

Anaphylaxis Guidelines

A resource for managing severe
allergies in Victorian schools

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1. Introduction

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

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

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

Our Commitment

The Department is committed to:

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

The Guidelines

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

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

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

The following chapters of the Guidelines include information on:

- medical information about anaphylaxis
- legal obligations of schools in relation to anaphylaxis
- School Anaphylaxis Management Policy
- staff training

- Individual Anaphylaxis Management Plans
- risk minimisation and prevention strategies
- school management and emergency responses
- adrenaline autoinjectors for general use
- Communication Plan
- Risk Management Checklist.

Frequently asked questions are also provided at **Appendix A**.

How to use these Anaphylaxis Guidelines

Schools should use the Guidelines as a resource to assess and review their current management practices, and to develop a School Anaphylaxis Management Policy which complies with the Order. To comply with the Order, the Policy must contain all those matters specified in the Order.

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

2. Glossary of terms

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

Term	Definition
Act	The <i>Education and Training Reform Act 2006 (Vic)</i> .
Adrenaline autoinjector	An adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single pre-measured dose of adrenaline to those experiencing a severe allergic reaction (anaphylaxis). These may include EpiPen® or EpiPen® Jr.
Adrenaline autoinjector for general use	A 'back up' or 'unassigned' adrenaline autoinjector purchased by a school.
Allergy and Anaphylaxis Australia (A&AA)	A national non-profit organisation that raises awareness of allergy and anaphylaxis in the Australian community. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. A free online curriculum resource is also available.
Anaphylaxis management training course	This means: <ul style="list-style-type: none"> • A course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the <i>National Vocational Education and Training Regulator Act 2011 (Cth)</i> that includes a competency check in the administration of an adrenaline autoinjector • A course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an adrenaline autoinjector • A course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline autoinjector • Any other course including an online course, approved by the Secretary to the Department for the purpose of the Order as published by the Department.
ASCIA	Australasian Society of Clinical Immunology and Allergy, the peak professional body of clinical immunology and allergy in Australia and New Zealand.

Term	Definition
ASCIA Action Plan for Anaphylaxis	This plan is a nationally recognised action plan for anaphylaxis developed by ASCIA. These plans are device-specific; that is, they list the student's prescribed adrenaline autoinjector (EpiPen® or EpiPen® Jr) and must be completed by the student's medical practitioner. Should a different adrenaline autoinjector become available in Australia, then a different ASCIA Action Plan specific to that device would be developed. This plan is one of the components of the student's Individual Anaphylaxis Management Plan.
Communication plan	A plan developed by the school which provides information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy.
Department	The Department of Education and Training.
Emergency response procedures	Procedures which each school develops for emergency response to anaphylactic reactions for all in-school and out-of-school activities (i.e. how to raise the alarm to first aid staff, how to get the adrenaline autoinjector to the student, who will call the ambulance etc.). The emergency response procedures, which are included in the school's anaphylaxis management policy, are not limited to the ASCIA Action Plan for Anaphylaxis.
Guidelines	<i>Anaphylaxis Guidelines – A resource for managing severe allergies in Victorian schools</i> , published by the Department of Education and Training from time to time.
Individual Anaphylaxis Management Plan	An individual plan for each student at risk of anaphylaxis, developed in consultation with the student's parents. The Individual Anaphylaxis Management Plan includes the ASCIA Action Plan which describes the student's allergies, symptoms, and the emergency response to administer the student's adrenaline autoinjector should the student display symptoms of an anaphylactic reaction. The Individual Anaphylaxis Management Plan also importantly includes age-appropriate strategies to reduce the risk of an allergic reaction occurring.
Medical practitioner	This is a registered medical practitioner within the meaning of the <i>Health Professions Registration Act 2005</i> , but excludes a person registered as a non-practising health practitioner.
Online training course	Means the course called <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> approved by the Secretary pursuant to clause 5.5.4 of the Order.
Order	<i>Ministerial Order 706 - Anaphylaxis Management in Victorian Schools</i> .
Parent	In relation to a child means any person who has parental responsibility for 'major long term issues' as defined in the <i>Family Law Act 1975</i> (Cth) or has been granted 'guardianship' for the child pursuant to the <i>Children, Youth and Families Act 2005</i> or other state welfare legislation.

Term	Definition
Principal	Defined in s 1.1.3 of the Act as meaning a person appointed to a designated position as principal of a registered school or a person in charge of a registered school.
Registered school	Defined in s 1.1.3 of the Act as meaning 'a school registered under Part 4.3'.
School	<p>Defined in s 1.1.3 of the Act as meaning a place at or from which education is provided to children of compulsory school age during normal school hours, but does not include:</p> <ul style="list-style-type: none"> (a) a place at which registered home schooling takes place (b) a University (c) a TAFE institute (d) an education service exempted by Ministerial Order (e) any other body exempted by the regulations. <p>The <i>Education and Training Reform Regulations 2007</i> exempt various other bodies from the definition of school.</p>
School anaphylaxis management policy	This is a school-based policy that is required to be developed under s 4.3.1(6) of the Act because the school has at least one enrolled student who has been diagnosed as being at risk of anaphylaxis. This policy describes the school's process for management of the risk of anaphylaxis. The Order prescribes the matters which the policy must contain.
School Anaphylaxis Supervisor	A school staff member nominated by the principal to undertake appropriate training to be able to verify the correct use of adrenaline autoinjector (trainer) devices and lead the twice-yearly briefings on the school's anaphylaxis management policy.
School staff	<p>Any person employed or engaged at a school who:</p> <ul style="list-style-type: none"> • is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part • is in an educational support role, including a teacher's aide, in respect of a student with a medical condition that relates to allergy and the potential for anaphylactic reaction • the principal determines should comply with the school's anaphylaxis management policy.

3. Medical information about anaphylaxis

What is an allergic reaction?

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

What is anaphylaxis?

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

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

What are the main causes?

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

- 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)
- sesame seeds.

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

Signs and symptoms

Mild to moderate allergic reaction can include:

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

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

Anaphylaxis (severe allergic reaction) can include:

- difficult/noisy breathing
- swelling of tongue
- swelling/tightness in throat
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- pale and floppy (young children)
- abdominal pain and/or vomiting are signs of a severe allergic reaction to insects.

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

Treatment of anaphylaxis

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

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

4. Legal obligations for schools in relation to anaphylaxis

Education and Training Reform Act 2006

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

Ministerial Order 706

The Order is made under ss 4.3.1, 5.2.12, 5.10.4 of, and clause 11 of Schedule 6 to the Act. A copy of the Order is included at **Appendix B**.

The purpose of the Order is to specify the matters that schools must include in their anaphylaxis management policy for the purposes of s 4.3.1(6)(c) of the Act.

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

Duty of care

All schools have a legal duty to take reasonable steps to protect their students from reasonably foreseeable risks of injury. In some circumstances, school volunteers engaged in school activities also have a duty of care to students. 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.

Disability discrimination legislation

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

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

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

Registration as a school

In order to obtain and maintain registration, a school must demonstrate that it meets the minimum requirements for registration, which are set out in s 4.3.1(6) of the Act. Paragraph (c) of s 4.3.1(6) sets out one of the prescribed minimum

standards that a school must meet, and continue to meet, which is that it has a School Anaphylaxis Management Policy if it has enrolled a student in circumstances where the school knows, or ought reasonably to know, that the student has been diagnosed as being at risk of anaphylaxis. The Order requires that the school must state in its policy that it will comply with the Order and these Guidelines.

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

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

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

Outside School Hours Care programs

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

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

5. Staff training

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

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

The online training course will be free to all Victorian school staff (and the general public) and can be accessed at: <https://etrainingvic.allergy.org.au/>

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

Who is required to undertake anaphylaxis management training?

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

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

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

The Order states that these school staff must:

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

How soon must the training take place?

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

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

What type of training should be undertaken?

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

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

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

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

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

Completion of the online training course alone is **not** sufficient to meet the requirements of the Order. An appropriately qualified supervisor (for example, a School Anaphylaxis Supervisor, discussed in more detail below) will also need to assess a person's competency in the administration of an adrenaline autoinjector. For more details about competency checks, please refer to the information below.

