

# ANAPHYLAXIS MANAGEMENT POLICY

THE KING DAVID SCHOOL



## SCHOOL STATEMENT

The King David School strives to ensure that all students are healthy and safe whilst under the care of the School. An important aspect of this is managing students who have the potential for an allergic anaphylactic response. Accordingly, the School will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the DEECD from time to time. The following policy outlines the responsibilities of members of the School community and the School's plan for prevention and response.

## AIM

The King David School believes that the safety and wellbeing of children who are at risk of anaphylaxis is a whole-of-community responsibility. We are committed to:

- Providing, as far as practicable, a safe and healthy environment in which children at risk of anaphylaxis can participate equally in all aspects of the school curriculum.
- Raising awareness about allergies and anaphylaxis amongst the school community.
- Actively involving the parents/guardians of each child at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for their child.
- Ensuring each staff member and other relevant adults have adequate knowledge of allergies, anaphylaxis and emergency procedures.
- Facilitating communication to ensure the safety and wellbeing of children at risk of anaphylaxis.

## ROLE AND RESPONSIBILITY OF THE PRINCIPAL & SCHOOL NURSE

The Principal has the overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis. The School Nurse (who is also the School Anaphylaxis Supervisor) will assist the Principal in meeting these responsibilities:

1. Develop, implement and routinely review the School Anaphylaxis Management Policy in accordance with the Order and guidelines.
2. Actively seeks 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 the 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. 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
5. Ensure that the canteen staff can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices. This includes careful food labelling reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies.
6. Ensure that parents provide the School with an adrenaline auto-injector for their child that is not out-of-date and a replacement adrenaline autoinjector when requested to do so.

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- A register of students' adrenaline autoinjectors will be maintained in the first aid room.
  - Adrenaline autoinjectors will be checked regularly for their clarity and use by date
  - Parents will be notified in writing a month prior to replace the adrenaline autoinjector
  - EpiPens will be registered with 'EpiClub' - [www.epiclub.com.au](http://www.epiclub.com.au)
7. Ensure there are procedures in place for providing information to school volunteers and casual relief staff.
8. Ensure that all 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 ASCIA e-training).
- A skills register will be maintained by the School Nurse
  - Staff will be reminded when they are due to renew their qualifications
  - The school nurse will verify staff of the correct use of the Adrenaline autoinjector
9. Ensure that staff who are appointed as School Anaphylaxis Supervisor(s) are appropriately trained in the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC (every 3 years).
10. Ensure that all school staff are briefed at least twice a year by the School Nurse (School Anaphylaxis Supervisor). Information to be covered includes:
- the identities of students diagnosed as being at risk of anaphylaxis and the location of their medication
  - how to use the adrenaline autoinjector, including hands-on practice with an adrenaline autoinjector trainer device (which does not contain adrenaline).
  - the causes, symptoms and treatment of anaphylaxis
  - the location of adrenaline autoinjector devices prescribed for individual students that have been purchased by their family
  - the locations of general use adrenaline autoinjectors across all campuses
  - the process for camp and excursion with taking student pouches and a general use EpiPen
11. Ensure the Risk Management Checklist for anaphylaxis is completed and reviewed annually.
12. Arrange to purchase and maintain an appropriate number of adrenaline autoinjectors for general use to be part of the school's first aid kits stored with a copy of the general ASCIA action plan for anaphylaxis (orange) in a different coloured pouch to student owns.
13. Provide advice and guidance to school staff about anaphylaxis management in the school, and undertake regular risk identification and implement appropriate minimisation strategies.
14. Work with school staff to develop strategies to raise their own students and school community awareness about severe allergies.
15. Provide or arrange post-incident support (e.g. counselling) to students and staff, if appropriate.
16. Ensure all staff are aware of locations of general use EpiPens
- Two general use EpiPens on wall in first aid room senior school
  - Two general use EpiPens on wall in first aid room junior school
  - One general use EpiPen on wall in staff room senior school
  - One general use EpiPen upstairs in RMC first aid box
  - Two general use EpiPens located in the senior school first aid room to be taken on all excursions, sports activities and any other off-site events if there is a student deemed at risk of anaphylaxis.
  - A general use EpiPen is in the camp bag and will be taken on all school camps regardless whether or not there is a student at risk of anaphylaxis.

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## ROLES AND RESPONSIBILITIES OF STAFF

All school staff have a duty of care to take reasonable steps to avoid reasonably foreseeable risks of injury to students.

