PRESHIL
THE MARGARET LYTTLE MEMORIAL SCHOOL

Anaphylaxis Management Policy

This policy was approved by the Management Team in October 2022. It will be reviewed again no later than two years from the date of approval or if legislation or guidelines change or a critical incident occurs.

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ANAPHYLAXIS MANAGEMENT POLICY

PRESHIL VISION STATEMENT

At our core remains an unshakeable commitment to encouraging all children to set and achieve their own goals and to be respected as individuals in their own right. This is a commitment to our children to be nurtured and challenged in an atmosphere that inspires creativity and independent thinking in all areas of life and does not, overtly or subtly, use competition or punishment to motivate through the fear of failure.

As global citizens we encourage an awareness of world issues and encourage effort to make a positive difference. We believe that education should prepare students to be thoughtful, peace-loving and active citizens of the world. Preshil will remain a school that puts kindness, compassion and social relationships at the centre of its operations.

Ministerial Order 706 - Anaphylaxis Management in Schools

Preshil is rigorous in its protection of students with life-threatening food allergies. The School will comply with the requirements of the **Ministerial Order no 706: Anaphylaxis Management in Victorian Schools and School Boarding Premises.**

Anaphylaxis

Anaphylaxis **is a severe rapidly progressive allergic reaction that is life threatening.**

Anaphylaxis Guidelines [1]

Anaphylaxis Guidelines (the Guidelines) have been developed to assist schools to meet their duty of care to students at risk of anaphylaxis including

- legal obligations of schools in relation to anaphylaxis
- school anaphylaxis management policy
- staff training
- indivdiual anaphylaxis plans
- risk minimisation and prevention strategies
- school management and emergency responses
- adrenaline autoinjectors for general use
- a communication plan
- a risk management checklist.

Staff Training

The Principal must ensure that school staff are appropriately trained in anaphylaxis management. Under the Order all staff must participate in a twice yearly anaphylaxis briefing, with the first to be held at the start of the school year. Relevant staff must also participate in face to face online anaphylaxis training.

From January 2022, Hero HQ will be the provider of anaphylaxis supervisor training in Victorian Schools. For more information on how to access anaphylaxis training with Hero HQ refer to staff training.

[1] Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian Schools August 2016.

School Staff are required to undertake regular training in anaphylaxis management. It is recommended that all Victorian Schools undertake the online training course. The online training course is free to all schools and can be accessed at https://etrainingvic.allergy.org.au

In order to successfully complete this training school staff are also 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?

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 are 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 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 two years.**

ASCIA Anaphylaxis e-training for Victorian Schools

The online training course includes six 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

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

School Anaphylaxis Supervisors

It is recommended that principals identify two school staff per school or campus to become School Anaphylaxis Supervisors.

- 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 tests need to be undertaken by the supervisor within 30 days of a relevant member of 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.

Each supervisor will

- ensure that they 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)
- ensure that they provide the Principal (via hr@preshil.vic.edu.au) with documentary evidence of currency in the above courses.
- assess and confirm the correct use of the adrenaline autoinjecor (trainer) devices by other school staff undertaking the 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 staff are stored on site at the school.
- provide access to the 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 unconscious
    - 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 autoinjector (trainer) device.
- See School Anaphylaxis Supervisor checklist[2]

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[3] and should preferably be led by the School Anaphylaxis Supervisor or another member of staff who has current anaphylaxis training.

The briefing should include information on

- the School's legal requirements as outlined in Ministerial Order 706.
- photos 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.

Individual Anaphylaxis Management Plans

The principal ensures 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 enrols and where possible before the student's first day of school.

A copy of each student's Individual Anaphylaxis Management Plan should be stored with the

- 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.

Individual Anaphylaxis Management Plans must include:

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[2] School Anaphylaxis Supervisor checklist (provide link to the form)

[3] These briefings should be added to the school calendar - at the beginning of the year and during Term 4

- Information about the medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the child has (based on a written diagnosis from a medical practitioner)
- Strategies for minimising the risk of exposure to allergens while the student is under the care or supervision of school staff on–campus, and in off-campus settings such as school camps, excursions and sports days
- The name of the person/s responsible for implementing these strategies
- Information on where the student's medication will be located
- 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 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[4].

