

# Anaphylaxis Guidelines

A resource for managing severe  
allergies in Victorian schools

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# 1. Introduction

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

The keys to prevention of anaphylaxis are planning, risk minimisation, awareness and education.

The Department 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 the student's schooling;
- raising awareness about allergies and anaphylaxis in the school community;
- actively involving the Parents of each student at risk of anaphylaxis in assessing risks, developing risk minimisation and management strategies for the student;
- ensuring that every staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures; and
- ensuring Schools having policies and procedures in place to ensure that the risks associated with severe allergies are minimised, so that all students can feel safe while at School.

The *Education and Training Reform Act 2006* provides that a School must have an anaphylaxis management policy containing matters required by Ministerial Order 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 - Anaphylaxis Management in Schools* (effective from 22 April 2014) provides the regulatory framework for the management of anaphylaxis in all Victorian schools (government, Catholic and independent). The Order, a copy of which is provided at Appendix 1, prescribes all of the matters to be included in an anaphylaxis management policy.

If a School is required to have an anaphylaxis management policy, it is mandatory that the policy contains all of the matters specified in the Order.

## How to use these Anaphylaxis Guidelines

These Guidelines have been developed to assist all Victorian Schools in planning for, and supporting students with severe allergies. Schools 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. As stated above, to comply with the Order, the Policy must contain all those matters specified in the Order.

For this reason, the Guidelines have been carefully prepared to align with, and reinforce, the Order. The only mandatory aspects of these Guidelines (indicated by use of the word(s) 'must', 'is required to', 'will need to' etc) are derived directly from the Order. Chapters 6-13 of the Guidelines reiterate the mandatory aspects of the Order, and also 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 to each School. For example:

- Chapter 8 – clause 8 of the Order provides that a School's Anaphylaxis Management Policy must include prevention strategies used by the School to minimise the risk of an anaphylactic reaction. Chapter 8 of the Guidelines sets out a range of different school settings, and prevention strategies, which a School can consider when developing its Policy. Not all strategies will be relevant for all Schools. It is recommended that Schools consider various factors such as the facilities and activities available at the School and the general School environment. By doing this, the School can determine which strategies may be appropriate to its circumstances.
- Chapter 11 – clause 11 of the Order specifies the matters that a School's Anaphylaxis Management Policy must contain in relation to a School's Communication Plan. Chapter 11 reiterates those matters. It then provides suggestions as to how School Staff can raise students' awareness and understanding of anaphylaxis, and also how to work with Parents of students' at risk of anaphylaxis.

When developing a Policy, the School must ensure that the matters specified in the Order (and reiterated in Chapter 11) about a Communication Plan are included in the Anaphylaxis Management Policy. The School may also like to include procedures in its Policy for raising students' understanding of anaphylaxis, and for working with relevant Parents. Alternatively, the School may take note of some of the suggestions which it considers useful, and communicate them to relevant School Staff. Not all of the suggestions will be relevant for each and every School required to develop an Order.

## 2. 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.

Term	Definition
<b>Act</b>	The <i>Education and Training Reform Act 2006 (Vic)</i> .
<b>Adrenaline Autoinjector</b>	An Adrenaline Autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis. These may include EpiPen®, EpiPen®Jr, Anapen®300 or Anapen®150.
<b>Adrenaline Autoinjector for General Use</b>	A 'back up' or 'unassigned' Adrenaline Autoinjector purchased by a School.
<b>Anaphylaxis Management Training Course</b>	<p>This means:</p> <ul style="list-style-type: none"> <li>• A course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the <i>National Vocational Education and Training Regulator Act 2011 (Cth)</i> that includes a competency check in the administration of an Adrenaline Autoinjector;</li> <li>• 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;</li> <li>• 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; and</li> <li>• Any other course approved by the Secretary to the Department for the purpose of this Order as published by the Department.</li> </ul>
<b>ASCIA</b>	Australasian Society of Clinical Immunology and Allergy, the peak professional body of clinical immunology and allergy in Australia and New Zealand.
<b>ASCIA Action Plan</b>	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®/Anapen®300 or EpiPen®Jr/Anapen®150) and must be completed by the student's Medical Practitioner. This plan is one of the requirements of the student's Individual Anaphylaxis Management Plan.

Term	Definition
<b>Communication Plan</b>	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.
<b>Department</b>	The Department of Education and Early Childhood Development.
<b>Individual Anaphylaxis Management Plan</b>	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.
<b>Medical Practitioner</b>	This is a registered medical practitioner within the meaning of the <i>Health Professions Registration Act 2005</i> , but excludes a person registered as a non-practicing health practitioner.
<b>Order</b>	<i>Ministerial Order 706 - Anaphylaxis Management in Schools</i> (effective 22 April 2014).
<b>Parent</b>	In relation to a child means any person who has parental responsibility for 'major long term issues' as defined in the <i>Family Law Act 1975</i> (Cth) or has been granted 'guardianship' for the child pursuant to the <i>Children, Youth and Families Act 2005</i> or other state welfare legislation.
<b>Principal</b>	Defined in s 1.1.3 of the Act as meaning a person appointed to a designated position as principal of a Registered School or a person in charge of a Registered School.
<b>Registered School</b>	Defined in s 1.1.3 of the Act as meaning 'a school registered under Part 4.3'.
<b>School</b>	<p>Defined in s 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:</p> <ul style="list-style-type: none"> <li>(a) a place at which registered home schooling takes place;</li> <li>(b) a University;</li> <li>(c) a TAFE institute;</li> <li>(d) an education service exempted by Ministerial Order; and</li> <li>(e) any other body exempted by the regulations.</li> </ul> <p>The <i>Education and Training Reform Regulations 2007</i> exempt various other bodies from the definition of school.</p>
<b>School Anaphylaxis Management Policy</b>	This is a school-based policy that is required to be developed under s 4.3.1(6) of the Act because the School has at least one enrolled student who has been diagnosed as being at risk of anaphylaxis. This policy describes the School's management of the risk of anaphylaxis. The Order prescribes the matters which the policy must contain.



Term	Definition
<b>Emergency Response Procedures</b>	Procedures which each School develops for emergency response to anaphylactic reactions for all in-school and out-of-school activities. The procedures, which are included in the School's Anaphylaxis Management Policy, differ from the instructions listed on the ASCIA Action Plan of 'how to administer the Adrenaline Autoinjector'.
<b>School Staff</b>	Any person employed or engaged at a School who: <ul style="list-style-type: none"> <li>• is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part;</li> <li>• 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; and</li> <li>• the Principal determines should comply with the School's Anaphylaxis Management Policy.</li> </ul>

### 3. Medical Information about Anaphylaxis

#### What is anaphylaxis?

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life-threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency requiring a rapid response.

#### What are the main causes?

Research shows that students in the 10-18 year age group are at greatest risk of suffering a fatal anaphylactic reaction<sup>1</sup>. Certain foods and insect stings are the most common causes of anaphylaxis. Eight foods cause ninety-five per cent of food allergic reactions in Australia and can be common causes of anaphylaxis:

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

Other common allergens include some insect stings, particularly bee stings but also wasp and jumper jack ant stings, tick bites, some medications (e.g. 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; and
- abdominal pain and/or vomiting (these are signs of a severe allergic reaction to insects).

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

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; and
- pale and floppy (young children).

Symptoms usually develop within 10 minutes to several 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 most effective first aid treatment for anaphylaxis.

Children diagnosed as being at risk of anaphylaxis are prescribed Adrenaline Autoinjector in an emergency. The two most common brands of Adrenaline Autoinjectors available in Australia are EpiPen® and Anapen®300. Children between 10 and 20 kilograms are prescribed a smaller dosage of adrenaline, through an EpiPen®Jr or Anapen®150. These Adrenaline Autoinjectors are designed so that anyone can use them in an emergency.

## 4. Legal Obligations for Schools in relation to Anaphylaxis

### Education and Training Reform Act 2006

Section 4.3.1(6)(c) of the Act 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

The Order, which is effective from [date] 2014, is made under ss 4.3.1, 5.2.12, 5.10.4 and clause 11 of Schedule 6 of the Act. Ministerial Order 90 is also repealed with effect from 22 April 2014. A copy of the Order is contained in Appendix 1.

The purpose of the Order is to specify the matters that Schools applying for registration and Registered Schools must contain in their anaphylaxis management policy for the purposes of s 4.3.1(6)(c) of the Act.

General information about a School Anaphylaxis Management Policy is contained in Chapter 6 of these Guidelines, and detailed information about the contents of the Policy is contained in Chapters 7 to 13.

