

Anaphylaxis



Policy

Rationale:

Anaphylaxis is an acute allergic reaction to certain food items and insect stings. The condition develops in approximately 1-2% of the population. The most common allergens are nuts, eggs, cow's milk and bee or other insect stings, and some medications. **Ministerial Order 706 - Anaphylaxis Management in Victorian Schools** outlines areas that schools need to address in managing students at risk of anaphylaxis to ensure they meet the legislative and policy requirements

Aims:

To provide a safe and healthy College environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis. The College will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

Implementation:

- Anaphylaxis is a severe and potentially life-threatening condition
- Signs and symptoms of anaphylaxis include hives/rash, tingling in or around the mouth, abdominal pain, vomiting or diarrhoea, facial swelling, cough or wheeze, difficulty breathing or swallowing, loss of consciousness or collapse, or cessation of breathing
- Anaphylaxis is best prevented by knowing and avoiding the allergens
- Our College will manage anaphylaxis by complying with MO706 and associated guidelines; including:
 - The creation of a School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the last 2 years
 - Providing professional development for all staff
 - Identifying susceptible students and knowing their allergens
 - The College will raise staff, student and school community awareness about severe allergies and the School's Anaphylaxis Management Policy through annual staff training and informing the community via the newsletter
 - Ensuring staff are provided with regular professional development on the identification and response to anaphylaxis and the proper use of an Adrenaline Autoinjector
 - Requiring parents to provide an emergency management plan developed by a health professional and an adrenaline auto-injector if necessary, both of which will be maintained in the first aid room for reference as required. The development and regular review of Individual Anaphylaxis Management Plans for affected students will be required
 - In the event of an anaphylactic reaction, the school's first aid and emergency management response procedures and the student's Individual Anaphylaxis Management Plan must be followed

- Prevention strategies will be used by the school to minimise the risk of an anaphylactic reaction; such as allowing food sharing, and restricting food to that approved by parents
 - The College will purchase 'backup' adrenaline auto-injector(s) as part of the school first aid kit(s), for general use
 - The completion of an Annual Anaphylaxis Risk Management Checklist.
- General First Aid training does **NOT** meet the anaphylaxis training requirements under MO706. All staff are to participate in a briefing by the school nominated School Anaphylaxis Supervisor, which needs to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
 - Legal requirements as outlined in Ministerial Order 706
 - Pictures of the students at GWSC SC at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
 - Information about ASCIA Anaphylaxis e-training
 - In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the Principal (or their representative) will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. Training will be provided to relevant school staff as soon as practicable after the student enrolls.
 - 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.
 - The following school staff will be appropriately trained:
 - School staff who conduct classes attended by students who are at risk of anaphylaxis
 - Any other school staff as determined by the Principal to attend (for example, admin staff, first aiders, volunteers etc.)
 - School staff will complete one of the following options to meet the anaphylaxis training requirements of MO706, as determined by the Principal

Option	Completed by	Course	Provider	Cost	Valid for
Option 1	All school staff	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
	AND 2 staff per school (School Anaphylaxis Supervisor)	<i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>	Asthma Foundation	Free from the Asthma Foundation (for State schools)	3 years
Option 2	School staff as determined by the Principal	<i>Course in First Aid Management of Anaphylaxis 22300VIC</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years
Option 3	School staff as determined by the Principal	<i>Course in Anaphylaxis Awareness 10313NAT</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years

Individual Anaphylaxis Management Plans

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and 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 and the signs or symptoms the student might exhibit in the event of an allergic reaction (based on a written diagnosis from a medical practitioner)
- Strategies to minimise the risk of exposure to known 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
- Information on where the student's medication will be stored
- The student's emergency contact details
- An up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner

Anaphylaxis Management Plan review

Students with anaphylaxis will have their management plan reviewed, in consultation with the student's parents in all of the following circumstances:

- Annually
- If the student's medical condition (relating to an allergy and the potential for anaphylactic reaction), changes
- As soon as practicable after the student has an anaphylactic reaction at school
- When the student will participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions)

