

## 1. Policy Statement

It is the intention of Village School, to provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of School life. In attaining this, Village School will comply with Ministerial Order 706 and all associated guidelines.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame, latex, certain insect stings and medication.

The key to prevention of Anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and preventative measures to minimise the exposure to these triggers.

Village School believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. Partnerships between the School and parents are important in ensuring that certain foods or items are kept away from the student while at school and/or on excursions/camps.

Our aim is:

- To provide, as far as practicable, a safe and supportive environment in which students at risk of Anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about Anaphylaxis and the school's Anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of Anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction. This Anaphylaxis policy has been developed to provide staff with support when dealing with an Anaphylaxis emergency. It also ensures through regular training and updates for school staff, the staff are able to recognise and respond appropriately to an anaphylactic reaction, including competently administering an EpiPen/Anapen ®.

Village School supports and endorses the Anaphylaxis DEECD Guidelines, which is held in conjunction with this policy. Our school does

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not ban any food, including nuts. This is in accordance with DEECD Guidelines:

*“Banning of food or other products is not recommended”*

*“A ban on peanut and nut products within a school is not recommended”*

Staff/carers and parents/guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any school that is open to the general community. Instead the school recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a student having an anaphylactic reaction, including strategies to minimise the presence of allergens at school.

## 2. Application

This anaphylaxis policy will be in place whether or not there is a child diagnosed at risk of anaphylaxis enrolled at the School. It will apply to children enrolled at the School, their parents/guardians, and staff.

## 3. Definition of Terms

- \* *Allergen*: A substance that can cause an allergic reaction.
- \* *Allergy*: An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.
- \* *Allergic reaction*: A reaction to an allergen. Common signs and symptoms include one or more of the following: hives, tingling feeling around the mouth, abdominal pain, vomiting and/or diarrhoea, facial swelling, cough or wheeze, difficulty swallowing or breathing, loss of consciousness or collapse (child pale or floppy), or cessation of breathing.
- \* *Medical card*: A card that the school in conjunction with parents/carers have completed, which contains all the information that the Ambulance Service will request when phoned on 000. These cards are kept in the medical room for easy access by anyone calling an ambulance.
- \* *Anaphylaxis*: A severe, rapid and potentially fatal allergic reaction that involves the major body systems, particularly breathing or circulation systems.
- \* *Anaphylaxis medical management action plan*: a medical management plan prepared and signed by a Registered Medical Practitioner providing the child’s name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of

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this is the Australian Society of Clinical Immunology and Allergy (ASCIA) Action Plan.

- \* *Anaphylaxis management training*: accredited anaphylaxis management training that has been recognised by the Secretary of the Department of Education and Early Childhood Development and includes strategies for anaphylaxis management, recognition of allergic reactions, risk minimisation strategies, emergency treatment and practise using a trainer adrenaline auto-injection device.
- \* *Adrenaline auto-injection device*: A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered.
- \* *EpiPen®*: This is one form of an auto-injection device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. Two strengths are available, an EpiPen® and an EpiPen Jr®, and are prescribed according to the child's weight. The EpiPen Jr® is recommended for a child weighing 10-20kg. An EpiPen® is recommended for use when a child is in excess of 20kg.
- \* *Anapen®*. Is another adrenaline auto injection device containing a single dose of adrenaline, recently introduced to the Australian market.
- \* NB: The mechanism for delivery of the adrenaline in Anapen® is different to EpiPen®.
- \* *Adrenaline auto-injection device training*: training in the administration of adrenaline via an auto-injection device provided by allergy nurse educators or other qualified professionals such as doctors, first aid trainers, through accredited training or through the use of the self paced trainer CD ROM and trainer auto-injection device.
- \* *Children at risk of anaphylaxis*: those children whose allergies have been medically diagnosed and who are at risk of anaphylaxis.
- \* *Auto-injection device kit*. An insulated container, for example an insulated lunch pack containing a current adrenaline auto-injection device, a copy of the child's anaphylaxis medical management action plan, and telephone contact details for the child's parents/guardians, the doctor/medical service and the person to be notified in the event of a reaction if the parent/guardian cannot be contacted. If prescribed an antihistamine may be included in the kit. Auto-injection devices are stored away from direct heat.
- \* *Intolerance*: Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.
- \* *No food sharing*: The practice where the child at risk of anaphylaxis eats only that food that is supplied or permitted by the parent/guardian, and does not share food with, or accept other food from any other person.