1. Know the schools 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.

- All staff to make themselves familiar at the start of the school year of the students in their class who may be at risk of anaphylaxis
- When on yard duty to carry the medical lanyard which shows all students at risk of allergies
- When off campus to carry the medical summaries of the student in their care and to be aware of the medical conditions prior to leaving the school
- Know where all the general use EpiPens are located around the school
- 3. Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen.
- Understand the cause, symptoms and treatment of anaphylaxis
- Attend twice yearly briefing which includes recognising and responding appropriately to an anaphylactic reaction, and competently administering an EpiPen.
- Successfully complete the online Anaphylaxis Management training.

4. Know where to find a copy of each student's ASCIA action plan & EpiPen and follow it in the event of an allergic reaction.

5. Know and follow the student's risk minimization strategies in the Student's Individual Anaphylaxis Management Plan.

6. Plan ahead for special class activities or special occasions such as excursions, incursions, sports days, camps and parties.

7. Be aware of the risk of cross-contamination when preparing, handling and displaying food. Ensure food being prepared for children with allergies is kept separate from other food; this includes food, cooking utensils and all other implements.

8. Make sure that tables and surfaces are wiped down regularly and that students wash their hands before and after handling food. Discuss with the students the importance of basic hygiene including hand washing and wiping of tables. If food is eaten in the classroom, ensure that tables and other surfaces are wiped down after completion of meal.

9. 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. Discuss with students the school policy regarding the sharing of food.

## 1.0 INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

### 1.1 Establishing an Individual Anaphylaxis Management Plan

The school nurse in consultation with the students parents/guardians will ensure 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. The Individual Anaphylaxis Management Plan will be in place as soon as practicable following the student's enrolment and, where possible, before their first day of school.

### 1.2 The Plan Itself

The plan will contain the following elements:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);

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- 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;
- Name of the person/people responsible for implementing the strategies.
- Information on where the student's medication is stored.
- the student's emergency contact details; and
- an ASCIA Action Plan provided by the parents/guardian that sets out the emergency procedures to be taken in the event of an allergic reaction; is signed by a treating medical practitioner; includes an up to date photograph of the student as provided by the parent or from the school database. Note: The red '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.
- The school nurse will then implement and monitor the students' Anaphylaxis Individual Management Plan. Management plans will be updated yearly, within the first two weeks of the new school year. The anaphylaxis individual management plans are stored in the students blue case along with the adrenaline auto-injector, antihistamines and ASCIA action plan. All students' blue case's are stored in the campus first Aid room. The ELC will store the cases in the relevant office.

### 1.3 Review of Individual Anaphylaxis Management Plan

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

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

### 1.4 Parental responsibilities

It is the responsibility of the Parents to:

- provide the ASCIA Action Plan;
- inform the School in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
- provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
- provide the School with an Adrenaline Autoinjector that is current and not expired for their child.
- Sign and return the individual risk management plan formed in conjunction with the school nurse which is reviewed annually.
- Replace the student's adrenaline autoinjector and any other medications as needed, before their expiry date of when used.
- Assist school staff in planning and preparation for the student prior to camps and excursions
- Assist the school nurse to develop the Student's Individual Anaphylaxis Management Plan, including risk minimization strategies.

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## 1.5 Prevention Strategies

This section details the Risk Minimisation and Prevention Strategies that the School has in place for all relevant in-school and out-of-school settings which include (but are not limited to): classroom activities (including class rotations, specialist and elective classes); time between classes and other breaks; in canteens; during recess and lunch times; before and after school; and special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

### In-school settings

Classrooms	
1.	A copy of the student's Individual Anaphylaxis Management Plan is kept in the campus staff common room and the first aid room. The ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2.	Teachers will liaise with Parents about food-related activities ahead of time.
3.	Non-food treats are used where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4.	Food from outside sources is never given to a student who is at risk of anaphylaxis.
5.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
7.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10.	A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

Canteens	
1.	Canteen staff (whether internal or external) have a qualification in 'Safe Food Handling' which includes knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
2.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.
3.	Canteens provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
4.	Tables and surfaces are wiped down with warm soapy water regularly.
5.	Canteen staff are advised to 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.

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Yard	
1.	All permanent full time teachers on yard duty are trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) and have been trained to respond quickly to an anaphylactic reaction if needed.
2.	The Adrenaline Autoinjector and each Ascia Plan are easily accessible from the yard. Staff are aware of their exact location.
3.	A Communication Plan is in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. All yard duty staff carry emergency cards in yard-duty bags. All staff on yard duty are 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.	Teachers on yard duty are generally familiar with the photographs of students at risk of anaphylaxis.
5.	Students with anaphylactic responses to insects are encouraged to stay away from water or flowering plants and to wear the most appropriate uniform items, as well as closed shoes and long-sleeved garments to minimise the risk of bites or stings when outdoors.
6.	Lawns are mowed regularly and outdoor bins are covered.
7.	Students are encouraged to keep drinks and food covered while outdoors.
8.	Students who suffer from allergies will not be requested to pick rubbish around the school grounds