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

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

To access the *ASCIA Anaphylaxis e-training for Victorian Schools* go to:

<https://etrainingvic.allergy.org.au/>

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

Competency Check for Online Training Course

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

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

The Asthma Foundation has been contracted by the Department to deliver training in the *Course in Verifying the Use of Adrenaline Autoinjector Devices 22303VIC* in 2016. Schools will be notified of training sessions scheduled across Victoria and asked to register **two staff** per school or campus to attend. Training in this course is current for three years.

Registration for the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC* can be accessed from the Asthma Foundation by phone 1300 314 806 or by visiting: www.asthma.org.au

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

Completed by	Course	Provider	Cost	Accreditation
2 staff per school or per campus (School Anaphylaxis Supervisor)	Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years

School Anaphylaxis Supervisor Role

Each Supervisor will:

- ensure they have currency in the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC* (every 3 years) and the *ASCIA Anaphylaxis e-training for Victorian Schools* (every 2 years)
- ensure that they provide the principal with documentary evidence of currency in the above courses
- assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the *ASCIA Anaphylaxis e-training for Victorian Schools*
- send periodic reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to ensure records of the anaphylaxis training undertaken by all school staff are stored on-site at the school
- provide access to the adrenaline autoinjector (trainer) device for practice use by school staff
- provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required
- liaise with parents or guardians (and, where appropriate, the student) to manage and implement Individual Anaphylaxis Management Plans
- liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school
- lead the twice-yearly anaphylaxis school briefing
- develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment; for example:
 - a bee sting occurs on school grounds and the allergic student is conscious
 - an allergic reaction where the student has collapsed on school grounds and the student is not conscious.
- develop similar scenarios for when staff are demonstrating the correct use of the adrenaline autoinjector (trainer) device.

The School Anaphylaxis Supervisor Checklist is provided at **Appendix C**.

(b) Face-to-face training

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

Completed by	Course*	Provider	Cost	Accreditation
School staff determined by the principal	Course in First Aid Management of Anaphylaxis 22300VIC	Any RTO that has this course in their scope of practice	Paid by each school	3 years
School staff determined by the principal	Course in Anaphylaxis Awareness 10313NAT	Any RTO that has this course in their scope of practice	Paid by each school	3 years

* Schools only need to complete **one** of these courses to meet the requirements of MO706.

Please note: General First Aid training does **NOT** meet anaphylaxis training requirements under MO706.

Twice-yearly school briefings

In addition to the training outlined above, an in-house anaphylaxis school briefing with **all school staff** must be conducted twice a year, and should preferably be led by the School Anaphylaxis Supervisor or another member of staff who has current anaphylaxis training. For the purposes of these Guidelines and the Order, this means that the member of the school staff has successfully completed an anaphylaxis management training course in the previous 2 years.

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

The briefing should include information on:

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

A template presentation for the briefing can be downloaded from the Department's website: www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

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

6. School Anaphylaxis Management Policy

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

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

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

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

More detailed information about the matters which must be contained in the School Anaphylaxis Management Policy is set out in the following chapters as indicated above.

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

Guidance for developing an anaphylaxis management policy for your school is provided at **Appendix D**.

7. Individual Anaphylaxis Management Plans

Clause 7 of the Order requires that a school's anaphylaxis management policy must contain information about the development and review of Individual Anaphylaxis Management Plans.

Whose responsibility is it to develop an Individual Anaphylaxis Management Plan?

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

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

What must be included in an Individual Anaphylaxis Management Plan?

A template for an Individual Anaphylaxis Management Plan is included at **Appendix E**.

As specified in the template the Plan must include:

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

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

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

Schools are required to develop an Individual Allergic Reactions Management Plan as soon as practical.

Further information about the management of allergies in schools is available at www.education.vic.gov.au/school/principals/spag/health/Pages/allergies.aspx

Where should the Plans be kept?

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

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

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

When must the Individual Anaphylaxis Management Plan be reviewed?

The principal must review an Individual Anaphylaxis Management Plan in consultation with the student's parents in each of the following circumstances:

- annually (at the start of each school year)
- as soon as practicable after the student has an anaphylactic reaction at school
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

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

What role do parents play in the development and review of an Individual Anaphylaxis Management Plan?

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

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

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

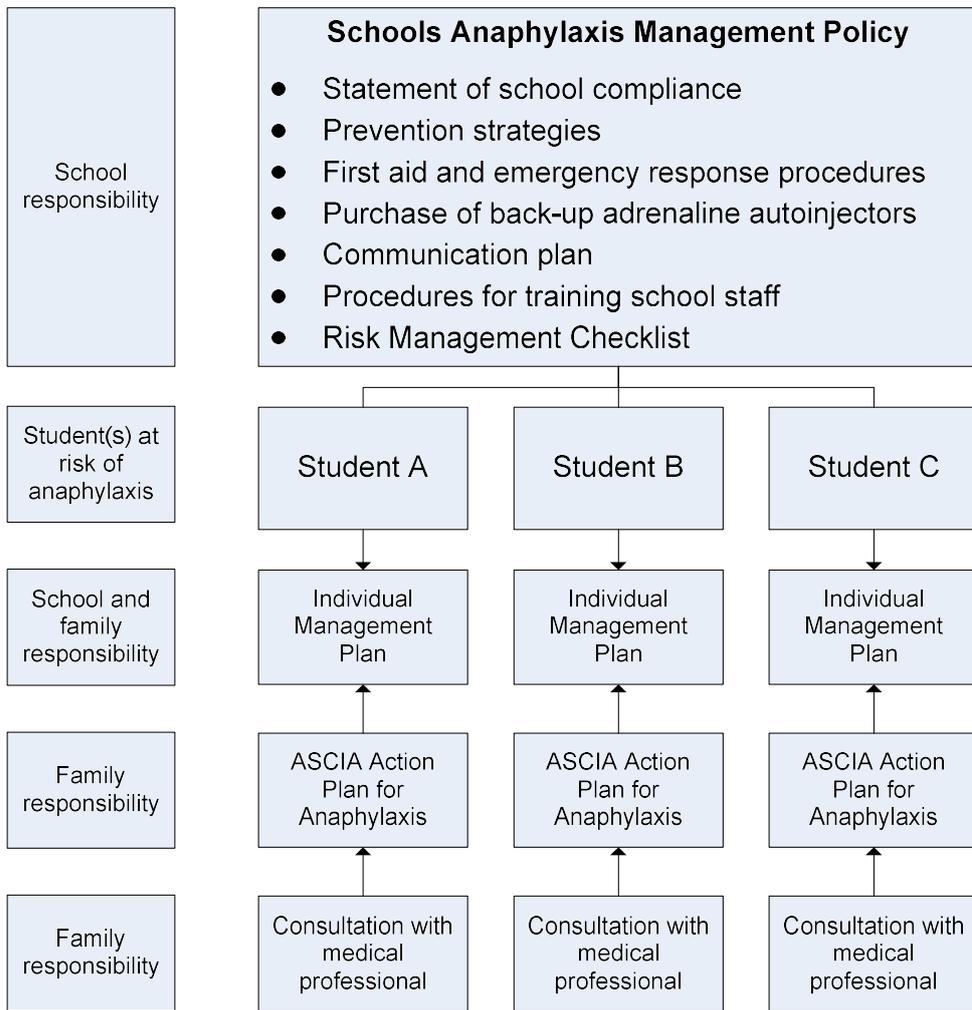


Figure 7.1

8. Risk minimisation strategies

Clause 8 of the Order requires a school's Anaphylaxis Management Policy to include prevention strategies to minimise the risk of an anaphylactic reaction.

How can the risk of anaphylaxis be minimised in schools?

A school's Anaphylaxis Management Policy must include prevention strategies to be used by the school to minimise the risk of a student suffering an anaphylactic reaction.

