

Anaphylaxis Policy and Guidelines
Muhammadiyah Australia College



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Policy

The purpose of this policy is to explain to Muhammadiyah Australia College 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 Muhammadiyah Australia College is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

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.

College Statement

Muhammadiyah Australia College 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 Muhammadiyah Australia College 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 of Muhammadiyah Australia College 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 Muhammadiyah Australia College 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 College as soon as practicable
- immediately inform the College 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 College and each time it is reviewed
- provide the College 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 College staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the College
- 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 College 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

When students will not keep their adrenaline autoinjectors on their person:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the First Aid Room and the student's classroom,

together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

When students will keep their adrenaline autoinjectors on their person:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the First Aid Room. Students are encouraged to keep their adrenaline autoinjectors on their person. Adrenaline autoinjectors for general use are available at First Aid Room and are labelled "general use".

Where some students keep their adrenaline autoinjectors on their person and others store them elsewhere:

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the First Aid Room. Whilst some students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name at the First Aid Room, together with adrenaline autoinjectors for general use.

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Muhammadiyah Australia College, we have put in place the following strategies:

- staff and students are regularly reminded to wash their hands after eating;
- students are discouraged from sharing food
- garbage bins at college are to remain covered with lids to reduce the risk of attracting insects
- gloves must be worn when picking up papers or rubbish in the playground;
- college canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- A general use EpiPen will be stored at the college canteen, the First Aid Room and in the yard duty bag for ease of access.
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

Adrenaline autoinjectors for general use

Muhammadiyah Australia College 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 the college.

Adrenaline autoinjectors for general use will be stored at First Aid Room and labelled "general use".

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

- the number of students enrolled at Muhammadiyah Australia College 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 College, 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.

Emergency Response

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

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the College First Aid Officer and stored at the Admin Office.

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 the college or during a school activity, college 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 College's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at Admin Office. ● If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5
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, College staff should follow steps 2 – 5 as above.

Communication Plan

This policy will be available on Muhammadiyah Australia College's website ([Anaphylaxis Policy and Guidelines](#)) so that parents and other members of the College community can easily access information about Muhammadiyah Australia College's anaphylaxis management procedures. The parents and carers of students who are enrolled at Muhammadiyah Australia College and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal is responsible for ensuring that all relevant staff, including casual relief staff, canteen staff and volunteers are aware of this policy and Muhammadiyah Australia College's procedures for anaphylaxis management. Casual relief staff 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 is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

The Principal is also responsible for developing strategies to inform students of anaphylaxis. Peer awareness can be an important element of support for students at risk of anaphylaxis. To increase this peer awareness, the principal will ensure that:

- During the first week of term 1, classroom teachers will discuss the topic of anaphylaxis with students in their class,
- During assemblies, sports programs, and prior to excursions, camps and trips staff reinforce the importance of:
 - hand washing before and after eating;
 - not sharing food;
 - not bringing peanut, sesame and tree nut products in all forms;
 - To be aware of what particular students are allergic to.
- Posters displayed in hallways, canteens and classrooms with appropriate images and simple, easy understood messages about anaphylaxis.

The principal will also develop strategies to raise awareness about anaphylaxis in the College community so that there is an increased understanding of the condition, including on how to

respond to an anaphylactic reaction during on-site or off-site activities. This will be done by providing information in the school newsletter, on the school website, at assemblies or parent information sessions.

Staff training

The Principal is responsible to ensure that the following College staff are appropriately trained in anaphylaxis management:

- College staff who conduct classes attended by students who are at risk of anaphylaxis
- College staff who conduct specialist classes, all canteen staff, admin staff, first aiders and any other member of College staff as required by the Principal based on a risk assessment.
- 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.

Muhammadiyah Australia College uses the following ASCIA eTraining course (with 22579VICVIC, or 22578VIC or 10710NAT).

The principal is also responsible to ensure all relevant staff attend a briefing on anaphylaxis management plan and this policy at least twice per year (with the first briefing to be held at the beginning of the school year). This briefing is facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years. 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 College'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 College for general use.

When a new student enrolls at Muhammadiyah Australia College 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.

A record of staff training courses and briefings will be maintained through the College's online Emergency Management Plan.

The Principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the College 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 College staff present who have been trained in anaphylaxis management.

Further information and resources

- The Department's Policy and Advisory Library (PAL):
 - [Anaphylaxis](#)
- [Allergy & Anaphylaxis Australia](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)
- [Duty of Care Policy](#)
- [Excursions Policy and Guidelines](#)
- [Asthma Policy](#)

POLICY REVIEW AND APPROVAL

Policy approved	19/09/2021
Approved by	Principal
Next scheduled review date	19/09/2022

The Principal will complete the Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

Guidelines

Introduction

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

The Department is committed to protecting the wellbeing of children and young people with severe allergies. This commitment is enshrined in the Education Training and Reform Act 2006 (Vic) and more specifically in Ministerial Order 706 — Anaphylaxis Management in Victorian schools, which outlines requirements for schools in the management of anaphylaxis.

Approximately 80% of all Victorian government schools have a child enrolled who is at risk of anaphylaxis. The keys to preventing an anaphylactic reaction are planning, risk identification and minimisation, awareness and education.

Our commitment

Muhammadiyah Australia College is committed to:

- providing, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of their schooling
- raising awareness about allergies and anaphylaxis in the College community
- actively involving the parents of each student at risk of anaphylaxis in assessing risks and developing risk minimisation and management strategies for the student
- ensuring that every staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures
- ensuring that the College has policies and procedures in place to identify and minimise the risks associated with severe allergies, so that all students can feel safe while at the college

The Guidelines

These Guidelines have been developed to assist all staff at Muhammadiyah Australia to meet their duty of care to students at risk of anaphylaxis and to support those students.

The Guidelines support the staff in complying with legislation, most critically the:

- Education and Training Reform Act 2006 (Vic), which specifies that a school must have an anaphylaxis management policy if it has enrolled a student in circumstances where the school knows (or ought reasonably to know) that the student has been diagnosed as being at risk of anaphylaxis
- Ministerial Order 706 (the Order) — Anaphylaxis Management in Victorian schools, which provides the regulatory framework for the management of anaphylaxis in all Victorian schools and prescribes what must be included in an anaphylaxis management policy as well as prescribing the training requirements for school staff working with students who are at risk of anaphylaxis

How to use these Anaphylaxis Guidelines

The College and the staff should use the Guidelines as a resource to assess and review their current management practices, and to develop a school anaphylaxis management policy which complies with the Order. To comply with the Order, the policy must contain all those matters specified in the Order.

For this reason, the College has adopted the Guidelines prepared by the Department that have been carefully prepared to align with, and reinforce, the Order. The mandatory aspects of these Guidelines (indicated by use of the word(s) ‘must’, ‘is required to’, ‘will need to’ and so on) are derived directly from the Order. Chapters 5 to 12 of the Guidelines provide detailed information, suggestions and recommendations relating to the mandatory aspects of the Order. This information is designed to be considered by a school when developing its policy. As a result, not all the information, suggestions or recommendations will be relevant for each school.

Glossary of terms

Where the phrases ‘at risk of anaphylaxis’ or ‘student who has been diagnosed as being at risk of anaphylaxis’ or similar phrases are used in these Guidelines in relation to a student, it means a student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and is at high risk of progressing to an anaphylactic reaction.

Act: The Education and Training Reform Act 2006 (Vic)

Adrenaline autoinjector: An adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). These may include EpiPen® or EpiPen® Jr.

Adrenaline autoinjector for general use: A 'back up' or 'unassigned' adrenaline autoinjector purchased by a school.

Allergy & Anaphylaxis Australia (A&AA): A national non-profit organisation that raises awareness of allergy and anaphylaxis in the Australian community. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. A free online curriculum resource is also available.

Anaphylaxis management training course: This means:

- a course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the National Vocational Education and Training Regulator Act 2011 (Cth) that includes a competency check in the administration of an adrenaline autoinjector
- a course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an adrenaline autoinjector
- a course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline autoinjector
- any other course including an online course, approved by the Secretary to the Department for the purpose of the Order as published by the Department

ASCIA: Australasian Society of Clinical Immunology and Allergy, the peak professional body of clinical immunology and allergy in Australia and New Zealand.

ASCIA Action Plan for Anaphylaxis: This plan is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device-specific; that is, they list the student's prescribed adrenaline autoinjector (EpiPen® or EpiPen® Jr) and must be completed by the student's medical practitioner. Should a different adrenaline autoinjector become available in Australia, then a different ASCIA Action Plan specific to that device would be developed. This plan is one of the components of the student's individual anaphylaxis management plan.

Communication plan: A plan developed by the school which provides information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

Department: The Department of Education and Training.

Emergency response procedures: Procedures which each school develops for emergency response to anaphylactic reactions for all in-school and out-of-school activities (for example, how to raise the alarm to first aid staff, how to get the adrenaline autoinjector to the student, who will call the ambulance and so on). The emergency response procedures, which are included in the school's anaphylaxis management policy, are not limited to the ASCIA Action Plan for Anaphylaxis.

Guidelines: Anaphylaxis Guidelines — A resource for managing severe allergies in Victorian schools, published by the Department of Education and Training from time to time.

Individual anaphylaxis management plan: An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents. The individual anaphylaxis management plan includes the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's adrenaline autoinjector should the student display symptoms of an anaphylactic reaction. The individual anaphylaxis management plan also importantly includes age-appropriate strategies to reduce the risk of an allergic reaction occurring.

Medical practitioner: This is a registered medical practitioner within the meaning of the Health Professions Registration Act 2005 (Vic), but excludes a person registered as a non-practising health practitioner.

Online training course: Means the course called ASCIA Anaphylaxis e-training for Victorian Schools approved by the Secretary pursuant to clause 5.5.4 of the Order.

Order: Ministerial Order 706 — Anaphylaxis Management in Victorian schools.

Parent: In relation to a child means any person who has parental responsibility for 'major long term issues' as defined in the Family Law Act 1975 (Cth) or has been granted 'guardianship' for the child pursuant to the Children, Youth and Families Act 2005 (Vic) or other state welfare legislation.

