

Anaphylaxis Management Procedure

St Peter's Lutheran School



| | |
|---|--|
| Scope | All School community members - staff, students, parents / guardians, School Board Members. |
| Responsible Officer | Principal |
| Contact Officer | Principal, Compliance Officer |
| Authorisation | Principal |
| Date Introduced | January 2012 |
| Next Review Date | January 2023 This policy will be reviewed annually, or as required by legislation. Previously done every 3 years. |
| Relevant Legislation or Source | <ul style="list-style-type: none"> • Education and Training Reform Act 2026 (Vic) (s. 4.3.1 (6)(c)) • Ministerial Order No. 706 |
| Linked SPLS Policy | Anaphylaxis Management Policy, First Aid Policy, Duty of Care Policy, Bullying Prevention and Intervention Policy |
| Linked SPLS Procedure / Guidelines / Plans | Individual Anaphylaxis Management Plan, First Aid & Emergency Response Plan, Anaphylaxis Management School Twice-Yearly Briefing |
| Linked SPLS Forms / Checklists / Registers | Annual Anaphylaxis Risk Management Checklist, Anaphylaxis Supervisors Observation Checklist, Individual Anaphylaxis Management Plan Template, Staff Training Register, Student Summary Register, EpiPen Register |
| Key Words | Anaphylaxis, Allergy |
| Destination / Storage | School Website, Shared Staff Server |
| Communication | Staff induction, cyclical staff training/meetings |

| Revision / Modification | | | |
|--------------------------------|----------------|---|----------------------------------|
| Date | Version | Summary | Policy/Procedure |
| 01/01/2012 | 1.0 | Introduced | Anaphylaxis Management Policy |
| 01/01/2016 | 1.1 | Reviewed by School Council | Anaphylaxis Management Policy |
| 13/01/2022 | 2.0 | New policy format. Separating policy and procedure. | Anaphylaxis Management Procedure |

PROCEDURAL STATEMENT

1. INDIVIDUAL MANAGEMENT PLANS

St Peter's Lutheran School has developed and regularly reviews the Individual Anaphylaxis Management Plans for affected students.

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

The Individual Management Plan will be in place as soon as practicable after a 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 or 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 the school yard, at camps and excursions, or at special events conducted, organised or attended by the School;
- the name of the person/s responsible for implementing the strategies
- information on where the student's medication will be stored;
- the student's emergency contact details; and
- an ASCIA Action Plan (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.

It is the responsibility of the parent to:

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

Further detail regarding Individual Management Plans is available in Appendix B.

2. PREVENTION STRATEGIES

St Peter's Lutheran School has prevention strategies to be used by the School to minimise the risk of anaphylactic reactions.

Prevention strategies employed by St Peter's Lutheran School are outlined in Appendix C. They include strategies to minimise risk in the classroom, the yard and at camps and special events.

3. SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

In the event of an anaphylactic reaction staff must follow the Emergency Response Plan and first aid information as recorded on the Individual Student Management Plans.

3.1 Affected Students (see Appendix D)

These students' Individual Student Management Plans and ASCIA Action Plans are kept in:
School

- in student profiles in filing system
- the First Aid room on the wall
- in the Emergency Kit
- in excursion first aid kit (Red back-pack)
- classroom folders

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The Front Office Receptionist is responsible for making sure the EpiPens, Individual Student Management Plans and ASCIA Action Plans are current, kept in an unlocked location easily accessible to all staff, and to ensure that all School staff know where these are located.

3.2 Storage of EpiPens

Storage of EpiPens & locations of anaphylactic information at the School is included in detail in Appendix E.

3.3 First Aid Procedures

The School's first aid procedures and student emergency procedures plan (ASCIA Action Plan and Individual Student Management Plan) must be followed at all times when responding to an anaphylactic reaction.

If a student has an anaphylactic reaction at the School; whilst in the care of St Peter's Lutheran School, the School has a First Aid Emergency Response Procedure which is attached as Appendix F. It includes the use of the ASCIA Action Plan.

When on excursion/camp, the generic ASCIA Action Plan for Anaphylaxis and an Anaphylaxis Event Record Sheet must be included in the medical folders that accompany students, along with the individual student EpiPen and Plans.

3.4 Review

After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision, it is important that a review process takes place. The procedures for this are outlined in Appendix G.

Post Incident Support is available either through school based counselling or an external counsellor for the affected student, their family, teachers and any students witnessing the incident.

4. ADRENALINE AUTO INJECTORS FOR GENERAL USE

St Peter's Lutheran School has purchased back up adrenaline auto injectors for general use by the School.

The Principal is responsible for arranging for the purchase of additional adrenaline auto injector/s for general use and as a back up to those supplied by parents.

The Principal will determine the number of additional adrenaline auto injector/s required. In doing so, the Principal will take into account the following relevant considerations:

- the number of students enrolled at the School that have been diagnosed as being at risk of anaphylaxis;
- the accessibility of adrenaline auto injectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of adrenaline auto injectors for general use in specified locations at the School, including in the School yard, and at excursions, camps and special events conducted or organised by the School; and
- staff are to make sure that EpiPens are not kept in vehicles or in any place of extreme heat, or cold (ie refrigerators) during a camp/excursion/special event.
- Adrenaline auto injectors for general use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first.

Refer to Appendix E for location of extra EpiPens.

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5. COMMUNICATION PLAN

St Peter's Lutheran School has developed an Anaphylaxis Communication Plan.

- *St Peter's Lutheran School Anaphylaxis Communication Plan*

St Peter's Lutheran School believes it is important to work with the whole school community to better understand how to provide a safe and supportive environment for all students, including students with severe allergies.

The School is committed to communicating the school's procedures and management practices to staff, students and the wider School community in collaboration with the appropriate authorities and the parents and carers of students who may be at risk of experiencing an anaphylactic reaction whilst at school.

The School Communication Plan is included as Appendix H.

The training of School staff on anaphylaxis management is an integral part of the Communication Plan.

6. ANNUAL ANAPHYLAXIS RISK MANAGEMENT CHECKLIST

The completion of an annual Anaphylaxis Risk Management Checklist is part of the School calendar at St Peter's Lutheran School.

