

CASTLEMAINE NORTH PRIMARY SCHOOL

ANAPHYLAXIS MANAGEMENT POLICY

The school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

RATIONALE

All students have the right to learn in an environment that is safe and in which known, demonstrated or potential risks have been minimised to the extent that is reasonable. The health and wellbeing of all students is best supported by appropriate education and preventative strategies being carried out by everybody in the school community.

AIM

This policy aims to put in place agreed processes for managing students with a known and demonstrated vulnerability to anaphylaxis who are enrolled at Castlemaine North Primary School.

GUIDELINES

1. Anaphylaxis is a severe, life threatening allergic reaction. The most common causes in school age children are eggs, peanuts, nuts, cow's milk, bee or other insect stings as well as some drugs. Although the reaction can develop within minutes after exposure to the allergen, there is usually adequate time to treat life-threatening reactions with adrenaline. A swift response is necessary.
2. Children who have been identified with a known and demonstrated vulnerability to anaphylaxis must be identified by parents/carers at school enrolment or on diagnosis.
3. It is the responsibility of the Principal to meet with parents/carers and class teacher to develop an anaphylaxis response plan (based on the advice from the student's treating doctor) for their child/ren each year.
4. All staff shall be made aware of relevant information for all students with a known and demonstrated vulnerability to anaphylaxis at the first full staff meeting for the year, as part of new staff induction throughout the year and during staff meetings as required.
5. Casual Replacement Teachers (CRTs) employed to teach classes or undertake yard supervision where children have been identified with a known and demonstrated vulnerability to anaphylaxis will be required to familiarise themselves with the relevant child and the relevant response plan (placed in the roll of all classrooms).

IMPLEMENTATION

Individual Anaphylaxis Management Plans

1. Individual Anaphylaxis Management Plans will be developed for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. These plans will be developed by the principal, in consultation with the student's parents. They will be kept in an Anaphylaxis Management Plans folder in the sick-bay, in the staff-room and also in the child's classroom.
2. Anaphylaxis Management Plans must be in place as soon as practicable after the student enrolls and before the student's first day at Castlemaine North Primary School.
3. Anaphylaxis Management Plans will include:
 - a) Information about the student's medical condition that relates to the allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a medical practitioner);
 - 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) Where medication will be stored;
- e) A current photograph of the child;
- f) Current parent/carer contact phone numbers;
- g) A detailed explanation of symptoms and directions for action should allergic reaction occur;
- h) Treating doctor's signature.

ASCIA¹ Action Plan

1. ASCIA action plans will be inserted in each child's Adrenaline Autoinjector bag. Plans will be displayed in the staff room, the front of each class roll, in the principal's office, attached to each enrolment record, and be in an Anaphylaxis Management Plans folder in the sick-bay.
2. Written Anaphylaxis Management Plans will be reviewed (in consultation with the student's parents) annually, if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes, immediately following an anaphylactic reaction at school and when the student is to participate in an offsite activity, such as camps and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, cultural days, fetes, incursions).
3. For details specific to a student, refer to their individual anaphylaxis response plan.
4. It is the responsibility of the parents of a student with a known and demonstrated vulnerability to anaphylaxis to:
 - a. provide an emergency procedures plan, as outlined above, for their child; inform the school 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;
 - b. provide the school with an Adrenaline Autoinjector that is current and not expired for their child.
 - c. alert teachers about the allergy before excursions and camps via the usual school permission and medical forms.
 - d. provide an up-to-date photo when the ACSIA Action Plan is provided to the school and when it is reviewed.
5. Parents/carers of students with a known and demonstrated vulnerability to anaphylaxis will be asked to read and sign that they have read a copy of this policy.
6. Adrenaline Autoinjectors of children identified by the ACSIA Action Plan will be provided by parents and clearly labelled and accessible in the staff room. Adrenaline Autoinjectors will be checked monthly by the principal or delegate for date of expiry and storage conditions. This information will then recorded in the book and signed by the principal or delegate.
7. Another Adrenaline Autoinjector may be provided at parents'/carers' discretion and located in the classroom.
8. A spare Adrenaline Autoinjector is to be purchased by the school annually.

