

## Anaphylaxis Management Policy

<b>Last Review:</b> 16 <sup>th</sup> September 2025	<b>Constructed / Reviewed by:</b> The Knox School with Russell Kennedy Lawyers
<b>Next Review:</b> 16 <sup>th</sup> September 2027 (and every two years thereafter in accordance with the School's review cycle, or more frequently as required)	<b>Approval Required:</b> Board
<b>Document Date:</b> 16 <sup>th</sup> September 2025	<b>Board Sign Off Date:</b> 16 <sup>th</sup> September 2025

### 1. Preamble

Ministerial Order 706 sets out the anaphylaxis-management requirements that The Knox School (**the School**) follows as a minimum standard for school registration under Part IV of the *Education and Training Reform Act 2006* (Vic).

The School is committed to complying with Ministerial Order 706, and this policy seeks to, so far as practicable, provide a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of schooling.

This policy is to be read in conjunction with the School's First Aid and Emergency Response policies, as well as its Anaphylaxis Communication Plan.

### 2. Rationale

Anaphylaxis is a whole-of-community responsibility. It is imperative, therefore, that as far as practicable, the School should be a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.

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

The key to prevention of anaphylaxis at the School is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between the School and parents are important in ensuring that certain foods or items are kept away from the student while at the School.

### 3. Aim

This policy aims to:

- Comply with Ministerial Order 706 and the associated guidelines on anaphylaxis managed, published and amended by the Department of Education and Training from time to time.
- Provide as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the school program and experiences.

- Minimise the risk of an anaphylactic reaction occurring while students are in the care of the School.
- Ensure staff members (and especially those with a duty of care to the School's students) have adequate knowledge about allergies, anaphylaxis and the School's policy and protocols in responding to an anaphylactic reaction.
- Ensure that staff members respond appropriately to an anaphylactic reaction by initiating appropriate treatment, including competently administering an Adrenaline Auto-injector.
- Engage with parents / carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies, management strategies and an individual anaphylaxis management plan for the student.
- Raise the school community's awareness of anaphylaxis and its management through education, compliance to policy, and risk minimisation strategies.

#### **4. Application**

This policy applies to parents of students, the Board, the Principal, School staff, volunteers, contractors, labour hire workers, secondees and other authorised personnel of the School required to perform functions on the School's premises or at events or activities held in connection with the School (including those occurring off-site).

The School recognises the importance of ensuring that all staff are trained in the identification of risk factors, the recognition of early signs of an anaphylactic episode and the use of an adrenaline auto-injector.

Staff and parents / guardians need to be made aware that it is not possible to achieve a completely allergen-free environment in any context that is open to the general community. Staff should not have a false sense of security that an allergen has been eliminated from the environment. Instead, the School recognises the need to adopt a range of procedures and risk minimisation strategies to reduce the risk of a student having an anaphylactic reaction, including strategies to minimise the presence of the allergen.

#### **5. Relevant Legislation**

- *Children's Services and Education and Training Reform (Anaphylaxis Management) Amendment Act 2008*
- *Health Records Act 2001*
- *Ministerial Order 706*
- *Occupational Health and Safety Act 2004*
- State of Victoria, Department of Education and Training:
  - *Anaphylaxis Guidelines (as amended or replaced from time to time.)*
  - *Anaphylaxis Management in Schools*

#### **6. Related Policies and Documents**

- ASCIA Action Plan for Anaphylaxis
- School Documents:

- Anaphylaxis Communication Plan
- Emergency Management Plan
- Crisis Management Plan
- Management of Medical Conditions

## 7. Definitions

### *Allergen*

- (a) A substance that can cause an allergic reaction.
- (b) The most common allergens in school aged children are 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 / shellfish (e.g. oysters, lobsters, clams, mussels, shrimps, crabs and prawns). Other common allergens include some insect bites, particularly bee stings but also wasp and jumper jack ant stings, tick bites, some medications (e.g. antibiotics and anaesthetic drugs) and latex.

### *Allergy*

- (a) An immune system response to something that the body has identified as an allergen. People genetically programmed to make an allergic response will make antibodies to particular allergens.

### *Allergic reaction*

- (a) A generalised allergic reaction is characterised by one or more symptoms or signs of skin and / or gastrointestinal tract involvement without respiratory and / or cardiovascular involvement.

### *Anaphylaxis*

- (a) Anaphylaxis is a severe and sudden allergic reaction when a person is exposed to an allergen.
- (b) See Appendix 1 – Signs and Symptoms of anaphylaxis.

### *Anaphylaxis Action Plan*

- (a) It is recommended to have a student's medical management plan prepared and signed by a Doctor providing the child's name and allergies, a photograph of the child and clear instructions on treating an anaphylactic episode. An example of this is the Australian Society of Clinical Immunology and Allergy (hereafter referred to as ASCIA) Action Plan. It is best to have the student's most current school photo included on this action plan, to assist with identification in the school setting.

### *Adrenaline Auto- injector*

- (a) A device containing a single dose of adrenaline, delivered via a spring-activated needle, which is concealed until administered. There are different dose levels for adrenaline auto-injector devices (being an Anapen or an EpiPen) which vary according to body weight and age.