The Principal: The Principal of Muhammadiyah Australia College

The College: Muhammadiyah Australia College

Registered school: Defined in section 1.1.3 of the Act as meaning 'a school registered under Part 4.3'.

School: Defined in section 1.1.3 of the Act as meaning a place at or from which education is provided to children of compulsory school age during normal school hours, but does not include:

- a place at which registered homeschooling takes place
- a university
- a TAFE institute
- an education service exempted by Ministerial Order
- any other body exempted by the regulations.

The Education and Training Reform Regulations 2017 (Vic) exempt various other bodies from the definition of school.

School anaphylaxis management policy: This is a school-based policy that is required to be developed under section 4.3.1(6) of the Act because the school has at least 1 enrolled student who has been diagnosed as being at risk of anaphylaxis. This policy describes the school's process for management of the risk of anaphylaxis. The Order prescribes the matters which the policy must contain.

School anaphylaxis supervisor: A school staff member nominated by the principal to undertake appropriate training to be able to verify the correct use of adrenaline autoinjector (trainer) devices and lead the twice-yearly briefings on the school's anaphylaxis management policy.

College staff: Any person employed or engaged at Muhammadiyah Australia College who:

- is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part
- is in an educational support role, including a teacher's aide, in respect of a student with a medical condition that relates to allergy and the potential for anaphylactic reaction
- the principal determines should comply with the school's anaphylaxis management policy

Medical information about anaphylaxis

What is an allergic reaction?

Allergy occurs when a person's immune system reacts to substances in the environment that are harmless for most people. These substances are known as allergens and are found in house dust mites, pets, pollen, insects, moulds, foods and some medicines.

What is anaphylaxis?

Anaphylaxis is a severe, rapidly progressive allergic reaction that is life threatening. Allergic reactions, including severe life-threatening allergic reactions (anaphylaxis) are becoming more common in children. Deaths are less common, however, deaths do occur and anaphylaxis must therefore be regarded by schools as a medical emergency requiring a rapid response.

Please note that any student with a diagnosed allergy is at higher risk of their condition progressing to anaphylaxis and should be monitored carefully.

What are the main causes?

Research shows that students in the 10 to 18 year age group are at greatest risk of suffering a fatal anaphylactic reaction¹. Certain foods and insect stings are the most common causes of anaphylaxis. 9 foods cause 95% of food-induced allergic reactions, including anaphylaxis, in Australia:

- peanuts
- tree nuts (for example, hazelnuts, cashews, almonds, walnuts, pistachios, macadamias, brazil nuts, pecans, chestnuts and pine nuts)
- eggs
- cow's milk
- wheat
- soy
- fish
- shellfish (for example, oysters, lobsters, clams, mussels, shrimps, crabs and prawns)
- sesame seeds

Other common allergens include some insect stings, particularly bee stings but also wasp and jumper jack ant stings, tick bites, some medications (for example, antibiotics and anaesthetic drugs) and latex.

Signs and symptoms

Mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling mouth
- abdominal pain and/or vomiting (these are signs of a severe allergic reaction in the case of insect allergy)

Anaphylaxis (severe allergic reaction) can include:

- difficult/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)
- abdominal pain and/or vomiting are signs of a severe allergic reaction to insects

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

Treatment of anaphylaxis

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. Currently, the only available brand of adrenaline autoinjector in Australia is EpiPen®. The EpiPen is prescribed for those weighing over 20kg. The EpiPen® Jr contains a smaller dose of adrenaline and is prescribed for those weighing 10 to 20kg. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

¹WK Liew, E Williamson, MLK Tang. Anaphylaxis fatalities and admissions in Australia. Department of Allergy and Immunology 2009; 123: 434-442

Legal obligations for schools in relation to anaphylaxis

Education and Training Reform Act 2006 (Vic)

Section 4.3.1(6)(c) of the Education and Training Reform Act 2006 (Vic) requires a school which has enrolled a student in circumstances where the school knows, or ought reasonably to know, that the student has been diagnosed as being at risk of anaphylaxis, to develop an anaphylaxis management policy which contains all of the matters required by the Order.

Ministerial Order 706

Ministerial Order 706 is made under sections 4.3.1, 5.2.12, 5.10.4 of, and clause 11 of Schedule 6 to the Act. The purpose of the Order is to specify the matters that schools must include in their anaphylaxis management policy for the purposes of section 4.3.1(6)(c) of the Act.

In 2015 the Secretary to the Department approved the ASCIA Anaphylaxis e-training for Victorian Schools (online training course) as an anaphylaxis management training course for the purposes of the Order. The Order was subsequently amended in 2015 to incorporate changes made to the staff training requirements due to the approval of the online training course.

Duty of care

All schools have a legal duty to take reasonable steps to protect their students from reasonably foreseeable risks of injury. In some circumstances, school volunteers engaged in school activities also have a duty of care to students, for example, where volunteers have a direct supervision role with a student at risk of anaphylaxis, and where there are no school teachers present.

In relation to anaphylaxis management, a school's obligations extend to whether it knows or 'ought reasonably to know' that an enrolled student has been diagnosed as being at risk of anaphylaxis. **The school and its staff have a duty to take reasonable steps to inform themselves as to whether an enrolled student is at risk of anaphylaxis.**

When determining what actions or steps need to be undertaken to comply with their obligations under the Act, the Order and these Guidelines as well as the school's anaphylaxis management policy, school staff should ask themselves what a reasonable person would do in all the circumstances.

One of the best ways to do this is through the enrolment process, by asking parents to specify, in a clearly defined section of the student enrolment form, 'yes' or 'no' as to whether their child has an allergy. Schools should proactively and promptly follow up parents if this question is not answered, and should do so repeatedly until a parental response has been received.

If the answer is 'yes', the school should ensure that sufficient information is provided by the parents (either in the enrolment form or by way of separate correspondence), including an appropriate ASCIA Action Plan for Anaphylaxis, or ASCIA Action Plan for Allergic Reactions if the student has not been diagnosed as being at risk of anaphylaxis. If sufficient information

is not provided by the parents, schools should again follow this up until adequate information is provided. All efforts made by the school to follow up parents for information should be appropriately documented and saved for future reference if required.

Another way for schools to be kept informed of enrolled students at risk of anaphylaxis is to routinely remind parents and students to advise the school of any change in their circumstances, including any relevant changes in the diagnosis and treatment of medical conditions. This should be done periodically (for example, once or twice per year in addition to the annual student enrolment form) and can be done via newsletters or other regular communications to the school community.

From time to time, schools could also discuss allergy and anaphylaxis issues at school assemblies and/or remind students to ensure that their health information is accurate and up to date. The effectiveness of this particular method of information gathering will of course depend significantly on the age of the students, and should not be relied on as the sole means of schools being kept informed.

Having clearly defined, robust procedures in place on enrolment and regular reminder communications to the school community should enable schools to obtain the information required to meet their duty of care to students.

In addition, it is essential that schools develop a comprehensive school anaphylaxis management policy in accordance with these Guidelines and the Order. This will greatly assist schools to adequately discharge their duty of care to students at risk of anaphylaxis. The policy should be readily accessible to all staff, parents and students, for example on the school's website.

Disability discrimination legislation

Anaphylaxis falls within the definition of disability for the purposes of both the Equal Opportunity Act 2010 (Vic) and the Disability Discrimination Act 1992 (Cth). This means that schools must ensure that they do not unlawfully discriminate, either directly or indirectly, against students with anaphylaxis.

Direct discrimination could occur when a student is treated unfavourably because of their anaphylaxis, for example, not being allowed to attend a camp because they have anaphylaxis. Indirect discrimination may occur where a school has imposed a requirement on all students which disadvantages anaphylactic students. For example, setting an assessment task which requires all students in a food technology class to prepare the same meal, where that meal contains an allergen to which a specific student in the class is allergic, will impact on that student's ability to participate in the class.

Under the Disability Standards for Education 2005 (Cth), schools have an obligation to make reasonable adjustments to accommodate students with disabilities. It is important to consult with a student's parent on what reasonable adjustments are appropriate for a student with anaphylaxis. For example, a reasonable adjustment for a student with an allergy who is studying food technology could be that they are given a recipe free from potential allergens, and a cooking area and utensils specifically designated for that student. Making reasonable adjustments for students with anaphylaxis will also assist with minimising risk and would be considered a reasonable step towards adequately discharging a school's duty of care.

Registration as a school

In order to obtain and maintain registration, a school must demonstrate that it meets the minimum requirements for registration, which are set out in section 4.3.1(6) of the Act. Paragraph (c) of section 4.3.1(6) sets out one of the prescribed minimum standards that a school must meet, and continue to meet, which is that it has a school anaphylaxis management policy if it has enrolled a student in circumstances where the school knows, or ought reasonably to know, that the student has been diagnosed as being at risk of anaphylaxis. The Order requires that the school must state in its policy that it will comply with the Order and these Guidelines.

The Victorian Registration and Qualifications Authority (VRQA) has various powers which enable it to determine whether or not a school complies, and continues to comply with those prescribed minimum standards for registration. The powers, set out in sections 4.3.2 to 4.3.5 of the Act, apply to all Victorian schools (that is, government, Catholic and independent). In accordance with its powers, the VRQA has authority to review and evaluate:

- whether a school has an adequate anaphylaxis management policy
- the school's compliance with the policy

As the school must state in its policy that it will comply with the Order and the Guidelines, the VRQA is empowered to review a school's compliance with the Order and the Guidelines. In practice, for example, if the policy says that the principal will purchase an adrenaline autoinjector for general use, the VRQA may review whether the school has in fact purchased one or more as required.

Outside school hours care programs

The Order does NOT apply to outside school hours care (OSHC) programs, whether run by the school or an external provider.

The Education and Care Services National Law Act 2010 (Vic) specifies that an 'outside school hours service' is an 'education and care service', and the requirements relating to the management of anaphylaxis are contained in Regulation 90(1)(a) of the Education and Care Services National Regulations.