Parent Responsibility

Parents of anaphylactic children must:

- Obtain the ASCIA Action Plan for Anaphylaxis from their medical practitioner and provide a copy to the school
- Immediately inform the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant obtain an updated ASCIA Action Plan for Anaphylaxis
- Provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- **Provide the school with two adrenaline Auto injectors** that are current (i.e. the device has not expired) for their child and participate in annual reviews of their child's Plan

Excursions and school camps

- Identified anaphylactic students are to carry their own auto injector (clearly labelled) and any medication to camps/excursions etc.
- Staff organising excursions /camps will advise the school nurse that an anaphylactic student is attending camp/excursion

- The school nurse will issue an attending trained staff member a copy of the student's ASCIA Anaphylaxis Action Plan and a generic auto injector – on camp/excursion as a back-up

School planning and emergency response

Procedures relating to anaphylactic reactions include:

- A complete and up to date list of students identified as being at risk of anaphylaxis
- Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans for Anaphylaxis and where these are located within the school and during school excursions, school camps and special events conducted, organised or attended
- Communication of storage and accessibility of adrenaline Autoinjector, including those for general use
- How and when appropriate communication with school staff, students and parents is to occur

Adrenaline Autoinjector for general use

The Principal will purchase adrenaline Autoinjector(s) for general use (purchased by the school) and as a back up to those supplied by parents. The Principal will also need to determine the **number** of additional adrenaline Autoinjector(s) required to be purchased by the school.

Risk Minimisation strategies for schools

Appendix A of this policy relates to the Risk Management Strategies specific to In-School Settings / Out of School Settings.

Annual risk management checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations. The annual checklist is designed to step schools through each area of their responsibilities in relation to the management of anaphylaxis in schools. **Appendix B** of this policy lists the specific criteria.

References:

<http://www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis.aspx>

Evaluation:

This policy will be reviewed as part of the College's three-year review cycle.

Appendix A: Anaphylaxis Management Plan – Risk Minimisation

In-School Setting

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan for Anaphylaxis is easily accessible even if the adrenaline Autoinjector is kept in another location.
2.	Liaise with parents about food-related activities well ahead of time.
3.	Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Alternative treat boxes should be clearly labelled and only handled by the student.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
7.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9.	Children with food allergy need special care when doing food technology. An appointment should be organised with the student's parents prior to the student undertaking this subject. Helpful information is available at: www.allergyfacts.org.au/images/pdf/foodtech.pdf
10.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
11.	A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline Autoinjector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

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

Yard	
1.	If a school has a student who is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the adrenaline Autoinjector (i.e. EpiPen®) and be able to respond quickly to an allergic reaction if needed.
2.	The adrenaline Autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis must be easily accessible from the yard, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes). Where appropriate, an adrenaline Autoinjector may be carried in the school's yard duty bag.
3.	Schools must have an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the school's emergency response procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4.	Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with severe allergies to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6.	Keep lawns and clover mowed and outdoor bins covered.

7.	Students should keep drinks and food covered while outdoors.
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Special events (e.g. sporting events, incursions, class parties, etc.)	
1.	If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2.	School staff should avoid using food in activities or games, including as rewards.
3.	For special events involving food, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.
5.	Party balloons should not be used if any student is allergic to latex.
6.	If students from other schools are participating in an event at your school, consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. Agree on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host and visiting school. Students at risk of anaphylaxis should bring their own adrenaline Autoinjector with them to events outside their own school.

Out-of-school settings

Travel to and from school by school bus	
1.	School staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from school on the bus. This includes the availability and administration of an adrenaline Autoinjector. The adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this child is deemed too young to carry an adrenaline Autoinjector on their person at school.

Field trips/excursions/sporting events	
1.	If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2.	A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3.	School staff should avoid using food in activities or games, including as rewards.
4.	The adrenaline Autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
5.	For each field trip, excursion etc., a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
6.	The school should consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required).
7.	Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
8.	Prior to the excursion taking place school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.
9.	If the field trip, excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear. Students at risk of anaphylaxis should take their own adrenaline Autoinjector with them to events being held at other schools.