### Duty of Care

All School Staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. In relation to anaphylaxis management, 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. In order to discharge their duty of care, School Staff should comply with their obligations under the Act, the Order and these Guidelines as well as the School's Anaphylaxis Management Policy. When determining what actions or steps need to be undertaken to comply with their obligations, School Staff should ask themselves what a fair and sensible person of sound judgment would do in the circumstances.

In meeting its obligations under s 4.3.1(6)(c) of the Act, in relation to whether a School 'ought reasonably to know' that an enrolled student has been diagnosed as being at risk of anaphylaxis, Schools should take all reasonable steps to find out whether an enrolled student has an allergy. One of the most obvious and practical ways to do this is through the enrolment process, by asking Parents to specify, in a clearly defined section of the enrolment form, 'yes' or 'no' as to whether their child has an allergy. Schools should pro-actively and promptly follow up Parents if this question is not answered. If the answer is 'yes', the School should ensure that sufficient information is provided by the Parents, including an appropriate ASCIA Action Plan. Another way is to regularly remind Parents and students to advise the School of any change in their circumstances, including any changes in the diagnosis and treatment of medical conditions. This should be done regularly (eg once or twice per year) and can be done via newsletters or other regular communications to the school community. 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 this duty of care.

## 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 that a specific student in the class is allergic to.

Under the Disability Standards for Education 2005, 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 discharging a teacher'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 s 4.3.1(6) of the Act. Relevantly, one of the prescribed minimum standards that a School must meet, and continue to meet, 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 as per s 4.3.1(6)(c) of the Act. 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 ss 4.3.2 - 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 a Policy; and
- 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.

## 5. Frequently Asked Questions

### What is the difference between an allergy and anaphylaxis?

An allergy is an overreaction by the body's immune system to a normally harmless substance. Substances that can trigger an allergic reaction are called allergens. Allergens may be in medication, in the environment (eg. pollens, grasses, moulds, dogs and cats), or sometimes as proteins in the foods we eat. Individuals can have mild or severe allergies. The most common allergic conditions are food allergies, eczema, asthma and hay fever.

Having a food allergy means that when you eat a food containing that protein (or allergen), the immune system releases massive amounts of chemicals, triggering symptoms that can affect a person's breathing, stomach, skin and/ or heart and blood pressure. For someone with a severe food allergy, exposure to the food allergen can cause a life-threatening reaction called anaphylaxis. Anaphylaxis affects the whole body, often within minutes of eating the food. Symptoms may include the rapid spreading of hives, swelling of the face, lips and eyes, vomiting, wheezing, coughing and loss of consciousness. The most serious symptoms are breathing difficulties and/or a sudden drop in blood pressure which can be life-threatening.

### How do I know if the anaphylactic student's adverse reaction is anaphylaxis and not asthma?

Unlike asthma, anaphylaxis can affect more than one system in the body. This means that, during a reaction, you may see one or more of the following symptoms: swelling or welts on the skin, stomach pain, vomiting or diarrhoea, in addition to breathing difficulties and increased heart rate or altered consciousness.

If you mistakenly treat asthma as anaphylaxis and give the Adrenaline Autoinjector according to the student's ASCIA Action Plan for Anaphylaxis, you will do no harm. If in doubt, it is better to give the Adrenaline Autoinjector. Call an ambulance immediately and advise that you have administered the Adrenaline Autoinjector and also give them the time of the dose.

### What if I think the anaphylactic student's adverse reaction is anaphylaxis, so administer the Adrenaline Autoinjector and it turns out to be something else?

The Adrenaline Autoinjector contains adrenaline, which is a natural hormone. If it is given to a student whose adverse reaction does not ultimately progress to anaphylaxis, the student will have a raised heart rate and become pale and sweaty. They will feel anxious and shaky. These are common side-effects of adrenaline.

Call an ambulance immediately to treat the other medical symptoms. Make sure you advise the ambulance service that you have administered the Adrenaline Autoinjector and also give them the time of the dose.

### What are my legal rights if I make a mistake?

All civil claims that allege that School Staff from a Victorian government School have been negligent in managing (or failing to appropriately manage) an anaphylactic reaction must be immediately referred to the Legal Division of the Department.

In the unlikely event that a legal claim is brought against a government School Staff member in relation to the handling of an anaphylactic reaction (whether actual or reasonably suspected), the Department will conduct the defence of that claim for and on behalf of that staff member (unless the staff member has acted maliciously, with criminal intent or with extreme recklessness). The cost of defending any such claim will be borne by the Department, as will the payment of any damages to the claimant (whether court-ordered or by way of agreed settlement).

School Staff from Victorian non-government Schools should follow their School's procedures relating to negligence claims. If in doubt, it is recommended that the claim be brought to the attention of the Principal.

### Can I give an Adrenaline Autoinjector to an anaphylactic student who is experiencing an adverse reaction if it has expired?

An expired device is less effective than an in-date device. If a student's Adrenaline Autoinjector has expired, call an ambulance immediately and use the School's Adrenaline Autoinjector for General Use. However, if an expired device is the only device available in an emergency, it should be used.

Remember, the key to effective management is preparation - do not allow yourself to be in a situation where you have a student with anaphylaxis in your care and the Adrenaline Autoinjector has expired. No School in Victoria should be holding an expired Adrenaline Autoinjector.

### What happens to the student once I give them the Adrenaline Autoinjector?

Within a few minutes the symptoms will stop progressing and the student's condition will slowly start to improve. They will breathe more easily as the swelling and tightness in their throat will recede. However, they may feel very anxious and shaky. This is a side-effect of adrenaline. Reassure the student and closely watch them in case of a repeated deterioration.

### Can I give a second dose of the Adrenaline Autoinjector?

Watch the student closely in case of worsening symptoms or no response. In the rare situation where there is no improvement and/or deterioration of severe symptoms (as described in the student's ASCIA Action Plan) after approximately 5 minutes (or any other length of time prescribed in the ASCIA Action Plan), a second dose should be administered using the Adrenaline Autoinjector for General Use.

Call an ambulance as soon as you can.

### What happens if I accidentally inject myself while trying to assist a student having a reaction?

If a student is having a reaction, ask another staff member to assist the student by:

- retrieving the School's Adrenaline Autoinjector for General Use (if available);
- administering the Adrenaline Autoinjector for General Use to the student, if one is available; or
- if no Adrenaline Autoinjector for General Use is available, the staff member should call 000 immediately; and
- ask someone to monitor your reaction to the adrenaline and seek advice by calling 000.

### If a student does not have an Adrenaline Autoinjector and appears to be having a reaction, can I administer another student's Adrenaline Autoinjector to them?

**If the School has an Adrenaline Autoinjector for General Use, this should be used in the first instance. If one is not available,** then it is recommended that you call 000 and seek medical advice.

### What is the difference between an EpiPen® and Anapen®?

Both the EpiPen® and Anapen®300 (and EpiPen®Jnr and Anapen®150) contain the same dosage of adrenaline and can be administered to children and young people at risk of an anaphylactic reaction. The difference between EpiPen® and Anapen® is in the delivery mechanism of the adrenaline. Delivery information for each Adrenaline Autoinjector is provided on the ASCIA Action Plan for Anaphylaxis and is also on the side of each device.

### A student has provided one type of Adrenaline Autoinjector, but the Adrenaline Autoinjector for General Use is not the same brand. Does this matter?

No, as long as the dosage of both Adrenaline Autoinjectors is the same, the brand of the Adrenaline Autoinjector does not matter. However, because the delivery mechanism varies between Adrenaline Autoinjectors, the instructions on administration of the device should be followed.

### What should I do if the Parents haven't replaced their child's Adrenaline Autoinjector after it has expired?

Contact the Parents immediately and request them to replace the Adrenaline Autoinjector. A reminder system should be in place to ensure the Parents are followed up if a replacement Adrenaline Autoinjector is not received within a reasonable time. The School should develop an interim Individual Anaphylaxis Management Plan for the student until the Parents provide the replacement Adrenaline Autoinjector.



### **What if the Parents haven't told us about their child's condition, but the child mentions it in class?**

Contact the student's Parents immediately to verify if their child is diagnosed at risk of anaphylaxis and seek written medical advice. If it is confirmed, ask the Parents to obtain an Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis (device specific) for the School as soon as possible. In the meantime, the School should develop an interim Individual Anaphylaxis Management Plan for the student.