¹ Australasian Society of Clinical Immunology and Allergy (ASCIA)

Prevention Strategies and Risk Minimisation

Prevention strategies are to be identified and updated annually to minimise the risk of an anaphylactic reaction.

In-school settings

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

School grounds	
1.	If a school has a student who is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen) to be able to respond quickly to an anaphylactic reaction if needed.
2.	The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes).
3.	Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, or yard-duty mobile phones. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4.	Yard duty staff must also be able to identify, by face, those students at risk of

	anaphylaxis.
5.	Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6.	Keep lawns and clover mowed and outdoor bins covered.
7.	Students should keep drinks and food covered while outdoors.
8.	Students with allergy to bee stings will not be asked to participate in yard clean up or empty rubbish bins.

Special events (e.g. sporting events, incursions, class parties, etc.)

1.	If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2.	School staff should avoid using food in activities or games, including as rewards.
3.	For special occasions, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.
5.	Party balloons should not be used if any student is allergic to latex.

Out-of-school settings

Travel to and from school by bus

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

1.	If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2.	A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3.	School staff should avoid using food in activities or games, including as rewards.
4.	The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
5.	For each excursion, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding

	staff-student ratio.
6.	All school staff members present during the excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
7.	The school should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents provide a meal (if required).
8.	Parents may wish to accompany their child on excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
9.	Prior to the excursion taking place school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps and remote settings	
1.	Prior to engaging a camp owner/operator's services the school should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the school, then the school should consider using an alternative service provider.
2.	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3.	Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4.	Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5.	School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
6.	If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.
7.	Use of substances containing allergens should be avoided where possible.
8.	Camps should avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
9.	The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
10.	Prior to the camp taking place school staff should consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to

	date and relevant to the circumstances of the particular camp.
11.	School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.
12.	Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
13.	Schools should consider taking an Adrenaline Autoinjector for general use on a school camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency.
14.	Schools should consider purchasing an Adrenaline Autoinjector for general use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
15.	The Adrenaline Autoinjector should remain close to the student and school staff must be aware of its location at all times.
16.	The Adrenaline Autoinjector should be carried in the school first aid kit.
17.	Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
18.	Cooking and art and craft games should not involve the use of known allergens.
19.	Consider the potential exposure to allergens when consuming food on buses and in cabins.

School Management

1. Location of Individual Anaphylaxis Management Plans and ASCIA Action Plans will be:
 - a) in event of a classroom incident – plans in class roll;
 - b) in event of a school yard incident – plans in staff-room and sick bay;
 - c) in event of incident in other school buildings and sites – plans in staff-room and sick bay;
 - d) in event of school excursions incident – plans with the class teacher;
 - e) in event of school camps incident – plans with the class teacher;
 - f) at special events conducted, organised or attended by the school – plans with the class teacher.
2. Storage and accessibility of Adrenaline Autoinjectors, including those for general use – all stored in the staff-room.
3. Communication with school staff, students and parents occurs using a Communication Plan that complies with “Anaphylaxis Guidelines for Victorian Schools”.
4. 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 are a sufficient number of school staff present who have been trained in accordance with “Anaphylaxis Guidelines for Victorian Schools”
5. In the event of an anaphylactic reaction, the school’s Emergency Response Procedures must be followed, together with the school’s general first aid and emergency response procedures and the student’s ASCIA Action Plan.

Emergency Response

Adrenaline Autoinjectors in a suitable insulated bag are to be carried by school staff on excursions and camps and are passed from appropriately trained and qualified adult to adult. Adrenaline Autoinjectors must be signed in and out by school staff.

Parents/carers are wholly responsible for recording the expiry date of medications placed at school and are responsible for the timely replacement of those medications/Adrenaline Autoinjectors.

After an emergency, a report is completed by the supervising staff member, detailing procedures and outcome and placed on the school accident register.