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

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

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

Risk minimisation strategies

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

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

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

More information about peanut and nut banning can be found in the ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, available from the ASCIA website at: www.allergy.org.au/schools-childcare. A&AA also have a helpful list of risk minimisation strategies at: www.allergyfacts.org.au/images/pdf/Riskminimisation3.pdf

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

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

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

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

The selected risk minimisation strategies must be specified in the School Anaphylaxis Management Policy. This includes any other strategies developed by school staff but which are not contained in these Guidelines.

Where should we store the adrenaline autoinjectors?

It is recommended that:

- adrenaline autoinjectors for individual students, or for general use, be stored correctly and be able to be accessed quickly, because, in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes
- adrenaline autoinjectors be stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer
- each adrenaline autoinjector be clearly labelled with the student's name and be stored with a copy of the student's ASCIA Action Plan for Anaphylaxis
- an adrenaline autoinjector for general use be clearly labelled and distinguishable from those for students at risk of anaphylaxis and stored with a general ASCIA Action Plan for Anaphylaxis (orange)
- adrenaline autoinjector trainer devices (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion.

Regular review of adrenaline autoinjectors

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

1.	<p>Are adrenaline autoinjectors:</p> <ul style="list-style-type: none"> • stored correctly and able to be accessed quickly? (in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes) • stored in an unlocked, easily accessible place away from direct light and heat? They should not be stored in the refrigerator or freezer • clearly labelled with the student's name, or clearly distinguished as being for general use only? • signed in and out when taken from their usual place, e.g. for camps or excursions?
2.	<p>Is each student's adrenaline autoinjector clearly distinguishable from other students' adrenaline autoinjectors and medications?</p> <p>Are adrenaline autoinjectors for general use clearly distinguishable from students' individual adrenaline autoinjectors?</p>
3.	Do all school staff know where adrenaline autoinjectors are located?
4.	<p>Is a copy of the student's ASCIA Action Plan for Anaphylaxis kept with their individual adrenaline autoinjector?</p> <p>Is a copy of the general ASCIA Action Plan for Anaphylaxis (orange) kept with the general use adrenaline autoinjector?</p>
5.	Depending on the speed or severity of previous anaphylactic reactions, it may be appropriate to have a student's adrenaline autoinjector in class or transferred to the yard-duty bag at recess and lunch break times.
6.	It is important to keep adrenaline autoinjector trainer devices (which do not contain adrenaline) in a separate location from students' adrenaline autoinjectors.

Schools are also encouraged to arrange for a designated school staff member (e.g. the School Anaphylaxis Supervisor, school nurse, or first aid co-coordinator) to conduct regular reviews of the adrenaline autoinjectors to ensure they are not out of date or cloudy/discooured.

If the School Anaphylaxis Supervisor or other designated school staff member identifies any adrenaline autoinjectors which are out of date or cloudy/discooured, they should:

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

9. School planning and emergency response

A school's Anaphylaxis Management Policy must include emergency response procedures for students at risk of anaphylaxis.

What should schools do to plan for an anaphylaxis emergency?

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

The school's Anaphylaxis Management Policy must include emergency response procedures relating to anaphylactic reactions including:

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

The school's Anaphylaxis Management Policy must state that when a student at risk of an anaphylactic reaction is under the care or supervision of the school outside normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the principal **must** ensure that there are a sufficient number of school staff present who have been trained in accordance with the Ministerial Order (Chapter 5).

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

Role and responsibilities of principals

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

- | | |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | Ensure that the school develops, implements and routinely reviews its School Anaphylaxis Management Policy in accordance with the Order and these Guidelines. |
|----|---------------------------------------------------------------------------------------------------------------------------------------------------------------|

2.	Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at enrolment or at the time of diagnosis (whichever is earlier).
3.	Ensure that parents provide an ASCIA Action Plan for Anaphylaxis which has been completed and signed by the student's medical practitioner and contains an up-to-date photograph of the student.
4.	<p>Ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents for any student that has been diagnosed by a medical practitioner with a medical condition relating to allergy and the potential for an anaphylactic reaction, where the school has been notified of that diagnosis.</p> <p>This includes ensuring the documentation of practical strategies for activities in both in-school and out-of-school settings to minimise the risk of exposure to allergens, and the nomination of staff who are responsible for implementing those strategies. The risk minimisation plan should be customised to each particular student for participation in normal school activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate/overseas trips). Ensure students' Individual Anaphylaxis Management Plans are appropriately communicated to all relevant staff.</p>
5.	<p>Ensure that the canteen provider and all of its employees can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices. This includes careful label reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies. Further information on food service management is available at:</p> <p>www.allergyfacts.org.au/shop/category/16-food-preparation-tools</p>
6.	Ensure that parents provide the school with an adrenaline autoinjector for their child that is not out-of-date and a replacement adrenaline autoinjector when requested to do so.
7.	Ensure that an appropriate Communication Plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy.
8.	<p>Ensure there are procedures in place for providing information to school volunteers and casual relief staff about:</p> <ul style="list-style-type: none"> • students who are at risk of anaphylaxis, and • their role in responding to an anaphylactic reaction of a student in their care. <p>Casual relief staff regularly employed at the school should be encouraged to undertake the ASCIA anaphylaxis e-training for Victorian schools.</p>
9.	Ensure that relevant school staff have successfully completed an approved anaphylaxis management training course in the prior three years (for face-to-face training in 22300VIC or 10313NAT), or two years (for the ASCIA e-training).

10.	Ensure that school staff who are appointed as School Anaphylaxis Supervisor(s) are appropriately trained in the <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i> (every 3 years).
11.	Ensure that all school staff are briefed at least twice a year by the School Anaphylaxis Supervisor (or other appropriately trained member of the school staff). Information to be covered should include: <ul style="list-style-type: none"> • the school's Anaphylaxis Management Policy • the causes, symptoms and treatment of anaphylaxis • the identities of students diagnosed as being at risk of anaphylaxis and the location of their medication • how to use an adrenaline autoinjector, including hands-on practice with an adrenaline autoinjector trainer device (which does not contain adrenaline) • the school's general first aid and emergency procedures • the location of adrenaline autoinjector devices prescribed for individual students that have been purchased by their family • the location of adrenaline autoinjector devices that have been purchased by the school for general use.
12.	Allocate time, such as during staff meetings, to discuss, practise and review the school's Anaphylaxis Management Policy. Practise using the adrenaline autoinjector trainer devices as a group and undertake drills to test the effectiveness of the school's general first aid procedures.
13.	Encourage regular and ongoing communication between parents and school staff about the current status of the student's allergies, the school's policies and their implementation.
14.	Ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with parents annually at the beginning of each school year, when the student's medical condition changes, as soon as practicable after a student has an anaphylactic reaction at school, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the school.
15.	Ensure the Risk Management Checklist for anaphylaxis is completed and reviewed annually.
16.	Arrange to purchase and maintain an appropriate number of adrenaline autoinjectors for general use to be part of the school's first aid kit, stored with a copy of the general ASCIA Action Plan for Anaphylaxis (orange).

Role and responsibilities of school staff

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

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

1.	Know and understand the school's Anaphylaxis Management Policy.
2.	Know the identity of students who are at risk of anaphylaxis. Know the students by face and, if possible, know what their specific allergy is.
3.	Understand the causes, symptoms, and treatment of anaphylaxis.
4.	Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector. Refer to Chapter 5 for more details.
5.	Know where to find a copy of each student's ASCIA Action Plan for Anaphylaxis quickly, and follow it in the event of an allergic reaction.
6.	Know the school's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction.
7.	Know where students' adrenaline autoinjectors and the adrenaline autoinjectors for general use are kept. (Remember that the adrenaline autoinjector is designed so that anyone can administer it in an emergency).
8.	Know and follow the risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.
9.	Plan ahead for special class activities (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.
10.	Avoid the use of food treats in class or as rewards, as these may contain allergens. Consider the alternative strategies provided in this document (see Chapter 8 and Appendix F). Work with parents to provide appropriate treats for students at risk of anaphylaxis.
11.	Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.
12.	Be aware of the risk of cross-contamination when preparing, handling and displaying food.
13.	Make sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food.
14.	Raise student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a school environment that is safe and supportive for their peers.