### *Anaphylaxis Supervisor*

- (a) A staff member nominated by the Principal to undertake appropriate training to be able to verify the correct use of an adrenaline auto-injector devices and lead the twice-yearly briefings on the School Anaphylaxis Management Policy. This person is the liaison between parents / guardians of a student at risk of anaphylaxis and the School.
- (b) See 15 *Roles and Responsibilities of School Nurse / Anaphylaxis Supervisor* for further information.

#### *Adrenaline Auto- injector Kit*

- (a) An insulated pouch storing a current adrenaline auto-injector with a tag of the student is attached, indicating the related allergy. This is stored in the students Year level box in the Health Centre. The ASCIA Anaphylaxis Action Plan is located in the Schools Student Information System and in the 'High Risk' Folder located in the Health Centre.

#### *Intolerance*

- (a) Often confused with allergy, intolerance is a reproducible reaction to a substance that is not due to the immune system.

#### *Risk minimisation*

- (a) A practice of reducing risks to a student at risk of anaphylaxis by removing, as far as is practicable, major sources of the allergen from the service and developing strategies to help reduce risk of an anaphylactic reaction.

#### *Students at risk of anaphylaxis*

- (a) Those students whose allergies have been medically diagnosed and who are at risk of anaphylaxis.

### **8. Statement Of Compliance**

The School will comply with Ministerial Order 706 (MO706), including guidelines related to anaphylaxis management in schools as published and amended by the Department of Education and Training from time to time.<sup>1</sup>

### **9. Individual Anaphylaxis Management Plans**

The Principal will ensure that an **Individual Anaphylaxis Management Plan (IAMP)** is developed by the School Nurse in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis, and where the School has been notified of the diagnosis.

A student's ASCIA Action Plan must be provided to the School before enrolment commences. The IAMP will be in place as soon as practicable after the student enrolls at the School. The IAMP will be in a format approved by the ASCIA and will set out the following:

- Information about the student including:
  - Name.
  - Date of birth.
  - Recent photograph of the student.

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<sup>1</sup> See Ministerial Order 706, Section 6.1.

Note: the Order does NOT apply to Outside School Hours Care (OSHC) programs, whether run by the school or an external provider

- List of potential allergens.
- Family and emergency contact details.
- Details of the medical practitioner who prepared or was involved in the preparation of the IAMP.
- Signature of the above medical practitioner on the student's Action Plan.
- Medications prescribed to the student and any comorbidities (e.g. Asthma).
- 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).
- 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 on campus and off campus settings including camps and excursions or at special events conducted, organised or attended by the School.
- A risk assessment with strategies implemented 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.
- An ASCIA Action Plan, provided by the parent, that:
  - Sets out the emergency procedures to be taken in the event of an allergic reaction.
  - Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan, and
  - Includes an up to date photograph of the student: preferably a current school photo.
- The student's IAMP will be reviewed in consultation with the student's parents / guardians:
  - Annually, or more frequently as applicable.
  - If the student's medical condition changes, in so far as it relates to allergy and the potential for anaphylactic reaction.
  - As soon as practicable after a student has an anaphylactic reaction at the School.
  - When a student is to participate in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.
- IAMP's are located on the students Synergetic (or Student Information System) Profile 'Private Note' section plus a copy is stored with the Action Plan found in the Health Centre - see Management of Anaphylaxis (Prevention & Risk Minimisation Strategies) – Documentation and Medication below.

The DET provides access to a template of the above stated plan.<sup>2</sup> The '[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.

### **9.1. Students Carrying Their Own Adrenaline Auto-injector**

The decision whether a student can carry their own adrenaline auto-injector should be made when developing the student's IAMP, in consultation with the student, the student's parents / medical practitioner.

If a student carries their own adrenaline auto-injector, it may be prudent to keep a second adrenaline auto-injector (provided by the parent) on-site in an easily accessible, unlocked location that is known to all School Staff (Health Centre).

## **10. Management Of Anaphylaxis (Prevention & Risk Minimisation Strategies)**

The key to prevention of anaphylaxis is the identification of triggers or allergen and avoiding them. Factors to consider are:

- Allergen.
- Age of student.
- Severity of allergy based on information from the parent and medical practitioner.
- Activities of the student.
- Facilities and the general school environment.

A common-sense approach to prevention and management of anaphylaxis is encouraged. 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.

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. It is recommended that staff determine which strategies for various settings set out below 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. Risk minimisation strategies should be considered for all relevant on campus and off campus settings. Not all strategies will be relevant for each circumstance.

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. 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 policy and procedures to prevent Bullying and Harassment.

For further information refer to the *Anaphylaxis Communication Plan* for further information.

The School shall:

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<sup>2</sup> <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>

- Ensure that staff members responsible for the students at risk of anaphylaxis attend appropriate training, in accordance with Ministerial Order 706. Staff should therefore be able to respond quickly to an anaphylactic reaction if needed. This includes all activities organised by the School – both on site, and off site including between locations on a bus.
- Ask all parents / guardians as part of the enrolment procedure, prior to their student's attendance at the School, whether the student has allergies and document this information on the student's enrolment record. If the student has allergies, ask the parents / guardians to provide an ASCIA approved medical management plan signed by a medical practitioner.
- Ensure that no student who has been prescribed an adrenaline auto-injector is permitted to attend the School or its programs without that adrenaline auto-injector. Any student identified with the risk of anaphylaxis is not to attend the School until ASCIA Action Plan and adrenaline auto-injector are submitted.
- Keep a complete and current register of students at risk of anaphylaxis. Information is found in the Student Information System database and in the 'High Risk' Folder in the Health Centre. For further information, refer to the *Roles and Responsibilities* of School Nurse / Anaphylaxis Supervisor section of this policy.

