.

It is the responsibility of Parents/guardians to:

- Provide and ASCIA Action Plan, or copies of the plan to the school that is signed by the student’s medical practitioner and has an up to date photograph.
- Inform the school in writing, either at enrolment or diagnosis, it their child’s medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant, provide an updated ASCIA Action Plan.
- Provide and up to date photo for the ASCIA Action Plan when that plan is provided to the school and when it is reviewed.
• Obtain information from the student’s medical practitioner about their condition and any medications to be administered. Inform school staff of all relevant information and concerns relating to the health of the student.

• Provide the school with an Adrenaline Auto-injection that is current and not expired for their child

• Provide any other medications to the school.

• Replace the Adrenaline Auto-injection before it expires.

• Meet with the school to develop the student’s Anaphylaxis Management Plan.

• Assist school staff in planning and preparation for the student prior to school camps, field trips, incursions, excursions or special events such as class parties or sport days.

• Supply alternative food options for the student when needed.

• Inform staff members of any changes to the student’s emergency contact details.

• Participate in reviews of the student’s Anaphylaxis Management Plan, e.g. when there is a change to the student’s condition or at an annual review.

Some parents/guardians may not wish to identity of the student to be disclosed to the wider school community. This should be discussed with the student’s parents/guardians and written consent obtained to display the student’s name, photograph and relevant treatment details in the office, staff rooms, canteens or other common areas.

3. Procedures

3.1 Individual Anaphylaxis Management Plans

Guidelines

A template of an individual Anaphylaxis Management Plan is provided at Appendix A.

The Principal will ensure that an individual Anaphylaxis Management Plan is developed, in consultation with the student’s parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrols, and where possible before their first day of school at Sophia Mundi Steiner School.

The student’s 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).

• practical 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:
  o during classroom activities;
  o in canteens or during lunch and snack times;
  o before and after school, in the yard and during breaks;
  o for excursions and camps
  o for special events such as festivals, incursions, sports days and class parties; and
  o other events 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, provided by the parent.

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/guardians:

- annually;
- if the student’s condition, in so far as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after a student has an anaphylactic reaction at school.

3.2 Individual Action Plan

**Guidelines**

*A template of an individual Anaphylaxis Action Plan is provided at Appendix B.*

To accompany the Individual Management Plan, the principal will ensure that any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis will provide an ASCIA Action plan.

The ASCIA Action Plan, provided by the parent must:

- Set out the emergency procedures to be taken in the event of an allergic reaction;
- be signed by a medical practitioner who was treating the student on the date the practitioner signs the emergency procedures plan; and
- include an up to date photograph of the student.

The ASCIA Action Plan will be located in various locations around the school so that staff can refer to it quickly and easily in the event of an emergency. A copy will be located with each individual child’s Adrenaline Auto-injection.

**Guidelines**

*The red and blue ‘ASCIA Action Plan for Anaphylaxis’ is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. Action Plan templates are provided at Appendix B and can also be downloaded from the Australasian Society of Clinical Immunology and Allergy (ASCIA) website ([www.allergy.org.au](http://www.allergy.org.au)) - ASCIA is the peak body of immunologists and allergists in Australia.*

3.3 Communication Plan

The Principal is responsible for ensuring that a communication plan is developed to provide information to all staff members, students and parents/guardians about anaphylaxis and the school’s Anaphylaxis Management Policy.

The Communication Plan must include strategies for advising School Staff, students and Parents about how to respond to an anaphylactic reaction in various environments including:

- during normal school activities including in the classroom (including all classroom environments such as Science Labs/Hall/Music rooms)and school sites such as the school yard and community playground.
- during off-site or out of school activities, including on excursions, PE and Sports, school camps and at special events conducted or organised by the School.

The Communication Plan must include 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.

**Note:** The current Communication Plan including the procedure for responding to an anaphylactic reaction may be found in Appendix D.

Raising Staff Awareness

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special event days.
All staff members will be briefed at least twice a year (with the first briefing to be held at the beginning of the school year) by a staff member who has up to date anaphylaxis management training on:

- the school’s anaphylaxis management policy;
- the causes, symptoms and treatment of anaphylaxis;
- the identities of students diagnosed at risk of anaphylaxis;
- the preventative strategies in place;
- where Adrenaline Auto-injections are kept;
- how to use an adrenaline auto-injecting device (Adrenaline Auto-injection), including hands on practice with a trainer Adrenaline Auto-injection;
- the school’s first aid and emergency response procedures; and
- their role in responding to a severe allergic reaction.