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- \* *Nominated staff member:* A staff member nominated to be the liaison between parents/guardians of a child at risk of anaphylaxis and the school. This person also checks the adrenaline auto-injection device is current, the auto-injection device kit is complete and leads staff practise sessions after all staff have undertaken anaphylaxis management training.
- \* *Communication plan:* A plan that forms part of the policy outlining how the service will communicate with parents and staff in relation to the policy and how parents and staff will be informed about risk minimisation plans and emergency procedures when a child diagnosed at risk of anaphylaxis is enrolled at Village School.
- \* *Risk minimisation:* The implementation of a range of strategies to reduce the risk of an allergic reaction including removing, as far as is practicable, the major sources of the allergen from the service, educating parents and children about food allergies and washing hands after meals.
- \* *Risk minimisation plan:* A plan specific to the school that specifies each child's allergies, the ways that each child at risk of anaphylaxis could be accidentally exposed to the allergen while in the care of the school, practical strategies to minimise those risks, and who is responsible for implementing the strategies. The risk minimisation plan should be developed by families of children at risk of anaphylaxis and staff at the school and should be reviewed at least annually, but always upon the enrolment or diagnosis of each child who is at risk of anaphylaxis.
- \* *Treat box:* A container provided by the parent/guardian that contains treats, for example, foods which are safe for the child at risk of anaphylaxis and used at parties when other children are having their treats.

## 4. Implementation

### 4.1 Individual Anaphylaxis Management Plans

The Principal will ensure that an Individual Anaphylaxis Plan is developed, in consultation with the student's parents/guardians, 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 where possible before their first day of school.

The Individual Anaphylaxis Management Plan will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic, including the type of

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allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);

- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings including the school yard, at camps and excursions, or at special events conducted, organised or attended by the School;
- the name of the person(s) responsible for implementing the strategies;
- information on where the student’s medication will be stored;
- the student’s emergency contact details; and
- an ASCIA Action.

The Principal will then implement and monitor the student’s Individual Anaphylaxis Management Plan.

The student’s Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student’s parents in all of the following circumstances:

- annually (meeting to include class teacher, Principal and parents);
- 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; and
- 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, option activities, cultural days, fetes, incursions).

It is the responsibility of the Parents to:

- provide the ASCIA Action Plan;
- inform the School in writing if their child’s medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
- provide the School with an EpiPen that is current and not expired for their child. Replace the EpiPen before they expire.
- Participate in the student’s Anaphylaxis Management Plan and review as required.
- Have a responsibility to discuss and educate their child about the risks of food sharing

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## 4.2 Prevention Strategies

The school will ensure that risk minimisation and prevention strategies are in place for all relevant in-school and out-of-school settings, which include (but are not limited to) the following:

- during classroom activities (including specialist and option classes);
- between classes and other breaks;
- in the kitchen area;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, cultural days, class parties, excursions and camps.

### Classrooms

1	Copy of the student's Individual Anaphylaxis Management Plan to kept in the student's classroom.
2	Classroom teachers will be aware of the student(s) at risk of anaphylaxis and will implement their individual action plan if an incident occurs.
3	Liaison with parents about food-related activities ahead of time
4	Use non-food treats where possible, but if food treats are used it is recommended that the parent provide a treat box
5	Never give food from outside sources to a student(s) who is at risk of anaphylaxis
6	Treats from other students in class should not contain the substances to which the student(s) is allergic
7	Products labelled "may contain traces of nuts"

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	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.
8	Awareness of possible hidden allergens in food and other substances used in cooking, science and art classes
9	Ensure all cooking utensils, preparation dishes, plates and knives/forks etc. are washed and cleaned thoroughly after preparation of food and cooking
10	Regular discussions with students about the importance of washing hands, eating their own food and not sharing food
11	The Principal or nominated person should inform 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 EpiPen, the School’s Anaphylaxis Policy and each person’s responsibility in managing an incident

**Kitchen area**

1	Kitchen volunteers to be trained in food allergen management and its implications on food handling practices
2	Kitchen volunteers are briefed about students at risk of anaphylaxis
3	Display the student’s name and photo in the kitchen area as a reminder to volunteers

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4	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts
5	Special lunches provide a range of healthy meals that excludes peanuts or other nut products in the ingredient list
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

**School Grounds**

1	Sufficient supervision of a student who is at risk of anaphylaxis by a staff member who is trained in the administration of EpiPens
2	EpiPens and Individual Anaphylaxis Plans are easily accessible from the school grounds
3	A communication plan is in place for Staff on Staff Duty so medical information can be retrieved quickly and all staff are aware how to inform the Principal if an anaphylactic reaction occurs during recess or lunch time.
4	Staff on duty can identify those student's at risk of anaphylaxis
5	Students with anaphylactic responses to insects are encouraged to stay away from water or flowering plants