#### **10.1. Documentation and Medication**

The School shall:

- Ensure that the adrenaline auto-injector and IAMPs are stored in the Health Centre, a location that is known to all staff, including relief staff; easily accessible to adults (not locked away); inaccessible to students and away from direct sources of heat or cold (i.e. not in a fridge or freezer). Adrenaline auto-injectors are in the medication cupboard, and documentation (IAMPs including action plans) are kept under the workbench.
- Display an ASCIA generic poster, Action Plan for anaphylaxis in a key location at the School, for example, in the classroom, the staff room, or near the medication cupboard.
- Ensure each adrenaline auto-injector is clearly labelled with the student's name, and photo as far as is practicable.
- Student's ASCIA Action Plan are available for all staff on the Schools Student Information System database and can be accessed when the relevant staff member logs into this database (eg. Synergetic or SchoolBox).
- Teaching staff are to be informed of any changes to these plans as soon as practicable.
- Summaries of students and their allergens are located in the staff room and first aid kits, attached to the generic adrenaline auto-injectors.

A short Medical Summary from the Student Information System is provided to staff along with a student's medication which is taken on all School outings. This includes, but is not limited to excursions, camps and at special events conducted, organised or attended by the School. Teachers are to ensure the Action Plans and the medication is close to the student and easily accessible at all times. Staff must be aware of their exact location.

The adrenaline auto-injector should be carried in the School first aid kit; however, the School can consider allowing students, particularly adolescents, to carry their own

adrenaline auto-injector if necessary. All School staff members have a duty of care towards the student even if they do carry their own adrenaline auto-injector.

## **10.2. Avoiding Allergens**

The School has a canteen/ and coffee van which operates five days a week. The following strategies are in place to minimise the risk of food related incidents in class (including class rotations, specialist and elective classes), during recess and lunchtime and at special events (e.g. incursions, sports, cultural days, fetes or class parties):

- Students are encouraged to be aware of their allergens, and avoid them at all costs. This includes purchasing food at the School's cafe (e.g. icy poles and food at special events).
- Teachers in charge of a class / activity are to liaise with parents about food-related activities ahead of time.
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider alternative strategies and work with parents to provide appropriate treats for students at risk of anaphylaxis.
- Staff are to be aware of the possibility of hidden allergens and traces of 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).
- 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. Party balloons should not be used if any student is allergic to latex. Cooking and art and craft games should not involve the use of known allergens.
- Instead of food banning, a 'no-sharing' policy with the students with food allergy approach is encouraged for food, utensils and food containers.
- 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, staff members should carefully consider the use of peanuts, nuts, peanut butter or other peanut or nut products during on campus and off campus activities. 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.
- Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. They should always wear closed shoes and long-sleeved garments when outdoors. 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.

## **10.3. Contamination and Safe Food Handling**

Staff should be wary of the risk of cross-contamination when preparing, handling, displaying or serving food (whether internal or external). 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.

They 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.

Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking. Also make sure that tables and surfaces are wiped down with warm soapy water regularly and that students wash their hands after handling food.

Staff serving food, 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.

#### **10.4. In the yard or otherwise outside of class time**

Outside of class time, the following strategies will be adopted by the School:

- All staff on yard duty are trained in the administration of the adrenaline auto-injector (eg. EpiPen or Anapen) to be able to respond quickly to an anaphylactic reaction if needed.
- Staff on yard duty are required to keep a first aid kit and carry a hand held radio. This includes before school, recess, lunchtime and after school.
- In the case of an emergency during play time / yard duty, staff can use the hand held radio and /or their personal mobile phones and/or send a responsible student to Reception to alert School Nurse/Receptionist.
- If an incident were to occur between classes or during other breaks, students should call for help from a nearby teacher, or come to the Health Centre for assistance. All students should be aware of the location of the Health Centre.
- The adrenaline auto-injectors for general use and each student's IAMP are easily accessible from all areas of the School, and staff are aware of their exact location. Adrenaline auto-injectors for general use can be used whilst the students own adrenaline auto-injector is collected from the Health Centre.
- Efforts will be made to select plants for the school grounds to reduce the most allergenic pollens and avoid those which attract bees.
- Lawns and oval will be mowed regularly.
- Closed shoes are to be worn at all times.
- Bins will be emptied regularly to reduce wasp numbers.
- Students will be reminded to be cautious when eating food or drinking outside by covering drinks or avoiding eating outside.

#### **10.5. Excursions, Camps and Offsite Activities**

For special occasions, camps and extended trips, School Staff will be encouraged to consult parents in advance to either develop an alternative food menu or request that parents provide a meal for the student (if required). 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. Prior to camps / extended trips taking place School Staff should consult with the student's parents / medical practitioner (if necessary) to review the student's IAMP to ensure that it is up

to date and relevant to the particular excursion activity. Parents and staff should consider the potential exposure to allergens when consuming food on buses and in cabins.