The Principal and/or nominees will complete an annual Risk Management Checklist to monitor their obligations, as published and amended from time to time. Refer to Appendix I.

APPENDIX A

MINISTERIAL ORDER 706

EDUCATION AND TRAINING REFORM ACT 2006

Ministerial Order No. 706: Anaphylaxis Management in Victorian Schools

The Minister for Education makes the following Order:

PART A: PRELIMINARY

Background

Division 1 of Part 4.3 of the *Education and Training Reform Act 2006* sets out the requirements for initial and ongoing registration of Government and non-Government schools in Victoria.

Section 4.3.1(6) of the Act and Schedule 2 of the *Education and Training Reform Regulations 2007* set out the prescribed minimum standards for registration of schools.

Sub clause (c) of section 4.3.1(6) of the Act states that if a school has enrolled a student in circumstances where the school knows, or ought reasonably to know that the student has been diagnosed as being at risk of anaphylaxis, then the school must have an anaphylaxis management policy containing matters required by Ministerial Order.

Sections 4.3.2 to 4.3.5 of the Act enable the Victorian Registration and Qualifications Authority to take steps to satisfy itself as to whether or not a school complies and continues to comply with the prescribed minimum standards for registration, including the formulation and implementation of an appropriate anaphylaxis management policy in accordance with the Act, any relevant Ministerial Order, and any other applicable law or instrument.

Purpose

The purpose of this Order is to specify the matters that:

Schools applying for registration; and registered schools; must contain in their anaphylaxis management policy for the purposes of section 4.3.1(6)(c) of the Act.

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Commencement

This Order comes into operation on 22 April 2014. Ministerial Order 90 is repealed with effect from the date that this Order comes into operation.

Authorising Provisions

This Order is made under sections 4.3.1, 5.2.12, 5.10.4 and clause 11 of Schedule 6 of the Act.

Definitions

Unless the contrary intention appears, words and phrases used in this Order have the same meaning as in the Act.

- “Act” means the *Education and Training Reform Act 2006*.
- “adrenaline autoinjector” means an adrenaline autoinjector 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.
- “adrenaline autoinjector for general use” means a “back up” or “unassigned” adrenaline autoinjector.
- “anaphylaxis management training course” means:
 - (a) a course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the *National Vocational Education and Training Regulator Act 2011* (Cth) that includes a competency check in the administration of an adrenaline autoinjector;
 - (b) a course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an adrenaline autoinjector;
 - (c) a course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline autoinjector; and any other course approved by the Secretary to the Department for the purpose of this Order as published by the Department.
- “Department” means the Department of Education and Early Childhood Development.
- “medical practitioner” means a registered medical practitioner within the meaning of the *Health Professions Registration Act 2005*, but excludes a person registered as a non-practicing health practitioner.
- “parent” in relation to a child means any person who has parental responsibility for “major long term issues” as defined in the *Family Law Act 1975* (Cth) or has been granted “guardianship” for the child pursuant to the *Children, Youth and Families Act 2005* or other state welfare legislation.
- “school staff” means any person employed or engaged at a school who:
 - (a) is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part;
 - (b) is in an educational support role, including a teacher’s aide, in respect of a student with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
 - (c) the Principal determines should comply with the school’s anaphylaxis management policy.

PART B: SCHOOL ANAPHYLAXIS POLICY REQUIREMENTS

School Anaphylaxis Policy

A school’s anaphylaxis management policy must contain the following matters:

- a statement that the school will comply with:

- (a) this Ministerial Order; and guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time.
- (b) in accordance with Part C, information about the development, implementation, monitoring and regular review of Individual Anaphylaxis Management Plans, which include an individual ASCIA Action Plan for Anaphylaxis, in accordance with clause 0;
- (c) in accordance with Part D, information and guidance in relation to the school's management of anaphylaxis, including:

- prevention strategies in accordance with clause 0;
- school management and emergency response procedures in accordance with clause 0;
- the purchase of adrenaline autoinjectors for general use in accordance with clause 0;
- a communication plan in accordance with clause 0;
- training of school staff in accordance with clause 0; and
- completion of a school anaphylaxis risk management checklist in accordance with clause 0.

PART C: MANAGEMENT OF STUDENTS DIAGNOSED AS AT RISK OF ANAPHYLAXIS

Individual Management Plans

A school's anaphylaxis management policy must state the following in relation to Individual Anaphylaxis Management Plans for each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction:

- that the Principal of the school is responsible for ensuring 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 having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis;
- that the Individual Anaphylaxis Management Plan must be in place as soon as practicable after the student enrolls, and where possible before the student's first day of attendance at that school;
- that the Individual Anaphylaxis Management Plan must include the following:
 - (a) information about the medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner);
 - (b) 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;
 - (c) the name of the person/s responsible for implementing the strategies;
 - (d) information on where the student's medication will be stored;
 - (e) the student's emergency contact details; and
 - (f) an action plan in a format approved by the Australasian Society of Clinical Immunology and Allergy (hereafter referred to as an ASCIA Action Plan), provided by the parent.

A school's anaphylaxis management policy must require the school to review the student's Individual Anaphylaxis Management Plan in consultation with the student's parents in all of the following circumstances:

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- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as is practicable after a student has an anaphylactic reaction at school; and
- when a 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.

A school's anaphylaxis management policy must state that it is the responsibility of the parent to:

- provide the ASCIA Action Plan referred to in clause (f);
- inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when that plan is provided to the school and when it is reviewed; and
- provide the school with an adrenaline autoinjector that is current and not expired for their child.

PART D: SCHOOL MANAGEMENT OF ANAPHYLAXIS

Prevention Strategies

A school's anaphylaxis management policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction.

School Management and Emergency Response

A school's anaphylaxis management policy must include details of how the policy integrates with the school's general first aid and emergency response procedures.