Role and responsibilities of the School Anaphylaxis Supervisor

The principal is responsible for appointing appropriate members of staff to take on the role of School Anaphylaxis Supervisor. If available at the school, a first aid coordinator or school-employed nurse may be an appropriate person to become the School Anaphylaxis Supervisor and take a lead role in supporting the principal and other school staff to implement the school's Anaphylaxis Management Policy. A health and wellbeing coordinator or leading teacher may also be appropriate.

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

1.	Work with principals to develop, implement and regularly review the school's Anaphylaxis Management Policy.
2.	Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector (i.e. EpiPen®). At a minimum, have currency in the <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i> (every 3 years) and the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> (every 2 years).
3.	Verify the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> .
4.	Provide access to the adrenaline autoinjector (trainer) device for practice by school staff.
5.	Send reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to maintain records of training undertaken by staff at the school.
6.	Lead the twice-yearly anaphylaxis school briefing.
7.	Develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment for example: <ul style="list-style-type: none"> • a bee sting occurs on school grounds and the student is conscious • an allergic reaction where the child has collapsed on school grounds and the student is not conscious. <p>Similar scenarios will also be used when staff are demonstrating the correct use of the adrenaline autoinjector (trainer) device.</p>
8.	Keep an up-to-date register of students at risk of anaphylaxis.
9.	Keep a register of adrenaline autoinjectors, including a record of when they are 'in' and 'out' from the central storage point. For instance, when they have been taken on excursions, camps etc.

10.	<p>Work with principals, parents and students to develop, implement and review each Individual Anaphylaxis Management Plan to:</p> <ul style="list-style-type: none"> • ensure that the student's emergency contact details are up-to-date • ensure that the student's ASCIA Action Plan for Anaphylaxis matches the student's supplied adrenaline autoinjector • regularly check that the student's adrenaline autoinjector is not out-of-date, such as at the beginning or end of each term, and record this information in the register of adrenaline autoinjectors • inform parents in writing that the adrenaline autoinjector needs to be replaced one month prior to the expiry date, and follow up with parents if the autoinjector is not replaced • ensure that the student's adrenaline autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place • ensure that a copy of each student's ASCIA Action Plan for Anaphylaxis is stored with that student's adrenaline autoinjector.
11.	Provide advice and guidance to school staff about anaphylaxis management in the school, and undertake regular risk identification and implement appropriate minimisation strategies.
12.	Work with school staff to develop strategies to raise their own, students and school community awareness about severe allergies.
13.	Provide or arrange post-incident support (e.g. counselling) to students and school staff, if appropriate.

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

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

1.	Inform the school in writing, either at enrolment or diagnosis, of the student's allergies, and whether the student has been diagnosed as being at risk of anaphylaxis.
2.	Obtain and provide the school with an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner that details their condition, any medications to be administered, and any other relevant emergency procedures.
3.	Immediately inform school staff in writing of any changes to the student's medical condition and if necessary, obtain and provide an updated ASCIA Action Plan for Anaphylaxis.
4.	Provide the school with an up to date photo for the student's ASCIA Action Plan for Anaphylaxis when the plan is reviewed.
5.	Meet with and assist the school to develop the student's Individual Anaphylaxis Management Plan, including risk minimisation and management strategies.
6.	Provide the school with an adrenaline autoinjector and any other medications that are current and not expired.

7.	Replace the student's adrenaline autoinjector and any other medication as needed, before their expiry date or when used.
8.	Assist school staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days).
9.	If requested by school staff, assist in identifying and/or providing alternative food options for the student when needed.
10.	Inform school staff in writing of any changes to the student's emergency contact details.
11.	Participate in reviews of the student's Individual Anaphylaxis Management Plan: <ul style="list-style-type: none"> • when there is a change to the student's condition • as soon as practicable after the student has an anaphylactic reaction at school • annually • prior to the student participating in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.

What should we do if someone has an anaphylactic reaction?

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

Self-administration of the adrenaline autoinjector

The decision as to whether a student can carry their own adrenaline autoinjector should be made when developing the student's Individual Anaphylaxis Management Plan, in consultation with the student, the student's parents and the student's medical practitioner.

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

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

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

Responding to an incident

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

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

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

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

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (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 - schools may use classroom phones/personal mobile phones to raise the alarm that a reaction has occurred. Some schools may decide to utilise an emergency card system (laminated card stating anaphylaxis emergency), whereby students go to the nearest teacher, office or other predetermined point to raise an alarm which triggers getting an adrenaline autoinjector to the child and other emergency response protocols.
- Yard - schools may use mobile phones, walkie talkies or a card system while on yard duty. Consideration needs to be given to the size of the campus, the number and age of students at risk, where first aiders will be stationed during lunch breaks etc.

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

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

Out-of-school environments

- Excursions and Camps - Each individual camp and excursion requires a risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore, emergency procedures will vary accordingly. A team of school staff trained in anaphylaxis needs to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:
 - the location of adrenaline autoinjectors i.e. who will be carrying them? Is there a second medical kit? Who has it?

- o *how* to get the adrenaline autoinjector to a student as quickly as possible in case of an allergic reaction
- o *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®

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

If an adrenaline autoinjector is administered, the school must

1.	Immediately call an ambulance (000).
2.	Lay the student flat – if breathing is difficult, allow them to sit. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand. If vomiting or unconscious, lay them on their side (recovery position) and check their airway for obstruction.
3.	Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the school staff to move other students away in a calm manner and reassure them. These students should be adequately supervised during this period.
4.	In the situation where there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available (such as the adrenaline autoinjector for general use).
5.	Then contact the student's emergency contacts.
6.	For Government and Catholic schools - later , 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).
7.	For independent schools - later , enact your school's emergency and critical incident management plan.

Always call an ambulance as soon as possible (000)

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

First-time reactions

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

This should include immediately:

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

Followed by calling the ambulance (000).

Post-incident support

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

Review

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

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

10. Adrenaline autoinjectors for general use

Clause 10 of the Order provides that a school's Anaphylaxis Management Policy must prescribe the purchase of adrenaline autoinjectors for general use.

Purchasing adrenaline autoinjectors

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

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

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

- currently the only adrenaline autoinjector available in Australia is EpiPen®
- children under 20 kilograms are prescribed a smaller dosage of adrenaline, through an EpiPen® Jr
- adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Number of back up adrenaline autoinjectors to purchase

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

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

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

When to use adrenaline autoinjectors for general use

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

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

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

Further information is available from ASCIA at:

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

www.allergy.org.au/health-professionals/anaphylaxis-resources/adrenaline-autoinjectors-faqs

11. Communication Plan

Clause 11 of the Order requires a school to have a Communication Plan as part of its school anaphylaxis management policy.

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

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

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

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

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

- adequately trained (by completing the 22300VIC or 10313NAT course every 3 years, or by completing the ASCIA e-training every 2 years)

AND

- briefed at least twice per calendar year through an in-house school briefing in accordance with the Ministerial Order (Chapter 5).

Raising staff awareness

The Communication Plan must include arrangements for relevant school staff to be briefed at least twice per year by a staff member who has current anaphylaxis management training (see Chapter 5 for further detail). However, it is best practice for a school to brief **all** school staff on a regular basis regarding anaphylaxis and the school's anaphylaxis management policy.