Prior to field trip, excursion etc. staff should conduct a risk assessment and develop a risk minimisation strategy for each individual student attending who is at risk of anaphylaxis. These are to be checked by the Risk and Compliance Manager, School Nurse and relevant Head of Sub School. It is recommended that staff consider strategies recommended in the Department Guidelines. This is 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. The risks may vary according to the number of anaphylactic students attending, the nature of the event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners / operators prior to the event dates.

All School staff members present during off site activities 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.

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, or 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 or consider using an alternative service provider. 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.

The School 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. The School has a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.

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).

School Staff participating in offsite events should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the venue provider has in place. An adrenaline auto-injector for general use should be taken on any off-site activity which includes excursions, camps, sporting events, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.

Local emergency services and hospital facilities will be determined prior to the camp. Consideration will be given to alerting such services of the proposed camp and to advise full medical conditions of students at risk, location of camp and location of any off camp activities. Contact details of emergency services are distributed to all staff as part of the emergency response procedures developed for the camp.

## 10.6. Overseas Travel

Students travelling overseas are required to have an ASCIA Travel Plan completed by their doctor before travelling.

For overseas events, staff should consider risk minimisation strategies recommended in the Department Guidelines,<sup>3</sup> and investigate the potential risks at all stages of the overseas travel such as:

- Travel to and from the airport / port; to and from Australia (via aeroplane, ship etc.);
- Various accommodation venues;
- All towns and other locations to be visited;
- Translation of the student's IAMP and ASCIA Action Plan;
- Sourcing safe foods at all of these locations;
- Risks of cross contamination, including:
  - Exposure to the foods of the other students;
  - Hidden allergens in foods;
  - Whether the table and surfaces that the student may use will be adequately cleaned;
  - To prevent a reaction; and
  - Whether the other students will wash their hands when handling food.
- Obtaining emergency contact details and the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited;
- Sourcing the ability to purchase additional adrenaline auto-injector;
- 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;
- Plan an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;
- 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
- Staff / student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

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:

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<sup>3</sup> As above.

- 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.

#### **10.7. Work Experience**

The School 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 auto-injector in case the work experience student shows signs of an allergic reaction whilst at work experience.

#### **11. Storage of adrenaline auto-injectors (including a student's own and those for general use)**

The following procedures will be followed for storage of adrenaline auto-injectors by the School:

- Adrenaline auto-injectors for individual students, or for general use, are stored correctly and able to be accessed quickly.
- Adrenaline auto-injectors are stored in an unlocked, easily accessible place away from direct light and heat, but not in a refrigerator or freezer.
- Each adrenaline auto-injector is clearly labelled with the student's name and stored with a copy of the student's IAMP.
- Adrenaline auto-injectors for general use will be clearly labelled and distinguishable from those for students at risk of anaphylaxis and stored with a general ASCIA Action Plan for anaphylaxis (Orange).
- Adrenaline auto-injector trainer devices (which do not contain adrenaline or a needle) are not stored in the same location as the adrenaline auto-injector which must be used in an emergency (containing adrenaline and a needle) due to the risk of confusion.

- Whenever adrenaline auto-injectors for general use are taken and returned to/from their usual location, such as for camps, excursions or off-site activities, this must be clearly recorded showing date, time and person taking or returning the adrenaline auto-injector for general use.
- During off-site activities, adrenaline auto-injectors will be carried in the School's first aid kit; however, School staff can consider allowing students, particularly senior students with known allergies or risks of anaphylaxis, to carry their own adrenaline auto-injector. Staff are made aware that they still have a duty of care towards the student even if they do carry their own adrenaline auto-injector.
- Adrenaline auto-injectors for general use are stored in numerous locations around the School, along with ventolin and a spacer.

These locations are as follows:

- Junior school Camp Australia room
- Founders Building Teachers Office.
- Lower Senior School Office
- Upper Senior School Office
- Hospitality Centre.
- Sport Centre Office.
- School Canteen (Pavilion).
- Library staff kitchen.
- Main Reception with Defibrillator

Each adrenaline auto-injector for general use (purchased by the School) is labelled 'spare' and stored with an orange ASCIA Action Plan for general use.

- For students in Year 4-12, their adrenaline auto-injector, IAMP and prescribed antihistamine (if applicable) is kept in a labelled pocket and bag in an unlocked cupboard in the Health Centre.
- For students in Junior School (Prep to Year 3), their adrenaline auto-injector, IAMP and prescribed antihistamine (if applicable) is stored in the Camp Australia room in separate, named, insulated bags on personalised hooks, where they are accessible to Out of Hours Child Care staff.
- Pre-prep students their adrenaline auto injector is stored in their room.
- Adrenaline auto-injectors are reviewed monthly by the School Nurse and records maintained.
- Parents are reminded in writing at least 1 month prior to expiry of their child's school adrenaline auto-injectors to arrange a replacement, review the ASCIA Action Plan with a medical practitioner.

## **12. Management Of Anaphylaxis (Emergency Response)**

### **12.1. Self-Administration of the Adrenaline Auto-injector**

It is important to note that students who ordinarily self-administer their adrenaline auto-injector may not physically be able to self-administer due to the effects of a reaction. In relation to these circumstances, School Staff must administer the adrenaline auto-injector to the student, in line with their duty of care for that student.

If a student self-administers an adrenaline auto-injector, one staff member should supervise and monitor the student, and another member of School staff should call 000 / 112 and request an ambulance.

*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.*

## **12.2. Responding to an incident**

It is imperative that an adrenaline auto-injector is administered as soon as possible after an anaphylactic reaction.