The school's anaphylaxis management policy must include procedures for emergency response to anaphylactic reactions including:

- a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;
- details of Individual Anaphylaxis Management Plans and ACSIA Action Plans and where these can be located:
 - (a) during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
 - (b) during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;
 - (c) information about storage and accessibility of adrenaline autoinjectors including those for general use; and
 - (d) how communication with school staff, students and parents is to occur in accordance with a communications plan that complies with clause 0.

The school's anaphylaxis management policy must state that when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the Principal must ensure that there is a sufficient number of school staff present who have been trained in accordance with clause 0.

The school's anaphylaxis management policy must state that in the event of an anaphylactic reaction, the emergency response procedures in its policy must be followed, together with the school's general first aid and emergency response procedures and the student's ASCIA Action Plan.

Adrenaline Autoinjectors for General Use

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A school's anaphylaxis management policy must prescribe the purchase of adrenaline autoinjectors for general use as follows:

- The Principal is responsible for arranging for the purchase of additional adrenaline autoinjector(s) for general use and as a back up to those supplied by parents;
- the principal will determine the number and type of adrenaline autoinjector(s) for general use to purchase and in doing so consider all of the following:
 - the number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction;
 - the accessibility of adrenaline autoinjectors that have been provided by parents;
 - the availability of a 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, organised or attended by the school; and
 - that adrenaline autoinjectors have a limited life, usually expire 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

A school's anaphylaxis management policy must contain a communication plan that includes the following information:

- that the principal of a school is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy;
- strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction:
 - (a) during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
 - (b) during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;
- 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 of a student in their care; and
- that the Principal of a school is responsible for ensuring that the school staff identified in clause 12.1 are: trained; and briefed at least twice per calendar year in accordance with clause 0.

Staff Training

A school's anaphylaxis management policy must state that the following school staff must be trained in accordance with this clause:

- school staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend; and
- any further school staff that the principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.

A school's anaphylaxis management policy must state that school staff who are subject to training requirements in accordance with clause 0 must:

- have successfully completed an anaphylaxis management training course in the three years prior; and
- participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis management training course in the 12 months prior, on:
 - (a) the school's anaphylaxis management policy;

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- (b) the causes, symptoms and treatment of anaphylaxis;
- (c) the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;
- (d) how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector;
- (e) the school's general first aid and emergency response procedures; and
- (f) the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

If for any reason training and briefing has not yet occurred in accordance with clauses 12.2.1 and 12.2.2, the Principal must develop an interim plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.

Annual Risk Management Checklist

A school's anaphylaxis management policy must include a requirement that the Principal complete an annual risk management checklist to monitor their obligations, as published and amended by the Department from time to time.

APPENDIX B INDIVIDUAL MANAGEMENT PLANS

The Individual Anaphylaxis Management Plans will set out the following:

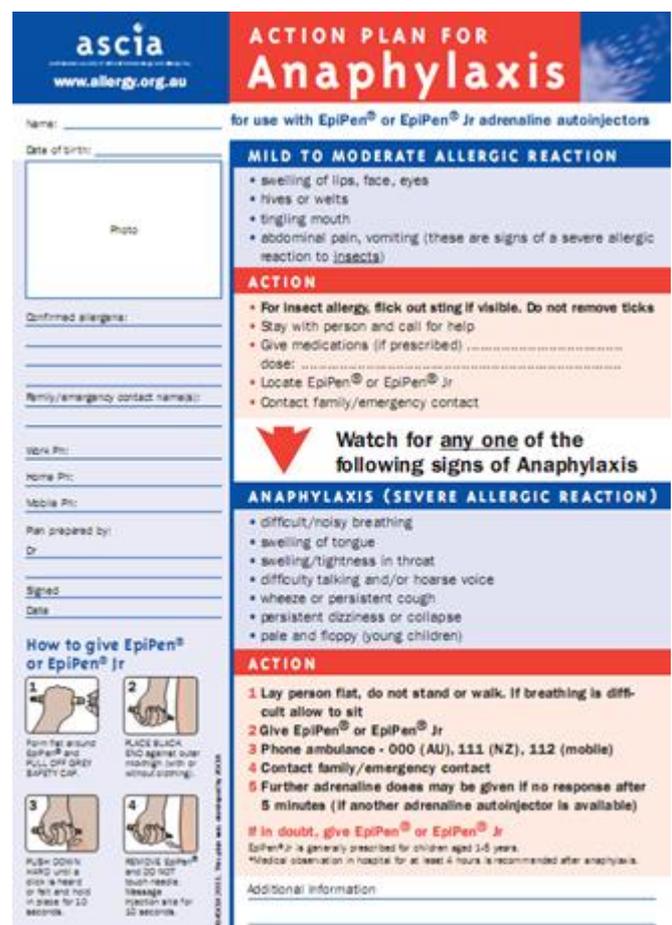
- Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner);
- Strategies to minimise the risk of exposure to known and notified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

School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan. The student individual management plan is reviewed by administration staff 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, or
- As soon as is practicable after a student has an anaphylactic reaction at school; and
- When a student is to participate in an off-site activity such as camps or excursions, or at special events conducted, organised or attended by the School (e.g. class parties, elective subjects, cultural days, fetes, incursions). This will entail written responses from parents on permission forms.

It is the responsibility of the Parent to:

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



The image shows the ASCIA Action Plan for Anaphylaxis form. It is a two-page document with a blue and red header. The left page contains a form for personal and medical information, including fields for Name, Date of birth, Photo, Confirmed allergens, Family/emergency contact names, Work Pk, Home Pk, Mobile Pk, Pen prepared by, Signed, and Date. Below the form is a section titled 'How to give EpiPen® or EpiPen® Jr' with four numbered steps and illustrations: 1. Remove cap, 2. Push down on the blue button, 3. Push down on the orange button, 4. Remove EpiPen and do not touch needle. The right page contains instructions for use with EpiPen® or EpiPen® Jr adrenaline autoinjectors, divided into 'MILD TO MODERATE ALLERGIC REACTION' and 'ANAPHYLAXIS (SEVERE ALLERGIC REACTION)'. It lists symptoms and provides specific actions for each type of reaction, including 'Watch for any one of the following signs of Anaphylaxis' and 'ACTION' steps like 'Lay person flat, do not stand or walk' and 'Give EpiPen® or EpiPen® Jr'.