Review of Individual Anaphylaxis Management Plan

School staff will implement and monitor the student's Individual Anaphylaxis Management Plan as required.

The Principal (or his delegate) will review the student's individual Anaphylaxis Management Plan in consultation with the student's parents in all of the following circumstances:

- annually (at the start of each school year)
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after a student has an anaphylactic reaction at school.
- when a 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 or at the school boarding premises

It is also recommended that the student's Individual Anaphylaxis Management Plan is reviewed if there an identified and significant increase in the student's potential risk of exposure to allergens at school.

Parent Responsibilities - ASCIA Action Plan

Parents are required to provide an Anaphylaxis Management Plan, (ASCIA Action Plan) for their child, signed by the medical practitioner treating the child at the time of enrolment[5].

It is the responsibility of 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 (i.e the device has not expired) for their child.
- participate in annual reviews of their child's Plan.

[4] Futher information about the management of allergies in schools is available at this link
[5] This policy should be included in the Enrolment pack for students and parents

Prevention Strategies

School staff have a duty of care to take reasonable steps to protect students from reasonably foreseeable risks of injury.

Storage of 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 five 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:

Adrenaline Autoinjectors	
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 five 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, e.g. 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 Autoinjectors	
	adrenaline) in a separate location from students' adrenaline autoinjectors.

Reception staff (School Anaphylaxis Supervisors) will conduct regular reviews of the adrenaline autoinjectors to check that 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.

Risk Minimisation Strategies

School staff will determine which strategies set out below for various in school settings are appropriate after consideration of factors such as the age of the student, the facilities, school activities and the general school environment.

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom (Primary School). Be sure that the ASCIA Action Plan for Anaphylaxis is easily accessible even if the adrenaline autoinjector is kept in another location. **Note: in the Senior School the ASCIA Action Plan for each student at risk of anaphylaxis is kept at Reception.**
2.	Liaise with parents about food related activities well ahead of time
3.	Use non food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Alternative treat boxes should be clearly labelled and only handled by the student.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis
5.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non food treats where possible.
6.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
7.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8.	Ensure all cooking utensils, preparation dishes, plates and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking.
9.	Children with food allergy need special care when doing food technology . An appointment should be organised with the student's parents prior to the student undertaking this subject. Helpful information is available at www.allegyfacts.org.au/images/pdf/foodtech.pdf

Classrooms	
10.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
11.	A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline autoinjector, the school's Anaphylaxis Management Policy , and each individual person's responsibility in managing an incident. (i.e. managing an incident. ie. seeking a trained staff member.

Yard	
1.	If a school has a student who is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the adrenaline autoinjector (i.e. EpiPen) and be able to respond quickly to an allergic reaction if needed.
2.	The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis must be easily accessible from the yard and staff should be aware of its exact location. **(Remember that an anaphylactic reaction can occur in as little as a few minutes**) Where appropriate an adrenaline autoinjector may be carried in the school's yard duty bag.
3.	Schools must have an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the school's emergency response procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4.	Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with severe allergies to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6.	Keep lawns and clover mowed and outdoor bins covered.
7.	Students should keep drinks and food covered while outdoors.

Special Events	
1.	If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2.	School staff should avoid using food in activities or games, including as rewards.
3.	For special events involving food, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.

Special Events	
4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.
5.	Party balloons should not be used if any student is allergic to latex.
6.	If students from other schools are participating in an event at your school, consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. Agree on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host and visiting school. Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them to events outside their own school.

Out of School Settings

Bus Travel	
1.	School staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from school on the bus. This includes the availability and administration of an adrenaline autoinjector. The adrenaline autoinjectorand ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this child is deemed too young to carry an adrenaline autoinjector on their person at school.

Field Trips, Excursions and Sporting Events	
1.	School staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from school on the bus. This includes the availability and administration of an adrenaline autoinjector. The adrenaline autoinjectorand ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this child is deemed too young to carry an adrenaline autoinjector on their person at school.
2.	A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions
3.	School staff should avoid using food in activities or games, including as rewards.
4.	The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
5.	For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting

Field Trips, Excursions and Sporting Events	
	event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
6.	The school should consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required).
7.	Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
8.	Prior to the excursion taking place school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.
9.	If the field trip, excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear. Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to events being held at other schools.