Camps and remote settings	
1.	Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.
2.	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3.	Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4.	Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.

5.	School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.
6.	If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns in writing with the camp owner/operator and also consider alternative means for providing food for those students.
7.	Use of substances containing known allergens should be avoided altogether where possible.
8.	Camps should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.
9.	Prior to the camp taking place school staff should consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
10	The student's adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone. All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
11	Contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
12	It is strongly recommended that schools take an adrenaline Autoinjector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
13	Schools should consider purchasing an adrenaline Autoinjector for general use to be kept in the first aid kit and include this as part of the emergency response procedures.
14	Each student's adrenaline Autoinjector should remain close to the student and school staff must be aware of its location at all times.
15	The adrenaline Autoinjector should be carried in the school first aid kit; however, schools can consider allowing students, particularly adolescents, to carry their adrenaline Autoinjector on camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own adrenaline Autoinjector.
16	Students with allergies to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
17	Cooking and art and craft games should not involve the use of known allergens.
18	Consider the potential exposure to allergens when consuming food on buses and in cabins.

Overseas travel

1.	Review and consider the strategies listed under "Field Trips/Excursions/Sporting Events" and "Camps and Remote Settings". Where an excursion or camp is occurring overseas, schools should involve parents in discussions regarding risk management well in advance.
2.	Investigate the potential risks at all stages of the overseas travel such as: <ul style="list-style-type: none"> - travel to and from the airport/port - travel to and from Australia (via aeroplane, ship etc. - accommodation venues - all towns and other locations to be visited - sourcing safe foods at all of these locations <p>Risks of cross contamination, including:</p> <ul style="list-style-type: none"> o exposure to the foods of the other students o hidden allergens in foods o whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction o whether the other students will be able to wash their hands when handling food.
3.	Assess where each of these risks can be managed using minimisation strategies such as the following: <ul style="list-style-type: none"> translation of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis into the local language sourcing of safe foods at all stages obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited obtaining emergency contact details determine the ability to purchase additional Autoinjector.
4.	Record details of student travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction will be paid.
5.	Plan for the appropriate supervision of students at risk of anaphylaxis at all times, including that: <ul style="list-style-type: none"> - There are sufficient school staff attending the excursion who have been trained in accordance with section 12 of the Ministerial Order - There is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication, eating food or being otherwise exposed to potential allergens - There will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of the other students will be available - Staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

6.	<p>The school should re-assess its emergency response procedures, and if necessary adapt them to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:</p> <ul style="list-style-type: none">- dates of travel- name of airline, and relevant contact details- itinerary detailing the proposed destinations, flight information and the duration of the stay in each location- hotel addresses and telephone numbers- proposed means of travel within the overseas country- list of students and each of their medical conditions, medication and other treatment (if any)- emergency contact details of hospitals, ambulances, and medical practitioners in each location- details of travel insurance- plans to respond to any foreseeable emergency including who is responsible for the implementation of each part of the plans- possession of a mobile phone or other communication device that would enable the school staff to contact emergency service- in the overseas country if assistance is required.
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Work experience

1.	<p>Schools should involve parents, the student and the work experience employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. The employer and relevant staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the adrenaline Autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience. It may be helpful for the teacher and the student to do a site visit before the student begins placement.</p>
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Appendix B: Anaphylaxis Management Policy Checklist

School / Applicant Name:	
Date of Assessment:	