Where possible, only School staff with training in the administration of the adrenaline auto-injector should administer the student's adrenaline auto-injector. However, the adrenaline auto-injector is designed so that in an emergency, any person following the instructions in the student's ASCIA Action Plan can administer it.

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).

Staff may use classroom phones / personal mobile phones to raise the alarm that a reaction has occurred.

When the message reaches Reception, a staff member will:

- Deliver the adrenaline auto-injector to the student
- Call an ambulance; and
- Wait for ambulance at a designated School entrance.

## **12.3. Excursions and Camps**

Every excursion / camp 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 must attend each event. 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 auto-injectors, IAMPs and ASCIA Action Plans (i.e. who will be carrying them. Is there a second medical kit? Who has it?);
- 'How' to get the adrenaline auto-injector to a student; and
- 'Who' will call for ambulance response, including giving detailed location address (e.g. Melways reference if city excursion, and best access point or camp address / GPS location).

## **12.4. First Aid for Anaphylaxis**

If a trigger for allergic reaction has occurred, a member of the School staff should:

- Remain with the student at all times and call for help.
- Follow the student's ASCIA Action Plan and look for signs of anaphylaxis.

Action for mild to moderate reactions:

- For insect allergy – flick out sting if visible (the stinger should be scraped out using a hard object like a fingernail, credit card or piece of paper).

- For tick allergy – freeze dry tick and allow to drop off.
- Locate the student's adrenaline auto-injector.
- Give other medications (if prescribed).
- Contact family / emergency contact.

#### Action for Anaphylaxis:

- Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit. If unconscious, lay in recovery position.
- Administer adrenaline auto-injector following the instructions in the student's ASCIA Action Plan.

#### How to Administer an adrenaline auto-injector:

- EpiPen
  - Remove from plastic container and check expiry date.
  - Form a fist around EpiPen and pull off the blue safety release.
  - Hold the leg still and place orange end against the student's outer mid-thigh (with or without clothing. No swabbing of the skin is required).
  - Push down hard until a click is heard or felt and hold in place for 3 seconds.
  - Remove EpiPen.
  - Note the time you administered the EpiPen.
  - The used EpiPen must be handed to the ambulance paramedics along with the time of administration.
- Anapen
  - Check expiry date.
  - Remove the black needle shield.
  - Remove the grey safety cap from the red button.
  - Hold the needle end against the outer part of thigh at 90° angle.
  - You can give the injection through clothing but avoid pockets or seams.
  - Press the red firing button so that it clicks.
  - Hold for 10 seconds.
  - Remove Anapen.
  - Note the time you administered the Anapen.
  - The used Anapen must be handed to the paramedics along with the time of administration.

When the adrenaline auto-injector is administered, the School must:

- Immediately call 000 / 112 and request an ambulance.
- Reassure the student as they are likely to be feeling anxious / 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 staff to move other students away and reassure them elsewhere.
- In the situation where there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second adrenaline auto-injector is available (such as the adrenaline auto-injector for general use).
- Then contact the student's emergency contacts.

#### **12.5. 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, School staff should follow the School First Aid Policy and Procedures.

This should include immediately calling 000 / 112 and requesting an ambulance, administering first aid and contacting the parent / guardian.

It may also include locating and administering an adrenaline auto-injector for general use as outlined above.

#### **12.6. 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 staff may benefit from post-incident counselling. This may be provided by the School counsellor or Psychologist or members of the Student Wellbeing team.

#### **12.7. 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:

- The adrenaline auto-injector must be replaced by the parent as soon as possible.
- If the adrenaline auto-injector for general use has been used, it should be replaced as soon as possible.
- 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 auto-injector for general use being provided.
- The student's IAMP should be reviewed in consultation with the student's parents.



- 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 the School.

### **13. Management Of Anaphylaxis (adrenaline auto-injector for General Use)**

The Principal delegates this responsibility to the School Nurse for management of purchasing additional adrenaline auto-injector(s) for general use and as a back-up to those supplied by parents. These are a back up to those supplied by parents and should have the anaphylaxis student tags attached to all generic adrenaline auto-injectors.

The Principal will determine the number of additional adrenaline auto-injectors 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 having a medical condition that relates to allergy and the potential for anaphylactic reaction;
- The accessibility of adrenaline auto-injectors 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 auto-injectors for general use in specified locations at the School, including in the school yard, as well as at excursions, camps and special events conducted or organised by the School; and
- Adrenaline auto-injector 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.

An adrenaline auto-injector database is maintained and monitored by the School Nurse and ensures the replacement of auto-injectors after use or before the expiry date.

It is recommended that adrenaline auto-injectors for general use be used when:

- A student's prescribed adrenaline auto-injector does not work, is misplaced, out of date or has already been used; or
- Instructed by medical personnel after calling 000 / 112.

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's website.

Trainer adrenaline auto-injectors are not stored in the same location as actual adrenaline auto-injectors to avoid confusion.

### **14. Management Of Anaphylaxis (Communication Plan)**

The School's *Anaphylaxis Communication Plan* includes:

- The way in which the School will provide information to all staff, students, parents and the community about Anaphylaxis, including provision of and access to this policy.
- Procedures to inform volunteers, regular casual relief staff and trainees of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction of a student in their care.