Staff training

Clause 12 of Ministerial Order 706 requires school staff to undertake regular training in anaphylaxis management as part of the College anaphylaxis management policy.

The Department has moved to an online model for anaphylaxis training. Under this model it is recommended that all Victorian school staff undertake the online training course.

The online training course will be free to all Victorian school staff (and the general public) and can be accessed on ASCIA's website

Please note: in order to successfully complete this training staff will also be required to show the school anaphylaxis supervisor that they are able to appropriately and competently use an adrenaline autoinjector. This capability must be tested within 30 days of completion of the online training course.

Who is required to undertake anaphylaxis management training?

The Order specifies that school staff must undertake training in anaphylaxis management if they:

- conduct classes attended by students with a medical condition relating to allergy and the potential for anaphylactic reaction or
- are specifically identified and requested to do so by the school principal, based on the principal's assessment of the risk of an anaphylactic reaction occurring while a student is under that staff member's care, authority or supervision.

Schools are encouraged to consider whether volunteers at the school and regular casual relief teachers should also undertake training.

The Order states that these school staff must:

- successfully complete an anaphylaxis management training course (either online or face-to-face) and
- participate in the school's twice yearly briefings conducted by the school anaphylaxis supervisor or another member of staff nominated by the principal who has completed an approved anaphylaxis management training course in the past 2 years.

How soon must the training take place?

The training should take place as soon as practicable after a student at risk of anaphylaxis enrolls and, where possible, before the student's first day at school.

If for any reason a relevant staff member has not yet completed training, the principal is responsible for developing an interim individual anaphylaxis management plan in consultation with the student's parents. The principal should also consider whether consultation with the School Anaphylaxis Supervisor, the school nurse, or the student's treating medical practitioner is required when developing the interim plan.

What type of training should be undertaken?

(a) Online training — ASCIA Anaphylaxis e-training for Victorian Schools

The Department has worked with ASCIA to develop the online training course, which is compliant with the Order, for use in all Victorian schools (government, Catholic and independent).

The Department recommends that all Victorian school staff undertake the online training course. This course will be freely available to all Victorian school staff and has been introduced to reduce the burden of face-to-face training on schools and increase the quality and consistency of training.

The online training course includes 6 modules on anaphylaxis emergency management:

- what are allergies and anaphylaxis
- signs, symptoms and recommended action for allergy and anaphylaxis
- adrenaline autoinjectors
- ASCIA Action Plans
- anaphylaxis management in Victorian schools
- a final assessment module.

Completion of the online training course alone is not sufficient to meet the requirements of the Order. An appropriately qualified supervisor (for example, a school anaphylaxis supervisor, discussed in more detail below) will also need to assess a person's competency in

the administration of an adrenaline autoinjector. For more details about competency checks, please refer to the information below.

At the end of the online training course, participants who have passed the assessment module, will be issued a certificate which needs to be signed by the school anaphylaxis supervisor to indicate that the participant has demonstrated their competency in using an adrenaline autoinjector device.

School staff that complete the online training course will be required to repeat that training and the adrenaline autoinjector competency assessment every two years.

Access the ASCIA Anaphylaxis e-training for Victorian Schools

Summary of information for ASCIA Anaphylaxis e-training

- **Completed by** – All school staff
- **Course** – ASCIA Anaphylaxis e-training for Victorian Schools followed by a competency check by the School Anaphylaxis Supervisor
- **Provider** – ASCIA
- **Cost** – Free to all schools
- **Accreditation** – 2 years

Competency check for online training course

It is recommended that principals identify 2 school staff per school or campus to become school anaphylaxis supervisors. These staff may include a school-funded school nurse, first aider or other health and wellbeing staff, or senior teachers. A key role of the supervisors will be to undertake competency checks on all staff that have successfully completed the online training course. These competency checks need to be undertaken by the supervisor within 30 days of a relevant member of the school staff completing the online training course.

To qualify as a school anaphylaxis supervisor, the nominated staff member(s) will need to complete an accredited short course that teaches them how to conduct a competency check on those who have completed the online training course.

St John Ambulance Australia (Vic) has been contracted by the Department to deliver training in the Course in Verifying the Use of Adrenaline Injector Devices 22579VIC for Term 3, 2021. Schools should contact St John Ambulance Australia (Vic) to register 2 staff per school or campus to attend. Training in this course is current for 3 years.

Registration for the Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC can be accessed from St John Ambulance Australia (Vic) by phone 1300 360 455 or by visiting the St John Ambulance Australia (Vic) DET Booking Portal.

Schools will need to determine their own anaphylaxis training strategy and implement this for their school staff.

Summary of information for Course in Verifying the Correct Use of Adrenaline Injector Devices

- **Completed by** – 2 staff per school or per campus (school anaphylaxis supervisor)
- **Course** – Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC
- **Provider** – St John Ambulance Australia (Vic)
- **Cost** – Free from St John Ambulance Australia (Vic) (for government schools)
- **Accreditation** – 3 years

School anaphylaxis supervisor role

Each supervisor will:

- ensure they have currency in the Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC (every 3 years) and the ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years)
- ensure that they provide the principal with documentary evidence of currency in the above courses
- assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools
- send periodic reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to ensure records of the anaphylaxis training undertaken by all school staff are stored on-site at the school
- provide access to the adrenaline autoinjector (trainer) device for practice use by school staff
- provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required
- liaise with parents or guardians (and, where appropriate, the student) to manage and implement individual anaphylaxis management plans
- liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school
- lead the twice-yearly anaphylaxis school briefing
- develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment, for example:

- a bee sting occurs on school grounds and the allergic student is conscious
- an allergic reaction where the student has collapsed on school grounds and the student is not conscious
- develop similar scenarios for when staff are demonstrating the correct use of the adrenaline autoinjector (trainer) device.

The school anaphylaxis supervisor checklist is provided in the Resources tab.

(b) Face-to-face training

For schools wanting to retain face-to-face training, the Order also recognises that completion of one of the following 2 alternative face-to-face training courses will meet the anaphylaxis training requirements.

Summary of information for Course in First Aid Management of Anaphylaxis

- **Completed by** – School staff determined by the principal
- **Course*** – Course in First Aid Management of Anaphylaxis 22578VIC
- **Provider** – Any RTO that has this course in their scope of practice
- **Cost** – Paid by each school
- **Accreditation** – 3 years

Summary of information for Course in Anaphylaxis Awareness

- **Completed by** – School staff determined by the principal
- **Course*** – Course in Anaphylaxis Awareness 10710NAT
- **Provider** – Any RTO that has this course in their scope of practice
- **Cost** – Paid by each school
- **Accreditation** – 3 years

Please note: General first aid training does not meet anaphylaxis training requirements under Ministerial Order 706.

Twice-yearly school briefings

In addition to the training outlined above, an in-house anaphylaxis school briefing with all school staff must be conducted twice a year, and should preferably be led by the school anaphylaxis supervisor or another member of staff who has current anaphylaxis training. For the purposes of these Guidelines and the Order, this means that the member of the school

staff has successfully completed an anaphylaxis management training course in the previous 2 years.

This ensures that the designated staff member conducting the anaphylaxis briefing has current knowledge relating to anaphylaxis management and, importantly, in the correct use of an adrenaline autoinjector.

The briefing should include information on:

- the school's legal requirements as outlined in Ministerial Order 706
- pictures of the students at your school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
- signs and symptoms of anaphylaxis
- relevant anaphylaxis training
- ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen®
- your school's First Aid Policy and Emergency Response Procedures
- how to access on-going support and training.

The College will use the Department developed template presentation for the briefing that can be downloaded.

Although the Order only specifies that relevant school staff must be briefed regularly, the Department strongly recommends that schools brief all school staff on a regular basis regarding anaphylaxis and the school's anaphylaxis management policy (including hands on practice with adrenaline autoinjector trainer devices by all staff).

*Schools only need to complete one of these courses to meet the requirements of Ministerial Order 706.

School anaphylaxis management policy

Clause 6 of Ministerial Order 706 specifies the matters which a school's anaphylaxis management policy must contain.

If a school has enrolled a student at risk of anaphylaxis, it must have a school anaphylaxis management policy. Schools without a student currently enrolled who is at risk of anaphylaxis are encouraged to also have a policy in place.

A school anaphylaxis management policy must contain all of the following matters:

- a statement in the school anaphylaxis management policy that the school will comply with the Order and Guidelines on anaphylaxis management as published by the Department, such as these Guidelines

- identification of the school staff who must complete anaphylaxis training that meets the requirements of the Order, and the procedures for the training (see Chapter 5)
- information about the development, implementation, monitoring and regular review of individual anaphylaxis management plans for affected students, which includes an individual ASCIA Action Plan for Anaphylaxis (refer to Chapter 7)
- information and guidance in relation to the school's management of anaphylaxis, including:
 - prevention strategies to be used by the school to identify anaphylactic risks and minimise the risk of an anaphylactic reaction (refer to Chapter 8)
 - clear and comprehensive school management and emergency response procedures for responding to an anaphylactic reaction (refer to Chapter 9)
 - clear articulation of the circumstances under which adrenaline autoinjectors for general use must be purchased by the school (refer to Chapter 10)
 - a communication plan that ensures that all school staff (including volunteers and casual staff), students and parents are provided with adequate information about anaphylaxis and the school's anaphylaxis management policy (refer to Chapter 11)
 - completion of an annual risk management checklist (refer to Chapter 12)

More detailed information about the matters which must be contained in the school anaphylaxis management policy is set out in the following chapters as indicated above.

This policy should be reviewed annually and updated according to any change in individual school circumstances.

Guidance for developing an anaphylaxis management policy for your school is provided in the Resources tab.

Individual anaphylaxis management plans

Clause 7 of Ministerial Order 706 requires that a school's anaphylaxis management policy must contain information about the development and review of individual anaphylaxis management plans.

Whose responsibility is it to develop an individual anaphylaxis management plan?

The principal of the school is primarily responsible for ensuring that an individual anaphylaxis management plan is developed for each student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis, where the school has been notified of that diagnosis. The plan is to be developed in consultation with the student's parents.

