ANAPHYLAXIS MANAGEMENT POLICY AND PROCEDURES

Ministerial Order 706 – Anaphylaxis Management in Schools

AIREYS INLET PRIMARY SCHOOL

School Statement

Aireys Inlet Primary School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

Staff training

At Aireys Inlet Primary School the Principal, one member of the Administration team and all classroom teaching staff will be trained to meet the anaphylaxis training requirements of MO706.

Option	Completed by	Course	Provider	Cost	Valid for
	All school staff **AND** **2 staff** per school	*ASCIA Anaphylaxis e-training for Victorian Schools* followed by a competency check by the School Anaphylaxis Supervisor *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC*	ASCIA Asthma Foundation	Free to all schools Free from the Asthma Foundation (for government schools)	2 years 3 years

In addition, all staff will 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:

- title and legal requirements as outlined in Ministerial Order 706
- pictures of the students at your school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
- signs and symptoms of anaphylaxis
- ASCIA Anaphylaxis e-training
- ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen®
- First Aid policy and emergency response procedures
- on-going support and training.

The briefing will be conducted by Jen Abel nominated as the School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the last 2 years.

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. Training will be provided to relevant school staff as soon as practicable after the student enrols, and preferably before the student's first day at school.

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.

Individual Anaphylaxis Management Plans

A template of an Individual Anaphylaxis Management Plan can be found in Appendix E of the Anaphylaxis Guidelines for Victorian Schools or the Department's website:

http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.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 enrols, 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/anaphylaxisschl.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).

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

At Aireys Inlet Primary School we recommended that school activities don't place pressure on students to try foods, whether they contain a known allergen or not.

Risk minimisation strategies will be considered for all relevant in-school and out-of-school settings which may include 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 periods during which yard supervision is provided
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

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

Risk minimisation strategies are included at **Appendix F** which, are considered by Aireys Inlet school staff, for the purpose of developing strategies for in-school and out-of-school settings.

School Management and Emergency Response

Role and responsibilities of school staff

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

To assist school staff who conduct classes attended by students at risk of anaphylaxis, and other school staff where relevant, a summary guide of the key obligations under the Order and suggested risk minimisation strategies are set out below.

	Know and understand the school's Anaphylaxis Management Policy.
	Know the identity of students who are at risk of anaphylaxis. Know the students by face and, if possible, know what their specific allergy is.
	Understand the causes, symptoms, and treatment of anaphylaxis.
	Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector. Refer to Chapter 5 for more details.
	Know where to find a copy of each student's ASCIA Action Plan for Anaphylaxis quickly, and follow it in the event of an allergic reaction.
	Know the school's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction.
	Know where students' adrenaline autoinjectors and the adrenaline autoinjectors for general use are kept.
	Know and follow the risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.
	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 an allergy risk for him or her.
	Avoid the use of food treats in class or as rewards, as these may contain allergens. Consider the alternative strategies provided in this document. Work with parents to provide appropriate treats for students at risk of anaphylaxis.

	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.
	Be aware of the risk of cross-contamination when preparing, handling and displaying food.
	Make sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food.
	Raise student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a school environment that is safe and supportive for their peers.

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.

Communication Plan

The Communication Plan includes 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 includes 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.

Responding to an incident- Emergency Response

A member of the school staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan for Anaphylaxis:

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

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

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

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

In the school environment

- Classrooms - classroom phones/personal mobile phones will be used to raise the alarm that a reaction has occurred.
- Yard - mobile phones, or a card alert system will be used while on yard duty.

In order to get an adrenaline autoinjector to a student as quickly as possible:

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

Out-of-school environments

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

How to administer an EpiPen®	
	Remove from plastic container.
	Form a fist around EpiPen® and pull off the blue safety release (cap).
	Place orange end against the student's outer mid-thigh (with or without clothing).
	Push down hard until a click is heard or felt and hold in place for 10 seconds.
	Remove EpiPen®.
	Massage injection site for 10 seconds.
	Note the time you administered the EpiPen®.
	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	
	Immediately call an ambulance (000).
	Lay the student flat – if breathing is difficult, allow them to sit. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand. If vomiting or unconscious, lay them on their side (recovery position) and check their airway for obstruction.

		Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the school staff to move other students away in a calm manner and reassure them. These students should be adequately supervised during this period.
		In the situation where there is no improvement or **severe symptoms** progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available (such as the adrenaline autoinjector for general use).
		Then contact the student's emergency contacts.
		The Principal will, contact Security Services Unit, Department of Education and Training 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).

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

Ratified by School Council……..March 2022

Appendix E: Individual Anaphylaxis Management Plan

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.