Min. Order Ref.	Requirement	Yes / No	Comments
Part B	School anaphylaxis policy requirements		
6	School anaphylaxis policy		
6.1.1	If the school has minimum of one student at risk of anaphylaxis, have they developed an anaphylaxis policy that is reviewed annually?		
6.1.1	Does the policy state that the school will comply with Ministerial Order 706 and the related guidelines?		
Part C	Management of students diagnosed at risk of anaphylaxis		
7	Individual anaphylaxis management plans		
7.1.1	Has the school completed an Individual Management Plan for every student at risk of anaphylaxis; if so how many?		
7.1.1	Does the policy state that the Principal is responsible for ensuring that an individual anaphylaxis management plan is developed for any student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction?		
7.1.2	Does the policy require individual anaphylaxis management plans to be in place after the student enrolls, or “as soon as practicable after” the student attends the school with an interim plan to be developed in the meantime?		
7.1.3	Does the policy require individual anaphylaxis management plans to record information about:		
7.1.3(a)	<ul style="list-style-type: none"> • The students’ allergies. 		
7.1.3(b)	<ul style="list-style-type: none"> • Locally relevant risk minimisation/prevention strategies. 		
7.1.3(c)	<ul style="list-style-type: none"> • Names of people responsible for implementing risk minimisation/prevention strategies. 		
7.1.3(d)	<ul style="list-style-type: none"> • Storage of medication. 		
7.1.3(e)	<ul style="list-style-type: none"> • Students’ emergency contact details. 		
7.1.3(f)	<ul style="list-style-type: none"> • The student’s ASCIA action plan. 		
7.2	Does the policy require individual anaphylaxis management plans to be updated:		
7.2.1	<ul style="list-style-type: none"> • Annually 		
7.2.2	<ul style="list-style-type: none"> • If the student’s medical condition changes. 		
7.2.3	<ul style="list-style-type: none"> • ASAP after the student has an anaphylactic reaction at school. 		
7.2.4	<ul style="list-style-type: none"> • When the student is to participate in an off-site excursion or special event organised or attended by the school. 		
7.3	Does the policy require parents to:		
7.3.1	<ul style="list-style-type: none"> • Provide an ASCIA action plan. 		
7.3.2	<ul style="list-style-type: none"> • Inform the school if the student’s medical condition changes, and to provide an updated ASCIA action plan. 		
7.3.3	<ul style="list-style-type: none"> • Provide an up to date photo of the student for the ASCIA action plan. 		

7.3.4	<ul style="list-style-type: none"> Provide the school with an adrenaline auto-injector that is current and not expired. 		
Part D	School Management of Anaphylaxis		
8	Prevention Strategies		
8.1	Does the policy include locally developed prevention strategies?		
9	School management and emergency response		
9.1	Does the policy describe how it integrates with the school's first aid and emergency response procedures?		
9.2	Does the policy include procedures to respond to an anaphylaxis emergency?		
9.2	Do the emergency response procedures include:		
9.2.1	<ul style="list-style-type: none"> Reference to maintaining an up-to-date list of students at risk of anaphylaxis. 		
9.2.2	<ul style="list-style-type: none"> Details of individual anaphylaxis management plans and ASCIA plans and where these are located: 		
9.2.2(a)	<ul style="list-style-type: none"> o During on-site normal school activities 		
9.2.2(b)	<ul style="list-style-type: none"> o During off-site activities 		
9.2.3	<ul style="list-style-type: none"> Information about storage and accessibility of adrenaline auto-injectors including those for general use. 		
9.2.4	<ul style="list-style-type: none"> How communication with school staff, students and parents is to occur in accordance with the communication plan. 		
9.3	Does the policy require the Principal to ensure sufficient numbers of trained staff are available to supervise students at risk of anaphylaxis outside of normal class activities (e.g., off-site activities)?		
9.4	Does the policy require the emergency response procedures, general first aid procedures, and the student's ASCIA Action Plan to be followed during an anaphylaxis emergency?		
10	Adrenaline Auto-Injectors for General Use		
10.1	Has the school purchased adrenaline auto-injectors for general use, if so how many?		
10.1	Does the policy prescribe the purchase of adrenaline auto-injectors for general use, as follows:		
10.1.1	Does the policy state that the Principal is responsible for arranging the purchase of additional adrenaline auto-injectors for general use and as a back-up to those supplied by parents?		
10.1.2	Does the policy require the Principal to consider the following factors in purchasing adrenaline auto-injectors for general use:		
10.1.2(a)	<ul style="list-style-type: none"> The number of students enrolled at risk of anaphylaxis. 		
10.1.2(b)	<ul style="list-style-type: none"> The accessibility of adrenaline auto-injectors supplied by parents. 		
10.1.2(c)	<ul style="list-style-type: none"> The availability of a sufficient supply of adrenaline auto-injectors for general use in specified locations at the school, including the school yard, at excursions, camps and special events conducted, organised or attended by the school. 		
10.1.2(d)	<ul style="list-style-type: none"> That adrenaline auto-injectors 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 comes first. 		