The plan must be in place as soon as practicable after the student enrolls, and where possible, before the student's first day at the school.

What must be included in an individual anaphylaxis management plan?

A template for an individual anaphylaxis management plan is [Appendix 2](#).

As specified in the template the plan must include:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has and the signs or symptoms the student might exhibit in the event of an allergic reaction (based on a written diagnosis from a medical practitioner)
- strategies to minimise the risk of exposure to known allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school
- the name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Plan
- information on where the student's medication will be stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner

What are the requirements for a student who is at risk of an allergic reaction but is not diagnosed with anaphylaxis?

Parents are required to provide the school with a green ASCIA Action Plan for Allergic Reaction completed by a medical practitioner.

Schools are required to develop an individual allergic reactions management plan as soon as practical.

Further information about the management of allergies in schools is available in the Department's policy on Allergies.

Where should the plans be kept?

A copy of each student's individual anaphylaxis management plan should be stored with:

- the student's ASCIA Action Plan for Anaphylaxis and
- the student's adrenaline autoinjector

Copies should be kept in various locations around the school so that the Plan is easily accessible by school staff in the event of an incident. Appropriate locations may include the student's classroom, the canteen, the sick bay, the school office, and in the yard duty bag.

When must the individual anaphylaxis management plan be reviewed?

The principal must review an individual anaphylaxis management plan in consultation with the student's parents in each of the following circumstances:

- annually (at the start of each school year)
- 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 (for example, class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions)

It is also recommended that a student's individual anaphylaxis management plan is reviewed if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

What role do parents play in the development and review of an individual anaphylaxis management plan?

The school's anaphylaxis management policy must state that it is the responsibility of the parents to:

- obtain the 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 change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that plan is provided to the school and each time it is reviewed
- provide the school with an adrenaline autoinjector that is current (the device has not expired) for their child
- participate in annual reviews of their child's plan

The interaction between the school's anaphylaxis management policy and each student's individual anaphylaxis management plan is represented at Figure 7.1, including the responsibilities of the principal and the student's family.

Risk minimisation strategies

Clause 8 of Ministerial Order 706 requires a school's anaphylaxis management policy to include prevention strategies to minimise the risk of an anaphylactic reaction.

How can the risk of anaphylaxis be minimised in schools?

A school's anaphylaxis management policy must include prevention strategies to be used by the school to minimise the risk of a student suffering an anaphylactic reaction.

It is important to remember that minimisation of the risk of anaphylaxis is everyone's responsibility: including the principal and all school staff, parents, students and the broader school community.

Parents must also assist their child's school to manage the risk of anaphylaxis (as specified in the Order). For example, parents must:

- communicate their child's allergies and risk of anaphylaxis to the school at the earliest opportunity, in writing and preferably on enrolment
- continue to communicate with school staff and provide up to date information about their child's medical condition and risk factors
- obtain and provide the school with an ASCIA Action Plan for Anaphylaxis completed by a medical practitioner
- participate in yearly reviews of their child's individual anaphylaxis management plan
- ensure that their child has an adrenaline autoinjector at school at all times that is current (the device has not expired)

Risk minimisation strategies

Peanuts and nuts are the most common trigger for an anaphylactic reaction or fatality due to food-induced anaphylaxis. To minimise the risk of a student's exposure and reaction to peanuts and nuts, schools should not use peanuts, tree nuts, peanut butter or other peanut or tree nut products during in-school and out-of-school activities.

It is also recommended that school activities don't place pressure on students to try foods, whether they contain a known allergen or not. Blanket banning of nuts or other foods associated with anaphylaxis and allergies is not recommended because:

- it can create complacency amongst staff and students
- it cannot eliminate the presence of all allergens

More information about peanut and nut banning can be found in the ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, available from the ASCIA website. A&AA also have a helpful list of risk minimisation strategies.

Risk minimisation strategies should be considered for all relevant in-school and out-of-school settings which may include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in the college canteen
- during recess and lunch times
- before and after school periods during which yard supervision is provided
Note: the Order does NOT apply to outside school hours care (OSHC) programs, whether run by the school or an external provider
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps

School staff should be regularly reminded that they have a duty of care to take reasonable steps to protect students from reasonably foreseeable risks of injury. The development and implementation of appropriate risk minimisation strategies to reduce the risk of incidents of anaphylaxis is an important step to be undertaken by schools in discharging this duty of care.

A number of suggested risk minimisation strategies are included in the Resources tab which, as a minimum, should be considered by school staff, for the purpose of developing such strategies for in-school and out-of-school settings. It is recommended that school staff determine which strategies are appropriate after consideration of all relevant factors including the age of the student at risk, the facilities and activities available at the school, the likelihood of that student's exposure to the relevant allergen/s whilst at school, and the general school environment. Where relevant, it would be prudent to record the reason why a decision was made to exclude a particular strategy listed in these Guidelines.

The selected risk minimisation strategies must be specified in the school anaphylaxis management policy. This includes any other strategies developed by school staff but which are not contained in these Guidelines.

Where should we store the adrenaline autoinjectors?

It is recommended that:

- adrenaline autoinjectors for individual students, or for general use, be stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as 5 minutes

- adrenaline autoinjectors be stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer
- each adrenaline autoinjector be clearly labelled with the student's name and be stored with a copy of the student's ASCIA Action Plan for Anaphylaxis
- an adrenaline autoinjector for general use be clearly labelled and distinguishable from those for students at risk of anaphylaxis and stored with a general ASCIA Action Plan for Anaphylaxis (orange)
- adrenaline autoinjector trainer devices (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion

Regular review of adrenaline autoinjectors

Schools are encouraged to undertake regular reviews of students' adrenaline autoinjectors, and those for general use. When undertaking a review, the following factors should be considered:

1. Are adrenaline autoinjectors:
 - stored correctly and able to be accessed quickly? (in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as 5 minutes)
 - stored in an unlocked, easily accessible place away from direct light and heat? They should not be stored in the refrigerator or freezer
 - clearly labelled with the student's name, or clearly distinguished as being for general use only?
 - signed in and out when taken from their usual place, for example, for camps or excursions?
2. Is each student's adrenaline autoinjector clearly distinguishable from other students' adrenaline autoinjectors and medications?
Are adrenaline autoinjectors for general use clearly distinguishable from students' individual adrenaline autoinjectors?
3. Do all school staff know where adrenaline autoinjectors are located?
4. Is a copy of the student's ASCIA Action Plan for Anaphylaxis kept with their individual adrenaline autoinjector?
Is a copy of the general ASCIA Action Plan for Anaphylaxis (orange) kept with the general use adrenaline autoinjector?
5. Depending on the speed or severity of previous anaphylactic reactions, it may be appropriate to have a student's adrenaline autoinjector in class or transferred to the yard-duty bag at recess and lunch break times.
6. It is important to keep adrenaline autoinjector trainer devices (which do not contain adrenaline) in a separate location from students' adrenaline autoinjectors.

Schools are also encouraged to arrange for a designated school staff member (for example, the school anaphylaxis supervisor, school nurse, or first aid co-coordinator) to conduct regular reviews of the adrenaline autoinjectors to ensure they are not out of date or cloudy/discoloured.

If the school anaphylaxis supervisor or other designated school staff member identifies any adrenaline autoinjectors which are out of date or cloudy/discoloured, they should:

- immediately send a written reminder to the student's parents to replace the adrenaline autoinjector as soon as possible (and follow this up if no response is received from the parents or if no replacement adrenaline autoinjector is provided)
- advise the principal that an adrenaline autoinjector needs to be replaced by a parent and
- work with the principal to prepare an interim individual anaphylaxis management plan pending receipt of the replacement adrenaline autoinjector

School planning and emergency response

A school's anaphylaxis management policy must include emergency response procedures for students at risk of anaphylaxis.

What should schools do to plan for an anaphylaxis emergency?

A school's anaphylaxis management policy must include details of how the policy integrates with the school's general first aid and emergency response procedures.

The school's anaphylaxis management policy must include emergency response procedures relating to anaphylactic reactions including:

- a complete and up to date list of students identified as being at risk of anaphylaxis
- details of individual anaphylaxis management plans and ASCIA Action Plans for Anaphylaxis and where these are located within the school and during school excursions, school camps and special events conducted, organised or attended by the school
- an outline of the storage and accessibility of adrenaline autoinjectors, including those for general use
- how appropriate communication with school staff, students and parents is to occur in accordance with a communication plan that complies with Ministerial Order 706 (refer to Chapter 11)

The school's anaphylaxis management policy must state that when a student at of a risk of an anaphylactic reaction is under the care or supervision of the school outside 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 the Ministerial Order (refer to Chapter 5).

The school's anaphylaxis management policy must state that in the event of an anaphylactic reaction, the student's ASCIA Action Plan for Anaphylaxis, the emergency response procedures for anaphylaxis and general first aid procedures must all be followed.

Role and responsibilities of principals

School principals have overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis. To assist principals in meeting their responsibilities and discharging their duty of care to students, a summary of some of the key obligations under the Order and suggested risk minimisation strategies are set out below. This is a guide only, and is not intended to be an exhaustive list:

1. Ensure that the school develops, implements and routinely reviews its school anaphylaxis management policy in accordance with the Order and these Guidelines.
2. Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at enrolment or at the time of diagnosis (whichever is earlier).
3. Ensure that parents provide an ASCIA Action Plan for Anaphylaxis which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student.
4. Ensure that an individual anaphylaxis management plan is developed in consultation with the student's parents for any student that has been diagnosed by a medical practitioner with a medical condition relating to allergy and the potential for an anaphylactic reaction, where the school has been notified of that diagnosis. This includes ensuring the documentation of practical strategies for activities in both in-school and out-of-school settings to minimise the risk of exposure to allergens, and the nomination of staff who are responsible for implementing those strategies. The risk minimisation plan should be customised to each particular student for participation in normal school activities (for example, during cooking and art classes) and at external events (for example, swimming sports, camps, excursions and interstate/overseas trips). Ensure students' individual anaphylaxis management plans are appropriately communicated to all relevant staff.
5. Ensure that the canteen provider and all of its employees can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices. This includes careful label reading, and an understanding

of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies. Further information on food service management is available at the Allergy & Anaphylaxis Australia website.