### **Can we ask the Parents to not send nut products to School? What if they refuse?**

It is not recommended that Schools ban food or other products known to cause anaphylaxis because:

- it can create complacency amongst School Staff and students;
- it does not eliminate the presence of hidden allergens; and
- it is difficult to 'ban' all triggers: all triggers are not limited to peanuts and nuts.

It is preferable that the School raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. The School may also wish to help Parents to identify more suitable food options for their children.

Whilst food bans or allergen free environments are not supported, Schools need to consider the needs of children with food allergies in school activities. Schools should encourage students not to consume particular high risk foods at School e.g. discourage satay days, cooking with peanut or tree nuts during class. Teachers are discouraged from eating nuts as a quick snack in the class room where there is a child with a nut allergy or when on playground duty. A common sense approach to management is encouraged.

### **What can I do to keep a student with anaphylaxis safe in my class?**

- be familiar with the student's Individual Anaphylaxis Management Plan;
- be familiar with signs and symptoms of a reaction;
- know where the Adrenaline Autoinjector is and how to administer it;
- consult with the student's Parents about potential hidden allergens in foods or other substances (e.g. soaps or lotions);
- ensure you have completed all risk minimisation strategies for the different areas the child may be in while in your care;
- participate in anaphylaxis training to identify the causes, symptoms and treatment of anaphylaxis and the administration of an Adrenalin Autoinjector;
- familiarise yourself with the School's Emergency Response Procedures for anaphylaxis;
- plan ahead for special class activities;
- avoid the use of food treats; and
- discuss anaphylaxis with your class.

**If we follow all the policies and recommendations, will we prevent anaphylactic reactions in our School?**

The School will minimise the risk of a reaction and be well equipped to manage a reaction if it occurs. However there is no guarantee that you will prevent one. Remember that advance planning and good preparation and risk minimisation for all school settings is the best way to minimise risk and effectively manage anaphylaxis.

**Is there financial assistance available for Schools to purchase Adrenaline Autoinjectors for General Use?**

Adrenaline Autoinjectors for General Use are available from pharmacies without a prescription at a retail price. The Department does not have a budget to support Schools to buy these devices.

In Australia, the Pharmaceutical Benefits Scheme (PBS) listing for Adrenaline Autoinjectors allows for authority prescriptions of a maximum quantity of 2 Adrenaline Autoinjectors (EpiPen or Anapen) for children or adults. They are available at a subsidised cost when prescribed by doctors for individuals considered to be at high risk of anaphylaxis.

Unfortunately this PBS is only available for parents and families at this time.

## 6. School Anaphylaxis Management Policy

### ***Clause 6 of the Order specifies the matters which a School's Anaphylaxis Management Policy must contain.***

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If a School has enrolled a student at risk of anaphylaxis, it must have a School Anaphylaxis Management Policy.

A School Anaphylaxis Management Policy must contain all of the following matters:

- a statement that the School will comply with the Order and guidelines on anaphylaxis management as published by the Department, such as these Guidelines (see Appendix 2);
- information about the development, implementation, monitoring and regular review of Individual Anaphylaxis Management Plans for affected students, which include an individual ASCIA Action Plan for Anaphylaxis (see Chapter 7); and
- information and guidance in relation to the School's management of anaphylaxis, including:
  - Prevention Strategies to be used by the School to minimise the risk of an anaphylactic reaction (see Chapter 8);
  - School management and emergency response procedures that can be followed when responding to an anaphylactic reaction (see Chapter 9);
  - the circumstances under which Adrenaline Autoinjectors for General Use must be purchased by the School (see Chapter 10);
  - a Communication Plan that ensures that all School Staff (including volunteers and casual staff), students and Parents are provided with information about anaphylaxis and the School's Anaphylaxis Management Policy (see Chapter 11);
  - identification of School Staff who must complete certain training, and the procedures for the training (see Chapter 12); and
  - completion of an annual Risk Management Checklist (see Chapter 13).

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 regularly, and as relevant circumstances change.

A sample School Anaphylaxis Management Policy is in Appendix 2.

## 7. Individual Anaphylaxis Management Plans

*Clause 7 of the Order requires that a School's Anaphylaxis Management Policy must contain information about the development and review of Individual Anaphylaxis Management Plans.*

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### **Development of a Plan – Responsibilities of the Principal**

The School Anaphylaxis Management Policy must provide that the Principal of the School is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed for each student who has been diagnosed by a Medical Practitioner as having a medical condition that relates to an allergy and the potential for anaphylactic reaction, 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.

An Individual Anaphylaxis Management Plan must set out the following:

- 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 (based on a written diagnosis from a Medical Practitioner);
- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings including 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 strategies;
- information on where the student's medication will be stored;
- the student's emergency contact details; and
- an ASCIA Action Plan.

A template for an Individual Anaphylaxis Management Plan is contained in Appendix 3.

### **Location of Plans**

Copies of each student's Individual Anaphylaxis Management Plan should be kept in various locations around the School so that it 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.

### **Review of a Plan - Responsibilities of the Principal**

The School's Anaphylaxis Management Policy must require the Principal to review an Individual Anaphylaxis Management Plan in consultation with the student's Parents in all of the following circumstances:

- 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; and

- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

### Development and Review of a Plan - Responsibilities of Parents

The School's Anaphylaxis Management Policy must state that it is the responsibility of the Parents to:

- provide the ASCIA Action Plan;
- inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
- provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

The interaction between the School's Anaphylaxis Management Policy and each student's Individual Anaphylaxis Management Plan is diagrammatically represented at Figure 7.1, including the responsibilities of the Principal and the student's family.

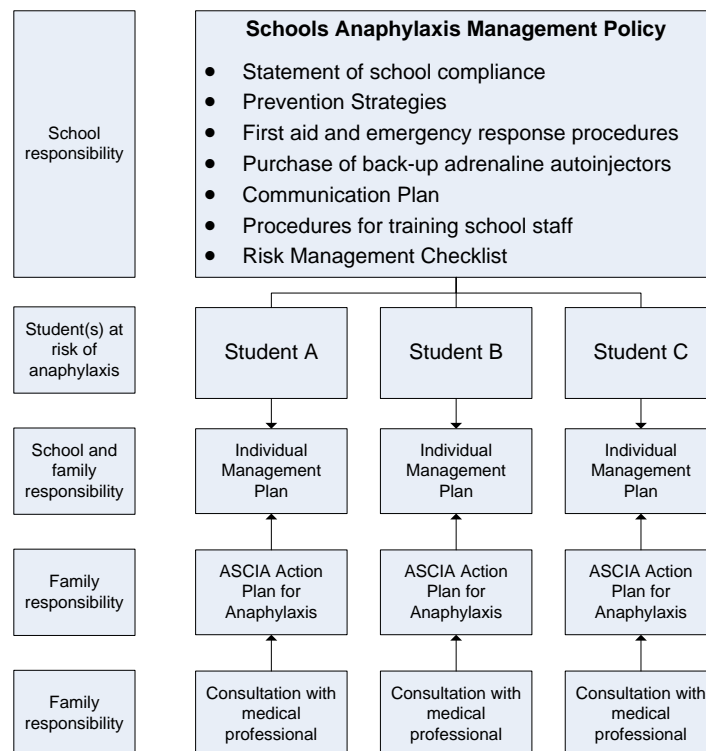


Figure 7.1

## 8. Prevention Strategies

***Clause 8 of the Order requires Schools to include prevention strategies as part of their anaphylaxis management policy.***

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### Minimisation of anaphylaxis in Schools

Section 4.3.1(6)(c) of the Act applies to all Victorian Schools (government, Catholic and independent), and prescribes the circumstances under which a School is required to have a School Anaphylaxis Management Policy containing the matters required by the Order. Under the Order, a School's Policy must include prevention strategies used by the School to minimise the risk of an anaphylactic reaction.

Even where a School is required to have a Policy, it is important to remember that minimisation of the risk of anaphylaxis is everyone's responsibility: the School (including the Principal and all School Staff), Parents, students and the broader school community.

Although the focus of this Chapter is on strategies for Schools, Parents have important obligations under the Order (and the School's Anaphylaxis Management Policy). These obligations will assist their child's School to manage the risk of anaphylaxis. For example, Parents must:

- communicate their child's allergies and risk of anaphylaxis to the School at the earliest opportunity, preferably on enrolment;
- continue to communicate with School Staff and provide up to date information about their child's medical condition;
- provide the School Staff with an ASCIA Action Plan;
- participate in yearly reviews of their child's Individual Anaphylaxis Management Plan; and
- ensure that their child has an Adrenaline Autoinjector that is current and not expired at all times.