Responding to an incident

1. Where possible, only school staff with training in the administration of the Adrenaline Autoinjector should administer the student’s Adrenaline Autoinjector.
2. However, it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student’s ASCIA Action Plan.
3. It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by).

Students displaying anaphylaxis symptoms

1. A member of the school staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan:

‘Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.’
2. A member of the school staff should immediately locate the student's Adrenaline Autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the student’s ASCIA Action Plan.
3. The Adrenaline Autoinjector should then be administered following the instructions in the student's ASCIA Action Plan.

How to administer an EpiPen®	
1.	Remove from plastic container and check the expiry date.
2.	Form a fist around EpiPen® and pull off the blue safety cap.
3.	Place orange end against the student's outer mid-thigh (with or without clothing).
4.	Push down hard until a click is heard or felt and hold in place for 10 seconds.
5.	Remove EpiPen®.
7.	Massage injection site for 10 seconds.
8.	Note the time you administered the EpiPen®.
9.	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

If an Adrenaline Autoinjector is administered, the school must	
1.	Immediately call an ambulance (000/112).
2.	Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3.	Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the school staff to move other students away and reassure them elsewhere.
4.	In the situation where there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).
5.	Then contact the student's emergency contacts.
6.	For government schools - later , contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

Always call an ambulance as soon as possible (000)

- a. When using a standard phone call 000 (triple zero) for an ambulance.
- b. If you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.

First-time reactions

- a. If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the school staff should follow the school's first aid procedures.

- b. This should include immediately contacting an ambulance using 000.
- c. It may also include locating and administering an Adrenaline Autoinjector for general use.

Adrenaline Autoinjectors for General Use

The principal will purchase two Adrenaline Autoinjectors for general use (purchased by the school) and as a back up to those supplied by parents.

Communication

The principal will be responsible for ensuring that a Communication Plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy.

Communication Plan

1. Procedures for informing all staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy will include:
 - a) All staff will be provided with a copy of the school's Anaphylaxis Management Policy. It will be kept with the class roll of both classroom and specialist teachers, in the Policy Folder in the staff-room and electronically on Staff Shared – Policy Folder.
 - b) All staff will be made aware of relevant information for all students with a known and demonstrated vulnerability to anaphylaxis at the first full staff meeting for the year, as part of new staff induction throughout the year and during staff meetings as required.
 - c) All parents of students with a known and demonstrated vulnerability to anaphylaxis will be provided with a copy of the school's Anaphylaxis Management Policy. They will be requested to sign an acknowledgment that they have read the policy.
 - d) Information about anaphylaxis will be provided for parents in the newsletter at the beginning of each school year and throughout the year.
 - e) Parents will be able to access the Anaphylaxis Management Policy electronically from the school's website.
 - f) Parents of students in a class with a student at risk of anaphylaxis will be advised of this information at the beginning of the school year.
 - g) Class teachers will hold discussions with their students about anaphylaxis.
2. Strategies for advising school staff about how to respond to an anaphylactic reaction by a student in various environments will include a twice-yearly staff briefing on the following emergency procedures:

Classroom

If an anaphylactic reaction occurs in the classroom or specialist teacher classroom:

- a) The teacher in charge of the class stays with the student at all times until the child's care transfers to ambulance staff.
- b) The teacher in charge of the class instructs a student to take an Adrenaline Autoinjector Alert Card to the office or the closest classroom.
- c) The principal, office staff or closest teacher takes the Adrenaline Autoinjector (stored in staffroom, on shelf above water urn) to the requested room and gives assistance.
- d) Teaching staff member, principal or office staff calls an ambulance '000'.
- e) Teaching staff member, office staff or principal will contact parents/carers.
- f) One other staff member will be instructed to assist the trained Adrenaline Autoinjector administrator.
- g) Students in the 'reaction' classroom or those from a room in which their teacher is giving assistance will be exited to the next closest classroom for supervision.
- h) Principal or office staff will direct ambulance on arrival.