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

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

| | | | |
|---------------------------------|----------------------------|----------------------|--|
| School | St Peter's Lutheran School | | |
| Student Name | | Student Photo | |
| D.O.B | | Year Level | |
| Severly allergic to: | | | |
| Other health conditions: | | | |
| Medication at school: | | | |

| EMERGENCY CONTACT DETAILS (PARENT/ GUARDIAN) | | | |
|--|--|---------------------|--|
| Parent/ Guardian 1 | | Parent/ Guardian 2 | |
| Name | | Name | |
| Relationship | | Relationship | |
| Home Phone | | Home Phone | |
| Work Phone | | Work Phone | |
| Mobile | | Mobile | |
| Address | | Address | |

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| EMERGENCY CONTACT DETAILS (ALTERNATE) | | | |
|---------------------------------------|--|---------------------|--|
| Alternate Contact 1 | | Alternate Contact 2 | |
| Name | | Name | |
| Relationship | | Relationship | |
| Home Phone | | Home Phone | |
| Work Phone | | Work Phone | |
| Mobile | | Mobile | |
| Address | | Address | |

| MEDICAL PRACTITIONER CONTACT | | | |
|------------------------------|--|-------|--|
| Name | | Phone | |

| ON SCHOOL SITE CARE | |
|---|--|
| Emergency care to be provided at school | |
| Storage location for adrenaline autoinjector (device specific) (EpiPen) | |

| ENVIRONMENT | | |
|---|---------------------------------------|--------------------|
| To be completed by principal or nominee. Please consider each environment/are (on and off school site) that student will be in for food tech room, sports oval, excursions and camps etc. | | |
| Name of environment/ area: Normal Classroom Environment | | |
| Risk identified | Actions required to minimise the risk | Who is responsible |
| | | |
| | | |

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Name of environment/ area: Specialist Learning Areas (Ag, Food Studies, P.E., Science etc.)

| Risk identified | Actions required to minimise the risk | Who is responsible |
|-----------------|---------------------------------------|--------------------|
| | | |
| | | |
| | | |

Name of environment/ area: Third Party Providers (HDSC, VSV, RIST, etc.)

| Risk identified | Actions required to minimise the risk | Who is responsible |
|-----------------|---------------------------------------|--------------------|
| | | |
| | | |
| | | |

Name of environment/ area: Excursion, Camps

| Risk identified | Actions required to minimise the risk | Who is responsible |
|-----------------|---------------------------------------|--------------------|
| | | |
| | | |
| | | |

Name of environment/ area: Food Related Activities (May Market, Fundraisers, Special Treats)

| Risk identified | Actions required to minimise the risk | Who is responsible |
|-----------------|---------------------------------------|--------------------|
| | | |
| | | |
| | | |

| | |
|--|----------|
| ASCIA Action Plan for Anaphylaxis attached to document (circle) | Yes / No |
|--|----------|

This individual Anaphylaxis Management Plan will be reviewed on any of the following occurrence (which

- 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, or (e.g. class parties, elective subjects, cultural days, fetes, incursions).

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I have been consulted in the development of this Individual Anaphylaxis Management Plan.
I consent to the risk minimisation strategies proposed.

Signature of parent/guardian:

Date:

I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

Signature of principal (or nominee):

Date:

APPENDIX C

Prevention Strategies for Managing Anaphylaxis in School Settings

AT SCHOOL / ON SITE

In Classrooms:

- Keep a copy of the students' Individual Anaphylaxis Management Plans in a folder with each teacher.
- Teacher to liaise with parents about food-related activities ahead of time.
- 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. Generic letters sent to members

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of class where there is a child suffering anaphylaxis at the beginning of each term regarding this matter. Teachers to confer with Administration staff.

- Staff must check for the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (i.e. egg or milk cartons, empty peanut butter jars, etc.) Check class recycling programs each new school year.
- Staff must ensure all cooking utensils, preparation dishes, plates, knives, forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
- Staff must have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Teaching staff must brief classmates/school generally on allergies and what their response should be to an anaphylactic reaction. Teachers in classes where a student/s suffer from anaphylaxis will provide specific information to the class on the students' condition with parental permission.

In the Yard:

- Students with anaphylactic responses to insects will be encouraged by staff to stay away from water or flowering plants, and wear closed shoes and long-sleeved garments when outdoors.
- The adrenaline auto injector and each student's Individual Anaphylaxis Management Plan are easily accessible from the Front Office, or as deemed necessary, a student's classroom or on their person, and spare School EpiPens are located in the first aid room.
- Lawns and clovers are to be regularly mowed and outdoor bins covered.
- Students should keep drinks and food covered while outdoors.
- Anaphylaxis Communication Plan – Each staff member will have a copy of the Communication Plan and one will be kept in the CRT folder
- Yard duty staff will carry mobile phones and class keys at all times on yard duty. Staff on duty will collect posterior packs containing EpiPens at the commencement of these duties
- All staff will be aware of the School's Emergency Response Procedures and how to notify the appropriate people in the case of an anaphylactic event.
- Sufficient School staff on yard duty must be trained in the administration of the adrenaline auto injector to be able to respond quickly to an anaphylactic reaction if needed.

During Special Events:

- 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, and must be able to recognise those students at risk of anaphylaxis by face
- School staff should avoid using food in activities or games, including as rewards
- School staff should consult parents in advance in writing to either develop an alternative food menu or request the parents to send a meal for the student
- Parents of other students will 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
- Party balloons should not be used if any student is allergic to latex. First Aid gloves will be latex free.

OUT OF SCHOOL SETTINGS / OFFSITE

Travelling to and from school by bus for school events

- School staff will ensure that the School EpiPens and those of students with anaphylaxis, and Student Management Plans will accompany the students as they are travelling by bus to and from athletics & swimming carnivals, excursions & camps, etc. There will be adequate staff trained in anaphylaxis management on these buses. The EpiPens and Management Plans will be looked after by the organising/pastoral care teacher (as applicable) and kept with the first aid bags. Staff will carry mobile phones and be aware of each other's numbers and the School numbers.

