

SGPS ANAPHYLAXIS POLICY

PURPOSE

To explain to Spring Gully Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Spring Gully Primary School is compliant with **Ministerial Order 706** and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

- all staff, including casual relief staff and volunteers
- all students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction, and their parents and carers.

SCHOOL STATEMENT

Spring Gully Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

ANAPHYLAXIS

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school-aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth.

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting.

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

All students at Spring Gully Primary who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal / Assistant Principal is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Spring Gully Primary School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and 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 a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's plan.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's medical condition that relates to allergies and the potential for anaphylactic reaction, including the type of allergies the student has
- information about 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, including in 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 risk minimisation strategies, which have been identified in the Plan
- information about 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.

Review and Updates to Individual Anaphylaxis Management Plans

A student's Individual Anaphylaxis Management Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

LOCATION OF PLANS AND ADRENALINE AUTOINJECTORS

- EpiPens® are located in the first aid room in individualised containers labelled with the student's name and instructions for use.
- A summary page of all students at Spring Gully Primary School who have an Anaphylaxis Management Plan is displayed throughout the school including in the sickbay, in each classroom and in each CRT folder. This summary will include a photo of the student, student name, current class, current teacher and what they are allergic to.
- The Compass roll also indicates if a student is diagnosed with anaphylaxis, using a red 'A' symbol on the child's profile.
- ACSIA Anaphylaxis Management Plans are located:
 - in the Administration office in a clearly labelled folder
 - on Compass, pinned to each individual child's profile
 - in CRT folders for each classroom

ADDITIONAL SCHOOL EPIPENS

Spring Gully Primary School will maintain a supply of adrenaline autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline autoinjectors for general use will be stored in the sick bay and labelled "general use".

The Principal/Assistant Principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Example School at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

Spring Gully Primary School keeps 2 general use Senior EpiPens and one general use Junior EpiPen.

RISK MINIMISATION AND PREVENTION STRATEGIES

Classrooms

1. ASCIA Individual Anaphylaxis Management Plans and summary pages are accessible as described above.
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.
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. The Principal or Assistant Principal should inform casual relief teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and EpiPen®, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. i.e. seeking a trained staff member.
11. It is recommended that school activities don't place pressure on student to try foods, whether they contain a known allergen or not.

Yard

1. School Staff on yard duty must be trained in the administration of the EpiPen® to be able to respond quickly to an anaphylactic reaction if needed.
2. The EpiPen® and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. Staff on yard duty can access management plans via Compass (on their smartphone), by calling the office or calling Mr Parkes.
3. All yard duty staff must carry walkie talkies or mobile phones. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office 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 these students to wear long-sleeved garments when outdoors.
6. Keep lawns and clover mowed and outdoor bins covered.
7. Students should keep drinks and food covered while outdoors.

Special Events (e.g. Whole School Sporting Events, Incursions, Class Parties, etc.)

1. Sufficient school staff supervising the special event must be trained in the administration of an EpiPen® 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.
5. Party balloons should not be used if any student is allergic to latex.

Canteen

1. Food offered for lunch orders each week on Compass will have details of all ingredients and potential allergens so that parents can make an informed choice before ordering.
2. Two to three staff will be trained in food allergen management and its implications on food handling practices. The staff will be responsible for overseeing canteen operations when a school event is taking place.
3. Display the student's name and photo in the canteen as a reminder to staff.
4. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
6. Tables and surfaces are wiped down regularly.
7. No-sharing of food approach is adopted.
8. Awareness of contamination of other foods when preparing, handling or displaying food.
9. Classroom teachers are responsible for managing the distribution of lunch orders and must ensure that students are seated whilst eating. Dropped/split food items should be cleaned up as soon as practically possible.