It is the parent's responsibility to provide the school with a copy of the student's ASCIA Action Plan for Anaphylaxis containing the emergency procedures plan (signed by the student's medical practitioner) and an up-to-date photo of the student - to be appended to this plan; and to inform the school if their child's medical condition changes.

School		**Phone**	

Student			
DOB		**Year level**	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		**Name**	
Relationship		**Relationship**	
Home phone		**Home phone**	
Work phone		**Work phone**	
Mobile		**Mobile**	
Address		**Address**	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		**Name**	
Relationship		**Relationship**	
Home phone		**Home phone**	
Work phone		**Work phone**	
Mobile		**Mobile**	
Address		**Address**	
Medical practitioner contact	**Name**		
	Phone		
Emergency care to be provided at school			

Storage location for adrenaline autoinjector (device specific) (EpiPen®)	

ENVIRONMENT

To be completed by principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

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

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

ACTION PLAN FOR Anaphylaxis

For EpiPen® adrenaline (epinephrine) autoinjectors

Name: _____

Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by Dr or NP:

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

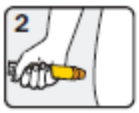
Signed: _____

Date: _____

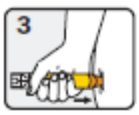
Action Plan due for review: _____

How to give EpiPen®

Form flat around EpiPen® and PULL OFF BLUE SAFETY RELEASE



Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds

REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of anaphylaxis for insect allergy)

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

Mild to moderate allergic reactions (such as hives or swelling) may not always occur before anaphylaxis

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

- Difficult/noisy breathing
- Swelling of tongue
- Swelling/tightness in throat
- Wheeze or persistent cough
- Difficulty talking and/or hoarse voice
- Persistent dizziness or collapse
- Pale and floppy (young children)

ACTION FOR ANAPHYLAXIS

1 Lay person flat - do NOT allow them to stand or walk

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit

2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector

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

4 Phone family/emergency contact

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

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

If in doubt give adrenaline autoinjector

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

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

Asthma reliever medication prescribed: ☐ Y ☐ N

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

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

<table>
<tr><td colspan="2">This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):
• annually
• if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
• as soon as practicable after the student has an anaphylactic reaction at school
• when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.
I consent to the risk minimisation strategies proposed.
Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines</td></tr>
<tr><td>Signature of parent:</td><td></td></tr>
<tr><td>Date:</td><td></td></tr>
<tr><td colspan="2">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.</td></tr>
<tr><td>Signature of principal (or nominee):</td><td></td></tr>
<tr><td>Date:</td><td></td></tr>
</table>

Appendix F: Risk Minimisation strategies at Aireys Inlet Primary School

In-school settings

Classrooms		
		Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom teacher office area. Be sure the ASCIA Action Plan for Anaphylaxis is easily accessible in the advent of an emergency.
		Liaise with parents about food-related activities well ahead of time.
		Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Alternative treat boxes should be clearly labelled and only handled by the student.
		Never give food from outside sources to a student who is at risk of anaphylaxis.
		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.
		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.

		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).
		Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
		Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
		The Principal will 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.

Yard	
	If a school has a student who is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the adrenaline autoinjector (i.e. EpiPen®) and be able to respond quickly to an allergic reaction if needed.
	The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis must be easily accessible from the yard, and staff should be aware of their exact location. (**Remember that an anaphylactic reaction can occur in as little as a few minutes**). Where appropriate, an adrenaline autoinjector may be carried in the school's yard duty bag.

		Have an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This includes all yard duty staff carrying emergency cards in yard-duty bags, and carrying a mobile phone. 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.
		Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
		Students with severe allergies to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
		Keep lawns and clover mowed and outdoor bins covered.
		Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)		
		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.
		School staff should avoid using food in activities or games, including as rewards.
		For special events involving food, school staff will consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.

		Parents of other students will 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.
		Party balloons should not be used if any student is allergic to latex.
		If students from other schools are participating in an event at your school, we will request information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. Agree on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host and visiting school. Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them to events outside their own school.

Out-of-school settings

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 ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
5.		For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting 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 will consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required).
7.		Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
8.		Prior to the excursion taking place school staff will consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.
9.		If the field trip, excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear. Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to events being held at other schools.

Camps and remote settings		
		Prior to engaging a camp owner/operator's services the school will make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school will strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.
		The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
		The School will not 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.
		The School will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
		School staff will consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. **If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.**
		Use of substances containing known allergens should be avoided altogether where possible.