Camps and remote settings	
1.	Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.
2.	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3.	Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4.	Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
5.	School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an

Camps and remote settings	
	anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.
6.	If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns in writing with the camp owner/operator and also consider alternative means for providing food for those students.
7.	Use of substances containing known allergens should be avoided altogether where possible.
8.	Camps should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.
9.	Prior to the camp taking place school staff should consult with thestudent's parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
10.	The student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone. All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
11.	Contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
12.	It is strongly recommended that schools take an adrenaline autoinjector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
13.	Schools should consider purchasing an adrenaline autoinjector for general use to be kept in the first aid kit and include this as part of the emergency response procedures.
14.	Each student's adrenaline autoinjector should remain close to the student and school staff must be aware of its location at all times.
15.	The adrenaline autoinjector should be carried in the school first aid kit; however, schools can consider allowing students, particularly adolescents, to carry their adrenaline autoinjector on camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own adrenaline autoinjector.
16.	Students with allergies to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering

Camps and remote settings	
	plants.
17	Cooking and art and craft games should not involve the use of known allergens.
18.	Consider the potential exposure to allergens when consuming food on buses and in cabins.

Overseas Travel	
1.	Review and consider the strategies listed under “Field Trips/Excursions/Sporting Events” and “Camps and Remote Settings”. Where an excursion or camp is occurring overseas, schools should involve parents in discussions regarding risk management well in advance.

2.	Investigate the potential risks at all stages of the overseas travel such as:
	● travel to and from the airport/port
	● travel to and from Australia (via aeroplane, ship etc)
	● accommodation venues
	● all towns and other locations to be visited
	● sourcing safe foods at all of these locations
	● risks of cross contamination, including:
	  ● exposure to the foods of the other students
	  ● hidden allergens in foods
	  ● whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction
	  ● whether the other students will be able to wash their hands when handling food

3.	Assess where each of these risks can be managed using minimisation strategies such as the following: ● translation of the student’s Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis into the local language ● sourcing of safe foods at all stages ● obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited ● obtaining emergency contact details ● determine the ability to purchase additional autoinjectors.
4.	Record details of student travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction will be paid.
5.	Plan for the appropriate supervision of students at risk of anaphylaxis at all times, including that: ● there are sufficient school staff attending the excursion who have been trained in accordance with section 12 of the Ministerial Order ● there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking ● medication, eating food or being otherwise exposed to potential allergens ● there will be capacity for adequate supervision of any affected student(s) requiring

Overseas Travel	
	medical treatment, and that adequate supervision of the other students will be available ● staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.
6.	The school should re-assess its emergency response procedures, and if necessary adapt them to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following: ● • dates of travel ● name of airline, and relevant contact details ● itinerary detailing the proposed destinations, flight information and the duration of the stay in each location ● hotel addresses and telephone numbers ● proposed means of travel within the overseas country ● list of students and each of their medical conditions, medication and other treatment (if any) ● emergency contact details of hospitals, ambulances, and medical practitioners in each location ● details of travel insurance ● plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans ● possession of a mobile phone or other communication device that would enable the school staff to contact emergency services in the overseas country if assistance is required.

Work Experience	
1.	Schools should involve parents, the student and the work experience employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. The employer and relevant staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the adrenaline autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience. It may be helpful for the teacher and the student to do a site visit before the student begins placement.

School Planning and Emergency Response

ASCIA General Anaphylaxis Action Plan

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

ACTION PLAN FOR Anaphylaxis

For use with adrenaline (epinephrine) injectors

Name: _____
Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):
1. _____
Mobile Ph: _____
2. _____
Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np): _____

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: _____
Date: _____

How to give adrenaline injectors

Refer to device label or scan QR code below:

Adrenaline injectors are prescribed as follows:
- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

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 ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline injector
- Give antihistamine (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 or noisy breathing**
- **Swelling of tongue**
- **Swelling or tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking 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 or pregnant, place in recovery position - on left side if pregnant, as shown below**
- **If breathing is difficult allow them to sit with legs outstretched**
- **Hold young children flat, not upright**

2 GIVE ADRENALINE INJECTOR
3 Phone ambulance - 000 (AU) or 111 (NZ)
4 Phone family/emergency contact
5 Further adrenaline 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 INJECTOR
Commence CPR at any time if person is unresponsive and not breathing normally