Awareness of Anaphylaxis is raised within the School community through the display of fact sheets, posters and direct communication from the School Nurse.

## 15. Management Of Anaphylaxis (Training)<sup>4</sup>

All staff have a responsibility to participate in the risk management and care of students at risk of Anaphylaxis. This includes educating the School community and maintaining awareness of Anaphylaxis and allergic reactions.

The Principal will ensure a sufficient number of staff receive anaphylaxis training that is comprehensive and complies with the Ministerial Order 706. General First Aid training does NOT meet the anaphylaxis training requirements under MO706.

The Department recommends that ALL Victorian school staff undertake the online training course.

As a minimum, the following School staff will be appropriately trained in accordance with clause 12 of MO706:

- Staff who conduct classes attended by students who are at risk of anaphylaxis; and
- Any other School staff as determined by the Principal to attend based on an assessment of risk of anaphylactic reaction occurring while the student is under the care of supervision of the School.

Staff must complete one of the following options to meet the anaphylaxis training requirements of MO706 and record the dates that training has occurred.

The School will implement Option 1, as recommended by the DET for all school staff. The Principal will ensure that school staff identified in accordance with option 2 have completed a face to face anaphylaxis management training course in the three years prior in accordance with option 2.

Option	Completed by	Course	Provider	Valid for
<b>Option 1</b>	<b>All School staff</b>	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	2 years
	<b>AND</b> <b>2 staff</b> per school (Anaphylaxis Supervisor)	<i>Course in Verifying the Correct Use of Adrenaline Auto-injector Devices 22578VIC</i>	HeroHQ	3 years
<b>Option 2</b>	School staff as determined by the Principal	<i>Course in First Aid Management of Anaphylaxis 22578VIC<sup>5</sup></i>	Any RTO that has this course in their scope of practice	3 years

<sup>4</sup> DET: Guidance for Developing an Anaphylaxis Management Policy for your School

<sup>5</sup> 22578VIC replaces previous 22300VIC.

<b>Option 3</b>	School staff as determined by the Principal	<i>Course in Anaphylaxis Awareness</i>	Any RTO that has this course in their scope of practice	3 years
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In addition, all staff are to 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.
- The School Anaphylaxis Management Policy;
- The causes, symptoms and treatment of anaphylaxis;
- The identities of students at the School at risk of anaphylaxis (including their photo), their allergens, year levels and risk management plans that are in place.
- ASCIA Anaphylaxis e-training.
- ASCIA Action Plan for Anaphylaxis and how to administer an adrenaline auto-injector, including hands on practice with a trainer adrenaline auto-injector;
- The School's general first aid policies and emergency response procedures; and
- The location of, and access to, adrenaline auto-injector that have been provided by parents or purchased by the School for general use
- On-going support and training.

The briefing must be conducted by a member of the school staff, preferably the person 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 IAMP in consultation with the parents of any affected student. Training must occur as soon as possible thereafter.

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 the 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, organised or attended by the School, there is a sufficient number of school staff present who have successfully completed an anaphylaxis management training course in accordance with clause 12 of Ministerial Order 706.

## **16. Risk Management Checklist**

The annual checklist is designed to step schools through each area of their responsibilities in relation to the management of anaphylaxis in schools.

The Principal is responsible for ensuring that the School completes the Annual Risk Management Checklist at the start of each school year to help ensure all aspects of anaphylaxis management are covered. The Principal is also responsible for signing the checklist once it has been completed at the start of each school year.

See *Roles and Responsibilities* below for further information.

## **17. Roles and Responsibilities**

### **17.1. Roles and Responsibilities of the Principal**

Ensuring that school staff who conduct classes that students at risk of anaphylaxis attend, and any further 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), are trained and briefed at least twice per calendar year in accordance with the requirements in clause 12 of Ministerial Order 706. In this regard, the Principal is responsible for ensuring that the school staff identified in clause 12.1 of Ministerial Order 706(as outlined above) are briefed twice per year, with the first briefing to be held at the beginning of the school year.

Ensuring sufficient trained relevant staff members are available to supervise students at risk of allergy and Anaphylaxis during and outside of normal class activities (eg at sports activities, excursions and camps).

Assuming responsibility for completing and signing an Annual Risk Management Checklist at the beginning of the school year.

Ensure that the School develops, implements and reviews its Anaphylaxis Management Policy in accordance with the VRQA / DET guidelines and Ministerial Order 706.

Ensure the School, staff, parents / guardians and students meet their responsibilities outlined in this document. This includes:

- Following the emergency response procedures in this policy, together with the School's general first aid / emergency response procedures and the student's ASCIA Action Plan.
- Ensuring the documentation of practical strategies for activities in both on campus and off site to minimise the risk of exposure to allergens, and nomination of staff who are responsible for implementation of those strategies. IAMPs 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' IAMPs are communicated to the relevant homeroom teacher by email.

Ensure that a Communication Plan is developed to provide information to all School staff, CRTs, students and parents about anaphylaxis, the School Anaphylaxis Management Policy and students identified with risk of anaphylaxis.

Ensuring that this policy is available for all parents, including regular communication via School newsletters and/or posters to communicate information and maintain awareness. Parents of the student diagnosed at risk of Anaphylaxis will be provided with a copy of this policy. A notice is displayed prominently stating that a student diagnosed at risk of Anaphylaxis is being educated at the School.