Camps/Excursions/Sporting Carnivals

- 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.
- A trained School staff member or team of trained School staff must accompany any student at risk of anaphylaxis.
- The School EpiPen, a copy of the student's Individual Anaphylaxis Management Plan and personal EpiPen will accompany any student at risk of anaphylaxis on camps/excursions/sporting events. These will be kept in a location at room temperature in the first aid bags and with the medical records of all students. All accompanying staff will be made aware of where these are located at all times.
- All School staff members present during the camp/excursion/sporting event will be made aware of the identity of any students attending who are at risk of anaphylaxis and must be able to identify them by face. Administration staff in consultation with the organising teacher will be responsible for this.
- The School will consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternate food menu; or request the parents provide a meal (if required).
- For each camp/excursion/sporting event, a risk assessment must be undertaken and include information for each individual student attending who is at risk of anaphylaxis.
- School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Staff will check the emergency response procedures that the camp provider has in place, and ensure that these are sufficient in the event of an anaphylactic reaction.
- EpiPens are to be signed out by the organising teacher, and signed back in and returned via the Office, being sighted by the Front Office Receptionist.
- Cooking and art and craft games should not involve the use of known allergens. Organising teacher must check in the planning stage.
- Where families provide food for camps and excursions, the organising teacher must be assured that known allergens are not present. All provided food must be labelled clearly with contents.

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- Students with anaphylactic responses to insects will be encouraged to wear closed shoes and long-sleeved garments when outdoors and should be reminded to take care around water and flowering plants.

Food Events

- Staff, including volunteers and student helpers, will be briefed about students at risk of anaphylaxis caused by reaction to food. All staff and volunteers with substantive roles must attend an Anaphylaxis Management Training Course early each year.
- Discreetly display the students' names and photos in the workspace as a reminder to all staff of their identity.
- Products labelled "may contain traces of nuts" should not be served to students allergic to nuts.
- If a product served from the workspace contains peanut or nut products in them they must have a sign "may contain traces of nuts" over it.
- Make sure that tables and surfaces are wiped down with warm soapy water regularly.
- Be wary of contamination of other foods when preparing, handling or displaying food.
- In the event of a bee/wasp outbreak, the sale of canned or open drinks will not take place.

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APPENDIX D AFFECTED STUDENTS 2022

At the School, we currently have no students that have an anaphylactic reaction to differing triggers.

| Students at Risk of Anaphylaxis- School |
|---|
| None |

Location of EpiPens

| SCHOOL | | | |
|---------|--------------|--------------------------|---|
| Kit ID# | Description | Purpose | Location |
| 1 | Red Backpack | Off-Site - First Aid Kit | First Aid Room Room- First Aid Cupboard |
| | | | |

ASCIA Action Plans are attached below.

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APPENDIX E

Storage and Locations of Anaphylactic Information at the School

Extra EpiPens are kept in the following locations:

| SCHOOL | | | |
|---------------------------------------|---------|------------------|----------|
| Type | Use | Storage Location | |
| | | Room | Kit ID # |
| Yellow- Children (over 20kg) & Adults | General | First Aid Room | 1 |
| | | | |

There are generic posters (ASICA Action Plans) posters around the School should we have students with anaphylaxis, posters with pictures of students with anaphylaxis will be placed around the school, and those with allergies that have the potential for an anaphylaxis reaction, located in the following areas:

| SCHOOL | | | |
|---------|--------------|--------------------------|------------------------------------|
| Kit ID# | Description | Purpose | Location |
| 1 | Red Backpack | Off-Site - First Aid Kit | First Aid Room- First Aid Cupboard |
| | | | |

The expiry dates of School and student EpiPens must be checked at the beginning or end of each term and recorded. At least a month before its expiry date, the Front Office Receptionist should send a written reminder to the student's parents to replace the EpiPen. EpiPens must be kept at room temperature at all times, away from direct sunlight and heat. They should not be stored in the refrigerator or freezer. The EpiPen should not be cloudy.

Students are not permitted to return EpiPens and Plans on a teacher's behalf. Medical information of students is strictly confidential. Student EpiPens intended to be available from the Administration Office or other specified location must be in their correct location at all times. All staff are responsible for the prompt return of EpiPens to their location after being signed out.

APPENDIX F

School Emergency Anaphylaxis Treatment Procedures

St Peter's Lutheran School aims to provide a safe and secure environment for all students, staff and volunteers. Effective planning and management of emergencies is essential to help reduce potential loss of life and, after the event, allow teaching and learning to be maintained or resumed as a priority.

Delays in giving emergency medication or contacting emergency services can result in deterioration and death, therefore the priority actions are to treat the student and phone emergency services from the site.

General Staff Protocols

- All staff should be aware of those students at risk of anaphylaxis and know them by sight and name
- All staff should know the locations of the students EpiPens and the locations of the School EpiPens
- They should carry a mobile phone and classroom keys at all times
- School EpiPens should be carried by teachers on yard duty. These are to be returned to their designated storage places at the end of each break and must not be left exposed to heat or direct sun
- The ambulance should be called by the person nearest to the patient rather than from the School Administration Office.

Suggested Protocols for Management of Anaphylactic Reactions

In the Classroom

Classroom Emergency Teacher

- Teachers must be aware at all times where a child's personal EpiPen is located and how they plan to retrieve it in an emergency.
- The class teacher is to carry a mobile phone, and attend to the child.
- Stay calm and follow directions as per management plan
- If EpiPen is immediately available follow the management plan.
- If EpiPen needs to be collected, call Administration, send two students to the closest adult and have them say there is an emergency in their room. Administration will send a staff member with a spare EpiPen to assist. Follow emergency management plan procedures and assist the child to remain calm. If waiting, call 000 or 112
- After administering EpiPen, call 000 or 112 if you have not already done so. Write the time that the epipen was administered on the child using a permanent marker. Write clear numbers either on the forehead or back of hand on the child, anywhere that emergency services can clearly see. If two EpiPens had been administered, write the time of the second EpiPen was administered.
- Keep the used EpiPens and either give to emergency services or dispose of in the sharps container in the first aid cupboard. DO NOT place it in the rubbish bin.
- When another adult arrives, they are to assist other students to another room in an orderly fashion.