Field Trips/Excursions/Sporting Events

1. School Staff supervising the special event must be trained in the administration of an EpiPen® and be able to respond quickly to an anaphylactic reaction if required.
2. At least one school staff member trained in the recognition of anaphylaxis and the administration of the EpiPen® must accompany any student at risk of anaphylaxis, at all times whilst on a field trips, sporting days or excursions.
3. At least one school EpiPen® should be taken when students leave the school site, regardless of whether a student known to be anaphylactic is attending or not.
4. Staff will request and take a 2nd EpiPen® from the family to take on excursions, sporting days or field trips. This is in addition to the student's school EpiPen® and at least one of the school's EpiPens®.
5. School Staff should avoid using food in activities or games, including as rewards.
6. The EpiPen® 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.

7. For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. 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.
8. 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).
9. 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.
10. 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.

Points 1 to 10 in the policy section above entitled 'Field Trips/Excursions/Sporting Events' are also applicable to the 'Camps and Remote Settings' section. In addition to these points, the following must be also be considered:

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.
2. The camp cook should be able to demonstrate satisfactory training in food allergen management
3. 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, i.e. camp staff.
4. 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.
5. In remote locations, communication in an emergency must be considered and planned for, e.g. a satellite phone.
6. Ensure local emergency services and hospitals are easily contactable prior to the camp and ensure the contact details of emergency services are distributed to all school staff in attendance.
7. 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.
8. Consider the potential exposure to allergens when consuming food on buses and in cabins

EMERGENCY RESPONSE

In the event of an anaphylactic episode.

In the classroom:

- The teacher in charge will contact the sick bay/office immediately to request the EpiPen be brought to the location of the student. When it is decided to use the EpiPen®; 000 will be called immediately. A mobile phone will be used if the child is not located in the office area.

In the school playground:

- In the event of an anaphylactic episode, the yard duty teacher will contact the office and will provide the name of the student so their personal EpiPen® can be taken to the scene directly.
- After contacting the office, the yard duty teacher will call 000 for ambulance/emergency advice.

At excursions/sports/camp:

- In the event of an anaphylactic episode, the supervising teacher will administer the EpiPen®.
- The supervising teacher will ring 000 for medical assistance
- If the episode takes place at another school or establishment, first aid assistance will be sought
- During school camps, parents will be notified as soon as possible.

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none">• Lay the person flat• Do not allow them to stand or walk• If breathing is difficult, allow them to sit• Be calm and reassuring• Do not leave them alone• Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the administration office, on Compass or in the student's classroom. <p>If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5</p>
2.	<p>Administer an EpiPen or EpiPen Jr (if the student is under 20kg)</p> <ul style="list-style-type: none">• Remove from plastic container• Form a fist around the EpiPen and pull off the blue safety release (cap)• Place orange end against the student's outer mid-thigh (with or without clothing)• Push down hard until a click is heard or felt and hold in place for 3 seconds• Remove EpiPen• Note the time the EpiPen is administered• Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)

4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction.

ANAPHYLAXIS COMMUNICATION PLAN

The Principal and or Assistant 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/plan.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in classroom, in the school yard, on school excursions and special event days.

All School Staff

Spring Gully Primary School has taken steps to ensure effective communication of students at risk of anaphylaxis.

1. Each student's ASCIA plan is located with the student's EpiPen®, in the sick bay, on Compass, in the CRT folders and in the classroom of the student.
2. Compass flags those students who have an ASCIA plan on their student profile and the on the class roll.
3. All staff undergo regular briefings on anaphylaxis, the symptoms and emergency responses.
4. All staff with a student at risk of anaphylactic responses in their classroom, will be briefed at the beginning of the year, to ensure their awareness of the issues related to these students.
5. Parents/carers of anaphylactic students will be contacted each year to ensure we have the most up-to-date anaphylactic management plan available.
6. All staff on Yard Duty are to carry a mobile phone with them.
7. All staff in attendance on excursions, field trips, sporting days and camps will be able to contact each other using a mobile phone.