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6	Students with anaphylactic responses to bees are not to go near the bee hives. A risk minimisation plan is to be developed for those students involved in the Beekeeping course (may involve not participating in certain aspects of the course).
7	Students are to keep drinks and food covered while outdoors

**Special Events (ie. Sleepover, celebratory nights, etc)**

1	Parents /guardians to complete the Confidential Medical Information for School Excursions form
2	Sufficient staff who have been trained in the administration of an EpiPen are supervising students
3	Avoid using food in activities or games
4	Consult parents in advance for special events to either develop an alternative food menu or request the parent to send a meal for the student at risk
5	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk and request that they avoid providing students with treats/food whilst they are at a special school event ie. School BBQ's, final performance night party, graduation night
6	Party balloons are not to be used if a student has an allergy to latex

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## Out-of-school settings

### Excursions/Camps

1	Parents/guardians to complete the Confidential Medical Information for School Excursions form
2	Risk Assessment for each individual student attending
3	Staff trained in administering an EpiPen are to attend
4	Appropriate methods of communication must be discussed
5	Identify the location of the EpiPen ie. Who will carry it, how will it be delivered to the student
6	Individual Anaphylaxis Management Plans and EpiPens are to be easily accessible and staff must be aware of their location
7	Risk assessment of the excursion/camp/tour must be completed prior to departure
8	The principal should consult parents of anaphylactic students in advance to discuss issues that might arise, develop an alternative food menu or request the parent provide the meals (if required)
9	Review the Individual Anaphylaxis Management Plan prior to departure to ensure that it is up to date and relevant to the particular excursion/camp

### Camps or Remote Settings

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1	Parents/guardians to complete the Confidential Medical Information for School Excursions form
2	Village School attempts to only use provider/operator services who can provide food that is safe for anaphylactic students
3	Conduct a risk assessment and develop a risk management strategy for students (in consultation with parents and camp operators) at risk of anaphylaxis.
4	The Principal should consult with parents of students at risk to ensure appropriate risk minimisation strategies are in place. Parents will be fully informed of the relevant considerations, such as: <ul style="list-style-type: none"> <li>• the remoteness of the camp (distance to the nearest hospital)</li> <li>• mobile telephone coverage (in some locations, coverage is not reliable)</li> </ul>
5	The School will consider alternative means of providing food for at risk students if there are concerns about whether food provided on camp will be safe for students at risk of anaphylaxis. If required, the parent may be requested to provide the meals.
6	The use of substances containing allergens should be avoided where possible
7	The Student's EpiPen and action plan must be taken on camp and a mobile phone. If there is no mobile phone access eg. Satellite phone will be considered.
8	EpiPens should remain close to the student and staff must be aware of its location at all times
9	Students with anaphylactic responses to

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	insects should wear closed shoes and long-sleeved garments when outdoors and are encouraged to stay away from water and flowering plants
10	General use EpiPens are included in the camp first aid kits
11	Consider exposure to allergens when consuming food during travel on bus etc and whilst in cabins/tents/dormitories/ etc. Request parents not to provide treats/food for students to consume on camp (unless requested by the school)
12	Cooking and art and craft games should not involve the use of known allergens

Action Management Plans and EpiPens are located as detailed in the following table:

<b>Location</b>	<b>EpiPen Location</b>	<b>Student's Action Plan</b>
Office Building	First Aid Room	First Aid Room
Classroom	With the classroom teacher, First Aid Room	With the classroom teacher, First Aid room
Kitchen	First Aid Room	Kitchen, First Aid Room

The following information is available at the office and on the internal school drive, which is accessible to all school staff: a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction; and the information contained in Individual Anaphylaxis Management Plans (original plans located in the First Aid room). It is the responsibility of the Teacher-In-Charge of the camp or excursion to ensure that all relevant medical information, medicines and equipment are available and that all supervisors and staff members are familiar with those students at risk of anaphylaxis.

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### 4.3 School Management and Emergency Response

The school's first aid procedures and the student's emergency procedure plan (ASCIA Action Plan) will be followed in responding to an anaphylactic reaction.

**If an EpiPen is administered, the School must:**

Immediately call an ambulance 000. Remain in contact with emergency services at all times.

Record the time of injection – VERY IMPORTANT

Lay the students flat and elevate their legs. Do not stand or walk. If breathing is difficult for them, allow to sit but do not stand.

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 staff member to move other students away and reassure them elsewhere.

In the rare situation where there is no marked improvement and severe symptoms are present, a second injection may be administered after five minutes, if a second EpiPen is available

Notify the Principal of the incident, so that they or the office staff may contact the student's emergency contacts.

### 4.4 EpiPens

The School will purchase spare EpiPens for general use and as a back-up to those supplied by Parents. Students are discouraged from providing the School with auto-injectors other than EpiPens, as staff training has focused on EpiPens.