ALWAYS GIVE ADRENALINE INJECTOR 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

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

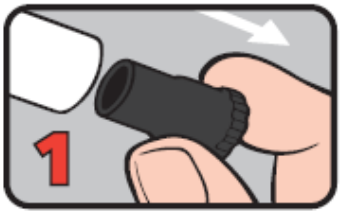
[6] See ASCIA Actions Plans and First Aid Plans for Anaphylaxis

How to give an Adrenaline Autoinjector

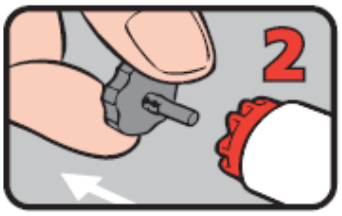
ascia
australasian society of clinical immunology and allergy
www.allergy.org.au

How to give adrenaline (epinephrine) injectors

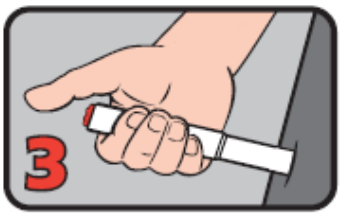
Anapen®



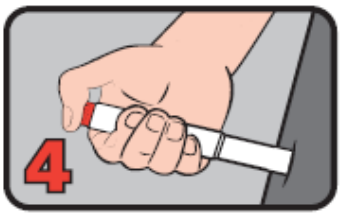
PULL OFF BLACK NEEDLE SHIELD



PULL OFF GREY SAFETY CAP from red button

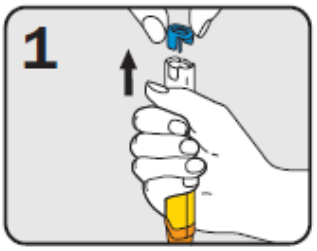


PLACE NEEDLE END FIRMLY against outer mid-thigh at 90° angle (with or without clothing)

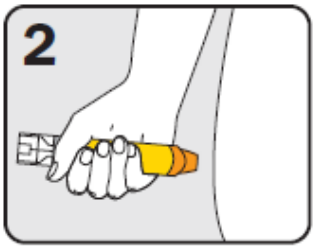


PRESS RED BUTTON so it clicks and hold for 3 seconds. REMOVE Anapen®

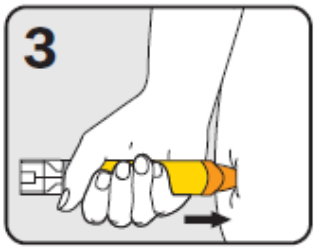
EpiPen®



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®

Follow the ASCIA Action Plan or First Aid Plan for Anaphylaxis.

Action Plan for Allergic Reactions

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

ACTION PLAN FOR Allergic Reactions

Name: _____

Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian, including use of adrenaline if available.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed: _____

Date: _____

Note: This ASCIA Action Plan for Allergic Reactions is for people who have allergies but do not have a prescribed adrenaline (epinephrine) injector. For instructions refer to the device label or the ASCIA website www.allergy.org.au/anaphylaxis

Adrenaline injectors are given as follows:

- 150 mcg for children 7.5-20kg
- 300 mcg for children over 20kg and adults
- 300 mcg or 500 mcg for children and adults over 50kg

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 ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Give antihistamine (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 or noisy breathing**
- **Swelling of tongue**
- **Swelling or tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking 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 or pregnant, place in recovery position - on left side if pregnant, as shown below**
- **If breathing is difficult allow them to sit with legs outstretched**
- **Hold young children flat, not upright**

2 GIVE ADRENALINE INJECTOR IF AVAILABLE

3 Phone ambulance - 000 (AU) or 111 (NZ)

4 Phone family/emergency contact

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

IF IN DOUBT GIVE ADRENALINE INJECTOR

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

ALWAYS GIVE ADRENALINE INJECTOR 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

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

Action Plan for Drug Medication Allergy

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www.allergy.org.au

ACTION PLAN FOR Drug (Medication) Allergy

Name:
Date of birth:

Confirmed allergens:

Family/emergency contact name(s):
1.
Mobile Ph:
2.
Mobile Ph:

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian, including use of adrenaline if available.