11	Communication Plan		
11.1	Does the policy contain a communication plan which includes the following:		
11.1.1	<ul style="list-style-type: none"> That the Principal 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. 		
11.1.2	<ul style="list-style-type: none"> Strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction: 		
11.1.2(a)	<ul style="list-style-type: none"> during on-site activities (in the classroom, in the yard, in all school buildings and sites incl. gyms and halls) 		
11.1.2(b)	<ul style="list-style-type: none"> during off-site activities (excursions, camps, special events conducted, organised or attended by the school). 		
11.1.3	<ul style="list-style-type: none"> Procedures to inform volunteers, school canteen staff and casual relief staff of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction of a student in their care. 		
11.1.4	<ul style="list-style-type: none"> That the Principal is responsible for ensuring that relevant staff are: 		
11.1.4(a)	<ul style="list-style-type: none"> trained in accordance with Ministerial Order 706. 		
11.1.4(b)	<ul style="list-style-type: none"> briefed at least twice per calendar year. 		
12	Staff Training		
12.1	Does the policy state that the following staff must have anaphylaxis management training:		
12.1.1	<ul style="list-style-type: none"> Staff who conduct classes that students at risk of anaphylaxis attend? 		
12.1.2	<ul style="list-style-type: none"> Other staff that the Principal identifies based on a risk assessment? Are these staff/positions identified in the policy? 		
12.2	Have relevant school staff completed one of the following courses, and does the policy outline that these staff have:		
12.2.1(a)	<ul style="list-style-type: none"> Completed an anaphylaxis management training course in the last 3 years (one of 22099VIC, 22300VIC or 10313NAT); or 		
12.2.1(b)	<ul style="list-style-type: none"> Completed an online anaphylaxis management training course in the two years prior (ASCIA e-training for Victorian schools, and verified by staff that have completed 22303VIC); 		
12.2.2	<ul style="list-style-type: none"> Participated in a briefing twice per calendar year, with the first to occur at the beginning of the year, delivered by a staff member who has successfully completed an anaphylaxis management training course in the last 2 years. 		
12.2.2	Does the policy require the briefing to cover the following:		
12.2.2(a)	<ul style="list-style-type: none"> The school's anaphylaxis management policy? 		
12.2.2(b)	<ul style="list-style-type: none"> The causes, symptoms and treatment of anaphylaxis? 		
12.2.2(c)	<ul style="list-style-type: none"> The identities of students at risk of anaphylaxis, the details of their medical condition, and where their medication is located? 		
12.2.2(d)	<ul style="list-style-type: none"> How to use an adrenaline auto-injector, including practising with a "trainer" adrenaline auto-injector? 		
12.2.2(e)	<ul style="list-style-type: none"> The school's general first aid and emergency response procedures? 		
12.2.2(f)	<ul style="list-style-type: none"> The location of, and access to, adrenaline auto-injectors that have been provided by parents or purchased by the school for general use? 		
12.3	Does the policy require the Principal to develop an interim plan and consult with parents if training or a briefing has not occurred as required?		
12.3	Does the policy require training and a briefing to occur ASAP after an interim plan is developed?		

13	Annual Risk Management Checklist		
13.1	Has the school completed an Annual Risk Management Checklist?		
13.1	Does the policy require the Principal to complete an annual Risk Management Checklist?		