2nd Adult (if there is another adult already present)

- If another adult is present, have them call Administration stating that "there is an anaphylactic emergency in Room X. Please bring EpiPen for "state name of child""
- Other adult then assists other students to leave the room in an orderly fashion to the closest classroom with a teacher and then returns to assist as required.

Administration

- Administration should send a staff member immediately with a School EpiPen and child's medication if stored in the First Aid Room.

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- Remaining Administration staff should delegate responsibility for contacting the family and meeting the emergency services at the gate to direct them to the location and ensure the route is clear.

Before / After School, Recess, Lunch Emergency (Outdoors)

- Staff on yard duty should wear high visibility vests as provided by the School.
- In a Yard Emergency:
 - Teacher on duty stays with the affected child and assists them to remain calm. Do not move child
 - Call Administration clearly stating anaphylaxis emergency and your location. Be specific. If phone service is poor and there are other students around, give a student the Anaphylactic Shock card to take to the Front Office.
 - Call 000 if EpiPen has not yet arrived.
 - Administration should send a staff member to the event with the child's EpiPen and a spare, or two spares if time works against getting the child's own EpiPen.
 - As soon as EpiPen arrives follow direction as stated on the emergency response plan.
 - Call 000 if you have not already done so.
 - Remaining Administration staff should delegate responsibility for contacting the family and meeting the emergency services at the gate to direct them to the location and ensure the route is clear.

Remote Building

- As per Classroom Emergency procedure.
- Students considered at high risk in particular circumstances (bees at the creek/garden) should carry EpiPens with them if there is going to be potential exposure to allergens in that location

Special Events and Off-site Emergencies

- At special events at the School or off-site (ie Swimming & Athletics Carnivals, Cross Country), EpiPens will be stored at a First Aid point.
- All staff must carry mobile phones and must know the number to contact in case of an emergency
- Responding teacher stays with the child and keeps them calm. Do not move child
- Teacher or assisting adult call First Aid requesting emergency anaphylaxis assistance
- A bag containing personal EpiPens and School EpiPen should be taken to the site of the event.
- Call 000 while waiting for EpiPen to arrive
- As soon as EpiPen arrives, administer EpiPen as per instructions on the emergency management chart.
- Call 000 if you have not already done so
- Administration or management contact family and delegate person responsible for directing the ambulance to location.

Camps

- Complete a risk assessment form and determine appropriateness of location and resources in regards to that student (see last page of risk assessment)
- As per Special Events and Off-site Emergencies procedure.
- Adult responsible for supervision of that child should know where that child is at all times and be able to access the medication easily in the event of an emergency

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- Students and other staff should be briefed about their role in responding to an anaphylactic reaction within a camp environment
- Staff should carry a mobile phone capable of reception in all circumstances
- In An Emergency:
 - Teacher on duty stays with the affected child and assists them to remain calm. Do not move the child.
 - Retrieve and administer Epipen – have a second pen ready.
 - Call 000.
 - Send two students for assistance if safe to do so, or call another adult to attend.
 - Call 000 if you have not already done so.
 - Contact Administration to report actions and Administration staff will inform parents.



APPENDIX G REVIEW AFTER AN ANAPHYLACTIC REACTION HAS OCCURRED

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

1. The student's personal adrenaline autoinjector should be replaced before the child returns.
2. If the adrenaline autoinjector for general use has been used, this should also be replaced as soon as possible.
3. The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents and Doctor and Principal.
4. 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.
5. Teachers are required to complete an Incident Report Form and an Anaphylaxis Event Record Sheet. The forms are available as a link on Staff Server. Reports are saved to the students profile.

APPENDIX H

St Peter's Lutheran School Anaphylaxis Communication Plan

St Peter's Lutheran School believes it is important to work with the whole School community to better understand how to provide a safe and supportive environment for all students, including students with severe allergies.

The School is committed to communicating the school's procedures and management practices to staff, students and the wider School community in collaboration with the appropriate authorities and the parents and carers of students who may be at risk of experiencing an anaphylactic reaction whilst at school.

1. Communication with Families

- The School believes that effective communication with families and authorities regarding the management of anaphylaxis within the school environment is essential.
- From the time of enrolment, the input of the doctor, anaphylaxis experts and families is valued and seen as an essential feature in the management of anaphylaxis within the school environment.
- The School welcomes support and input from families and where possible will include parents in making decisions regarding how to best implement and manage an individual child's management plan within the school environment.
- Families are strongly encouraged to speak with the School regarding their suggestions and concerns and where possible should be in writing.
- Communication from the School will take the form of letters and emails home (ie permission forms/risk assessment for excursions & camps), paperwork requesting information and suggestions, requests for management plans and where appropriate, phone calls to the family.
- At any time, families may request a meeting with the School regarding their child and their anaphylaxis management plan if they feel that there are issues that may need to be addressed.

2. Communication with Students

Having supportive friends and classmates are important for students at risk of anaphylaxis. Staff should raise awareness of anaphylaxis in school through presentations at assemblies, class discussions, teaching activities and use of fact sheets or posters displayed in prominent locations, canteens and classrooms.

Key messages include:

- always take allergies seriously – severe allergies are no joke
- don't share your food with friends who have food allergies
- wash your hands after eating or touching food
- know what your friends are allergic to
- if a friend/student becomes sick or unwell, get help from an adult immediately
- be respectful of a student's adrenaline EpiPen
- don't pressure your friends to eat food that they are allergic to

3. Communication with the Wider School Community

General information regarding anaphylaxis at St Peter's Lutheran School is to be made to the School community at the commencement of the calendar year through the School newsletter, letters and generally on the School website.

A copy of the School Anaphylaxis Management Plan will be available on the School website for community members who wish to know more about the strategies and procedures for anaphylaxis management that are used at St Peter's Lutheran School.