		Camps should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.
		Prior to the camp taking place school staff should consult with the student's parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
		The student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone **must** be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone. All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
		Contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
		It is strongly recommended that schools take an adrenaline autoinjector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
		Schools should consider purchasing an adrenaline autoinjector for general use to be kept in the first aid kit and include this as part of the emergency response procedures.
		Each student's adrenaline autoinjector should remain close to the student and school staff must be aware of its location at all times.

		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.
		Students with allergies to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
		Cooking and art and craft games should not involve the use of known allergens.
		Consider the potential exposure to allergens when consuming food on buses and in cabins.

Appendix G: Annual risk management checklist

(to be completed at the start of each year)

School name:	

Date of review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	

General information	
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline autoinjector?	
2. How many of these students carry their adrenaline autoinjector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	☐ Yes ☐ No
a. If Yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	☐ Yes ☐ 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?	☐ Yes ☐ No
a. If Yes, how many times?	
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	☐ Yes ☐ No

SECTION 1: Training	
7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years?	☐ Yes ☐ No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	☐ Yes ☐ No
9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	☐ Yes ☐ No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	☐ Yes ☐ No
b. b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	☐ Yes ☐ No
SECTION 2: Individual Anaphylaxis Management Plans	
11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	☐ Yes ☐ No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	☐ Yes ☐ No
13. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	☐ Yes ☐ No
b. In canteens or during lunch or snack times	☐ Yes ☐ No

c. Before and after school, in the school yard and during breaks	☐ Yes ☐ No
d. For special events, such as sports days, class parties and extra-curricular activities	☐ Yes ☐ No
e. For excursions and camps	☐ Yes ☐ No
f. Other	☐ Yes ☐ No
14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?	☐ Yes ☐ No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	☐ Yes ☐ No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?	☐ Yes ☐ No
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	☐ Yes ☐ No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	☐ Yes ☐ No
20. Is the storage safe?	☐ Yes ☐ No

21. Is the storage unlocked and accessible to school staff at all times? Comments:	☐ Yes ☐ No
22. Are the adrenaline autoinjectors easy to find? Comments:	☐ Yes ☐ No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	☐ Yes ☐ No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	☐ Yes ☐ No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who? ……	☐ Yes ☐ No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	☐ Yes ☐ No
27. Has the school signed up to EpiClub (optional free reminder services)?	☐ Yes ☐ No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	☐ Yes ☐ No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	☐ Yes ☐ No
30. Where are these first aid kits located? Do staff know where they are located?	☐ Yes ☐ No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	☐ Yes ☐ No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	☐ Yes ☐ No

SECTION 4: Risk Minimisation strategies	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	☐ Yes ☐ No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	☐ Yes ☐ No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	☐ Yes ☐ No
SECTION 5: School management and emergency response	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	☐ Yes ☐ No
37. Do school staff know when their training needs to be renewed?	☐ Yes ☐ No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	☐ Yes ☐ No
a. In the class room?	☐ Yes ☐ No
b. In the school yard?	☐ Yes ☐ No
c. In all school buildings and sites, including gymnasiums and halls?	☐ Yes ☐ No
d. At school camps and excursions?	☐ Yes ☐ No
e. On special event days (such as sports days) conducted, organised or attended by the school?	☐ Yes ☐ No
39. Does your plan include who will call the ambulance?	☐ Yes ☐ No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	☐ Yes ☐ No

41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	☐ Yes ☐ No
a. The class room?	☐ Yes ☐ No
b. The school yard?	☐ Yes ☐ No
c. The sports field?	☐ Yes ☐ No
d. The school canteen?	☐ Yes ☐ No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	☐ Yes ☐ No
43. Who will make these arrangements during excursions? ……..	
44. Who will make these arrangements during camps? ……..	
45. Who will make these arrangements during sporting activities? ……..	
46. Is there a process for post-incident support in place?	☐ Yes ☐ No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	☐ Yes ☐ No
b. The causes, symptoms and treatment of anaphylaxis?	☐ Yes ☐ No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	☐ Yes ☐ No

d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	☐ Yes ☐ No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	☐ Yes ☐ No
f. Where the adrenaline autoinjector(s) for general use is kept?	☐ Yes ☐ No
g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	☐ Yes ☐ No
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	☐ Yes ☐ No
b. To students?	☐ Yes ☐ No
c. To parents?	☐ Yes ☐ No
d. To volunteers?	☐ Yes ☐ No
e. To casual relief staff?	☐ Yes ☐ No
49. Is there a process for distributing this information to the relevant school staff?	☐ Yes ☐ No
a. What is it?	
50. How will this information kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	☐ Yes ☐ No

52. What are they?	