### Risk Minimisation and Prevention Strategies

Statistics show that peanuts and nuts are the most common trigger for an anaphylactic reaction and fatality due to food anaphylaxis. To minimise the risk of a first time reaction to peanuts and nuts, Schools should carefully consider the use of peanuts, nuts, peanut butter or other peanut or nut products during in-school and out-of-school activities. It is recommended that school activities don't place pressure on student to try foods, whether they contain a known allergen or not. 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 at: [www.allergy.org.au](http://www.allergy.org.au)

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

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in canteens;

- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

School Staff are reminded that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The development and implementation of appropriate prevention strategies to minimise the risk of incidents of anaphylaxis is an important step to be undertaken by School Staff when trying to satisfy this duty of care.

Set out below are a range of specific strategies which, as a minimum, should be considered by School Staff, for the purpose of developing prevention strategies for in-school and out-of-school settings. It is recommended that School Staff determine which strategies are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the 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 prevention strategies must be specified in the School Anaphylaxis Management Policy. This includes any other strategies developed by the School Staff but which are not contained in these Guidelines.

## In-school settings

It is recommended that School Staff 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 and activities available at the School, and the general School environment. Not all strategies will be relevant for each School.

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2.	Liaise with Parents about food-related activities ahead of time.
3.	Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	Treats for the other students in the class should not contain the substance to which the student is allergic. 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.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10.	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. ie seeking a trained staff member.

## Canteens

1.	<p>Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to:</p> <ul style="list-style-type: none"> <li>• 'Safe Food Handling' in the School Policy and Advisory Guide, available at: <a href="http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx">http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx</a></li> <li>• Helpful resources for food services: <a href="http://www.allergyfacts.org.au/component/virtuemart/">http://www.allergyfacts.org.au/component/virtuemart/</a></li> </ul>
2.	Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls.
3.	Display the student's name and photo in the canteen as a reminder to School Staff.
4.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
5.	Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
6.	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7.	Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.
8.	Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.



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®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
2.	The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. <b>(Remember that an anaphylactic reaction can occur in as little as a few minutes).</b>
3.	Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of 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 anaphylactic responses 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 (e.g. sporting events, incursions, class parties, etc.)	
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 occasions, School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.
4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis 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.

## Out-of-school settings

It is recommended that School Staff determine which strategies set out below for various out-of-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the School, and the general School environment. Not all strategies will be relevant for each School.

### Travel to and from School by bus

1. School Staff should consult with Parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from School on the bus. This includes the availability and administration of an Adrenaline Autoinjector. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Autoinjector on their person at School.

### Field trips/excursions/sporting 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 and be able to respond quickly to an anaphylactic reaction if required.
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 Anaphylaxis Management Plan 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 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; to develop an alternative food menu; or request the Parents provide a 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.

### Camps and remote settings

1. Prior to engaging a camp owner/operator's services the School should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider.
2. The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on 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. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
5. School Staff should consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. **If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.**
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 also consider alternative means for providing food for those students.
7. Use of substances containing allergens should be avoided where possible.
8. Camps should avoid 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.
9. 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.
10. Prior to the camp taking place School Staff should consult with the student's Parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.

11.	School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.
12.	Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, 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.
13.	Schools should consider taking an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back up device in the event of an emergency.
14.	Schools should consider purchasing an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
15.	The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.
16.	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.
17.	Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
18.	Cooking and art and craft games should not involve the use of known allergens.
19.	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.	<p>Investigate the potential risks at all stages of the overseas travel such as:</p> <ul style="list-style-type: none"> <li>• travel to and from the airport/port;</li> <li>• travel to and from Australia (via aeroplane, ship etc);</li> <li>• various accommodation venues;</li> <li>• all towns and other locations to be visited;</li> <li>• sourcing safe foods at all of these locations; and</li> <li>• risks of cross contamination, including - <ul style="list-style-type: none"> <li>◦ exposure to the foods of the other students;</li> <li>◦ hidden allergens in foods;</li> <li>◦ whether the table and surfaces that the student may use will be adequate cleaned to prevent a reaction; and</li> <li>◦ whether the other students will wash their hands when handling food.</li> </ul> </li> </ul>
3.	<p>Assess where each of these risks can be managed using minimisation strategies such as the following:</p> <ul style="list-style-type: none"> <li>• translation of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan;</li> <li>• sourcing of safe foods at all stages;</li> <li>• obtaining the names, address and contact details of the nearest hospital and Medical Practitioners at each location that may be visited;</li> <li>• obtaining emergency contact details; and</li> <li>• sourcing the ability to purchase additional autoinjectors.</li> </ul>
4.	<p>Record details of 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 can be paid.</p>
5.	<p>Plan for appropriate supervision of students at risk of anaphylaxis at all times, including that:</p> <ul style="list-style-type: none"> <li>• there are sufficient School Staff attending the excursion who have been trained in accordance with Chapter 12;</li> <li>• there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;</li> <li>• there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and</li> <li>• staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.</li> </ul>

6. The School should re-assess its Emergency Response Procedures, and if necessary adapt it 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 employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. 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 is important to note that it is not recommended that banning of food or other products is used as a risk minimisation and prevention strategy. The reasons for this are as follows:

- it can create complacency among staff and students;
- it does not eliminate the presence of hidden allergens; and
- it is difficult to "ban" all triggers (allergens) because these are not necessarily limited to peanuts and nuts. Triggers and common allergens can also include eggs, dairy, soy, wheat, sesame, seeds, fish and shellfish.

## 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;
- An Adrenaline Autoinjector for General Use be clearly labelled and distinguishable from those for students at risk of anaphylaxis; and
- Trainer Adrenaline Autoinjectors (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 could be checked and/or considered:

- |    |  |
|----|--|
| 1. | Adrenaline Autoinjectors are: <ul style="list-style-type: none"><li>• 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;</li><li>• stored in an unlocked, easily accessible place away from direct light and heat. They should not be stored in the refrigerator or freezer;</li><li>• clearly labelled with the student's name, or for general use; and</li><li>• signed in and out when taken from its usual place, e.g. for camps or excursions.</li></ul> |
| 2. | Each student's Adrenaline Autoinjector is distinguishable from other students' Adrenaline Autoinjectors and medications. Adrenaline Autoinjectors for General Use are also clearly distinguishable from students' Adrenaline Autoinjectors.  |
| 3. | All School Staff know where Adrenaline Autoinjectors are located.  |
| 4. | A copy of the student's ASCIA Action Plan is kept with their Adrenaline Autoinjector.  |
| 5. | Depending on the speed of past reactions, it may be appropriate to have a student's Adrenaline Autoinjector in class or in a yard-duty bag.  |
| 6. | It is important to keep trainer Adrenaline Autoinjectors (which do not contain adrenaline) in a separate location from students' Adrenaline Autoinjectors.   |

School are also encouraged to arrange for a designated School Staff member (eg. school nurse, first aid co-coordinator) to conduct regular reviews of the Adrenaline Autoinjectors to ensure they are not out of date.

If the designated staff member identifies any Adrenaline Autoinjectors which are out of date, s/he should consider:

- sending a written reminder to the student's Parents to replace the Adrenaline Autoinjector;
- advising the Principal that an Adrenaline Autoinjector needs to be replaced by a Parent; and
- working with the Principal to prepare an interim Individual Anaphylaxis Management Plan pending the receipt of the replacement Adrenaline Autoinjector.



## 9. School Management and Emergency Response

***The Order requires Schools to have Emergency Response Procedures for students at risk of anaphylaxis as part of their School Anaphylaxis Management Policy.***

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### School Management

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 having a medical condition that relates to allergy and the potential for anaphylactic reaction;
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these can be located including:
  - in a classroom;
  - in the school yard;
  - in all school buildings and sites including gymnasiums and halls;
  - on school excursions;
  - on school camps; and
  - at special events conducted, organised or attended by the School.
- an outline of the storage and accessibility of Adrenaline Autoinjectors, including those for general use; and
- how communication with School Staff, students and Parents is to occur in accordance with a Communication Plan that complies with Chapter 11.

The School's Anaphylaxis Management Policy must state that when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the School outside of normal class activities, including in the school yard, at camps and excursions, or at special 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 Chapter 12.

The School's Anaphylaxis Management Policy must state that in the event of an anaphylactic reaction, the Emergency Response Procedures in its policy must be followed, together with the School's general first aid and emergency response procedures and the student's ASCIA Action Plan.