School Grounds

If an anaphylactic reaction occurs in the school yard:

- a) Once a yard duty teacher has been made aware of the reaction they will stay with the student at all times until the child is passed to the care of ambulance staff.
- b) This teacher instructs a student to take an Adrenaline Autoinjector Alert Card (from the yard duty bag) to the staffroom or office, or if unattended to the closest classroom.
- c) Another student will be sent to locate the second yard duty teacher and inform them of the situation. This teacher clears students from the area surrounding the effected child.
- d) One staff member takes the Adrenaline Autoinjector (stored in staffroom, on shelf above the water urn) to the requested area.
- e) The most senior teacher remaining in the staffroom/school instructs other staff, present or via the PA system as follows – two staff to assist yard duty and Adrenaline Autoinjector staff members with administration of the Adrenaline Autoinjector, one staff member to call an ambulance '000' and contact parents/carers, staff members to direct ambulance on arrival, two other staff to assist second yard duty teacher with supervision of other students in the yard.

Out of School

While out of the school grounds a student's Adrenaline Autoinjector must be kept as cool as possible and located either with the supervising teacher or in a known central location during school excursions, camps or special event days.

If an anaphylactic reaction occurs:

- a) Once a supervising teacher has been made aware of the reaction they will stay with the student at all times until the child's care transfers to ambulance staff.
- b) Another student will be sent to locate other teachers or parents and inform them of the situation.
- c) As directed by staff in charge, remaining assisting adults:
 - assist with the administration of the Adrenaline Autoinjector;
 - call an ambulance '000' and contact parents/carers;
 - clear and supervise students from the area surrounding the affected child;
 - direct ambulance on arrival.

Parents will also be made aware of these procedures through provision of the Anaphylaxis Management Policy.

3. Procedures for informing volunteers and casual relief staff of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care will include:
 - a) A copy of the school's Anaphylaxis Management Policy will be given to Casual Relief Teachers (CRTs) as part of their CRT Information Booklet.
 - b) Casual Replacement Teachers employed to teach classes or undertake yard supervision where children have been identified with a known and demonstrated vulnerability to anaphylaxis will be required to familiarise themselves with the relevant child and the relevant response plan (placed in the roll of all classrooms).

Staff Training

1. All staff must have up to date training in an anaphylaxis management training course. Staff are to undertake the ASCIA e-training once every two years. The e-training can be accessed via: <http://etrainingvic.allergy.org.au>
2. At other times when the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the principal must

- ensure that there are sufficient staff present who have up to date training in an anaphylaxis management training course in the two years prior.
3. The principal is responsible for identifying the school staff who are to be trained based on an assessment of the risk of an anaphylactic reaction occurring while the student is under the care or supervision of the school.
 4. The following school staff will be appropriately trained:
 - a) School staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
 - b) Any further school staff that are determined by the principal.
 5. Identified school staff will undertake the following training:
 - a) An Anaphylaxis Management Training Course in the three years prior; and
 - b) Participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
 - i. the school's Anaphylaxis Management Policy;
 - ii. the causes, symptoms and treatment of anaphylaxis;
 - iii. the identities of the students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;
 - iv. how to use an Adrenaline Autoinjector, including hands-on practice with a trainer Adrenaline Autoinjector device;
 - v. the school's general first aid and emergency response procedures; and
 - vi. the location of, and access to Adrenaline Autoinjectors that have been purchased by the school for general use.
 - c) The briefing must be conducted by a member of school staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.
 - d) The principal must ensure that training is provided to school staff as soon as practicable following the enrolment of a student with a known and demonstrated vulnerability to anaphylaxis.
 - e) Wherever possible training must take place before the student's first day at school. Where this is not possible, an interim plan must be developed in consultation with the parents.

Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

REFERENCES

1. Anaphylaxis Guidelines for Victorian Schools:
(<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>)
2. Ministerial Order 706 – Anaphylaxis Management in Schools
3. CNPS First Aid Policy

EVALUATION

This policy is to be reviewed triennially as part of the School Council's review cycle.

(Principal)

(President of School Council)

This policy was ratified by School Council, 2017

Date: June 2017

Review Cycle Date: 2020