Note: Chapter 11 of the Anaphylaxis Guidelines for Victorian government Schools has advice about strategies to raise staff and student awareness, working with Parents and engaging the broader school community.

Raising Student Awareness

Peer support is an important element of support for students at risk of anaphylaxis. Staff members can raise awareness at school through fact sheets or posters displayed in hallways, canteens and classrooms.

Class Teachers/Guardians can discuss the topic with students in class, with a few simple key messages:

- always take food allergies seriously – severe allergies are no joke;
- don’t share your food with friends who have food allergies;
- wash your hands after eating;
- know what you friends are allergic to;
- if a fellow student becomes sick, get help immediately;
- be respectful of a fellow student’s Adrenaline Auto-injection; and
- don’t pressure your friends to eat food that they are allergic to.

It is important to be aware that some students 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. Talk to the students involved so that they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm an anaphylactic student with an allergen must be treated as a serious and dangerous incident and handled accordingly under the school’s Behaviour Management Policy.

Work with Parents

Parents/guardians of a student who is at risk of anaphylaxis may experience high levels of anxiety about sending their child to school. It is important to develop an open and co-operative relationship with parents/guardians so that they can feel confident that appropriate management strategies in place.

Aside from implementing practical prevention strategies in Schools, the anxiety that parents/guardians may feel can be considerably reduced by regular communication and increased education, awareness and support from the school community.

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 can be done by providing information in the school newsletter.

NOTE: 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/
3.4 Staff Training and Emergency Response

Duty of Care

Under the provisions of the Occupational Health and Safety Act 2004 and the school’s duty of care obligations to students, the school is responsible for providing first aid facilities and sufficient staff members trained to an appropriate level of competency in first aid.

As part of the duty of care owed to students, teachers are required to administer first aid when necessary and within the limits of their skill, expertise and training. In the case of anaphylaxis, this includes following a student’s ASCIA Action Plan and administering an Adrenaline Auto-injection if necessary. It should be noted that a teacher’s duty of care is greater than that of the ordinary citizen in that a teacher is obliged to assist an injured student, while the ordinary citizen may choose to do nothing.

Staff Training

The following School Staff will be appropriately trained:

- Teachers 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; 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-injection, including hands on practice with a trainer Adrenaline Auto-injection device;
  - The School's general first aid and emergency response procedures;
  - The location of, and access to, Adrenaline Auto-injections that have been provided by parents or purchased by the School for general use.

The briefing will be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months. This person will be nominated by the Principal prior to the briefing.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrols, and preferably before the student’s first day at School.

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

NOTE: A video has been developed and can be viewed from [http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx)

A power point presentation has been developed and is available on the school's Mdrive

A trainer Adrenaline Auto-injecting device (Adrenaline Auto-injection) that can be used at staff briefings are available from the school office and additional resources are available from the Australasian Society of Clinical Immunology and Allergy (ASCIA) website ([www.allergy.org.au](http://www.allergy.org.au)).
• At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the Principal must ensure that there is a sufficient number of staff members present who have up to date training in an anaphylaxis management training course.

• Training will be provided to the nominated staff members as soon as practicable after the student enrolls.

• Wherever possible, training will take place before the student’s first day at the school, where this is not possible, an interim plan will be developed in consultation with the parents/guardians.

• The school’s first aid procedures and student’s emergency procedures plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

Guidelines

A risk assessment tool is provided at Appendix C.

St John Ambulance provide an Anaphylaxis Awareness Course which meets the requirements for an anaphylaxis management training course, further information is available from their website (www.stjohnvic.com.au).

Self-Administration of the Adrenaline Auto-injecting device

The decision whether a student can carry their own Adrenaline Auto-injecting device should be made when developing the student’s individual Anaphylaxis Management Plan, in consultation with the student, the student’s parents/guardians and the student’s medical practitioner.

It is important to note that students have the right to self-administer if they are able to at the time, but even an 18 year old may not physically be able to self-administer due to the effects of a reaction. Staff members still have a duty of care to administer an Adrenaline Auto-injecting device for students who carry their own device.

If a student self-administers an Adrenaline Auto-injecting device they must immediately report to a staff member and 000 must be called.

Guidelines

If a student carries their own Adrenaline Auto-injecting device, a second Adrenaline Auto-injecting device (provided by the parent) should be kept on site in an easily accessible, unlocked location that is know to all staff members.

3.5 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.