6. Ensure that parents provide the school with an adrenaline autoinjector for their child that is not out-of-date and a replacement adrenaline autoinjector when requested to do so.
7. Ensure that an appropriate communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.
8. Ensure there are procedures in place for providing information to school volunteers and casual relief staff about:
 - students who are at risk of anaphylaxis, and
 - their role in responding to an anaphylactic reaction of a student in their care

Casual relief staff regularly employed at the school should be encouraged to undertake the ASCIA anaphylaxis e-training for Victorian schools.

9. Ensure that relevant school staff have successfully completed an approved anaphylaxis management training course in the prior 3 years (for face-to-face training in 22300VIC or 10313NAT), or 2 years (for the ASCIA e-training).
10. Ensure that school staff who are appointed as school anaphylaxis supervisor(s) are appropriately trained in the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC (every 3 years).
11. Ensure that all school staff are briefed at least twice a year by the school anaphylaxis supervisor (or other appropriately trained member of the school staff). Information to be covered should include:
 - the school's anaphylaxis management policy
 - the causes, symptoms and treatment of anaphylaxis
 - the identities of students diagnosed as being at risk of anaphylaxis and the location of their medication
 - how to use an adrenaline autoinjector, including hands-on practice with an adrenaline autoinjector trainer device (which does not contain adrenaline)
 - the school's general first aid and emergency procedures
 - the location of adrenaline autoinjector devices prescribed for individual students that have been purchased by their family
 - the location of adrenaline autoinjector devices that have been purchased by the school for general use
12. Allocate time, such as during staff meetings, to discuss, practise and review the school's anaphylaxis management policy. Practise using the adrenaline autoinjector trainer devices as a group and undertake drills to test the effectiveness of the school's general first aid procedures.

13. Encourage regular and ongoing communication between parents and school staff about the current status of the student's allergies, the school's policies and their implementation.
14. Ensure that the student's individual anaphylaxis management plan is reviewed in consultation with parents annually at the beginning of each school year, when the student's medical condition changes, as soon as practicable after a student has an anaphylactic reaction at school, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the school.
15. Ensure the risk management checklist for anaphylaxis is completed and reviewed annually.
16. Arrange to purchase and maintain an appropriate number of adrenaline autoinjectors for general use to be part of the school's first aid kit, stored with a copy of the general ASCIA Action Plan for Anaphylaxis (orange).

Role and responsibilities of school staff

All school staff have a duty of care to take reasonable steps to avoid reasonably foreseeable risks of injury to students. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers.

To assist school staff who conduct classes attended by students at risk of anaphylaxis, and other school staff where relevant, a summary of some of the key obligations under the Order and suggested risk minimisation strategies are set out below. This is a guide only, and is not intended to be an exhaustive list to be relied upon by school staff when seeking to discharge their duty of care:

1. Know and understand the school's anaphylaxis management policy.
2. Know the identity of students who are at risk of anaphylaxis. Know the students by face and, if possible, know what their specific allergy is.
3. Understand the causes, symptoms, and treatment of anaphylaxis.
4. Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector. Refer to Chapter 5 for more details.
5. Know where to find a copy of each student's ASCIA Action Plan for Anaphylaxis quickly, and follow it in the event of an allergic reaction.
6. Know the school's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction.

7. Know where students' adrenaline autoinjectors and the adrenaline autoinjectors for general use are kept. (Remember that the adrenaline autoinjector is designed so that anyone can administer it in an emergency).
8. Know and follow the risk minimisation strategies in the student's individual anaphylaxis management plan.
9. Plan ahead for special class activities (for example, cooking, art and science classes), or special occasions (for example, excursions, incursions, sport days, camp, cultural days, fetes and parties), either at school, or away from school. Work with parents to provide appropriate food for their child if the food the school/class is providing may present an allergy risk for him or her.
10. Avoid the use of food treats in class or as rewards, as these may contain allergens. Consider the alternative strategies provided in this document (refer to Chapter 8 and the Resources tab). Work with parents to provide appropriate treats for students at risk of anaphylaxis.
11. Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
12. Be aware of the risk of cross-contamination when preparing, handling and displaying food.
13. Make sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food.
14. Raise student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a school environment that is safe and supportive for their peers.

Role and responsibilities of the school anaphylaxis supervisor

The principal is responsible for appointing appropriate members of staff to take on the role of school anaphylaxis supervisor. If available at the school, a first aid coordinator or school-employed First Aid Officer may be an appropriate person to become the school anaphylaxis supervisor and take a lead role in supporting the principal and other school staff to implement the school's anaphylaxis management policy. A health and wellbeing coordinator or leading teacher may also be appropriate.

Set out below are some suggested areas where the school anaphylaxis supervisor may provide assistance and advice. This is a guide only, and is not intended to be an exhaustive list:

1. Work with principals to develop, implement and regularly review the school's anaphylaxis management policy.

2. Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector (for example, EpiPen®). At a minimum, have currency in the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC (every 3 years) and the ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years).
3. Verify the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools.
4. Provide access to the adrenaline autoinjector (trainer) device for practice by school staff.
5. Send reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to maintain records of training undertaken by staff at the school.
6. Lead the twice-yearly anaphylaxis school briefing.
7. Develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment for example:
 - a bee sting occurs on school grounds and the student is conscious
 - an allergic reaction where the child has collapsed on school grounds and the student is not conscious

Similar scenarios will also be used when staff are demonstrating the correct use of the adrenaline autoinjector (trainer) device.
8. Keep an up-to-date register of students at risk of anaphylaxis.
9. Keep a register of adrenaline autoinjectors, including a record of when they are 'in' and 'out' from the central storage point. For instance, when they have been taken on excursions, camps.
10. Work with principals, parents and students to develop, implement and review each individual anaphylaxis management plan to:
 - ensure that the student's emergency contact details are up-to-date
 - ensure that the student's ASCIA Action Plan for Anaphylaxis matches the student's supplied adrenaline autoinjector
 - regularly check that the student's adrenaline autoinjector is not out-of-date, such as at the beginning or end of each term, and record this information in the register of adrenaline autoinjectors
 - inform parents in writing that the adrenaline autoinjector needs to be replaced one month prior to the expiry date, and follow up with parents if the autoinjector is not replaced
 - ensure that the student's adrenaline autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place
 - ensure that a copy of each student's ASCIA Action Plan for Anaphylaxis is stored with that student's adrenaline autoinjector

11. Provide advice and guidance to school staff about anaphylaxis management in the school, and undertake regular risk identification and implement appropriate minimisation strategies.
12. Work with school staff to develop strategies to raise their own, students and school community awareness about severe allergies.
13. Provide or arrange post-incident support (for example, counselling) to students and school staff, if appropriate.

Role and responsibilities of parents of a student at risk of anaphylaxis

Parents have an important role in working with the school to minimise the risk of anaphylaxis. Set out below is a summary of some of the key obligations for parents under the Order, and some suggested areas where they may actively assist the school. This is a guide only, and is not intended to be an exhaustive list:

1. Inform the school in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis.
2. Obtain and provide the school with an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner that details their condition, any medications to be administered, and any other relevant emergency procedures.
3. Immediately inform school staff in writing of any changes to the student's medical condition and if necessary, obtain and provide an updated ASCIA Action Plan for Anaphylaxis.
4. Provide the school with an up to date photo for the student's ASCIA Action Plan for Anaphylaxis when the plan is reviewed.
5. Meet with and assist the school to develop the student's individual anaphylaxis management plan, including risk minimisation and management strategies.
6. Provide the school with an adrenaline autoinjector and any other medications that are current and not expired.
7. Replace the student's adrenaline autoinjector and any other medication as needed, before their expiry date or when used.
8. Assist school staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (for example, class parties, cultural days, fetes or sport days).
9. If requested by school staff, assist in identifying and/or providing alternative food options for the student when needed.
10. Inform school staff in writing of any changes to the student's emergency contact details.

11. Participate in reviews of the student's individual anaphylaxis management plan:
- when there is a change to the student's condition
 - as soon as practicable after the student has an anaphylactic reaction at school
 - annually
 - prior to the student participating in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school

What should we do if someone has an anaphylactic reaction?

It is important for schools to have in place clear and comprehensive first aid and emergency response procedures that allow staff to react quickly if an anaphylactic reaction occurs, for both in-school and out-of-school settings. Drills to test the effectiveness of these procedures should be undertaken regularly.

Self-administration of the adrenaline autoinjector

The decision as to whether a student can carry their own adrenaline autoinjector should be made when developing the student's individual anaphylaxis management plan, in consultation with the student, the student's parents and the student's medical practitioner.

It is important to note that students who could ordinarily self-administer their adrenaline autoinjector may sometimes not physically be able to self-administer due to the effects of a reaction. In these circumstances, school staff must administer an adrenaline autoinjector to the student, as part of discharging their duty of care to that student.

If a student self-administers an adrenaline autoinjector, one member of the school staff should supervise and monitor the student at all times, and another member of the school staff should immediately contact an ambulance (on emergency number 000).

If a student carries their own adrenaline autoinjector, it may be prudent to keep a second adrenaline autoinjector (provided by the parent) on-site in an easily accessible, unlocked location that is known to all school staff.

Responding to an incident

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 for Anaphylaxis:

‘Lay the person flat. Do not allow them to stand or walk. If breathing is difficult, allow them to sit.’

Another member of the school staff should immediately locate the student's adrenaline autoinjector and the student's ASCIA Action Plan for Anaphylaxis.

The adrenaline autoinjector should then be administered following the instructions in the student's ASCIA Action Plan for Anaphylaxis. Where possible, only school staff with training in the administration of an adrenaline autoinjector should administer the student's adrenaline autoinjector. However, it is imperative that an adrenaline autoinjector is administered as soon as signs of anaphylaxis are recognised. If required, the adrenaline autoinjector can be administered by any person following the instructions in the student's ASCIA Action Plan for Anaphylaxis.