### **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 responsibility, a summary of some of the key obligations under the Order, and suggested prevention strategies, is set out below. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by Principals:

1.	Ensure that the School develops, implements and 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 which has been signed by the student's Medical Practitioner and that contains an up-to-date photograph of the student.
4.	<p>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 anaphylactic reaction, where the School has been notified of that diagnosis.</p> <p>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 nomination of staff who are responsible for implementation of those strategies. The risk minimisation plan should be customised to the particular student for participation in normal School activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate/overseas trips). Ensure students' Individual Anaphylaxis Management Plans are communicated to staff.</p>
5.	If using an external canteen provider, be satisfied that that the provider can demonstrate satisfactory training in the area of 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.
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 a 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 volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.
9.	Ensure that relevant School Staff have successfully completed an anaphylaxis management training course in the three years prior.

10.	Ensure that relevant School Staff are briefed at least twice a year by a staff member who has completed current anaphylaxis management training on: <ul style="list-style-type: none"> <li>• the School's Anaphylaxis Management Policy;</li> <li>• the causes, symptoms and treatment of anaphylaxis;</li> <li>• the identities of students diagnosed at risk of anaphylaxis and the location of their medication;</li> <li>• how to use an Adrenaline Autoinjector, including hands-on practise with a trainer Adrenaline Autoinjector (which does not contain adrenaline);</li> <li>• the School's general first aid and emergency procedures; and the location of Adrenaline Autoinjecting devices that have been purchased by the School for General Use.</li> </ul>
11.	Allocate time, such as during staff meetings, to discuss, practise and review the School's Anaphylaxis Management Policy. Practise using the trainer Adrenaline Autoinjectors as a group and undertake drills to test effectiveness of the School's general first aid procedures.
12.	Encourage ongoing communication between Parents and School Staff about the current status of the student's allergies, the school's policies and their implementation.
13.	Ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with Parents annually, when the student's medical condition changes, as soon as practicably 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.
14.	Ensure the Risk Management Checklist for anaphylaxis is completed annually.
15.	Arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for General Use to be part of the School's first aid kit.

### Role and responsibilities of School Staff

All School Staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers.

To assist School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend, and others School Staff where relevant, a summary of some of the key obligations under the Order, and suggested prevention strategies, is set out below. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by School Staff when seeking to discharge their duty of care:

1.	Know and understand the School Anaphylaxis Management Policy.
2.	Know the identity of students who are at risk of anaphylaxis. Know the students by face.
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 12 for more details.
5.	Know where to find a copy of each student's Individual Anaphylaxis Management Plan 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 prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.
9.	Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. 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 a risk for him or her.
10.	Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies provided in this document (see Chapter 8). 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 after handling food.
14.	Raise student awareness about severe allergies and the importance of their role in fostering a School environment that is safe and supportive for their peers.

### **Role and responsibilities of first aid coordinators and school nurses**

If available at the School, first aid coordinators or school nurses should take a lead role in supporting the Principal and other School Staff to implement the School's Anaphylaxis Management Policy.

Set out below are some suggested areas where first aid coordinators or school nurses may provide assistance and advice. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by first aid coordinators or school nurses.

1.	Work with Principals to develop, implement and review the School's Anaphylaxis Management Policy.
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2.	Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector (i.e. EpiPen®/Anapen®).
3.	Provide or arrange regular training to other School Staff to recognise and respond to anaphylactic reaction, including administration of an Adrenaline Autoinjector.
4.	Keep an up-to-date register of students at risk of anaphylaxis.
5.	Keep a register of Adrenaline Autoinjectors as they are 'in' and 'out' from the central storage point. For instance when they have been taken on excursions, camps etc.
6.	<p>Work with Principals, Parents and students to develop, implement and review each Individual Anaphylaxis Management Plan to:</p> <ul style="list-style-type: none"> <li>• ensure that the student's emergency contact details are up-to-date;</li> <li>• ensure that the student's ASCIA Action Plan matches the student's supplied Adrenaline Autoinjector;</li> <li>• regularly check that the student's Adrenaline Autoinjector is not out-of-date, such as at the beginning or end of each term;</li> <li>• inform Parents in writing that the Adrenaline Autoinjector needs to be replaced a month prior to the expiry date;</li> <li>• ensure that the student's Adrenaline Autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place; and</li> <li>• ensure that a copy of the Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) is stored with the student's Adrenaline Autoinjector.</li> </ul>
7.	Work with School Staff to conduct regular risk prevention, minimisation, assessment and management strategies.
8.	Work with School Staff to develop strategies to raise their own, students and school community awareness about severe allergies.
9.	Provide or arrange post-incident support (e.g. 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 contain an exhaustive list to be relied upon by Parents.

1.	Inform the School in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed at the time as being at risk of anaphylaxis.
2.	Obtain an ASCIA Action Plan from the student's Medical Practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the School.
3.	Inform School Staff in writing of any changes to the student's medical condition and if necessary, provide an updated ASCIA Action Plan.

4.	Provide the School with an up to date photo for the student's ASCIA Action Plan and when the plan is reviewed.
5.	Meet with and assist the School to develop the student's Individual Anaphylaxis Management Plan, including risk 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 (e.g. 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: <ul style="list-style-type: none"> <li>• when there is a change to the student's condition;</li> <li>• as soon as practicable after the student has an anaphylactic reaction at School;</li> <li>• at its annual review; and</li> <li>• 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.</li> </ul>

## Emergency Response

It is important for Schools to have in place 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.

### Self-administration of the Adrenaline Autoinjector

The decision 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 ordinarily self-administer their Adrenaline Autoinjector may not physically be able to self-administer due to the effects of a reaction. In relation to these circumstances, School Staff must administer an Adrenaline Autoinjector to the student, in line with their duty of care for that student.

If a student self-administers an Adrenaline Autoinjector, one member of the School Staff member should supervise and monitor the student, and another member of the School Staff should contact an ambulance (on emergency number 000/112).

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**

Where possible, only School Staff with training in the administration of the Adrenaline Autoinjector should administer the student's Adrenaline Autoinjector. However, it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student's ASCIA Action Plan.

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).

## **In-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 whilst 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 etc.

In addition to planning 'how' to get an Adrenaline Autoinjector to a student, plans need to be in place for:

- a nominated staff member to call ambulance; and
- a nominated staff member to wait for ambulance at a designated school entrance.

## **Out-of School Environments**

- Excursions and Camps - Each individual camp and excursion requires 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 need 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; and
  - '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.

## **Students at risk of 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:

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

A member of the School Staff should immediately locate the student's Adrenaline Autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the student's ASCIA Action Plan.

The Adrenaline Autoinjector should then be administered following the instructions in the student's ASCIA Action Plan.

#### How to administer an EpiPen®

1. Remove from plastic container.
2. Form a fist around EpiPen® and pull off the blue safety cap.
3. Place 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 10 seconds.
5. Remove EpiPen®.
7. Massage injection site for 10 seconds.
8. Note the time you administered the EpiPen®.
9. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

#### How to administer an AnaPen®

1. Remove from box container and check the expiry date.
2. Remove black needle shield.
3. Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap.
4. Place needle end against the student's outer mid-thigh.
5. Press the red button with your thumb so it clicks and hold it for 10 seconds.
6. Replace needle shield and note the time you administered the Anapen®.
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 (000/112).
2. Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
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 and reassure them elsewhere.



4.	In the situation where there is no improvement or <b>severe symptoms</b> progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).
5.	<b>Then</b> contact the student's emergency contacts.
6.	<b>For government and Catholic schools - later</b> , contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).
7.	<b>For independent schools - later</b> , 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 you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.

### **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 School Staff should follow the school's first aid procedures.

This should include immediately contacting an ambulance using 000.

It may also include locating and administering an Adrenaline Autoinjector for General Use.

### **Post-incident support**

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and Parents. 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.
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 ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.

## 10. Adrenaline Autoinjectors for General Use

***Clause 10 of the Order provides that a School's Anaphylaxis Management Policy must prescribe the purchase of Adrenaline Autoinjectors for General Use.***

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### **Purchasing Adrenaline Autoinjectors**

The Principal of the School is responsible for arranging for the purchase of additional Adrenaline Autoinjector(s) for General Use, and as a back up to Adrenaline Autoinjectors supplied by Parents of students who have been diagnosed as being at risk of anaphylaxis.

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, and 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:

- Adrenaline Autoinjectors available in Australia are EpiPen® and Anapen®300;
- children under 20 kilograms are prescribed a smaller dosage of adrenaline, through an EpiPen®Jr or Anapen®150; and
- Adrenaline Autoinjectors are designed so that anyone can use them in an emergency.