NOTE:

A template of the Risk Management Checklist can be found at Appendix 4 of the Anaphylaxis Guidelines for Victorian Schools or the Department’s website: http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx
# Appendix A: Anaphylaxis Management Plan

## Anaphylaxis Management Plan (Appendix A)

Individual anaphylaxis management plans are to be completed by the individual or nominated staff member on the basis of information from the student’s medical practitioner and provided by the parent/guardian.

It is the parent/guardian’s responsibility to provide the School with a copy of the student’s Anaphylaxis Action Plan for Anaphylaxis containing the emergency procedures (signed by the student’s medical practitioner) and an up-to-date photo of the student, to be added to this plan, and to inform the School if their child’s medical condition changes.

### Student’s Information

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<td>Address:</td>
<td>Address:</td>
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<table>
<thead>
<tr>
<th>Other emergency contacts (if parent/guardian not available):</th>
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<tbody>
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<table>
<thead>
<tr>
<th>Medical practitioner contact:</th>
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<table>
<thead>
<tr>
<th>Emergency care to be provided at school:</th>
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<table>
<thead>
<tr>
<th>Adrenaline Autocare stores:</th>
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The following anaphylaxis management plan has been developed with my knowledge and input and will be reviewed every ________.

<table>
<thead>
<tr>
<th>Signature of parent/guardian</th>
<th>Date</th>
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<table>
<thead>
<tr>
<th>Signature of Principal</th>
<th>Date</th>
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## Strategies to Avoid Allergens

<table>
<thead>
<tr>
<th>Student’s name</th>
<th>Class</th>
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<tr>
<th>Severe allergies</th>
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<thead>
<tr>
<th>Other known allergies:</th>
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### Risk Identified

<table>
<thead>
<tr>
<th>Name of environment/area:</th>
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<table>
<thead>
<tr>
<th>Strategy to minimize the risk</th>
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<table>
<thead>
<tr>
<th>Who is responsible?</th>
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<table>
<thead>
<tr>
<th>Completion date:</th>
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### Risk Identified

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<tr>
<th>Strategy to minimize the risk</th>
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### Risk Identified

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<table>
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<tr>
<th>Strategy to minimize the risk</th>
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<tr>
<th>Completion date:</th>
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Appendix B  Action Plans

Anaphylaxis General Action Plan

Anaphylaxis Personal Action Plan

Allergic Reactions Personal Action Plan
Appendix C  Anaphylaxis Risk Management Checklist

Anaphylaxis Risk Management Checklist (Appendix C)

1. Do all staff members have a basic understanding of anaphylaxis and the risk of anaphylaxis? Yes No

2. Are there any staff members with a history of anaphylaxis or known allergies? Yes No

3. Have all staff members completed the anaphylaxis training? Yes No

4. Are there any staff members with a history of anaphylaxis or known allergies? Yes No

5. Is the anaphylaxis action plan in place and available? Yes No

6. Are there any staff members with a history of anaphylaxis or known allergies? Yes No

7. Is the anaphylaxis action plan in place and available? Yes No

8. Are there any staff members with a history of anaphylaxis or known allergies? Yes No

9. Is the anaphylaxis action plan in place and available? Yes No

10. Is the anaphylaxis action plan in place and available? Yes No

11. Is the anaphylaxis action plan in place and available? Yes No

12. Is the anaphylaxis action plan in place and available? Yes No

13. Is the anaphylaxis action plan in place and available? Yes No

14. Is the anaphylaxis action plan in place and available? Yes No

15. Is the anaphylaxis action plan in place and available? Yes No

16. Is the anaphylaxis action plan in place and available? Yes No

17. Is the anaphylaxis action plan in place and available? Yes No

18. Is the anaphylaxis action plan in place and available? Yes No
Appendix D  Communication Plan

This plan should be read in conjunction with the School’s Anaphylaxis Policy. It relates to the prevention and management of anaphylactic events at School or outside School on School related activities.

At the time of enrolment or (if later) diagnosis, the Head of Faculty, Class Teacher/Guardian and First Aid Coordinator will familiarise themselves with the medical needs of a student with anaphylaxis. It is expected that parents will advise the school immediately when a student is diagnosed by a medical practitioner as being at risk of anaphylaxis.

**Individual Management and Action Plans**

The Principal will ensure that an individual Anaphylaxis Management Plan is developed, in consultation with the student’s parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrols, and where possible before their first day of school at Sophia Mundi Steiner School.

To accompany the Individual Management Plan, the principal will ensure that any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis will provide an ASCIA Action Plan.