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

Raising student awareness

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

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

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

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

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

Schools can refer to the Bully Stoppers website, an anti-bullying resource for ideas and strategies for dealing with bullying situations. Further information about Bully Stoppers is available at:

www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx

Work with parents

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

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

Raising school community awareness

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

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

www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/

Organisations providing information and resources

- **Royal Children's Hospital Anaphylaxis Advisory Line** provides advice and support on implementing anaphylaxis legislation to schools, early childhood education and care services and Victorian children's services. The Anaphylaxis Advisory Line is available between the hours of 8:30 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: www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/
- **Australasian Society of Clinical Immunology and Allergy (ASCIA)** is the peak medical body for allergy and immunology. ASCIA provides information about allergies for health professionals, schools and the broader community. ASCIA anaphylaxis e-training provides ready access to anaphylaxis management education throughout Australia and New Zealand, at no charge. All staff at all Victorian schools are strongly encouraged to complete the ASCIA anaphylaxis e-training for Victorian schools. Further information is available at: www.allergy.org.au/
- **Allergy & Anaphylaxis Australia** is a national non-profit organisation that raises awareness of allergy and anaphylaxis in the Australian community. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. A free online curriculum resource is also available. Further information is available at: www.allergyfacts.org.au/allergy-and-anaphylaxis
- **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: www.rch.org.au/allergy/
- **EpiClub** provides a wide range of resources and information for managing the use and storage of the adrenaline autoinjector device EpiPen®. They also provide a free service that sends a reminder by email, SMS or standard mail prior to the expiry date of an EpiPen®. Further information is available at: www.epiclub.com.au

12. Annual risk management checklist

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

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

The annual Risk Management Checklist for anaphylaxis contains questions relating to the following:

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

The annual checklist can be found at **Appendix G**. It can also be downloaded from www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

Appendix A: Frequently Asked Questions

General facts

What is the difference between an allergy and anaphylaxis?

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

Anaphylaxis is the most severe form of allergic reaction and can be life-threatening.

Having an allergy means that when you are exposed to the allergen (e.g. eating a food you are allergic to), the immune system releases massive amounts of chemicals, triggering symptoms that can affect a person's breathing, stomach, skin and/ or cause persistent dizziness and collapse.

Anaphylaxis can occur within minutes or up to 2 hours after exposure to the allergen. The most serious symptoms are breathing difficulties and/or a sudden drop in blood pressure which can be life-threatening. Mild to moderate symptoms such as hives and swelling of the face, lips and eyes may also be present. Vomiting and/or abdominal pain is a mild to moderate symptom for food and medication allergy, but a severe symptom for insect allergy.

How do I know if the student at risk of anaphylaxis is experiencing anaphylaxis and not asthma?

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

If someone with known food or insect allergy suddenly develops severe asthma-like symptoms, give adrenaline autoinjector FIRST, then asthma reliever medication as stated on the ASCIA Action Plan for Anaphylaxis.

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

School response

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

- be familiar with the student's Individual Anaphylaxis Management Plan and the school's anaphylaxis management policy
- be familiar with signs and symptoms of a reaction
- know where the student's adrenaline autoinjector is kept and how to administer it properly
- consult with the student's parents about potential hidden allergens in foods or other substances (e.g. soaps or lotions)
- ensure you have completed all risk minimisation strategies for the different areas the child may be in while in your care
- participate in anaphylaxis training to identify the causes, symptoms and treatment of anaphylaxis and the administration of an adrenaline autoinjector and practise regularly using an adrenaline autoinjector trainer device
- familiarise yourself with the school's emergency response procedures for anaphylaxis
- plan ahead for special class activities
- avoid the use of food treats
- discuss anaphylaxis with your class
- if you have any questions or concerns, ask your School Anaphylaxis Supervisor or first-aid officers.

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

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

Use of adrenaline autoinjectors

What happens to the student once I give them the adrenaline autoinjector?

Within a few minutes the symptoms should stop progressing and the student's condition should slowly start to improve. However, they may feel very anxious and shaky. This is a side-effect of adrenaline. Reassure the student and closely watch them in case of a repeated deterioration requiring further doses of adrenaline.

Arrange for another staff member to call the ambulance (000) as soon as possible.

Can I give a second dose of the adrenaline autoinjector?

Watch the student closely in case of worsening symptoms or no improvement. In situations where there is no improvement and/or deterioration in severe symptoms (as described in the student's ASCIA Action Plan for Anaphylaxis) further adrenaline doses may be administered after 5 minutes, if another adrenaline autoinjector for general use is available while you wait for an ambulance.

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

If a student is having a reaction and you have inadvertently injected yourself with that student's individual adrenaline autoinjector, immediately ask another staff member to assist the student by:

- retrieving the school's adrenaline autoinjector for general use if available or another student's adrenaline autoinjector if that is all that is available
- asking someone else to administer the adrenaline autoinjector for general use, or another student's autoinjector to the student experiencing anaphylaxis if no adrenaline autoinjector is available, someone should call 000 immediately and closely monitor the student until an ambulance arrives
- ask someone to monitor your reaction to the adrenaline and, if required, seek advice by calling 000
- you must seek medical attention for yourself as soon as possible if you feel unwell.

What if I administer an adrenaline autoinjector to a student with anaphylaxis and it turns out to be something else?

If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful (and potentially life threatening) than over-treatment of a mild to moderate allergic reaction.

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

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

Can I give an adrenaline autoinjector to a student at risk of anaphylaxis who is experiencing severe allergic reaction if the device has expired and it is cloudy or discoloured?

An expired device is less effective than an in-date device. If a student's adrenaline autoinjector has expired or it is cloudy or discoloured, call an ambulance immediately after administering the school's adrenaline autoinjector for general use. However, if an expired, cloudy or discoloured device is the only device available in an emergency, it should be used.

Remember, the key to effective anaphylaxis management is preparation. Do not allow yourself to be in a situation where you have a student who is at risk of anaphylaxis in your care and the adrenaline autoinjector has expired, or is cloudy or discoloured. No school in Victoria should be holding an expired adrenaline autoinjector.

If a student is having a first time severe allergic reaction or anaphylaxis (without any prior diagnosis), can the school administer an adrenaline autoinjector?

If the school has an adrenaline autoinjector for general use, this should be used in the first instance. If one is not available, then it is recommended that you call 000 and seek medical advice.

Can school staff use a student's personal adrenaline autoinjector (provided by parents of the child) on another student in an emergency?

If the school has an adrenaline autoinjector for general use, this should be used in the first instance. If one is not available, YES schools can use another student's adrenaline autoinjector. The priority and overarching duty of care is to assist the student having the reaction as it may be life-threatening. However, school staff should only use another student's adrenaline autoinjector if the school's adrenaline autoinjector(s) for general use is NOT available and it is an emergency.

School staff should also immediately call 000, and ensure the student whose adrenaline autoinjector has been used is not exposed to any risks. For example, the student should be supervised indoors if possible (particularly if environmental or other external factors (such as bees) pose a risk). For food related risks, the student should not be allowed to eat until another adrenaline autoinjector is made available and a medical officer/parent has advised the student may eat low risk food e.g. fruit if the child is not allergic to fruit.

This advice applies regardless of whether the student is having a first time reaction, or has previously been diagnosed as being at risk of anaphylaxis. All schools are required to undertake risk minimisation strategies, including the purchase of adrenaline autoinjectors for general use that will minimise the risk of this occurring. It is acknowledged however that this may be difficult to manage for students experiencing a first time anaphylactic reaction without a prior diagnosis of anaphylaxis.

If another student's adrenaline autoinjector has been used, the school should immediately purchase a replacement adrenaline autoinjector for that student from a pharmacy at the schools expense.

A student has provided one type of adrenaline autoinjector, but the adrenaline autoinjector for general use is not the same brand. Does this matter?

No, as long as the dosage of both adrenaline autoinjectors is the same, the brand of the adrenaline autoinjector does not matter. However, because the delivery mechanism varies between adrenaline autoinjectors, the instructions on administration of the device should be followed. It may be necessary to instruct staff in the appropriate use of the different types of adrenaline autoinjector.

Can a higher dose (yellow label) adrenaline autoinjector be given to a young child if no lower dose "Junior" (green label) device is available?

A general guide to adrenaline autoinjector dose is as follows:

- Children under 1 year of age are not usually prescribed an adrenaline autoinjector. If anaphylaxis is suspected only a lower dose green label device (containing 0.15mg of adrenaline) should be given. Higher dose adrenaline autoinjectors (yellow label devices) should NOT be administered to children under 1 year of age.
- In children aged 1 to 5 years of age, a green label device (containing 0.15mg of adrenaline) should be used. However, if only a yellow label device is available (containing 0.3mg of adrenaline) this should be used in preference to not using one at all.
- In children over 5 years of age or adults, a yellow label adrenaline autoinjector should be used. However if only a green label device (containing 0.15mg of adrenaline is available, this should be used in preference to not using one at all.