### **Number of back up Adrenaline Autoinjectors to purchase**

The Principal will also need to determine the **number** of additional Adrenaline Autoinjector(s) required. 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; and
- 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 School's expense either at the time of use or expiry, whichever is first.

### **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
- 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:

<http://www.allergy.org.au/health-professionals/anaphylaxis-resources/adrenaline-autoinjectors-for-general-use>

## 11. Communication Plan

***Clause 11 of the Order requires a School to have a Communication Plan as part of its School Anaphylaxis Management Policy.***

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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; and
- 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 with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

It is the responsibility of the Principal of a School to ensure that the School Staff identified in Chapter 12 are:

- trained; and
- briefed at least twice per calendar year.

in accordance with Chapter 12.

### 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 12 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 a 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, specialist teachers) of the above information and their role in responding to an anaphylactic reaction 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 School through fact sheets or posters displayed in hallways, canteens and classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages, outlined in 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 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. 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. Further information about Bully Stoppers is available at:

<http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx>

## 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.

Aside from implementing practical prevention 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.

Parent Information Sheets that promote greater awareness of severe allergies can be downloaded from the Royal Children's Hospital website at:

[www.rch.org.au/allergy/parent\\_information\\_sheets/Parent\\_Information\\_Sheets/](http://www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/)

## Organisations providing information and resources

- **Australasian Society of Clinical Immunology and Allergy (ASCIA)** provide information on allergies. ASCIA anaphylaxis e-training provides ready access to anaphylaxis management education throughout Australia and New Zealand, at no charge. The child care versions of the courses, incorporating training in the use of the Adrenaline Autoinjector devices EpiPen® and Anapen®, have been approved by ACECQA for the purposes of meeting the requirements of the National Regulations. Further information is available at: <http://www.allergy.org.au/>
- **ANAlert** is a free alert service that sends reminders to replace an Anapen® before it expires, helping to ensure it is within its 'use by' or 'expiry date'. ANAlert can be accessed at: <http://www.analert.com.au>
- **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: [www.epiclub.com.au](http://www.epiclub.com.au)
- **Allergy & Anaphylaxis Australia** is a non-profit organisation that raises awareness in the Australian community about allergy. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. Further information is available at: <http://www.allergyfacts.org.au/allergy-and-anaphylaxis>
- **Royal Children's Hospital Anaphylaxis Advisory Line** provides advice and support on implementing anaphylaxis legislation to education and care services and Victorian children's services. The Anaphylaxis Advisory Line is available between the hours of 8:30 a.m. to 5:00 p.m., Monday to Friday. Phone 1300 725 911 (toll free) or (03) 9345 4235. Further information is available at: [http://www.rch.org.au/allergy/advisory/anaphylaxis\\_Support\\_advisory\\_line/](http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/)
- **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: <http://www.rch.org.au/allergy/>

## 12. Staff Training

***Clause 12 of the Order requires School Staff to undertake regular training in anaphylaxis management as part of the School Anaphylaxis Management Policy.***

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### **Training and Briefing Requirements**

A School Anaphylaxis Management Policy must state that relevant School Staff (discussed in further detail below) who are subject to training requirements must:

- have successfully completed an Anaphylaxis Management Training Course in the previous three years; and
- participate in a briefing, to occur twice each calendar year, with the first briefing to be held at the beginning of the school year, on:
  - the School's Anaphylaxis Management Policy;
  - causes, symptoms and treatment of anaphylaxis;
  - the identities of students diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction and where their medication is located;
  - how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector;
  - the School's general first aid and emergency response procedures; and
  - the location of, and access to, Adrenaline Autoinjectors that have been provided by Parents or purchased by the School for general use.

The briefing must be conducted by a member of the School 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 12 months.

This ensures that the designated Staff Member conducting the briefing has recently refreshed their knowledge relating to anaphylaxis management, and, importantly in the correct use of an Adrenaline Autoinjector.

A template for this presentation can be downloaded from the Department's website:

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>

Although the Order only specifies that relevant School Staff must be briefed regularly, the Department considers that 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 (including hands on practise with trainer Adrenaline Autoinjectors by all staff).

### **Identifying School Staff for Training and Briefing**

The following School Staff must be trained and briefed as required above:

- those who conduct classes that students with a medical condition relating to allergy and the potential for anaphylactic reaction attend; and
- any further School Staff that the Principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the School.

If for any reason the training and briefing has not yet occurred, as detailed above, the Principal is responsible for developing an interim Individual Anaphylaxis Management Plan in consultation with the student's Parents. Preferably the training and briefing should take place as soon as practicable after the student at risk of anaphylaxis enrolls and preferably before the student's first day at School.

### **Availability of Training**

The Department and the Catholic Education Office have service agreements with St John Ambulance Victoria to provide training to School Staff at no charge to government and Catholic Schools in Victoria. Principals can arrange training for their staff by contacting St John Ambulance on 8588 8391. School Staff who have successfully completed anaphylaxis management training will be provided with a certificate qualification which is valid for three years.

Independent schools in Victoria can arrange training for their staff through St John Ambulance, however this will be at the School's own expense. Alternatively, the Department's website provides a list of training courses that meet the definition of 'Anaphylaxis Management Training Course' for the purposes of the Order.

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>

### **Online Training**

Online training courses are a good refresher course for School Staff, however completion of an online training course will **not** meet the training requirements of the Order.

Under the Order, relevant School Staff must, within the previous three years, have successfully completed an Anaphylaxis Management Training Course, which is defined for the purposes of the Order. Broadly, it recognises various accredited training courses, and specifies that it must include a competency check in the administration of an Adrenaline Autoinjector which must be done by the accredited training organisation at the time of the training.

ASCIA provides an ASCIA anaphylaxis e-training course for Schools and childcare centres on its website. Go to <http://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare>. Although the ASCIA website states that an ASCIA anaphylaxis e-training course should always be completed in conjunction with practise using Adrenaline Autoinjector training devices (with no needle and no adrenaline), this is **not** sufficient to meet the requirements of the Order. This is because the competency check is not completed by a qualified person.



## 13. Annual Risk Management Checklist

***Clause 13 of the Order requires the Principal to complete an annual anaphylaxis risk management checklist.***

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Under the School Anaphylaxis Management Policy the Principal must complete an annual anaphylaxis Risk Management Checklist to monitor their compliance with the Order, these Guidelines, and their legal obligations.

It is recommended that the School's annual Risk Management Checklist for anaphylaxis contain 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;
- storage and accessibility of Adrenaline Autoinjectors;
- prevention strategies used by the School to minimise the risk of an anaphylactic reaction;
- School's general first aid and emergency response procedures for when an allergic reaction occurs at all on-site and off-site School activities; and
- communication with School Staff, students and Parents.

The annual checklist can be found at Appendix 4. It can also be downloaded from <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>



# Appendix 1: Ministerial Order No. 706

## EDUCATION AND TRAINING REFORM ACT 2006

### Ministerial Order No.706: Anaphylaxis Management in Victorian schools

The Minister for Education makes the following Order:

#### PART A: PRELIMINARY

##### 1. Background

- 1.1. Division 1 of Part 4.3 of the *Education and Training Reform Act 2006* sets out the requirements for initial and ongoing registration of Government and non-Government schools in Victoria.
- 1.2. Section 4.3.1(6) of the Act and Schedule 2 of the *Education and Training Reform Regulations 2007* set out the prescribed minimum standards for registration of schools.
- 1.3. Sub clause (c) of section 4.3.1(6) of the Act states that if a school 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, then the school must have an anaphylaxis management policy containing matters required by Ministerial Order.
- 1.4. Sections 4.3.2 to 4.3.5 of the Act enable the Victorian Registration and Qualifications Authority to take steps to satisfy itself as to whether or not a school complies and continues to comply with the prescribed minimum standards for registration, including the formulation and implementation of an appropriate anaphylaxis management policy in accordance with the Act, any relevant Ministerial Order, and any other applicable law or instrument.

##### 2. Purpose

- 2.1. The purpose of this Order is to specify the matters that:
  - 2.1.1. schools applying for registration; and
  - 2.1.2. registered schools;must contain in their anaphylaxis management policy for the purposes of section 4.3.1(6)(c) of the Act.

##### 3. Commencement

- 3.1. This Order comes into operation on 22 April 2014.
- 3.2. Ministerial Order 90 is repealed with effect from the date that this Order comes into operation.

##### 4. Authorising provisions

- 4.1. This Order is made under sections 4.3.1, 5.2.12, 5.10.4 and clause 11 of Schedule 6 of the Act.