Whilst this plan does not expire, review is recommended by DD/MM/YY

Signed:
Date:

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Sudden onset sneezing, rhinitis
- Tingling mouth
- Abdominal pain, vomiting

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- Stay with person and call for help
- Locate adrenaline (epinephrine) injector (if available)
- Give antihistamine (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 or noisy breathing**
- **Swelling of tongue**
- **Swelling or tightness in throat**
- **Wheeze or persistent cough**
- **Difficulty talking 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 or pregnant, place in recovery position - on left side if pregnant, as shown below**
- **If breathing is difficult allow them to sit with legs outstretched**
- **Hold young children flat, not upright**

2 GIVE ADRENALINE INJECTOR IF AVAILABLE
3 Phone ambulance - 000 (AU) or 111 (NZ)
4 Phone family/emergency contact
5 Transfer person to hospital for at least 4 hours of observation

IF IN DOUBT GIVE ADRENALINE INJECTOR

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Asthma reliever medication prescribed: ☐ Y ☐ N

Self Administration of the adrenaline autoinjector

The decision as to whether a student can carry their own autoinjector should be made when developing the student's Individual 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 a student who would ordinarily self-administer their adrenaline autoinjector may sometimes not physically be able to self administer due to the effects of the 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 000.**

If a student carries their own 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.

Emergency Response - Anaphylaxis

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 (e.g. 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.

Emergency Response in the School Environment

Teachers should use **classroom phones or personal mobile phone**s to raise the alarm (ring Reception) that a reaction has occurred.

Get an ASCIA action plan and EpiPen bag and/or general use adrenaline auto-injector.

- Send a student or staff member to get the school's Epipen or the student's personal EpiPen from Reception.
- Consult plan to check for anaphylaxis symptoms
- Do not move the student unless they may be in further danger

- Send a nominated staff member to call an ambulance (000)
- Send another staff member to wait for the ambulance at a designated school entrance.
- Obtain a second adrenaline autoinjector 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)
- Teacher 1 accompanies student/ambulance to hospital and remains with student until parent arrives
- Teacher 2 assembles other anaphylactic students in teacher's room to check for symptoms until source is found

Inform Principal or relevant Head of Campus

Emergency Response – Office and Administration Staff

- Send a second adrenaline autoinjector (EpiPen) to the emergency just in case a further device is required to be administered (this may be the school adrenaline autoinjector for general usse of the family purchased device)
- Wait for emergency services to arrive and escort to classroom
- Wait for emergency services' assessments
- Call parents with following information:
    - What happened?
    - Where will the child be?
    - What the parents should do
    - Who is with the child and their contact number
- Check for source of anaphylactic reaction
- Organise cleaning process accordingly

Emergency Response - 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 i.e. 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? e.g. Melway reference if city excursion, and best access point or camp address/GPS location.

Auto Injectors for General Use

The Principal authorises additional auto-injector device/s (EpiPen) for general use and as a back up to those supplied by parents. The number of these needed is determined on the need at the school and on the type of auto-injector needed by the students. These auto-injectors will be replaced each year. Currently the school has a general autoinjector for each child at risk of anaphylaxis (2022 - 8). This number also caters for 'first time' anaphylactic reactions that may occur at school due to a previously undiagnosed allergic reaction.

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

If the 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 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 a 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 five minutes, if other adrenaline autoinjectors are available (such as the adrenaline autoinjector for general use)
5.	Then contact the student's emergency contacts.
6.	Enact your school's emergency and critical incident management plan.

First-time reactions

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

This should include immediately

- contacting an ambulance.
- following instructions on the ASCIA Action Plan for Anaphylaxis general use (which should be stored with the general use adrenaline autoinjector)
- Call the ambulance on 000.

Post Incident Support

An anaphylaxis 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 Student Support Team.

Review	
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 allergic reaction 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 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 this policy. This will help the school to continue to meet its ongoing duty of care to students.

Adrenaline Autoinjectors for General Use

The Principal will purchase adrenaline autoinjectors for general use (purchased by the school) as a back up to those supplied by parents.

The Principal will need to determine the number of additional adrenaline autoinjectors required to be purchased by the school. In doing so the Principal will take into account the following relevant considerations:

- the number of students enrolled in the school who have been diagnosed at risk of anaphylaxis.
- the accessibility of adrenaline autoinjectors that have been provided by parents of students who have been diagnosed 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 - 18 months and will need to be replaced at the schools expense either at the time of use or expiry whichever is first.
- the expiry date of the adrenaline autoinjectors should be checked regularly to ensure that they are ready for use.