Is there financial assistance available for schools to purchase adrenaline autoinjectors for general use?

Adrenaline autoinjectors for general use are available from pharmacies without a prescription at a retail price. The Department does not have a budget to support schools to buy these devices.

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

Unfortunately this PBS is currently only available for parents and families.

Legal issues

What are my legal rights if I make a mistake?

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

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

School staff from Victorian non-government schools should follow their school's procedures relating to negligence claims.

Family communication

What should I do if the parents haven't replaced their child's adrenaline autoinjector after it has expired?

Contact the parents immediately by both phone and in writing and request them to replace the adrenaline autoinjector. A reminder system should be in place to ensure the parents are followed up if a replacement adrenaline autoinjector is not received within a reasonable time. The school should develop an interim Individual Anaphylaxis Management Plan for the student until the parents provide the replacement adrenaline autoinjector.

The school should document these communications as this may become a child protection issue. In addition, it is important to retain evidence that the school has taken reasonable steps to discharge its duty of care to the student.

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

Contact the student's parents **immediately** to verify if their child is diagnosed as being at risk of anaphylaxis and seek written medical advice from the child's medical practitioner. If the diagnosis is confirmed, ask the parents to obtain an adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis (device specific) for the school as soon as possible. In the meantime, the school should develop an interim Individual Anaphylaxis Management Plan for the student.

Can we ask the parents to not send nut products to school? What if they refuse?

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

- it can create complacency amongst school staff and students
- it does not eliminate the presence of hidden allergens
- it is difficult to 'ban' all triggers: remember that foods other than nuts can trigger anaphylaxis.

It is preferable that the school take appropriate and regular action to raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition and the risk it presents. The school may also wish to help parents to identify more suitable food options for their children.

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

The ASCIA Guidelines provide further advice about anaphylaxis prevention at: www.allergy.org.au/health-professionals/papers/prevent-anaphylaxis-in-schools-childcare

For additional FAQs on adrenaline autoinjectors, visit the ASCIA website at:

www.allergy.org.au/health-professionals/anaphylaxis-resources/adrenaline-autoinjectors-faqs

Appendix B: Ministerial Order No. 706

EDUCATION AND TRAINING REFORM ACT 2006

Ministerial Order No.706: Anaphylaxis Management in Victorian schools

The Minister for Education makes the following Order:

PART A: PRELIMINARY

1. Background

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

2. Purpose

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

3. Commencement

- 3.1. This Order comes into operation on 1 January 2016.
- 3.2. Ministerial Order 90 is repealed with effect from the date that this Order comes into operation.

4. Authorising provisions

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

5. Definitions

- 5.1. Unless the contrary intention appears, words and phrases used in this Order have the same meaning as in the Act.
- 5.2. "Act" means the *Education and Training Reform Act 2006*.
- 5.3. "adrenaline autoinjector" means an adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis.
- 5.4. "adrenaline autoinjector for general use" means a 'back up' or 'unassigned' adrenaline autoinjector.
- 5.5. "anaphylaxis management training course" means:
 - 5.5.1. a course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the *National Vocational Education and Training Regulator Act 2011* (Cth) that includes a competency check in the administration of an adrenaline autoinjector;
 - 5.5.2. a course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an adrenaline autoinjector;
 - 5.5.3. a course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline autoinjector; and
 - 5.5.4. any other course approved by the Secretary to the Department for the purpose of this Order as published by the Department.
- 5.6. "Department" means the Department of Education and Training.
- 5.7. "face-to-face anaphylaxis management training course" means a course referred to in clause 5.5.1 — 5.5.3 attended by a school staff member in person.
- 5.8. "medical practitioner" means a registered medical practitioner within the meaning of the *Health Professions Registration Act 2005*, but excludes a person registered as a non-practicing health practitioner.
- 5.9. "online anaphylaxis management training course" means the course, developed by the Australasian Society of Clinical Immunology and Allergy (ASCIA), and approved by the Secretary pursuant to clause 5.5.4 of this Order, at the time of the making of this Order called ASCIA Anaphylaxis eTraining for Victorian Schools.
- 5.10. "parent" in relation to a child means any person who has parental responsibility for 'major long term issues' as defined in the *Family Law Act 1975* (Cth) or has been granted 'guardianship' for the child pursuant to the *Children, Youth and Families Act 2005* or other state welfare legislation.
- 5.11. "school staff" means any person employed or engaged at a school who:
 - 5.11.1. is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part;

- 5.11.2. is in an educational support role, including a teacher's aide, in respect of a student with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- 5.11.3. the principal determines should comply with the school's anaphylaxis management policy.

PART B: SCHOOL ANAPHYLAXIS POLICY REQUIREMENTS

6. School Anaphylaxis Policy

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

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

7. Individual Management Plans

- 7.1. A school's anaphylaxis management policy must state the following in relation to Individual Anaphylaxis Management Plans for each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction:
 - 7.1.1. that the principal of the school is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis;

- 7.1.2. that the Individual Anaphylaxis Management Plan must be in place as soon as practicable after the student enrolls, and where possible before the student's first day of attendance at that school;
- 7.1.3. that the Individual Anaphylaxis Management Plan must include the following:
 - (a) information about the medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner);
 - (b) strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school;
 - (c) the name of the person/s responsible for implementing the strategies;
 - (d) information on where the student's medication will be stored;
 - (e) the student's emergency contact details; and
 - (f) an action plan for anaphylaxis in a format approved by the ASCIA (hereafter referred to as an ASCIA Action Plan), provided by the parent.
- 7.2. A school's anaphylaxis management policy must require the school to review the student's Individual Anaphylaxis Management Plan in consultation with the student's parents in all of the following circumstances:
 - 7.2.1. annually;
 - 7.2.2. if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
 - 7.2.3. as soon as is practicable after a student has an anaphylactic reaction at school; and
 - 7.2.4. when a student is to participate in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.
- 7.3. A school's anaphylaxis management policy must state that it is the responsibility of the parent to:
 - 7.3.1. provide the ASCIA Action Plan referred to in clause 7.1.3(f);
 - 7.3.2. inform the school in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant provide an updated ASCIA Action Plan;
 - 7.3.3. provide an up to date photo for the ASCIA Action Plan when that plan is provided to the school and when it is reviewed; and
 - 7.3.4. provide the school with an adrenaline autoinjector that is current and not expired for their child.

PART D: SCHOOL MANAGEMENT OF ANAPHYLAXIS

8. Prevention Strategies

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

9. School management and emergency response

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

10. Adrenaline Autoinjectors for General Use

- 10.1. A school's anaphylaxis management policy must prescribe the purchase of adrenaline autoinjectors for general use as follows:
 - 10.1.1. the principal is responsible for arranging for the purchase of additional adrenaline autoinjector(s) for general use and as a back up to those supplied by parents;
 - 10.1.2. the principal will determine the number and type of adrenaline autoinjector(s) for general use to purchase and in doing so consider all of the following:

- (a) the number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction;
- (b) the accessibility of adrenaline autoinjectors that have been provided by parents;
- (c) the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the school, including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school; and
- (d) that adrenaline autoinjectors have a limited life, usually expire within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

11. Communication Plan

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

12. Staff Training

- 12.1. A school's anaphylaxis management policy must state that the following school staff must be trained in accordance with this clause:
 - 12.1.1. school staff who conduct classes that students who are at risk of anaphylaxis attend; and
 - 12.1.2. any further school staff that the principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.

12.2. A school's anaphylaxis management policy must state that school staff who are subject to training requirements in accordance with clause 12.1 must:

12.2.1. have successfully completed:

(a) a face-to-face anaphylaxis management training course in the three years prior; or

(b) an online anaphylaxis management training course in the two years prior; and

12.2.2. participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis management training course referred to in clause 12.2.1 in the two years prior, on:

(a) the school's anaphylaxis management policy;

(b) the causes, symptoms and treatment of anaphylaxis;

(c) the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;

(d) how to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector;

(e) the school's general first aid and emergency response procedures; and

(f) the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

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

13. Annual Risk Management Checklist

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

Dated this 3rd day of December 2015.