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (for example, the anaphylactic reaction was caused by a bee sting and the bee hive is close by). The ambulance should transport the student by stretcher to the ambulance, even if symptoms appear to have improved or resolved. The student must be taken to the ambulance on a stretcher if adrenaline has been administered.

In the school environment

- Classrooms — schools may use classroom phones/personal mobile phones to raise the alarm that a reaction has occurred. Some schools may decide to utilise an emergency card system (laminated card stating anaphylaxis emergency), whereby students go to the nearest teacher, office or other predetermined point to raise an alarm which triggers getting an adrenaline autoinjector to the child and other emergency response protocols.
- Yard — schools may use mobile phones, walkie talkies or a card system while on yard duty. Consideration needs to be given to the size of the campus, the number and age of students at risk, where first aiders will be stationed during lunch breaks and so on.

In addition to planning for how to get an adrenaline autoinjector to a student as quickly as possible, plans also need to be in place for:

- a nominated staff member to call an ambulance
- a nominated staff member to wait for the ambulance at a designated school entrance
- a second adrenaline autoinjector to be sent to the emergency just in case a further device is required to be administered (this may be the school adrenaline autoinjector for general use or the family purchased device)

Out-of-school environments

- Excursions and camps — each individual camp and excursion requires a risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore, emergency procedures will vary accordingly. A team of school staff trained in anaphylaxis needs to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:
 - the location of adrenaline autoinjectors, for example, who will be carrying them? Is there a second medical kit? Who has it?
 - how to get the adrenaline autoinjector to a student as quickly as possible in case of an allergic reaction
 - who will call for ambulance response, including giving detailed location address, for example, Melway reference if city excursion, and best access point or camp address/GPS location

How to administer an EpiPen®

1. Remove from the plastic container.
2. Form a fist around EpiPen® and pull off the blue safety release (cap).
3. Place the 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 3 seconds.
5. Remove EpiPen®.
6. Note the time you administered the EpiPen®.
7. 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).
2. Lay the student flat — if breathing is difficult, allow them to sit. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand. If vomiting or unconscious, lay them on their side (recovery position) and check their airway for obstruction.
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 in a calm manner and reassure them. These students should be adequately supervised during this period.

4. In the situation where there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every 5 minutes, if other adrenaline autoinjectors are available (such as the adrenaline autoinjector for general use).
5. Then contact the student's emergency contacts.
6. For independent schools — later, enact your school's emergency and critical incident management plan.

Always call an ambulance as soon as possible (000)

When using a standard phone call 000 (triple zero) for an ambulance. If calling from a mobile phone which is out of range, call 112.

First-time reactions

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, the school staff should follow the school's first aid procedures.

This should include immediately:

- locating and administering an adrenaline autoinjector for general use
- following instructions on the ASCIA Action Plan for Anaphylaxis general use (which should be stored with the general use adrenaline autoinjector)

Followed by calling the ambulance (000).

Post-incident support

An anaphylactic reaction can be a very traumatic experience for the student, staff, parents, students and others witnessing the reaction. In the event of an anaphylactic reaction, students and school staff may benefit from post-incident counselling, provided by the school nurse, guidance officer, student welfare coordinator or school psychologist.

Review

After an anaphylactic reaction has taken place that has involved a student in the school's care and supervision, it is important that the following review processes take place:

1. The adrenaline autoinjector must be replaced by the parent as soon as possible.
2. In the meantime, the principal should ensure that there is an interim individual anaphylaxis management plan should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector being provided by the parents.
3. If the adrenaline autoinjector for general use has been used this should be replaced as soon as possible.
4. In the meantime, the principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector for general use being provided.
5. The student's individual anaphylaxis management plan should be reviewed in consultation with the student's parents.
6. The school's anaphylaxis management policy should be reviewed to ascertain whether there are any issues requiring clarification or modification in the policy. This will help the school to continue to meet its ongoing duty of care to students.

Adrenaline autoinjectors for general use

Clause 10 of Ministerial Order 706 provides that a school's anaphylaxis management policy must prescribe the purchase of adrenaline autoinjectors for general use.

Purchasing adrenaline autoinjectors

The principal of the school is responsible for arranging the purchase of additional adrenaline autoinjector(s) for general use, as a back-up to adrenaline autoinjectors supplied by parents of students who have been diagnosed as being at risk of anaphylaxis. The additional adrenaline autoinjector(s) for general use can also be used on other students previously undiagnosed for anaphylaxis, where they have a first time reaction.

Adrenaline autoinjectors for general use are available for purchase at any chemist. No prescription is necessary. These devices are to be purchased by a school at its own expense, in the same way that supplies for school first aid kits are purchased.

The principal will need to determine the type of adrenaline autoinjector to purchase for general use. In doing so, it is important to note the following:

- currently the only adrenaline autoinjector available in Australia is EpiPen®

- children under 20kg are prescribed a smaller dosage of adrenaline, through an EpiPen® Jr
- adrenaline autoinjectors are designed so that anyone can use them in an emergency

Number of backup adrenaline autoinjectors to purchase

The principal will also need to determine the number of additional adrenaline autoinjector(s) required to be purchased by the school. In doing so, the principal should take into account the following relevant considerations:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis
- the availability and sufficient supply of adrenaline autoinjectors for general use in specified locations at the school including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school
- the adrenaline autoinjectors for general use have a limited life, and will usually expire within 12 to 18 months, and will need to be replaced at the school's expense either at the time of use or expiry, whichever is first
- the expiry date of adrenaline autoinjectors should be checked regularly to ensure they are ready for use

Note: Even when a school has no students enrolled with a diagnosed risk of anaphylaxis, the principal should consider purchasing an autoinjector for general use as some students may experience their first anaphylactic reaction while at school.

When to use adrenaline autoinjectors for general use

It is recommended that adrenaline autoinjectors for general use be used when:

- a student's prescribed adrenaline autoinjector does not work, is misplaced, out of date or has already been used or
- a student is having a suspected first time anaphylactic reaction and does not have a medical diagnosis for anaphylaxis or
- when instructed by a medical officer after calling 000

ASCIA advises that no serious harm is likely to occur from mistakenly administering adrenaline to an individual who is not experiencing anaphylaxis.

Further information is available from ASCIA at adrenaline (epinephrine) autoinjectors for general use and frequently asked questions.

Communication plan

Clause 11 of Ministerial Order 706 requires a school to have a communication plan as part of its school anaphylaxis management policy.

The principal of a school is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.

The communication plan must include strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction of a student in various environments including:

- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls
- during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school

The communication plan must include procedures to inform volunteers and casual relief staff of students who are at risk of anaphylaxis and of their role in responding to an anaphylactic reaction experienced by a student in their care.

It is the responsibility of the principal of a school to ensure that the school staff are:

- adequately trained (by completing the 22300VIC or 10313NAT course every 3 years, or by completing the Australasian Society of Clinical Immunology and Allergy e-training every 2 years) and
- briefed at least twice per calendar year through an in-house school briefing

in accordance with the Ministerial Order (refer to Chapter 5).

Raising staff awareness

The communication plan must include arrangements for relevant school staff to be briefed at least twice per year by a staff member who has current anaphylaxis management training (see Chapter 5 for further detail). However, it is best practice for a school to brief all school

staff on a regular basis regarding anaphylaxis and the school's anaphylaxis management policy.

In addition, it is recommended that school anaphylaxis supervisor(s) or other designated staff member(s) be responsible for briefing all volunteers and casual relief staff, and new school staff (including administration and office staff, canteen staff, sessional teachers, and specialist teachers) on the above information and their role in responding to an anaphylactic reaction experienced by a student in their care.

Raising student awareness

Peer support is an important element of support for students at risk of anaphylaxis.

School staff can raise awareness in their school through fact sheets or posters displayed in hallways, canteen and classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages such as the following:

Student messages about anaphylaxis

1. Always take food allergies seriously — severe allergies are no joke.
2. Don't share your food with friends who have food allergies.
3. Wash your hands after eating.
4. Know what your friends are allergic to.
5. If a school friend becomes sick, get help immediately even if the friend does not want you to.
6. Be respectful of a school friend's adrenaline autoinjector.
7. Don't pressure your friends to eat food that they are allergic to.

Source: Be a MATE kit, published by Anaphylaxis & Allergy Australia.

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. This is not acceptable behaviour and should not be tolerated. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis must be treated as a serious and dangerous incident and dealt with in line with the school's anti-bullying policy.

Schools can refer to the Bully Stoppers website, an anti-bullying resource for ideas and strategies for dealing with bullying situations.

Work with parents

Schools should be aware that parents of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to school. It is important to develop an open and cooperative relationship with them so that they can feel confident that appropriate management strategies are in place at school.

Aside from implementing practical risk minimisation strategies in schools, the anxiety that parents and students may feel can be considerably reduced by regular communication and increased education, awareness and support from the school community.

Raising school community awareness

Schools are encouraged to raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. This can be done by providing information in the school newsletter, on the school website, at assemblies or parent information sessions.

Parent information sheets that promote greater awareness of severe allergies can be downloaded from the Royal Children's Hospital website.

Organisations providing information and resources

- **Royal Children's Hospital Anaphylaxis Advisory Line** provides advice and support on implementing anaphylaxis legislation to schools, early childhood education and care services and Victorian children's services. The Anaphylaxis Advisory Line is available between the hours of 8:30am to 5pm, Monday to Friday. Phone 1300 725 911 (toll free) or 03 9345 4235. Further information is available at Anaphylaxis Support Advisory Line.
- **Australasian Society of Clinical Immunology and Allergy (ASCIA)** is the peak medical body for allergy and immunology. ASCIA provides information about allergies for health professionals, schools and the broader community. ASCIA anaphylaxis e-training provides ready access to anaphylaxis management education throughout Australia and New Zealand, at no charge. All staff at all Victorian schools are strongly encouraged to complete the ASCIA anaphylaxis e-training for Victorian schools. Further information is available at ASCIA.
- **Allergy & Anaphylaxis Australia** is a national non-profit organisation that raises awareness of allergy and anaphylaxis in the Australian community. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. A free online curriculum resource is

also available. Further information is available at the Allergy & Anaphylaxis Australia website.