Letters are sent to parents of classes that have anaphylactic students (food triggers only) at the beginning of each term. A presentation will be made to students at the commencement of each term outlining general procedures minimising risks of anaphylaxis and what they should do in case of an emergency. Posters are visible around the school for all staff and students to see. Anaphylactic information will be shared during usual Devotion time once a term.

When the School has a special event in which food will be prepared and/or sold the parents of the students with anaphylaxis, and the general School community (staff, parent body) will be again made aware that there are students in the School with anaphylaxis by letter and in the School newsletter.

4. Raising Staff and Volunteer Awareness

An Anaphylaxis Emergency Response Plan is in place to ensure effective management of an anaphylactic reaction at St Peter's Lutheran School. (Appendix F)

Administration and class teachers will be responsible for informing casual relief teachers and volunteers about students who are likely to have anaphylactic reactions. These briefings are to be conducted each term or as necessary. The class teacher with the volunteer is responsible to make sure their volunteers know which students have anaphylaxis and how to treat an anaphylactic/allergic reaction.

Photos and response plans for each student at St Peter's Lutheran School with anaphylaxis and a general Action Plan for Anaphylaxis is included in the School's CRT Folders distributed to casual relief teachers daily from the Administration Office. High use casual relief teachers are to attend annual Anaphylaxis Management Training Courses early each year.

All staff involved in the care of students at risk of anaphylaxis, including class teachers, casual relief teachers, teacher aides, canteen and administrative staff should know:

- the causes, symptoms and treatment of anaphylaxis
- the identities of students who are known to be at risk of anaphylaxis
- the risk minimisation strategies in place
- where adrenaline autoinjectors are kept
- the School's first aid and emergency response procedures
- their role in responding to an allergic reaction

If a new student enrolls at any time during a calendar year, a briefing will be conducted for relevant School staff as soon as practicable after the student enrolls. This will inform staff regarding the student's Individual Anaphylaxis Management Plan. Preferably this will take place before the student's first day at school.

5. Staff Training

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It is the responsibility of the Principal to ensure that staff will receive training in the form of a formal training course delivered by a First Aid Training Provider at the commencement of Term 1 as part of the School PD program. There will also be internal staff briefings twice per year (in Terms 1 & 3) conducted by a staff member who has successfully completed an Anaphylaxis Management Training Course in the previous 12 months. All staff and regular casual relief teachers will be expected to attend these briefings or make other suitable arrangements to fulfil this requirement.

Staff should have a current First Aid certificate and will participate in a briefing, to occur twice per calendar year (with the first one to be held at the beginning of the school year), by a member of School staff who has successfully completed an Anaphylaxis Management Training Course in the 12 months prior, on:

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

6. Camps & Special Events

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.

The organising teacher or the teacher arranging a camp/excursion/special event who are being accompanied by casual relief teachers or volunteers, are required to inform other helpers about the students with anaphylaxis, their Individual Management Plans and emergency response procedures. The event organiser will inform all adults attending events of procedures for management of students who may have an anaphylactic reaction.

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APPENDIX I ANNUAL RISK MANAGEMENT CHECKLIST

| | |
|--------------------------------------|----------------------------|
| School Name: | St Peter's Lutheran School |
| 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? | Yes No |
| a. If yes, how many times? | |
| 6. Was every incident in which a student suffered an anaphylactic reaction reported via SIMON? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 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 |
| SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors | |
| 12. Where are the students' 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 |
| 17. Are the adrenaline autoinjectors easy to find? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 18. Is a copy of a 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? | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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| | |
|---|--|
| 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 |
| SECTION 3: Prevention Strategies | |
| 28. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not, 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 |
| 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 |
| 33. Do school staff know when their training needs to be renewed? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 34. Have you developed Emergency Response Procedures for when an allergic reaction occurs? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. In the classroom? | <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 |

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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 |
| 35. Does your plan include who will call the Ambulance? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 36. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)? | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 37. Have you checked how long it will take to get to the adrenaline autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the school including: | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| a. The classroom? | <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 |
| 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 |
| 39. Who will make these arrangements during excursions? | |
| 40. Who will make these arrangements during camps? | |
| 41. Who will make these arrangements during sporting activities? | |
| 42. Is there a process for post incident support in place? | <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, 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 practice 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 |

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SECTION 4: Communication Plan

44. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?

a. To school staff? Yes No

b. To students? Yes No

c. To parents? Yes No

d. To volunteers? Yes No

e. To casual relief staff? Yes No

45. Is there a process for distributing this information to the relevant school staff? Yes No

a. What is it?

46. How is this information kept up to date?

47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments? Yes No

48. What are they?

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APPENDIX J SCHOOL ANAPHYLAXIS SUPERVISOR CHECKLIST

This checklist is designed to assist schools to understand their role and responsibilities regarding anaphylaxis management and to be used as a resource during the delivery of Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC

PRINCIPAL

| Stage | Responsibilities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------|---|--|
| Ongoing | Be aware of the requirements of MO706 and the associated guidelines published by the Department of Education and Training. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ongoing | Nominate appropriate school staff for the role of School Anaphylaxis Supervisor at each School and ensure they are appropriately trained. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ongoing | Ensure all school staff complete the ASCIA Anaphylaxis e-training for Victorian Schools every 2 years, which includes formal verification of being able to use adrenaline autoinjector devices correctly. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ongoing | Ensure an accurate record of all anaphylaxis training completed by staff is maintained, kept secure and that staff training remains current. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ongoing | Ensure that twice-yearly Anaphylaxis School Briefings are held and led by a member of staff familiar with the school, preferably a School Anaphylaxis Supervisor. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