The ASCIA Action Plan, provided by the parent must:

- Set out the emergency procedures to be taken in the event of an allergic reaction;
- be signed by a medical practitioner who was treating the student on the date the practitioner signs the emergency procedures plan; and
- include an up to date photograph of the student.

The ASCIA Action Plan will be located in various locations around the school so that staff can refer to it quickly and easily in the event of an emergency. A copy will be located with each individual child’s Adrenaline Auto-injection.

**Location of Adrenaline Auto-injecting devices**

A current and up to date Adrenaline Auto-injecting device and ASCIA Action Plan will be supplied by the parent.

**For students in classes 1-12** the Adrenaline Auto-injecting device and ASCIA Action Plan will be stored together in the school office in the first aid area.

**For Prep students** the Adrenaline Auto-injecting device and ASCIA Action Plan will be stored together within the Prep classroom. Students may wish to have an additional Adrenaline Auto-injecting device on their person.

Additional Adrenaline Auto-injecting devices for generic use are clearly marked and stored in the First Aid cabinet in the school office.

**Relieving/ Volunteer / Sport or other Activities Staff**

Anaphylaxis information will be provided to all Relieving/Volunteer staff regarding students and this will be provided by the First Aid Coordinator or Director of Activities at the beginning of the applicable season. They will be asked to familiarise themselves with the Action Plan for Anaphylaxis which will contain the student’s photo; name and date of birth, allergens to be avoided, contact details and the action required if the student has a mild or serious reaction.

**Procedure for responding to an anaphylactic reaction**

**Classrooms**

In the event of an anaphylactic reaction in the classroom, the teacher is to immediately implement the student’s Action plan.

In the case of a mild reaction a staff member must accompany the student to Sick Bay where medication will be administered. If the teacher has homeopathic medication in the classroom this can be administered there.

In a moderate or extreme reaction two reliable students or another member of staff should be sent to Reception/Sick Bay to alert the Senior First aider and to bring the adrenaline Auto-injecting device back to the student. The teacher is to stay with the student who is experiencing the reaction. All subject teachers and staff having contact with a Student with Anaphylaxis will have completed an accredited Anaphylaxis Management Course and regular refresher training.
The Receptionist/Registrar will call an Ambulance and the parents of the student. When calling 000 the Receptionist/Registrar should call from a mobile phone so that they can attend the scene to ensure more accurate information.

**Courtyard/ Community playground/ Canteen**

In the event of an anaphylactic reaction in the courtyard/community playground/ Hall and Canteen, the teacher on duty is to immediately implement the student’s Action plan.

In the case of a mild reaction a staff member must accompany the student to Sick Bay where medication will be administered.

In a moderate or extreme reaction where the student is unable to walk comfortably, two reliable students or another member of staff should be sent to Reception/Sick Bay to alert the Senior First aider and to bring the adrenaline Auto-injecting device back to the student. The teacher is to stay with the student who is experiencing the reaction. All subject teachers and staff having contact with a Student with Anaphylaxis will have completed an accredited Anaphylaxis Course and regular refresher training.

The Receptionist/Registrar will call an Ambulance and the parents of the student. When calling 000 the Receptionist/Registrar should call from a mobile phone so that they can attend the scene to ensure more accurate information.

**Special Event Days, Excursions and Camps**

Prior to leaving the School for any event, excursion or camp the teacher in charge will consult with the First Aid Coordinator to identify any student with Anaphylaxis. Copies of Action Plans and an Adrenaline Auto-injector for general use will be included in the first aid pack.

In the event of an anaphylactic reaction away from school the teacher is to immediately implement the student’s emergency procedure plan, call an ambulance, and then notify the school. The Principal of the school should be notified without delay. They will arrange for parents or guardians to be notified.

**Post-incident Action**

It is expected that after an incident has occurred and has been resolved, that staff members involved will engage in the following activities:

- Completion of an Incident / Accident Report form including full details of the event and what occurred;
- Collection of the student’s personal effects (if he is transported by ambulance and does not have them) for return to School;
- Debrief with students directly involved as witnesses to the event;
- Debrief of staff involved;
- Communication with the Principal as appropriate regarding the particulars of the incident, actions taken and outcomes;
- Principal to discuss with parents (later) what occurred and ask them to seek medical advice on how it may be prevented in future;
- Nominated Anaphylaxis management personel to review the student’s individual management plan;
- Implement updated risk prevention strategies (where applicable).