- **Royal Children's Hospital, Department of Allergy and Immunology** provide information about allergies and the services provided by the hospital. Further information is available at the Royal Children's Hospital website.
- **EpiClub** provides a wide range of resources and information for managing the use and storage of the adrenaline autoinjector device EpiPen®. They also provide a free service that sends a reminder by email, SMS or standard mail prior to the expiry date of an EpiPen®. Further information is available at the EpiClub website.

Annual risk management checklist

Clause 13 of Ministerial Order 706 requires the principal to complete an annual anaphylaxis risk management checklist.

A school's anaphylaxis management policy must require the principal to complete an annual risk management checklist to monitor their compliance with the Order, these Guidelines, and their legal obligations.

The annual risk management checklist for anaphylaxis contains questions relating to the following:

- background information about the school and students identified at risk of anaphylaxis
- details of individual anaphylaxis management plans and ASCIA Action Plans for Anaphylaxis
- storage and accessibility of adrenaline autoinjectors (both student-specific adrenaline autoinjectors and adrenaline autoinjectors for general use)
- strategies to be used by the school to minimise the risk of an anaphylactic reaction
- the school's general first aid and emergency response procedures for when an allergic reaction occurs at all on-site and off-site school activities
- methods for appropriate communication with school staff, students and parents

The annual checklist can be found in the Resources tab.

Resources

Royal Children's Hospital advisory service

Royal Children’s Hospital: Anaphylaxis Support Advisory Line — for all school anaphylaxis management enquires, (including the implementation of Ministerial Order 706). The advisory line is available between the hours of 8.30am to 5.00pm, Monday to Friday. Phone 1300 725 911 or (03) 9345 4235.

Resources to help schools create their own Anaphylaxis management policy

An Anaphylaxis Policy template that meets these requirements is available for school use on the School Policy Templates Portal.

Guidance for a developing a School Anaphylaxis Management policy — developed by the Department to assist schools to create their own Anaphylaxis management policy

Creating an individual anaphylaxis management plan for students & other relevant forms

Template: Individual Anaphylaxis Management Plan — must be completed by the school for each student who has been diagnosed at risk of allergies.

Australasian Society of Clinical Immunology and Allergy (ASCI) action plan — must be completed by parents/carers for a student with anaphylaxis in consultation with their child’s medical/health practitioner and provided to the school.

Training resources

- Anaphylaxis Management: School Checklist for Anaphylaxis Supervisor (Word)
- Anaphylaxis Management: School Checklist for Anaphylaxis Supervisor (PDF)
- Online anaphylaxis training strategy: frequently asked questions
- Online anaphylaxis training strategy: summary fact sheet
- Online anaphylaxis training strategy: a step-by-step implementation guide
- Facilitator guide for anaphylaxis management briefing
- Anaphylaxis management briefing presentation (PPT)
- ASCIA e-training — access to the free anaphylaxis training for all Victorian schools

Risk management resources

Annual risk management checklist (Appendix 1), to be completed at the start of each year by the school to monitor their compliance with Ministerial Order 706.

Risk Minimisation Strategies created by Allergy and Anaphylaxis Australia (Appendix 2)

Useful websites and further reading

- Frequently asked questions — Anaphylaxis
- Allergies & Anaphylaxis Australia — contains information about living with anaphylaxis
- ASCIA Guidelines — for prevention of food related anaphylactic reactions in schools, preschools and childcare
- Royal Children’s Hospital: Allergy and Immunology

Appendix 1: Annual Risk Management Checklist

Annual Risk Management Checklist

(to be completed at the start of each year)

School name:	Muhammadiyah Australia College	
Date of review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name	
	Position	
Comments:		
General information		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?		
2. How many of these students carry their adrenaline autoinjector on their person?		
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If Yes, how many times?		
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a. If Yes, how many times?		
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
SECTION 1: Training		

<p>7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either:</p> <ul style="list-style-type: none"> • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
<p>8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
<p>9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
<p>10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:</p> <p>a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
<p>b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
<p>11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
<p>12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
<p>13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?</p>	
<p>a. During classroom activities, including elective classes</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
<p>b. In canteen or during lunch or snack times</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
<p>c. Before and after school, in the school yard and during breaks</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
<p>d. For special events, such as sports days, class parties and extra-curricular activities</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No
<p>e. For excursions and camps</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> No

f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No

24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Risk Minimisation strategies	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The college canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	
45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information be kept up to date?	

51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	



Discussion Guide

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Ideas on Risk Minimisation Strategies in the School and/or Childcare Environment

All staff members should know who the child/student at risk of anaphylaxis is by sight. They are not to be left alone when complaining of feeling unwell, even in sickbay. Their complaint should always be taken seriously.

The many areas of risk and the strategies one might implement to reduce the risk of an allergic reaction vary greatly according to a number of factors including:

- ▲ the age of the child at risk
- ▲ the age of their peers
- ▲ what the child is allergic to
- ▲ the severity of the child's allergy
- ▲ the environment they are in
- ▲ the level of training carers have received.

The following list of strategies is meant to be used as a guide or as a tool to prompt thought on achievable risk minimisation procedures in an environment where there is an individual who is at risk of a potentially life threatening allergic reaction. It is not an exhaustive list of all strategies that could be implemented in any given environment. School and Children's Services staff are encouraged to work with the parents of the child at risk in the production of an individualised School/Children's Services management plan which could include some of the strategies listed in this discussion paper as well as others specific to the child's needs.

** Information on strategies to help prevent insect sting reactions is included at the end of this long list of strategies. In young children, the risk of anaphylaxis from insect sting reactions is much lower than the risk from food allergic reactions but it certainly does still occur.*

Whilst every child at risk of anaphylaxis in Victorian Schools and Children's Services must have an ASCIA Action Plan for Anaphylaxis provided by their doctor, each child at risk must also have an Individual Management Plan which details strategies to help reduce risk for that child. This Individual Management Plan is developed on enrolment after the School/Children's Service has a face to face meeting with parents. Once the plan is agreed to by the parents and School/Children's Service, the plan is signed off by both parties. The Individual Management Plan for each child is to be reviewed yearly OR after a reaction, in case management strategies are to be changed. As the child gets older and has more understanding of personal management, strategies do differ. A child may also outgrow an allergy or develop another allergy.



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Discussion Guide

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RISK	Considerations when you have a child at risk of anaphylaxis in your care
Food brought to school	<ul style="list-style-type: none"> Consider sending out an information sheet to the parent community on severe allergy and the risk of anaphylaxis. Alert parents to strategies that the school has in place and the need for their child to not share food and to wash hands after eating.
School fundraising/ special events/cultural days	<ul style="list-style-type: none"> Consider children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc. Notices may need to be sent to parent community discouraging specific food products. E.g. nuts
Food rewards	<ul style="list-style-type: none"> Food rewards should be discouraged and non-food rewards encouraged. Children at risk of food anaphylaxis should eat food that is supplied by their parents or food that is agreed to by parents prior to a given event. If required a clearly labelled 'treat box' could be supplied by parents and located in child's classroom.
Class parties / Birthday celebrations	<ul style="list-style-type: none"> Discuss these activities with parents of allergic child well in advance Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products Teacher may ask the parent to attend the party as a 'parent helper' Child at risk of anaphylaxis should not share food brought in by other students. Ideally they should bring own food. Child can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cup cakes stored in freezer in a labelled sealed container
Cooking/Food Technology	<ul style="list-style-type: none"> Engage parents in discussion prior to cooking sessions and activities using food. Remind all children to not share food they have cooked with others at school.
Science experiments	<ul style="list-style-type: none"> Engage parents in discussion prior to experiments containing foods.
Students picking up papers	<ul style="list-style-type: none"> Students at risk of food or insect sting anaphylaxis should be excused from this duty. Non rubbish collecting duties are encouraged.



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RISK	Considerations when you have a child at risk of anaphylaxis in your care
Music	<ul style="list-style-type: none"> • Music teacher to be aware, there should be no sharing of wind instruments e.g. recorders. Speak with the parent about providing the child's own instrument.
Art and craft classes	<ul style="list-style-type: none"> • Ensure containers used by students at risk of anaphylaxis do not contain allergens. e.g. egg white or yolk on an egg carton. • Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg. • Care to be taken with play dough etc. Check that nut oils have not been used in manufacture. Discuss options with parent of wheat allergic child.
Canteen	<ul style="list-style-type: none"> • Does canteen offer foods that contain the allergen? • What care is taken to reduce the risk to a child with allergies who may order/ purchase food? <p>Strategies to reduce the risk of an allergic reaction can include:</p> <ul style="list-style-type: none"> • Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods said to be 'safe' • Child having distinguishable lunch order bag • Restriction on who serves the child when they go to the canteen • Discuss possibility of photos of the children at risk of anaphylaxis being placed in the canteen/children's service kitchen. • Encourage parents of child to visit canteen/Children's Service kitchen to view products available. • See Anaphylaxis Australia's School Canteen poster, Preschool/Playgroup posters and School Canteen Discussion Guide. www.allergyfacts.org.au
Sunscreen	<ul style="list-style-type: none"> • Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own.
Hand washing	<ul style="list-style-type: none"> • Classmates encouraged to wash their hands after eating