All staff will be briefed once each semester by a staff member with up-to-date anaphylaxis management training) on:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the students diagnosed at risk of anaphylaxis and the location of medication.
- the correct use of the auto adrenaline injecting device
- the school's first aid and emergency response procedures.

CRTs

The Principal and/or Assistant Principal will ensure CRTs are informed of students at risk and what their role is in responding to an anaphylactic reaction by a student in their care. This includes:

- being alerted to the relevant anaphylaxis information in class rolls.

- if replacing a specialist teacher, being aware of classes taught that include anaphylactic students.

This policy will be available on Spring Gully Primary School's website so that parents and other members of the school community can easily access information about anaphylaxis management procedures. The parents and carers of students who are enrolled at Spring Gully Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal and Assistant Principal are responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Spring Gully Primary School's procedures for anaphylaxis management.

Casual relief staff (CRTs) and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

The Principal and Assistant Principal are also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

STAFF TRAINING AND EMERGENCY RESPONSE

Teachers and other school staff who conduct classes with students at risk of anaphylaxis will have completed up-to-date anaphylaxis training. The school will comply training requirements as outlined in Ministerial Order 706 and the associated Guidelines published and amended by the Department.

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Spring Gully Primary School uses the ASCIA eTraining course annually with staff. Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students with a medical condition that relates to allergies 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
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Spring Gully Primary School who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

The principal will ensure that while students at risk of anaphylaxis are 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 event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

REFERENCES

- DET Anaphylaxis Policy:
<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>
- DET Health Support Planning Policy:
<http://www.education.vic.gov.au/school/principals/spag/health/Pages/supportplanning.aspx>
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

RELATED POLICIES

- First Aid Policy
- Asthma and Allergy Policies
- Care of Ill Students

APPENDICES

1. ASCIA Action Plan for Anaphylaxis Reactions: Red Plan
2. The Individual Anaphylaxis Management Plan

EVALUATION

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

This policy was last ratified by School Council in November 2020

APPENDIX 1



ascia
australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis



Name: _____

Date of birth: _____

Photo

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:
Dr: _____

I hereby authorise medications specified on this plan to be administered according to the plan.

Signed: _____

Date: _____

Date of next review: _____

For use with EpiPen® adrenaline autoinjectors

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help.
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector.
- Give other medications (if prescribed).....
- Phone family/emergency contact.

Mild to moderate allergic reactions may not always occur before anaphylaxis

Watch for ANY ONE of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficulty/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector.**
- 3 Phone ambulance*: 000 (AU) or 111 (NZ).**
- 4 Phone family/emergency contact.**
- 5 Further adrenaline doses may be given if no response after 5 minutes, if another adrenaline autoinjector is available.**

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.
EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.
*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

IF UNCERTAIN WHETHER IT IS ANAPHYLAXIS OR ASTHMA

- Give adrenaline autoinjector FIRST, then asthma reliever.
- If someone with known food or insect allergy suddenly develops severe asthma like symptoms, give adrenaline autoinjector FIRST, then asthma reliever.

Asthma: Y N Medication: _____

How to give EpiPen®



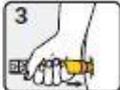
1

Form fat around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



2

PLACE ORANGE END against outer mid-thigh (with or without clothing).



3

PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.
REMOVE EpiPen. Massage injection site for 10 seconds.

Instructions are also on the device label and at: www.allergy.org.au/anaphylaxis

© ASCIA 2015. This plan was developed as a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

APPENDIX 2

Individual Anaphylaxis Management Plan

<p>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.</p> <p>It is the parents' 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.</p>			
School		Phone	
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		

Emergency care to be provided at school	
------------------------------------------------	--

Storage for adrenaline autoinjector (device specific) (EpiPen®)	
------------------------------------------------------------------------	--

ENVIRONMENT

To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

- 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, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.
I consent to the risk minimisation strategies proposed.
Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent:	
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:	