The number of spare EpiPens will be determined by the Principal using a risk management approach taking into account the following:

- the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;

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- the accessibility of Epipens that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of Epipens for general use in specified locations at the School, including (but not limited to):
  - in the school yard, and at excursions, camps and special events conducted or organised by the School; and
- Epipens have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first.

## 5 Communication Plan

A proactive awareness campaign will involve using a combination of Newsletter, emails, noticeboard displays, student assemblies and staff meeting announcements. These strategies will highlight the nature of anaphylaxis, its symptoms and the school's anaphylaxis policy.

The school will publish regular notices (on a yearly basis), in the Newsletter, raising awareness of anaphylaxis and reminding parents of the need to notify the school in the event of their child being diagnosed with the condition.

New enrolments will be asked about their anaphylaxis status to ensure that the school has an accurate record of students at risk and is able to develop new individual action plans prior to a new student commencing their studies at the school. Parents/guardians of a child diagnosed at risk of anaphylaxis have been provided a copy of the school's Anaphylaxis management policy.

The school Anaphylaxis Management Plan will be included in the staff Roles & Responsibilities CD and published on the school's internal drive. There will be a dedicated file on the school's internal drive that will contain details of all students who have been diagnosed with severe medical conditions.

All staff will be briefed once each semester by a staff member who has up to date anaphylaxis management training on:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed at risk of anaphylaxis and where their medication is located
  - how to use an auto-adrenaline injecting device
- the school's first aid and emergency response procedure.

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These briefings will also be used to remind staff about the Student at Risk file and where it is located on the internal drive.

Volunteers and casual relief staff will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction of a student in their care by:

<u>Classification</u>	<u>Responsibility</u>
Casual Relieving Teachers	Principal or other nominated Person (ie. Classroom teacher)
Volunteers	Classroom teacher

## 5. Staff Training

The following School Staff will be appropriately trained:

- School Staff who conduct classes containing students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- All other School Staff who are in charge of a group on their own, whether it contains a student who is anaphylactic or not.
- All learning support staff who work alongside the teachers.
- All administration staff who work in the office area.

The identified School Staff will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior; and
- 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:
  - the School's Anaphylaxis Management Policy;
  - the causes, symptoms and treatment of anaphylaxis;
  - the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
  - the students emergency procedures plan (ASCIA Action Plan);
  - how to use an Epipen, including hands on practise with a trainer Epipen device;
  - the School's general first aid and emergency response procedures; and
  - the location of, and access to, Epipens that have been provided by Parents or purchased by the School for general use.

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The briefing will be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.

The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

## 6 Annual Risk Management Checklist

- Send home a medical information form to be updated on a yearly basis to ensure parents inform the school of current medical information and plans, which will include information related to anaphylaxis threats .
- Check there have been two staff in-services on procedures for administering auto-injection devices.
- Check the use by dates on auto –injection devices twice yearly, at the same time as staff are updated.
- Check that the school community is regularly informed through the newsletter of the policy of no food sharing between children in groups that contain a child with an anaphylaxis threat due to food allergies.
- Check that a current list of children who have food allergies has been supplied to the parents who administer school lunches each week.
- Ensure action plans with photos of the children at risk of anaphylaxis are clearly displayed in classrooms, first aid room and the community rooms i.e. kitchen, first aid rooms and classrooms are updated annually.
- Review this policy annually to ensure the school is compliant with the latest directives from the ministry and the education department.

## 7 Evaluation

**The Principal shall:**

- discuss with staff their knowledge of issues following staff participation in anaphylaxis management training

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- audit enrolment checklists (e.g. annually) to ensure that documentation is current and complete
- discuss this policy and its implementation with parents/guardians of children at risk of anaphylaxis to gauge their satisfaction with both the policy and its implementation in relation to their child
- respond to complaints
- review the adequacy of the response of the school if a child has an anaphylactic reaction and consider the need for additional training and other corrective action.
- Ensure the First Aid officer oversees the maintenance and care of the Anaphylaxis First Aid kits.
- Ensure ongoing anaphylaxis training for staff.

**Parents/guardians shall:**

- read and be familiar with the policy
- identify and liaise with the nominated staff member
- bring relevant issues to the attention of staff

**8. Appendixes**

- 8.1 Anaphylaxis Management Plan
- 8.2 Strategies to Avoid Allergens
- 8.3 Enrolment checklist for children diagnosed as at risk of anaphylaxis
- 8.4 Sample Risk Minimisation Plan
- 8.5 Potential exposure scenarios and strategies

**9. Reference Documents**

Village School Policies	Agreements, Acts & Regulations

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**Appendix 8.1**

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