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RISK	Considerations when you have a child at risk of anaphylaxis in your care
<p>Part-time educators, casual relief teachers & religious instruction teachers</p> <p>Suggestions:</p>	<p>These educators need to know the identities of children at risk of anaphylaxis and should be aware of the school's management plans, which includes minimisation strategies initiated by the school community. Some casual staff have not received training in anaphylaxis management and emergency treatment. This needs to be considered when a teacher is chosen for a class with a child at risk of anaphylaxis and if this teacher is on playground/yard duty.</p> <ul style="list-style-type: none"> • Casual staff, who work at school regularly, should be included in anaphylaxis training sessions to increase the likelihood that they recognise an allergic reaction and know how to administer the adrenaline autoinjector. • Schools should have interim educational tools such as autoinjector training devices and DVDs available to all staff. • A free online training course for teachers and Children's Service staff is available whilst waiting for face to face training by a DEECD nominated anaphylaxis education provider. Visit ASCIA www.allergy.org.au. This course can also be done as a refresher.
<p>Use of food as counters</p>	<ul style="list-style-type: none"> • Be aware of children with food allergies when deciding on 'counters' to be used in mathematics or other class lessons. Non-food 'counters' such as buttons /discs may be a safer option than chocolate beans.
<p>Class rotations</p>	<ul style="list-style-type: none"> • All teachers will need to consider children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class.
<p>Class pets/ pet visitors /school farmyard</p>	<ul style="list-style-type: none"> • Be aware that some animal feed contains food allergens. E.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food. • Chickens hatching in classroom. Children's Services facilities and Schools sometimes organise incubators from hatcheries and hatch chicks for fun and learning. Generally speaking, simply watching chicks hatch in an incubator poses no risk to children with egg allergy, but all children should be encouraged to wash their hands after touching the incubation box in case there is any residual egg content on it. There is a little more risk when it comes to children handling the chicks. Here are some suggestions to reduce the risk of a reaction and still enable the child with allergy to participate in the touch activity



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RISK	Considerations when you have a child at risk of anaphylaxis in your care
Class pets/ pet visitors /school farmyard	<ul style="list-style-type: none"> • The allergic child can touch a chick that hatched the previous day (i.e. a chick that is more than just a couple of hours old); no wet feathers should be present. • Encourage the parent/carer of the child with the allergy to be present during this activity so they can closely supervise their child and make sure the child does not put his/her fingers in their mouth. • If there is concern about the child having a skin reaction, consider the child wearing gloves. • All children need to wash hands after touching the chicks in case there is any residue of egg protein, in addition to usual hygiene purposes. Whilst care needs to be taken, this is an activity that most children can enjoy with some safe guards in place.
Incursions	<ul style="list-style-type: none"> • Prior discussion with parents if incursions include any food activities.
Excursions, Sports carnivals, Swimming program	<ul style="list-style-type: none"> • Teachers organising/attending excursion or sporting event should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylactic reaction occurs. This includes distribution of laminated cards to all attending teachers, detailing the following: <ul style="list-style-type: none"> • Location of event, including Melway reference or nearest cross street. <p>Procedure for calling ambulance, advising life threatening allergic reaction has occurred and adrenaline is required.</p>
Staff should also:	<ul style="list-style-type: none"> • Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other form of emergency communication i.e. walkie talkie. • Consider increased supervision depending on size of excursion/sporting event i.e. if students are split into groups at large venue e.g. zoo, or at large sports venue for sports carnival. • Consider adding a reminder to all parents regarding children with allergies on the excursion/sports authorisation form and encourage parents not to send in specific foods in lunches (e.g. food containing nuts). • Discourage eating on buses. • Check if excursion includes a food related activity, if so discuss with parent. • Ensure that all teachers are aware of the location of the emergency medical kit containing adrenaline autoinjector.



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RISK	Considerations when you have a child at risk of anaphylaxis in your care
<p>Medical Kits</p>	<p>(Student's own and school's autoinjector for general use)</p> <ul style="list-style-type: none"> • Medical kit containing ASCIA Action Plan for Anaphylaxis and adrenaline autoinjector should be easily accessible to child at risk and the adult/s responsible for their care at all times. On excursions ensure that the teacher accompanying the child's group carries the medical kit. For sporting events this may be more difficult, however, all staff and parent volunteers must always be aware of who has the kit and where it is. • Be aware - adrenaline autoinjectors should not be left sitting in the sun, in parked cars or buses. <p>Parents are often available to assist teachers on excursions in Children's Services and primary schools. If child at risk is attending without a parent, the child should remain in the group of the teacher who has been trained in anaphylaxis management, rather than be given to a parent volunteer to manage. This teacher should carry the medical kit.</p>
<p>School camps</p>	<p>Parent involvement at primary school camps is often requested. Many primary schools invite the parent of the child at risk of anaphylaxis to attend as a parent helper. Irrespective of whether child is attending primary school or secondary college, parents of child at risk should have face to face meeting with school staff/camp coordinator prior to camp to discuss safety including the following:</p> <ul style="list-style-type: none"> • School's emergency response procedures, should clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction. • All teachers attending the camp should carry laminated emergency cards, detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life threatening allergic reaction has occurred and adrenaline is required. • Staff to practise with adrenaline autoinjector training devices (EpiPen® and AnaPen® Trainers) and view DVDs prior to camp.. • Consider contacting local emergency services and hospital prior to camp and advise that xx children in attendance at xx location on xx date including child/ren at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to camp site area i.e. consider locked gates etc in remote areas. • Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged. • Parents should be encouraged to provide two adrenaline autoinjectors along with the Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp. • Clear advice should be communicated to all parents prior to camp on what foods are not allowed.



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RISK	Considerations when you have a child at risk of anaphylaxis in your care
	<ul style="list-style-type: none"> • Parents of child at risk of anaphylaxis and school need to communicate about food for the duration of the camp. Parent should communicate directly with the provider of the food/chef/caterer and discuss food options/menu, cross contamination risks, safest food choices, bringing own food. • Parents may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised as well. <p>Discussions by school staff and parents with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be:</p> <ol style="list-style-type: none"> 1. Possibility of removal of peanut/tree nut from menu for the duration of the camp. 2. Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed i.e. egg, milk, wheat. A decision may be made to remove pavlova as an option for dessert if egg allergic child attending for example. 3. Awareness of cross contamination of allergens in general i.e. during storage, preparation and serving of food. 4. Discussion of menu for the duration of the camp. 5. Games and activities should not involve the use of known allergens. 6. Camp organisers need to consider domestic activities which they assign to children on camp. It is safer to have the child with food allergy set tables, for example, than clear plates and clean up. <p>Allergy & Anaphylaxis Australia has launched a new publication titled <i>Preparing for Camps and Overnight School Trips with Food Allergies</i>. This comprehensive booklet consists of concise and easy-to-read information and ideas on preparing for school camp when you have students at risk of anaphylaxis.</p> <p>To purchase or for more information call 1300 728 000 or visit www.allergyfacts.org.au</p>



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RISK	Considerations when you have a child at risk of anaphylaxis in your care
*Insect sting allergy	<p>Children who have a severe insect sting allergy and are at risk of anaphylaxis need to have their adrenaline autoinjector and Action Plan for Anaphylaxis easily accessible at all times. Strategies that reduce the risk of insect stings vary depending on the insect the person is allergic to. Strategies both at school and on excursions can include:</p> <ul style="list-style-type: none"> • Avoiding being outdoors at certain times of the day • Using insect repellents that contain DEET (Diethyltoluamide, N, N - diethyl - 3- methylbenzamide) • Wearing light coloured clothing that covers most exposed skin • Avoid wearing bright clothing with 'flower' type prints • Wearing shoes at all times • Avoiding perfumes or scented body creams/deodorants • Wearing gloves when gardening • Avoid picking up rubbish which may attract insect/s • Being extra careful where there are bodies of water i.e. lake/pond/swimming pool. • Chlorinated pools attract bees • Drive with windows up in the car/windows closed in a bus • Keep your drink (glass/bottle/can) indoors or covered. <p>Always check your drinks before you sip i.e. don't drink blindly from container.</p> <ul style="list-style-type: none"> • Keep garbage bins covered – lids on • Keep grass areas mowed (reduce weed such as clover which attracts insects) • Wearing boots and thick clothing such as denim jeans if ant sting allergic and in area where specific ants reside. Avoid ant mounds • Not provoking bees, wasps or ants. Have mounds/nests removed by professionals • Removal of nests when students/teachers are not present • When putting in new plants consider location and select plants less likely to attract stinging insects



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RISK	Considerations when you have a child at risk of anaphylaxis in your care
	<p>Things to consider when purchasing an adrenaline autoinjector for general use for your school or children's service</p> <p>Many Schools/Children's Services now have an adrenaline autoinjector for general use and the device specific Action Plan for Anaphylaxis in their first aid kit. If your facility has an autoinjector for general use, you need to consider availability of this device at School or Children's Service for:</p> <ul style="list-style-type: none"> • Excursions • for school camp • for specialist activities (i.e. a debating group, music group or sports team going off campus) • even a walk to a local park <p>A risk assessment needs to be done to see which group (i.e. the group staying at the facility or the group going on an outing) should have the device for general use at any given time or on any given day. Considerations can include</p> <ul style="list-style-type: none"> • number of children attending outing • number of children at risk • location of the activity • location of emergency services • mobile phone access • food on location etc

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Risk Minimisation Strategies in School and/or Childcare

Appendix 3: Individual Anaphylaxis Management Plan

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 parent's 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 location 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?

ACTION PLAN FOR Anaphylaxis

Name: _____ For EpiPen® adrenaline (epinephrine) autoinjectors
 Date of birth: _____



Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

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

Signed: _____

Date: _____

Action Plan due for review: _____

SIGNS OF 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
- For tick allergy - freeze dry tick and allow to drop off
- 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 (such as hives or swelling) may not always occur before anaphylaxis

WATCH FOR ANY ONE OF THE FOLLOWING SIGNS OF ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- 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 unconscious, place in recovery position
- 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

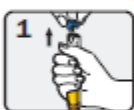
5 Further adrenaline doses may be given if no response after 5 minutes

6 Transfer person to hospital for at least 4 hours of observation

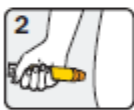
If in doubt give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally

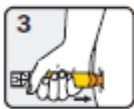
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against 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®

All EpiPen®s should be held in place for 3 seconds regardless of instructions on device label

ALWAYS give adrenaline autoinjector FIRST, and then asthma reliever puffer if someone with known asthma and allergy to food, insects or medication has SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice) even if there are no skin symptoms

Asthma reliever medication prescribed: Y N

Parents and guardians (via their medical practitioner) can access the ASCIA Action Plan from:

<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

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 – Risk Minimisation 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: