**Anaphylaxis risk management plan – NCPS**

**Updated Feb 2023**

Applies to students and staff at risk of anaphylaxis.

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| **Areas for risk management** | **Current status** | **Actions required** |
| *Contract with solid fill***ANAPHYLAXIS MANAGEMENT POLICY** |
| * Has your anaphylaxis management policy been reviewed within the last two years?
* Date of last review:
 | [x]  Yes [ ]  No | *2022 to 2024 – review January 2025*  |
| * Does your policy include:
	+ Identifying students at risk
	+ Allergy documentation
	+ Prescribed and general use adrenaline (epinephrine) injectors
	+ Staff training
	+ Risk management and risk minimisation
	+ Communication plan
	+ Peer education
	+ Emergency response plan
	+ Incident reporting
 | [x]  Yes [ ]  No |  |
| **Warning with solid fillRISK MINIMISATION** |
| * Has the school identified appropriate risk minimisation strategies to be implemented?
* Where is this information documented?
 | [x]  Yes [ ]  No | Staff induction |
| * How are the risk minimisation strategies communicated to staff?
* When are staff informed of changes to risk minimisation strategies?

  |  | *Connect Notices and email memos*  |
| * Do you have appropriate risk minimisation strategies in place for students with known allergies (within the classroom, in the playground, excursions and incursions)?
 | [x]  Yes [ ]  No |  |
| **Siren with solid fillEMERGENCY RESPONSE PLAN** |
| * Do you have an anaphylaxis emergency response plan?
 | [x]  Yes [ ]  No |  |
| * Does the emergency response plan:
	+ Follow the ASCIA First Aid Plan for Anaphylaxis?
	+ Include staff roles and responsibilities in an anaphylaxis emergency?
	+ Include the procedure for raising the alarm?
	+ Include the location and accessibility of adrenaline injectors (prescribed and general use)?
 | [x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No |  |
| * Is the emergency response plan practised at least once a year?
 | [x]  Yes [ ]  No |  |
| * Do you have an anaphylaxis emergency response plan for off-site activities?
 | [x]  Yes [ ]  No |  |
| **Tent with solid fillRISK MANAGEMENT FOR CAMPS AND OTHER OFF-SITE ACTIVITIES** |
| * Do you have a specific anaphylaxis risk management plan that needs to be completed for each off-site activity that includes:
* Food provision
* Policy regarding taking food/sharing food
* Medication management
* Communication strategy (internal and with parents)
* Mobile phone connectivity or coverage
* Access to ambulance services/medical care
* Staff education and training
* Management of prescribed adrenaline injectors, including checks for expiry dates
* Number of general use adrenaline injectors
* Type of activities undertaken on the camp/excursion
* Emergency response
 | [x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No |  |
| * Do you have a documented process for communicating with the camp/excursion site about allergies?
 | [x]  Yes [ ]  No |  |
| * Do you encourage communication between parents and the camp/excursion site caterers?
 | [x]  Yes [ ]  No |  |
| **Chat with solid fillCOMMUNICATION PLAN** |
| * Do you have a communication plan regarding anaphylaxis management? How does the school communicate with:
	+ Staff (full time and part time)
	+ Casual and relief staff
	+ Volunteers
	+ Students (where appropriate)
	+ Parents of students with allergies
	+ The broader school community
 | [x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No | *School Website* |
| **Address Book with solid fillALLERGY DOCUMENTATION (IDENTIFYING STUDENTS AT RISK OF ANAPHYLAXIS)** |
| * Type of allergies (food, insect, medication and latex) in each class?
 |  | *Documented in SIS Classic* *Available to all staff to view in medical room**Student Health Care Summary Cards from SIS classic to staff at the beginning of each year and/or on enrolment* |
| * Do all students with known allergies have current red/green ASCIA Action Plans (reviewed and renewed by a doctor or nurse practitioner in the past 12-18 months)? Include the number of students enrolled in the school with an:
	+ ASCIA Action Plan for Anaphylaxis (red)
	+ ASCIA Action Plan for Allergic Reactions (green)
	+ ASCIA Action Plan for Drug (medication) Allergies
 | [x]  Yes [ ]  No | *Information from SIS Classic as required* |
| * How many students have a red (anaphylaxis) or green (allergic reactions) ASCIA Action Plan in each year group?
 |  | *Information from SIS Classic as required – names, numbers and needs constantly changing* |
| * Are individualised anaphylaxis care plans completed at the start of each year or when the school is informed about the student’s allergy?
	+ Do all students with known allergies have an individualised anaphylaxis care plan completed in consultation with their parent?
	+ Are they signed off by the student’s parent?
	+ Is a copy of the student’s ASCIA Action Plan attached to the individualised anaphylaxis care plan?
 | [x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No |  |
| * Do staff have access to the individualised anaphylaxis care plans?
 | [x]  Yes [ ]  No |  |
| **Needle with solid fillPRESCRIBED AND GENERAL USE ADRENALINE INJECTORS** |
| * Do all students with an ASCIA Action Plan for Anaphylaxis (red) have an adrenaline injector easily accessible to staff?
 | [x]  Yes [ ]  No |  |
| * Do all students have an ASCIA Action Plan stored with their prescribed adrenaline injector?
 | [x]  Yes [ ]  No |  |
| * Do all staff know where prescribed adrenaline injectors and individual ASCIA Action Plans are kept?
 | [x]  Yes [ ]  No |  |
| * Are older students (e.g. upper primary school and high school students) allowed to carry their own adrenaline injector device?
* If so, do you stipulate that they must have a copy of their ASCIA Action Plan with the device?
* Do you have a process for checking they have their device with them?
 | [x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No | *Not applicable at time of preparing RMP* |
| * Do you have a process for checking expiry dates of prescribed adrenaline injectors?
 | [x]  Yes [ ]  No |  |
| * Do you have a process for documenting when staff take the prescribed adrenaline injectors off-site and returned?
 | [x]  Yes [ ]  No |  |
| * If prescribed adrenaline injector devices are provided to the school, is there a process for parents signing them in and out (e.g. taken home over the holidays)?
 | [x]  Yes [ ]  No | *Documented in SIS Classic – student activity notes* |
| * Does your school have at least one general use adrenaline injector?
 | [x]  Yes [ ]  No |  |
| * How has the number of general use adrenaline injectors been determined?
 |  | Number of students requiring injector + number of student activities off site at any one time |
| * What brand of adrenaline injector is/are the general use injector/s?
 | [x]  EpiPen®[ ]  Anapen®  |  |
| * Are general use adrenaline injectors stored with a copy of the ASCIA First Aid Plan for Anaphylaxis appropriate for the device?