Allocate time, such as during staff meetings, to discuss, practise and review the School Anaphylaxis Management Policy. Practise using the trainer adrenaline auto-injector as required.

Undertake drills to test effectiveness of the School's general first aid procedures.

Arranging the purchase of additional adrenaline auto-injectors for general use and as a back-up to those supplied by parents/guardians and to ensure all medications and plans are within expiry date and that medicines are stored appropriately.

With regard to the factors outlined at 13, the Principal will authorise that the School purchase at least one adrenaline auto-injector for general use as a back up to the one supplied by parents for each student diagnosed with anaphylaxis, plus a minimum of one additional adrenaline auto-injector for general use if, to the School's knowledge, there is no student at the campus diagnosed with a medical condition relating to allergy or anaphylaxis.

Work with the School Nurse as outlined below.

## **17.2. Roles and Responsibilities of School Staff**

All 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, OSHC staff, CRTs, specialist staff, sessional teachers and volunteers.

Responsibilities include:

- Understand and implement the School's Anaphylaxis Management Policy.
- Be aware of and follow the prevention strategies outlined in this policy.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain relevant and up to date training in how to recognise and respond to an anaphylactic reaction, including competence for administering an adrenaline auto-injector.
- Be familiar with the School's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction.
- Know the identity of students who are at risk of anaphylaxis, by name and face. Staff must also be aware of the students' allergens / triggers.
- Know where to find a copy of each student's IAMP and ASCIA action plan quickly, and follow it in the event of an allergic reaction which may progress to anaphylaxis.
- Know the location of where the student's adrenaline auto-injector and generic (or general) adrenaline auto-injectors are stored.
- Know and follow the prevention and risk minimisation strategies in the student's IAMP.
- 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 on site, or away from the School. Work with parents to provide appropriate food for their child if the food the School / class is providing may present a risk to the student.
- Ensure that the adrenaline auto-injector for each student at risk of anaphylaxis is carried by the designated first aid staff member who has current anaphylaxis training when the student is attending excursions or sports events.

- 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.

### **17.3. Roles and Responsibilities of The School Nurse**

The School Nurse will work with Principal to:

- Develop, implement and review the School Anaphylaxis Management Policy.
- Provide information necessary to assist the Principal in completing the Risk Management Checklist for anaphylaxis annually. This is to monitor compliance.

Note: A template of the Risk Management Checklist can be found at Appendix G of the DET Anaphylaxis Guidelines or the Department's website.

Provide information to the school community about resources and support for managing allergies and anaphylaxis via the School newsletter and other correspondence.

Arrange to purchase and maintain an appropriate number of adrenaline auto-injector for general use as instructed by the Principal, to be part of the School's first aid supplies / kits, as per the requirements outlined in Ministerial Order 706.

Work with the Principal, parents and students to develop, implement and review each IAMP to:

- Ensure that the student's emergency contact details are up-to-date;
- Ensure that the student's ASCIA Action Plan matches the student's supplied adrenaline auto-injector (i.e. adrenaline auto-injector)
- Ensure that a copy of the IAMP (including the ASCIA Action Plan) is stored with the student's adrenaline auto-injector and a copy provided for the class / homeroom teacher.
- Obtain relevant training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline auto-injector.

Keep a complete and up-to-date register / list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction.

Regularly check adrenaline auto-injector expiry dates.

A complete and current register of students at risk of anaphylaxis, as well as adrenaline auto-injector expiry dates can be found on the School Administration Network. If the designated staff member identifies any adrenaline auto-injectors which are out of date, they should consider:

- Sending a written reminder to the student's parents to replace the adrenaline auto-injector;
- Advising the Principal that an adrenaline auto-injector needs to be replaced by a parent; and
- Working with the Principal to prepare an interim IAMP pending the receipt of the replacement adrenaline auto-injector, (which could include that the student is not

to return to school unless a replacement adrenaline auto-injector is given to the School).

#### **17.4. Roles and Responsibilities of Anaphylaxis Supervisor**

Each Supervisor will:

- Ensure they have currency in the Course in Verifying the Correct Use of Adrenaline Auto-injector Devices 22578VIC (every 3 years) and the ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years).
- Ensure that they provide the Principal with documentary evidence of currency in the above courses.
- Assess and confirm the correct use of adrenaline auto-injector (trainer) devices by other School staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools.
- Send periodic reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the Principal to ensure records of the anaphylaxis training undertaken by all School staff are stored on-site at the School.
- Provide access to the adrenaline auto-injector (trainer) device for practice use by staff.
- Provide regular advice and guidance to staff about allergy and anaphylaxis management in the School as required.
- Liaise with parents or guardians (and, where appropriate, the student) to manage and implement IAMPs.
- Liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the School.
- Lead the twice-yearly anaphylaxis school briefing.
- Develop School -specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment; for example:
  - A bee sting occurs on School grounds and the allergic student is conscious.
  - An allergic reaction where the student has collapsed on School grounds and the student is not conscious.
  - Develop similar scenarios for when staff are demonstrating the correct use of the adrenaline auto-injector (trainer) device.

#### **17.5. Roles and Responsibilities of Parents**

Parents have an important role in working with the School to minimise the risk of anaphylaxis.

Parents are required to:

- Work in partnership with the School as outlined in this policy.