Note: adrenaline autoinjectors for general use are available for purchase at any chemist. No prescriptions are necessary.

Communication Plan

The Principal is responsible for ensuring that the school website and Staff Guidelines and Procedures (Staff Handbook) provides up-to-date information for all staff, students and parents about anaphylaxis and the school's Anaphylaxis Management procedures.

The Plan is designed to raise staff, student and school community awareness about severe allergies and the school's policies. It specifies the steps to be taken if a student has an anaphylactic reaction in a classroom,

schoolyard, on a school excursion or school camp, and at special events conducted or organised by the school, such as sports days.

The Plan also includes information for volunteers and casual relief staff about any student in their care at risk of an anaphylactic reaction and how to respond to a reaction.

Communication with Staff

The Principal is responsible for ensuring that staff, students and parents are provided with information about anaphylaxis and the this policy. .

- All staff joining Preshil will be informed about the School's anaphylaxis policy and procedures during orientation.
- Policies and procedures are available on the Compass, in the Policies and Procedures Shared Drive (School Review) and in the Staff Guidelines and Procedures document (currently being dreveloped).
- The Principal is also responsible for advising volunteers,and pre-service teachers about anaphylactic reactions.

Communication - Parents
New families will receive information about anaphylaxis and the school's policy during their welcome meeting, and directed to the school's Policies on line. Information about the school's rules regarding 'no sharing of food' is also available in the Kindergarten and Primary School Handbooks provided at enrolment.

Communication - Students
Peer understanding is an important element of support for students at risk of anaphylaxis. Teachers can raise awareness in school through posters displayed in the classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages outlined in the following.

- We always take food allergies seriously
- We don't share our food with friends.
- We wash your hands after eating.
- We learn what our friends are allergic to.
- If a school friend becomes sick, we seek help immediately.

Staff Training

Ministerial Order No. 706 Anaphylaxis Management in Victorian Schools and Boarding Premises, 2021. identifies the Principal as being responsible for selecting staff to attend training courses on anaphylaxis and for ensuring that sufficient trained staff are present while students are under the school's care or supervision.

Nominated school staff will undertake the anaphylaxis management training course at least three years prior to employment with the school and every subsequent three years.

The following courses qualify:

- Course in First Aid Management of Anaphylaxis: 22578VIC (Phone 9894 1013)
- Course in Allergy and Anaphylaxis Awareness: 10710 NAT (valid for 3 years).

Two staff, one at each campus, are currently certified verifiers, all other staff receive training. Our First Aid Officers (Deb Wright - ARL, Judy O'Donnell - BK) are trained Anaphylaxis Supervisors.

The Principal also ensures that at least twice a year all other staff attend in-service training by staff members trained in anaphylaxis management. Training is given wherever possible before the student's first day at school, and as required for any new staff employed during the year. All staff participate in a briefing, to occur twice per calendar year (Term 1 & 3) on:

- The school's anaphylaxis management policy
- The causes, symptoms and treatment of anaphylaxis
- The identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located

- How to use an adrenaline auto-injector, including hands on practise with a trainer adrenaline auto-injector device;
- The school's general first aid and emergency response procedure; and
- The location of, and access to, adrenaline auto-injectors that have been provided by parents and/or purchased by the school for general use.

The briefing must be conducted by a member of school staff who has successfully completed an anaphylaxis management training course in the last 12 months. In the event that the relevant training and briefing has not occurred, the Principal will develop an interim individual anaphylaxis management plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant school staff as soon as practicable after the student enrols, and preferably before the student's first day at school. `

Annual Risk Management Checklist

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

Related Documents

The Anaphylaxis Guidelines for Victorian Schools can be found here:
Anaphylaxis Guidelines for Victorian Schools

Ministerial Order 706 Anaphylaxis Management in Victorian Schools

Annual Anaphylaxis Risk Management Checklist for Victorian Schools

Twice Yearly Anaphylaxis Briefing for Staff

Review

This document was updated and reviewed in September 2022. It will be reviewed again no later than two years from the date of approval or if legislation changes or an incident occurs.