##### 5. Definitions

- 5.1. Unless the contrary intention appears, words and phrases used in this Order have the same meaning as in the Act.
- 5.2. "Act" means the *Education and Training Reform Act 2006*.

- 5.3. "adrenaline autoinjector" means an adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis.
- 5.4. "adrenaline autoinjector for general use" means a 'back up' or 'unassigned' adrenaline autoinjector.
- 5.5. "anaphylaxis management training course" means:
  - 5.5.1. 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;
  - 5.5.2. 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;
  - 5.5.3. 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; and
  - 5.5.4. any other course approved by the Secretary to the Department for the purpose of this Order as published by the Department.
- 5.6. "Department" means the Department of Education and Early Childhood Development.
- 5.7. "medical practitioner" means a registered medical practitioner within the meaning of the *Health Professions Registration Act 2005*, but excludes a person registered as a non-practicing health practitioner.
- 5.8. "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* or other state welfare legislation.
- 5.9. "school staff" means any person employed or engaged at a school who:
  - 5.9.1. is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part;
  - 5.9.2. 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; and
  - 5.9.3. the principal determines should comply with the school's anaphylaxis management policy.

## **PART B: SCHOOL ANAPHYLAXIS POLICY REQUIREMENTS**

### **6. School Anaphylaxis Policy**

- 6.1. A school's anaphylaxis management policy must contain the following matters:
  - 6.1.1. a statement that the school will comply with:

- (a) this Ministerial Order; and
  - (b) guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time.
- 6.1.2. in accordance with Part C, information about the development, implementation, monitoring and regular review of Individual Anaphylaxis Management Plans, which include an individual ASCIA Action Plan for Anaphylaxis, in accordance with clause 7;
- 6.1.3. in accordance with Part D, information and guidance in relation to the school's management of anaphylaxis, including:
- (a) prevention strategies in accordance with clause 8;
  - (b) school management and emergency response procedures in accordance with clause 9;
  - (c) the purchase of adrenaline autoinjectors for general use in accordance with clause 10;
  - (d) a communication plan in accordance with clause 11;
  - (e) training of school staff in accordance with clause 12; and
  - (f) completion of a school anaphylaxis risk management checklist in accordance with clause 13.

## **PART C: MANAGEMENT OF STUDENTS DIAGNOSED AS AT RISK OF ANAPHYLAXIS**

### **7. Individual Management Plans**

- 7.1. A school's anaphylaxis management policy must state the following in relation to Individual Anaphylaxis Management Plans for each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction:
- 7.1.1. that the principal of the school is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis;
  - 7.1.2. that the Individual Anaphylaxis Management Plan must be in place as soon as practicable after the student enrolls, and where possible before the student's first day of attendance at that school;
  - 7.1.3. that the Individual Anaphylaxis Management Plan must include the following:
    - (a) information about the medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner);
    - (b) strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school;

- (c) the name of the person/s responsible for implementing the strategies;
  - (d) information on where the student's medication will be stored;
  - (e) the student's emergency contact details; and
  - (f) an action plan in a format approved by the Australasian Society of Clinical Immunology and Allergy (hereafter referred to as an ASCIA Action Plan), provided by the parent.
- 7.2. A school's anaphylaxis management policy must require the school to review the student's Individual Anaphylaxis Management Plan in consultation with the student's parents in all of the following circumstances:
  - 7.2.1. annually;
  - 7.2.2. if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
  - 7.2.3. as soon as is practicable after a student has an anaphylactic reaction at school; and
  - 7.2.4. 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.
- 7.3. A school's anaphylaxis management policy must state that it is the responsibility of the parent to:
  - 7.3.1. provide the ASCIA Action Plan referred to in clause 7.1.3(f);
  - 7.3.2. inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated ASCIA Action Plan;
  - 7.3.3. provide an up to date photo for the ASCIA Action Plan when that plan is provided to the school and when it is reviewed; and
  - 7.3.4. provide the school with an adrenaline autoinjector that is current and not expired for their child.

## **PART D: SCHOOL MANAGEMENT OF ANAPHYLAXIS**

### **8. Prevention Strategies**

- 8.1. A school's anaphylaxis management policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction.

### **9. School management and emergency response**

- 9.1. 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.
- 9.2. The school's anaphylaxis management policy must include procedures for emergency response to anaphylactic reactions including:
  - 9.2.1. a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;

- 9.2.2. details of Individual Anaphylaxis Management Plans and ACSIA Action Plans and where these can be located:
  - (a) during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
  - (b) during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;
- 9.2.3. information about storage and accessibility of adrenaline autoinjectors including those for general use; and
- 9.2.4. how communication with school staff, students and parents is to occur in accordance with a communications plan that complies with clause 11.
- 9.3. The school's anaphylaxis management policy must state that when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the principal must ensure that there is a sufficient number of school staff present who have been trained in accordance with clause 12.
- 9.4. The school's anaphylaxis management policy must state that in the event of an anaphylactic reaction, the emergency response procedures in its policy must be followed, together with the school's general first aid and emergency response procedures and the student's ASCIA Action Plan.

#### **10. Adrenaline Autoinjectors for General Use**

- 10.1. A school's anaphylaxis management policy must prescribe the purchase of adrenaline autoinjectors for general use as follows:
  - 10.1.1. the principal is responsible for arranging for the purchase of additional adrenaline autoinjector(s) for general use and as a back up to those supplied by parents;
  - 10.1.2. the principal will determine the number and type of adrenaline autoinjector(s) for general use to purchase and in doing so consider all of the following:
    - (a) the number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction;
    - (b) the accessibility of adrenaline autoinjectors that have been provided by parents;
    - (c) the availability of a 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; and
    - (d) that adrenaline autoinjectors have a limited life, usually expire within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

#### **11. Communication Plan**

- 11.1. A school's anaphylaxis management policy must contain a communication plan that includes the following information:

- 11.1.1. that 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;
- 11.1.2. strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction:
  - (a) during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
  - (b) during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;
- 11.1.3. procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction of a student in their care; and
- 11.1.4. that the principal of a school is responsible for ensuring that the school staff identified in clause 12.1 are:
  - (a) trained; and
  - (b) briefed at least twice per calendar year
 in accordance with clause 12.

## 12. Staff Training

- 12.1. A school's anaphylaxis management policy must state that the following school staff must be trained in accordance with this clause:
  - 12.1.1. school staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend; and
  - 12.1.2. any further school staff that the principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.
- 12.2. A school's anaphylaxis management policy must state that school staff who are subject to training requirements in accordance with clause 12.1 must:
  - 12.2.1. have successfully completed an anaphylaxis management training course in the three years prior; and
  - 12.2.2. participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis management training course in the 12 months prior, on:
    - (a) the school's anaphylaxis management policy;
    - (b) the causes, symptoms and treatment of anaphylaxis;
    - (c) the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;



- (d) how to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector;
- (e) the school's general first aid and emergency response procedures; and
- (f) the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

12.3. If for any reason training and briefing has not yet occurred in accordance with clauses 12.2.1 and 12.2.2, the principal must develop an interim plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.

### 13. Annual Risk Management Checklist

13.1. A school's anaphylaxis management policy must include a requirement that the principal complete an annual Risk Management Checklist to monitor their obligations, as published and amended by the Department from time to time.

Dated this 27<sup>th</sup> day of February 2014.



The Hon. Martin Dixon MP

MINISTER FOR EDUCATION

## Appendix 2: Sample Anaphylaxis Management Policy

### Ministerial Order 706 – Anaphylaxis Management in Schools

#### School Name

Note: this is only a sample. Your School must develop/update its own anaphylaxis management policy. Schools should read the Anaphylaxis Guidelines for Victorian Schools when developing/updating their anaphylaxis management policies.

#### School Statement

A statement that the school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

Note: this statement will acknowledge the School's responsibility to develop and maintain an Anaphylaxis Management Policy.

#### Individual Anaphylaxis Management Plans

Note: A template of an Individual Anaphylaxis Management Plan can be found in Appendix 3 of the Anaphylaxis Guidelines for Victorian Schools or the Department's website:  
<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>

The Principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's Parents, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls, and where possible before their first day of school.

The Individual Anaphylaxis Management Plan will set out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
- strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School Staff, for in-school and out-of-school settings including 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 strategies;
- information on where the student's medication will be stored;
- the student's emergency contact details; and
- an ASCIA Action Plan.

Note: The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by Medical Practitioners to Parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found in Appendix 3 of the Anaphylaxis Guidelines or downloaded from <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>

School Staff will then implement and monitor the student's Individual Anaphylaxis Management Plan.