- Communicate all relevant information and concerns to staff, for example, any matter relating to the health of the student, at the earliest opportunity, preferably prior to, or on enrolment. This information is requested during the enrolment process.
- Continue to communicate with and assist School staff in planning and preparation for the student prior to camps, excursions, incursions, or special events such as (e.g. class parties, cultural days, fetes or sport days).
- Assist in identifying and / or providing alternative food options for the student when appropriate.
- Parents of new students who are at risk of anaphylaxis, must ensure the School is provided with an adrenaline auto-injector and ASCIA Action Plan for that student prior to the commencement of studies.
- Inform the School, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis.
- Obtain information and appropriate documentation from the student's medical practitioner about their condition and any medications to be administered.
- Immediately inform the School in writing of:
  - All relevant information and concerns relating to the health of the student. This includes providing a current ASCIA Action Plan. The plan must contain emergency procedures, prescribed medications, and have an up to date photograph (preferably a current school photo), signed by the student's medical practitioner each year.
  - Note: If the student's allergist advises the plan will not change for an extended period, the School must be informed in writing. The student's photo must still be updated annually.
  - Any changes to their child's medical condition, in so far as it relates to allergy and the potential for anaphylactic reaction, and if relevant, provide an updated ASCIA Action Plan and photo.
  - Any changes to the student's emergency contact details.
- Meet with the School to develop the student's IAMP and strategies of the student's IAMP (e.g. when there is a change to the student's condition or at an annual review).
- Participate in a review by the School, in consultation with the student's parents, of their child's IAMP every 12 months or more frequently if the student:
  - Experiences a change to their medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction.
  - Suffers an anaphylactic reaction at school (in which case the review must occur as soon as practicable after the reaction).
  - Is to participate in an off-site activity such as a camp or excursion, or a special event conducted, authorised or attended by the School.



- Provide all student medications to the School that pertain to the student's ASCIA Action Plan. This includes the prescribed Adrenaline Auto-injector that matches the Action Plan (.
- Provide the School with a current and unexpired adrenaline auto-injector (the School's preference is an EpiPen) for their child.
- Medications must be current and not expired. Replacement adrenaline auto-injectors and any other medications must be provided to the School before they expire. It is the responsibility of the parent to keep track of expiry dates.
- Provide an up-to-date photo for their child's IAMP when the ASCIA Action Plan is provided to the School.
- Comply with the School's policy that no student who has been prescribed an adrenaline auto-injector is permitted to attend the School or its programs without that adrenaline auto-injector.
- Read, be familiar and comply with this policy.
- Ensure an adrenaline auto-injector for use is available at home and can be used for overnight excursions or camps in addition to the adrenaline auto-injector held at the School.
- Ensure their child has suitable arrangements to manage anaphylaxis when travelling to and from school. It is the responsibility of the parents to notify the School if travel arrangements to and from the School change between reviews of their child's IAMP.

## 18. Resources and Support

Department of Education and Training: Anaphylaxis Management in Schools  
<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>

Australasian Society of Clinical Immunology and Allergy (**ASCIA**) provides 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 Auto-injector devices 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/>.

EpiClub provides a wide range of resources and information for managing the use and storage of the Adrenaline Auto-injector devices. They also provide a free service that sends a reminder by email, SMS or post option prior to the expiry date of an adrenaline auto-injector. 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: <https://allergyfacts.org.au/allergy-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/>

## **APPENDIX 1 — Signs and Symptoms of Anaphylaxis**

### **Mild to moderate allergic reaction can include:**

- (a) Swelling of the lips, face and eyes
- (b) Hives or welts
- (c) Tingling mouth
- (d) Abdominal pain and / or vomiting (these are signs of a severe allergic reaction in the case of insect allergy).

### **Anaphylaxis (severe allergic reaction) can include:**

- (a) Noisy breathing
- (b) Swelling of tongue
- (c) Swelling/tightness in throat
- (d) Difficulty talking and/or hoarse voice
- (e) Wheeze or persistent cough
- (f) Persistent dizziness or collapse
- (g) Pale and floppy (young children)
- (h) Abdominal pain and/or vomiting are signs of a severe allergic reaction to insects.

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

## **APPENDIX 2 — Duty of Care**

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

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

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

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

If the answer is 'yes', the School should ensure that sufficient information is provided by the parents (either in the enrolment form or by way of separate correspondence), including an appropriate ASCIA Action Plan for Anaphylaxis, or ASCIA Action Plan for Allergic Reactions if the student has not been diagnosed as being at risk of anaphylaxis. If sufficient information is not provided by the parents, Schools should again follow this up until adequate information is provided. All efforts made by the School to follow up parents for information should be appropriately documented and saved for future reference if required.

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

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

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

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

## **Resources**

[Royal Children's Hospital Anaphylaxis Advisory Line](#) – available from 8.30am - 5.00pm, Monday to Friday. Phone 1300 725 911 or (03) 9345 4235.

[Australasian Society of Clinical Immunology and Allergy \(ASCIA\)](#)

[ASCIA e-training](#) – access to the free anaphylaxis training for all Victorian schools

[ASCIA Guidelines](#) – for prevention of food anaphylactic reactions in schools, preschools and childcare centres

[Allergies & Anaphylaxis Australia](#)

[SchoolNuts - Food Allergy & Anaphylaxis Education](#) (video)

<https://www2.education.vic.gov.au/pal/anaphylaxis/policy>