(i.e. an Anapen® First Aid Plan stored with an Anapen® device)  | [x]  Yes [ ]  No |  |
| * Are general use adrenaline injector devices expiry dates checked each year?
 | [x]  Yes [ ]  No |  |
| * Where are general use adrenaline injectors stored and why was this location chosen?
 |  | *Medical room – away from heat and sunlight, central location* |
| * Are staff informed about the location of the general use adrenaline injector/s?
 | [x]  Yes [ ]  No |  |
| * Do all staff have easy access (unlocked location) to the general use adrenaline injectors?
 | [x]  Yes [ ]  No |  |
| * Are general use adrenaline injectors stored out of reach of young children and away from direct sunlight and heat?
 | ☐ Yes  |  |
| * Do you have a process for determining if the general use device(s) should be taken off-site?
* Where is this process documented?
 | [x]  Yes [ ]  No | *Medical register – medical room* |
| * When general use or prescribed adrenaline injectors are taken off-site, are they protected from direct sunlight and heat?
 | [x]  Yes [ ]  No | *Cooler bags provided* |
| **Teacher with solid fillSTAFF TRAINING** |
| * Have staff (including casual and relief staff) completed anaphylaxis management training within the last two years?
 | [x]  Yes [ ]  No |  |
| * Is a staff training register kept?
 | [x]  Yes [ ]  No |  |
| * What training course are staff recommended to undertake?
 |  | [*ASCIA anaphylaxis e-training for Schools*](https://etraining.allergy.org.au) |
| * Have staff undertaken anaphylaxis refresher training (including hands on practise with adrenaline injector trainer devices) in the last 6 months?
 | [x]  Yes [ ]  No | [*ASCIA anaphylaxis refresher e-training*](https://etraining.allergy.org.au/course/index.php?categoryid=3)*Training pens on site* |
| * Is anaphylaxis refresher training documented in the training register?
 | [ ]  Yes [x]  No |  |
| * Where are the adrenaline injector trainer devices for staff to practise with, stored?
	+ Are they stored separate to the real adrenaline injector devices containing adrenaline and labelled ‘Trainer device only’?
 | [x]  Yes [ ]  No |  |
| * Have any of your staff expressed concerns about their ability to respond appropriately to an anaphylaxis emergency including willingness to administer an adrenaline injector?
* If yes, what measures are in place to reduce this risk?
 | [ ]  Yes [x]  No |  |
| * Have all staff responsible for preparing and serving food (e.g. canteen managers, food technology staff, boarding school chefs/cooks) completed the National Allergy Council All about Allergens for Schools online training in the last two years?
 | [x]  Yes [ ]  No | [*All about Allergens for Schools*](http://www.foodallergytraining.org.au) |
| * Is food allergen management training documented in the staff training register?
 | [ ]  Yes [x]  No | *Managed by P&C Canteen Committee* |
| **Classroom with solid fillCOMMUNITY AND PEER EDUCATION**  |
| * Do you communicate with the school community about allergy and anaphylaxis?
	+ How do you communicate with the school community?
 | [x]  Yes [ ]  No | *Website**Connect as required* |
| * Do you support students with food allergies through age-appropriate peer education programs?
	+ How is this coordinated?
	+ When does this happen?
 | [x]  Yes [ ]  No | *As part of Health curriculum delivery* |
| **Checklist with solid fillPOST INCIDENT MANAGEMENT AND INCIDENT REPORTING** |
| * Do you have a post-incident process in place that includes:
	+ Replacement of used adrenaline injectors as soon as possible?
	+ Development of an interim plan while waiting for replacement of used adrenaline injector?
	+ Debriefing session to identify if additional risk minimisation strategies are required and review of individualised anaphylaxis care plan?
	+ Review of emergency response plan?
	+ Access to post-incident counselling services for staff and students?
 | [x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No[x]  Yes [ ]  No |  |
| * Who is responsible for reporting anaphylaxis incidents?
 |  | *Staff who are the first responders to an incident* |