The Hon. James Merlino, MP
Minister for Education

Appendix C: School Anaphylaxis Supervisor checklist

This checklist is designed to assist schools to understand their role and responsibilities regarding anaphylaxis management and to be used as a resource during the delivery of *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC*.

Principal

Stage	Responsibilities	✓ or ✗
Ongoing	Be aware of the requirements of MO706 and the associated guidelines published by the Department of Education and Training.	
Ongoing	Nominate appropriate school staff for the role of School Anaphylaxis Supervisor at each campus and ensure they are appropriately trained.	
Ongoing	Ensure all school staff complete the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> every 2 years, which includes formal verification of being able to use adrenaline autoinjector devices correctly.	
Ongoing	Ensure an accurate record of all anaphylaxis training completed by staff is maintained, kept secure and that staff training remains current.	
Ongoing	Ensure that twice-yearly Anaphylaxis School Briefings are held and led by a member of staff familiar with the school, preferably a School Anaphylaxis Supervisor .	

Staff training

Staff	Training requirements	✓ or ✗
School Anaphylaxis Supervisor	To perform the role of School Anaphylaxis Supervisor staff must have current approved anaphylaxis training as outlined in MO706. In order to verify the correct use of adrenaline autoinjector devices by others, the School Anaphylaxis Supervisor must also complete and remain current in <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i> (every 3 years).	
School staff	All school staff should: <ul style="list-style-type: none"> complete the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> (every 2 years) and be verified by the School Anaphylaxis Supervisor within 30 days of completing the ASCIA e-training as being able to use the adrenaline autoinjector (trainer) devices correctly to complete their certification. 	

School Anaphylaxis Supervisor responsibilities

Ongoing	Tasks	✓ or ✗
Ongoing	Ensure they have currency in the <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i> (every 3 years) and the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> (every 2 years).	
Ongoing	Ensure that they provide the principal with documentary evidence of currency in the above courses.	
Ongoing	Assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> .	
Ongoing	Send periodic reminders to staff or information to new staff about anaphylaxis training requirements.	
Ongoing	Provide access to the adrenaline autoinjector (trainer) device for practice use by school staff.	
Ongoing	Provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required.	
Ongoing	Liaise with parents or guardians (and, where appropriate, the student) to manage and implement Individual Anaphylaxis Management Plans.	
Ongoing	Liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school.	
Ongoing	Lead the twice-yearly Anaphylaxis School Briefing	
Ongoing	<p>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:</p> <ul style="list-style-type: none"> • a bee sting occurs on school grounds and the student is conscious • an allergic reaction where the child has collapsed on school grounds and the student is not conscious. <p>Similar scenarios will also be used when staff are demonstrating the correct use of the adrenaline autoinjector (training) device.</p>	

Further information about anaphylaxis management and training requirements in Victorian schools can be found at: <http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx>

School Supervisors' Observation Checklist

An observation record must be made and retained at the school for each staff member demonstrating the correct use of the adrenaline autoinjector (trainer) device. Certification that the device is used correctly can only be provided by the appropriately trained School Anaphylaxis Supervisor.

Name of School Anaphylaxis Supervisor: _____	Signature: _____
Name of staff member being assessed: _____	Signature: _____
Assessment Result:	Competent or Not competent (select as appropriate)
Assessment date: _____	

Verifying the correct use of Adrenaline Autoinjector (trainer) Devices

Stage	Actions	✓ or ✗
Preparation	Verification resources, documentation and adrenaline autoinjector (trainer) devices and equipment are on hand and a suitable space for verification is identified.	
Preparation	Confirmation of the availability of a mock casualty (adult) for the staff member to demonstrate use of the adrenaline autoinjector devices on. Testing of the device on oneself or the verifier is not appropriate.	
Demonstration	Successful completion of the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> within the previous 30 days is confirmed by sighting the staff member's printed ASCIA e-training certificate.	
Demonstration	Confirmation the staff member has had an opportunity to practise use of the adrenaline autoinjector (trainer) device/s prior to the verification stage.	
Demonstration	To conduct a fair appraisal of performance, the verifier should first explain what the candidate is required to do and what they will be observed doing prior to the demonstration, including a scenario for the mock casualty. This ensures the candidate is ready to be verified and clearly understands what constitutes successful performance or not.	

Practical Demonstration

Stage	The staff member:	Attempts ✓ or ✗		
		1	2	3
Prior to use: <i>Identifying the components of the EpiPen®</i>	<p>Correctly identified components of the adrenaline autoinjector (although some of these are not available on the trainer device, they should be raised and tested): School Anaphylaxis Supervisors to ask the below questions.</p> <ul style="list-style-type: none"> • Where is the needle located? • What is a safety mechanism of the EpiPen®? • What triggers the EpiPen® to administer the medication? • What does the label of the EpiPen® show? 			

Stage	The staff member:	Attempts ✓ or ✕		
		1	2	3
Prior to use: <i>Demonstrated knowledge of the appropriate checks of the EpiPen®</i>	Demonstrated knowledge of the appropriate checks of the adrenaline autoinjector device (although these are not available on the trainer device, they should be raised and tested): School Anaphylaxis Supervisors to ask the below questions. <ul style="list-style-type: none"> • Prior to administering the EpiPen® what should you check? • What do you check the viewing window for? • What do you check the label for? 			
Demonstration: <i>Correct positioning when applying anaphylaxis first aid</i>	Positioned themselves and the (mock) casualty correctly in accordance with ASCIA guidelines ensuring the: <ul style="list-style-type: none"> • casualty is lying flat unless breathing is difficult or placed in a recovery position if unconscious or vomiting • casualty is securely positioned to prevent movement when administering the adrenaline autoinjector device • person administering the adrenaline autoinjector device is facing the casualty. 			
Demonstration: <i>Correct administration of the EpiPen®</i>	Administered the adrenaline autoinjector device correctly (this example is for an EpiPen® device): <ul style="list-style-type: none"> • formed a fist to hold the EpiPen® device correctly • pulled off blue safety release • applied the orange end at right angle to the outer mid-thigh (with or without clothing), ensuring pockets and seams were not in the way • activated the EpiPen® by pushing down hard until a click is heard • hold the EpiPen® in position for 3 seconds after activation • remove EpiPen®. 			
Demonstration:	Demonstrated correct use in a realistic time period for treatment in an emergency situation.			
Post use: <i>Handling used EpiPen®</i>	Demonstrated knowledge of correct procedures post use of the adrenaline autoinjector devices: School Anaphylaxis Supervisors to ask the below questions. <ul style="list-style-type: none"> • What information should you record at the time of administering the EpiPen®? • What do you do with the used EpiPen® once it has been administered? 			

Test Outcome

Certifying the correct use of the adrenaline autoinjector (training) device		✓ or ✕
Where checking and demonstration is successful the verifier will: <ul style="list-style-type: none"> • sign and date the staff member's ASCIA e-training certificate • provide a copy to the staff member • store the staff member's ASCIA certificate and this observation record in a central office location to ensure confidentiality is maintained • update school staff records for anaphylaxis training. 		
If the adrenaline autoinjector (trainer) device has NOT been checked or administered correctly through successfully completing all the steps above, the verifier cannot deem the staff member competent. The staff member should be referred back to the <i>ASCIA Anaphylaxis e-training</i> for further training and re-present for verification: <ul style="list-style-type: none"> • this action should be recorded in staff records • the verifier must not provide training to correct practice. 		

Appendix D: Guidance for developing an Anaphylaxis Management Policy for your school

Ministerial Order 706 – Anaphylaxis Management in Schools

Schools should read the [Anaphylaxis Guidelines for Victorian Schools](#) when developing/updating their anaphylaxis management policies.

School name

School statement

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

Note: this statement will acknowledge the school's responsibility to develop and maintain an anaphylaxis management policy.

Staff training

The following school staff will be appropriately trained:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- Any other school staff as determined by the principal to attend (indicate which staff in your school will be trained, for example all canteen staff, admin staff, first aiders, volunteers etc).