STAFF TRAINING

| Stage | Responsibilities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|-------------------------------|--|--|
| School Anaphylaxis Supervisor | To perform the role of School Anaphylaxis Supervisor staff must have current approved anaphylaxis training as outlined in MO706. In order to verify the correct use of adrenaline autoinjector devices by others, the School Anaphylaxis Supervisor must also complete and remain current in Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC (every 3 years). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| School Staff | All school staff should: <ul style="list-style-type: none">• complete the ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years) and• be verified by the School Anaphylaxis Supervisor within 30 days of completing the ASCIA e-training as being able to use the adrenaline autoinjector (trainer) devices correctly to complete their certification. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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School Anaphylaxis Supervisor Responsibilities

| Stage | Responsibilities | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------|---|--|
| Ongoing | Ensure they have currency in the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC (every 3 years) and the ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years). | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ongoing | Ensure that they provide the principal with documentary evidence of currency in the above courses. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ongoing | Assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ongoing | Send periodic reminders to staff or information to new staff about anaphylaxis training requirements. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ongoing | Provide access to the adrenaline autoinjector (trainer) device for practice use by school staff. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ongoing | Provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ongoing | Liaise with parents or guardians (and, where appropriate, the student) to manage and implement Individual Anaphylaxis Management Plans. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ongoing | Liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ongoing | Lead the twice-yearly Anaphylaxis School Briefing | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Ongoing | Develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment; for example: <ul style="list-style-type: none">• a bee sting occurs on school grounds and the student is conscious• an allergic reaction where the child has collapsed on school grounds and the student is not conscious. Similar scenarios will also be used when staff are demonstrating the correct use of the adrenaline autoinjector (training) device. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Further information about anaphylaxis management and training requirements in Victorian schools can be found at: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

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APPENDIX K SCHOOL SUPERVISOR OBSERVATION CHECKLIST

| | | | |
|--------------------------------------|---|------------------|--|
| Name of School Anaphylaxis | | Signature | |
| Name of Staff Member Assessed | | Signature | |
| Assessment Result | <input type="checkbox"/> Competent <input type="checkbox"/> Not Competent (select as appropriate) | | |
| Assessment Date | | | |

Verifying the correct use of Adrenaline Autoinjector (training) Device

| Stage | Actions | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---------------|--|--|
| Preparation | Verification resources, documentation and adrenaline autoinjector (trainer) devices and equipment are on hand and a suitable space for verification is identified. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Preparation | Confirmation of the availability of a mock casualty (adult) for the staff member to demonstrate use of the adrenaline autoinjector devices on. Testing of the device on oneself or the verifier is not appropriate. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Demonstration | Successful completion of the ASCIA Anaphylaxis e-training for Victorian Schools within the previous 30 days is confirmed by sighting the staff member's printed ASCIA e-training certificate. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Demonstration | Confirmation the staff member has had an opportunity to practise use of the adrenaline autoinjector (trainer) device/s prior to the verification stage. | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Demonstration | To conduct a fair appraisal of performance, the verifier should first explain what the candidate is required to do and what they will be observed doing prior to the demonstration, including a scenario for the mock casualty. This ensures the candidate is ready to be verified and clearly understands what constitutes successful performance or not. | <input type="checkbox"/> Yes <input type="checkbox"/> No |

| Stage | The Staff Member | Attempts (✓ or X) | | |
|---|---|-------------------|---|---|
| | | 1 | 2 | 3 |
| Prior to use: Identifying the components of the EpiPen® | Correctly identified components of the adrenaline autoinjector (although some of these are not available on the trainer device, they should be raised and tested): School Anaphylaxis Supervisors to ask the below questions. <ul style="list-style-type: none"> • Where is the needle located? • What is the safety mechanism of the EpiPen®? • What triggers the EpiPen® to administer the medication? • What does the label of the EpiPen® show? | | | |
| Prior to use: Demonstrated knowledge of the appropriate | Demonstrated knowledge of the appropriate checks of the adrenaline autoinjector device (although these are not available on the trainer device, they should be raised and tested): School Anaphylaxis Supervisors to ask the below questions. <ul style="list-style-type: none"> • Prior to administering the EpiPen® what should you check? | | | |

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| | | | | |
|---|---|--|--|--|
| checks of the EpiPen® | <ul style="list-style-type: none"> What do you check the viewing window for? What do you check the label for? | | | |
| Demonstration: Correct positioning when applying anaphy | Positioned themselves and the (mock) casualty correctly in accordance with ASCIA guidelines ensuring the: <ul style="list-style-type: none"> casualty is lying flat unless breathing is difficult or placed in a recovery position if unconscious or vomiting casualty is securely positioned to prevent movement when administering the adrenaline autoinjector device person administering the adrenaline autoinjector device is facing the casualty. | | | |
| Demonstration: Correct administration of the EpiPen® | Administered the adrenaline autoinjector device correctly (this example is for an EpiPen® device): <ul style="list-style-type: none"> formed a fist to hold the EpiPen® device correctly pulled off blue safety release applied the orange end at right angle to the outer mid-thigh (with or without clothing), ensuring pockets and seams were not in the way activated the EpiPen® by pushing down hard until a click is heard hold the EpiPen® in position for 10 seconds after activation removed EpiPen® and massaged the injection site for 10 seconds | | | |
| Demonstration: | Demonstrated correct use in a realistic time period for treatment in an emergency situation. | | | |
| Post use: Handling used EpiPen® | Demonstrated knowledge of correct procedures post use of the adrenaline autoinjector devices: School Anaphylaxis Supervisors to ask the below questions. <ul style="list-style-type: none"> What information should you record at the time of administering the EpiPen®? What do you do with the used EpiPen® once it has been administered? | | | |

Test Outcome

| Certifying the correct use of the adrenaline autoinjector (training) device | <input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|
| Where checking and demonstration is successful the verifier will: <ul style="list-style-type: none"> sign and date the staff member's ASCIA e-training certificate provide a copy to the staff member store the staff member's ASCIA certificate and this observation record in a central office location to ensure confidentiality is maintained update school staff records for anaphylaxis training | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| If the adrenaline autoinjector (trainer) device has NOT been checked or administered correctly through successfully completing all the steps above, the verifier cannot deem the staff member competent. The staff member should be referred back to the ASCIA Anaphylaxis e-training for further training and represent for verification: <ul style="list-style-type: none"> this action should be recorded in staff records the verifier must not provide training to correct practice. | <input type="checkbox"/> Yes <input type="checkbox"/> No |