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

- annually;
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
- as soon as practicable after the student has an anaphylactic reaction at School; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

The School's Anaphylaxis Management Policy must state that it is the responsibility of the Parents to:

- provide the ASCIA Action Plan;
- inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
- provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

## **Prevention Strategies**

**Note: Chapter 8 of the Anaphylaxis Guidelines for Victorian Schools contains advice about a range of Prevention Strategies that can be put in place.**

This section should detail the Risk Minimisation and Prevention Strategies that your School will put in place for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in canteens;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

## **School Management and Emergency Response**

**Note: Chapter 9 of the Anaphylaxis Guidelines for Victorian Schools contains advice about procedures for School management and emergency response for anaphylactic reactions.**

The School's Anaphylaxis Management Policy must include procedures for emergency response to anaphylactic reactions. The procedures should include the following:

- a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these can be located:
  - in a classroom;
  - in the school yard;
  - in all school buildings and sites including gymnasiums and halls;
  - on school excursions;
  - on school camps; and
  - at special events conducted, organised or attended by the school.
- Information about the storage and accessibility of Adrenaline Autoinjectors;
- how communication with School Staff, students and Parents is to occur in accordance with a communications plan.

## **Adrenaline Autoinjectors for General Use**

The Principal will purchase Adrenaline Autoinjector(s) for General Use (purchased by the School) and as a back up to those supplied by Parents.

The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will 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 or organised by the School; and
- the Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first.

**Note:** Adrenaline Autoinjectors for General Use are available for purchase at any chemist. No prescriptions are necessary.

## Communication Plan

**Note:** Chapter 11 of the Anaphylaxis Guidelines for Victorian government Schools has advice about strategies to raise staff and student awareness, working with Parents and engaging the broader school community.

This section should set out a Communication Plan 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 by 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; and
- during off-site or out of school activities, including on excursions, school camps and at special events conducted or organised by the School.

The Communication Plan must include procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

It is the responsibility of the Principal of the School to ensure that relevant School Staff are:

- trained; and
- briefed at least twice per calendar year.

## Staff Training

The following School Staff will be appropriately trained:

- School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- Any further School Staff that are determined by the Principal.

The identified School Staff will undertake the following training:

- an Anaphylaxis Management Training Course in the three years prior; and
- participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
  - o the School's Anaphylaxis Management Policy;
  - o the causes, symptoms and treatment of anaphylaxis;
  - o 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;
  - o how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
  - o the School's general first aid and emergency response procedures; and
  - o the location of, and access to, Adrenaline Autoinjector that have been provided by Parents 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 enrolls, and preferably before the student's first day at School.

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

Note: A video has been developed and can be viewed from  
<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

### **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.

Note: A template of the Risk Management Checklist can be found at Appendix 4 of the Anaphylaxis Guidelines for Victorian Schools or the Department's website:  
<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

## Appendix 3: Individual Anaphylaxis Management Plan

<p>This plan is to be completed by the Principal or nominee on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) provided by the Parent.</p> <p>It is the Parents' responsibility to provide the School with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's Medical Practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.</p>			
<b>School</b>		<b>Phone</b>	
<b>Student</b>			
<b>DOB</b>		<b>Year level</b>	
<b>Severely allergic to:</b>			
<b>Other health conditions</b>			
<b>Medication at school</b>			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>EMERGENCY CONTACT DETAILS (ALTERNATE)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>Medical practitioner contact</b>	<b>Name</b>		
	<b>Phone</b>		

<b>Emergency care to be provided at school</b>			
<b>Storage for Adrenaline Autoinjector (device specific) (EpiPen®/Anapen®)</b>			
<b>ENVIRONMENT</b>			
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.			
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>
<b>Name of environment/area:</b>			
<b>Risk identified</b>	<b>Actions required to minimise the risk</b>	<b>Who is responsible?</b>	<b>Completion date?</b>

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

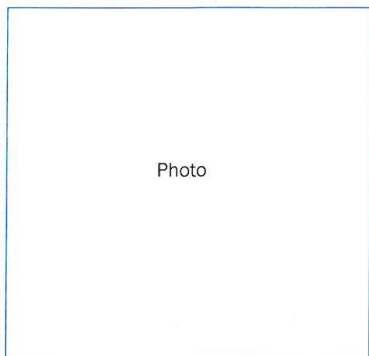
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# ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name: \_\_\_\_\_  
Date of birth: \_\_\_\_\_



Photo

Confirmed allergens: \_\_\_\_\_

Asthma Yes ☐ No ☐

Family/emergency contact name(s): \_\_\_\_\_

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by: \_\_\_\_\_

Dr: \_\_\_\_\_

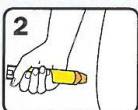
Signed: \_\_\_\_\_

Date: \_\_\_\_\_

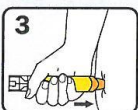
## How to give EpiPen®



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



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 10 seconds.

REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at:  
[www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

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## MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

## ACTION

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

**Mild to moderate allergic reactions may or may not precede anaphylaxis**

Watch for any one of the following signs of anaphylaxis

## ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- 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)

## ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr**
- 3 Phone ambulance\* 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

### If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally.  
If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information \_\_\_\_\_

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

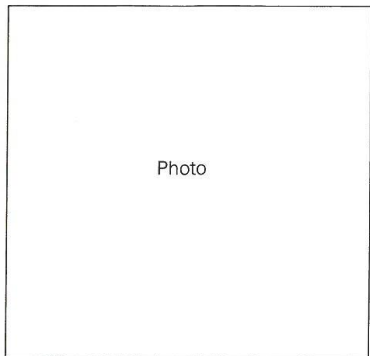


# ACTION PLAN FOR Anaphylaxis

For use with Anapen® Adrenaline Autoinjectors

Name: \_\_\_\_\_

Date of birth: \_\_\_\_\_



Photo

Confirmed allergens:

Asthma Yes ☐ No ☐

Family/emergency contact name(s):

Work Ph: \_\_\_\_\_

Home Ph: \_\_\_\_\_

Mobile Ph: \_\_\_\_\_

Plan prepared by:

Dr: \_\_\_\_\_

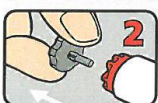
Signed: \_\_\_\_\_

Date: \_\_\_\_\_

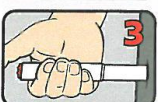
## How to give Anapen®



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 10 seconds. REMOVE Anapen® and DO NOT touch needle. Massage injection site for 10 seconds.

Instructions are also on the device label and at:  
[www.allergy.org.au/anaphylaxis](http://www.allergy.org.au/anaphylaxis)

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## MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

## ACTION

- For insect allergy, flick out sting if visible. Do not remove ticks.
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed) .....
- Dose: .....
- Phone family/emergency contact

**Mild to moderate allergic reactions may or may not precede anaphylaxis**

Watch for any one of the following signs of anaphylaxis

## ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

- 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)

## ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.
- 2 Give Anapen® 300 or Anapen® 150
- 3 Phone ambulance\* 000 (AU), 111 (NZ), 112 (mobile)
- 4 Phone family/emergency contact
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)

## If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

Anapen® 300 is generally prescribed for adults and children over 5 years.

Anapen® 150 is generally prescribed for children aged 1-5 years.

\*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information \_\_\_\_\_

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

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; and
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
I have consulted the Parents of the students and the relevant School Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of Principal (or nominee):	
Date:	

## Appendix 4: Annual Risk Management Checklist

School Name:		
Date of Review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name	
	Position	
Comments:		
<b>General Information</b>		
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. 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	
<b>SECTION 1: Individual Anaphylaxis Management Plans</b>		
7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. 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?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after School, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are they kept?	
11. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors</b>	
12. Where are the student(s) Adrenaline Autoinjectors stored?	
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the storage unlocked and accessible to School Staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Are the Adrenaline Autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No

18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. 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
25. Where are these first aid kits located?	
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. 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
<b>SECTION 3: Prevention Strategies</b>	
28. 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
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: School Management and Emergency Response	
32. 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
33. Do School Staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<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
35. Does your plan include who will call the Ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<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
38. 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
39. Who will make these arrangements during excursions? .....	
40. Who will make these arrangements during camps? .....	
41. Who will make these arrangements during sporting activities? .....	
42. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed 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 with a medical condition that relates to allergy and the potential for an anaphylactic reaction, 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 practise 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
<b>SECTION 4: Communication Plan</b>	
44. 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
45. 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?	
46. How is this information kept up to date?	
47. 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
48. What are they?	