School staff must complete one of the following options to meet the anaphylaxis training requirements of MO706 (indicate which of these options your school will adopt) and record the dates that training has occurred:

Option	Completed by	Course	Provider	Cost	Valid for
Option 1	All school staff	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i> followed by a competency check by the School Anaphylaxis Supervisor	ASCIA	Free to all schools	2 years
	AND 2 staff per school or per campus (School Anaphylaxis Supervisor)	<i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years
Option 2	School staff as determined by the principal	<i>Course in First Aid Management of Anaphylaxis 22300VIC</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years
Option 3	School staff as determined by the principal	<i>Course in Anaphylaxis Awareness 10313NAT</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years

Please note: General First Aid training does **NOT** meet the anaphylaxis training requirements under MO706.

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

- 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®
- your school's First Aid policy and emergency response procedures
- 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 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 enrolls, and preferably before the student's first day at school.

The principal will ensure that while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, there is a sufficient number of school staff present who have successfully completed an anaphylaxis management training course.

Individual Anaphylaxis Management Plans

Note: A template for an Individual Anaphylaxis Management Plan can be found in Appendix E of the Anaphylaxis Guidelines for Victorian Schools on the Department's website: 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 enrolls and where possible before their first day of school.

The Individual Anaphylaxis Management Plan will set out the following:

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

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 E of the Anaphylaxis Guidelines or downloaded from 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 as required.

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
- 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 and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

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

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

Risk Minimisation strategies

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

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

- during classroom activities (including class rotations, specialist and elective classes)
- between classes and other breaks
- in canteens
- during recess and lunchtimes
- before and after school
- camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).

A number of suggested risk minimisation strategies are included at **Appendix F** which, as a minimum, should be considered by school staff, for the purpose of developing such strategies for in-school and out-of-school settings.

School planning and emergency response

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

The school's Anaphylaxis Management Policy must include Emergency Response Procedures relating to anaphylactic reactions including:

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

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

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

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

Communication Plan

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

This section should set out a Communication Plan to provide information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy.

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

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

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

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

- adequately trained (either through face-to face or online training)

AND

- briefed at least twice per calendar year through an in-house school briefing.

Annual risk management checklist

The principal will complete an annual Risk Management Checklist as published by the Department of Education and Training to monitor compliance with their obligations. The annual checklist is designed to step schools through each area of their responsibilities in relation to the management of anaphylaxis in schools.

Note: The Risk Management Checklist can be found at Appendix F of the Anaphylaxis Guidelines for Victorian Schools on the Department's website:
www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

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?

(continues on next page)

ACTION PLAN FOR Anaphylaxis

Name: _____ For EpiPen® adrenaline (epinephrine) autoinjectors

Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by medical or nurse practitioner:

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

Signed: _____

Date: _____

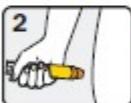
Action Plan due for review: _____

How to give EpiPen®

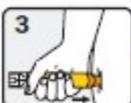
1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



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



3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®



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

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

© ASCIA 2017 This plan was developed as a medical document that can only be completed and signed by the patient's medical or nurse practitioner and cannot be altered without their permission

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

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

This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

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

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

I consent to the risk minimisation strategies proposed.

Risk minimisation strategies are available at Chapter 8 – Risk Minimisation Strategies of the Anaphylaxis Guidelines

Signature of parent:	
Date:	
I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of principal (or nominee):	
Date:	

Appendix F: Risk Minimisation strategies for schools

In-school settings

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

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan for Anaphylaxis is easily accessible even if the adrenaline autoinjector is kept in another location.
2.	Liaise with parents about food-related activities well ahead of time.
3.	Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Alternative treat boxes should be clearly labelled and only handled by the student.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
7.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9.	Children with food allergy need special care when doing food technology. An appointment should be organised with the student's parents prior to the student undertaking this subject. Helpful information is available at: www.allergyfacts.org.au/images/pdf/foodtech.pdf
10.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
11.	A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline autoinjector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

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

Yard	
1.	<p>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.</p>
2.	<p>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.</p>

3.	Schools must have an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the school's emergency response procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4.	Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with severe allergies to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6.	Keep lawns and clover mowed and outdoor bins covered.
7.	Students should keep drinks and food covered while outdoors.

Special events (e.g. sporting events, incursions, class parties, etc.)	
1.	If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2.	School staff should avoid using food in activities or games, including as rewards.
3.	For special events involving food, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.
5.	Party balloons should not be used if any student is allergic to latex.
6.	If students from other schools are participating in an event at your school, consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. Agree on strategies to minimise the risk of a reaction while the student is visiting the school. This should include a discussion of the specific roles and responsibilities of the host and visiting school. Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them to events outside their own school.

Out-of-school settings

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

Travel to and from school by school bus

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

Field trips/excursions/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. | <p>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.</p> <p>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.</p> |
| 6. | The school should consult parents of anaphylactic students in advance to discuss issues that may arise, for example to develop an alternative food menu or request the parents provide a special meal (if required). |
| 7. | Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis. |
| 8. | Prior to the excursion taking place school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity. |

9.	<p>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.</p> <p>Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to events being held at other schools.</p>
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Camps and remote settings	
1.	Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.
2.	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3.	Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4.	Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
5.	School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.
6.	If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns in writing with the camp owner/operator and also consider alternative means for providing food for those students.
7.	Use of substances containing known allergens should be avoided altogether where possible.
8.	<p>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.</p> <p>If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.</p>

9.	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.
10.	The student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone. All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
11.	Contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
12.	It is strongly recommended that schools take an adrenaline autoinjector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
13.	Schools should consider purchasing an adrenaline autoinjector for general use to be kept in the first aid kit and include this as part of the emergency response procedures.
14.	Each student's adrenaline autoinjector should remain close to the student and school staff must be aware of its location at all times.
15.	The adrenaline autoinjector should be carried in the school first aid kit; however, schools can consider allowing students, particularly adolescents, to carry their adrenaline autoinjector on camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own adrenaline autoinjector.
16.	Students with allergies to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
17.	Cooking and art and craft games should not involve the use of known allergens.
18.	Consider the potential exposure to allergens when consuming food on buses and in cabins.

Overseas travel

1.	Review and consider the strategies listed under "Field Trips/Excursions/Sporting Events" and "Camps and Remote Settings". Where an excursion or camp is occurring overseas, schools should involve parents in discussions regarding risk management well in advance.
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2.	<p>Investigate the potential risks at all stages of the overseas travel such as:</p> <ul style="list-style-type: none"> • travel to and from the airport/port • travel to and from Australia (via aeroplane, ship etc) • accommodation venues • all towns and other locations to be visited • sourcing safe foods at all of these locations • risks of cross contamination, including: <ul style="list-style-type: none"> ◦ exposure to the foods of the other students ◦ hidden allergens in foods ◦ whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction ◦ whether the other students will be able to wash their hands when handling food.
3.	<p>Assess where each of these risks can be managed using minimisation strategies such as the following:</p> <ul style="list-style-type: none"> • translation of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis into the local language • sourcing of safe foods at all stages • obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited • obtaining emergency contact details • determine the ability to purchase additional autoinjectors.
4.	<p>Record details of student travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction will be paid.</p>
5.	<p>Plan for the appropriate supervision of students at risk of anaphylaxis at all times, including that:</p> <ul style="list-style-type: none"> • there are sufficient school staff attending the excursion who have been trained in accordance with section 12 of the Ministerial Order • there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication, eating food or being otherwise exposed to potential allergens • there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of the other students will be available • staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

6.	<p>The school should re-assess its emergency response procedures, and if necessary adapt them to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:</p> <ul style="list-style-type: none"> • 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.
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Work experience	
1.	<p>Schools should involve parents, the student and the work experience employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. The employer and relevant staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the adrenaline autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience. It may be helpful for the teacher and the student to do a site visit before the student begins placement.</p>

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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times	
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 1: Training	
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: <ul style="list-style-type: none"> • online training (ASCIA anaphylaxis e-training) within the last 2 years, or • accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> 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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	
45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No

g. Where the adrenaline autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	