Special events (e.g. sporting events, incursions, class parties, etc.)	
1.	Sufficient staff trained in the administration of an Adrenaline Autoinjector are provided at all School-endorsed specials events.
2.	Staff are encouraged not to use food in activities or games, or as rewards.
3.	Parents of a child with a known risk of an anaphylactic reaction are consulted in advance if the School is to cater for special occasions, to either develop an alternative food menu or request the parents to send a meal for the student.
4.	Parents of other students in Years P-6 are informed about foods that may cause allergic reactions in students at risk of anaphylaxis and are asked to avoid providing students with treats whilst they are at School or at a special School event.
5.	Party balloons will not be used if any student is allergic to latex.

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## Out-of-school settings

Excursions/sporting events	
1.	At every school excursion or sporting event there are sufficient School Staff 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 will accompany any student at risk of anaphylaxis on field trips or excursions.
3.	School Staff are advised to avoid using food in activities or games, including as rewards.
4.	The Adrenaline Autoinjector and a copy of the ASCIA plan & Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis is easily accessible and Teachers are aware of their exact location.
5.	For each field trip, excursion etc, a risk assessment will be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All School Staff members present during the excursion are required to familiarise themselves with the identity of any students attending who are at risk of anaphylaxis and must be able to identify them by face.
6.	The School will consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required).
7.	Parents will be given the option to accompany their child on excursions.
8.	Prior to the excursion taking place the teacher in charge will review the student's Individual Anaphylaxis Management Plan in consultation with the parents/caregiver to ensure that it is up to date and relevant to the particular excursion activity.

Camps and remote settings	
1.	Prior to arranging catering for camps, the Camp Coordinator will ensure that food that is safe for anaphylactic students can be reliably provided.
2.	The camp caterer is required to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
3.	Schools 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. Therefore, the School will not sign any written disclaimer or statement from a camp owner/operator/caterer that indicates that the owner/operator/caterer is unable to provide food which is safe for students at risk of anaphylaxis.
4.	A risk assessment and risk management strategy will be developed for students at risk of anaphylaxis. This will be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators/caterers prior to the camp dates.
5.	School Staff will consult with parents of students at risk of anaphylaxis and the camp owner/operator/caterer to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur and are of a satisfactory standard.
6.	Use of substances containing allergens will be avoided where possible.

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7.	Care will be taken to avoid stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.
8.	The student's Adrenaline Autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone will be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency will be provided, e.g. a satellite phone.
9.	Prior to the camp taking place the Year Level Coordinator will consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
10.	All School Staff participating in the camp are fully briefed about their roles and responsibilities and are aware of the emergency response procedures that the camp provider and the School have in place for that camp.
12.	The Camp Coordinator will liaise with the camp provider well prior to the camp to ensure that contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.
13.	An Adrenaline Autoinjector for General Use is taken on school camp, even if there is no student at risk of anaphylaxis, as a back-up device in the event of an emergency.
14.	An Adrenaline Autoinjector for General Use is kept in the camp first aid kit as part of the Emergency Response Procedures.
15.	Where a student has been identified as being at risk of an anaphylactic reaction, the teacher accompanying that student on their activity will ensure that the student is taking his/her Adrenaline Autoinjector with them on the activity.
16.	Students with anaphylactic responses to insects will be encouraged to wear closed shoes and long-sleeved garments when outdoors and will be encouraged to stay away from water or flowering plants.
17.	Cooking and art and craft games will not involve the use of known allergens.
18.	Consideration will be given to the potential exposure to allergens when food is consumed on buses and in cabins

### Overseas travel

1.	Where an excursion or camp is occurring overseas, the School will involve parents in discussions regarding risk management well in advance. Consideration will be given to the strategies listed under Excursion/Sporting Events and Camps/Remote Settings
2.	<p>The potential risks at all stages of overseas travel will be investigated. These include:</p> <ul style="list-style-type: none"> <li>• travel to and from the airport/port;</li> <li>• travel to and from Australia (via aeroplane, ship etc);</li> <li>• various accommodation venues;</li> <li>• all towns and other locations to be visited;</li> <li>• sourcing safe foods at all of these locations; and</li> <li>• risks of cross contamination, including - <ul style="list-style-type: none"> <li>◦ exposure to the foods of the other students;</li> <li>◦ hidden allergens in foods;</li> <li>◦ whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction; and</li> <li>◦ whether the other students will wash their hands when handling food.</li> </ul> </li> </ul>
3.	<p>The School will assess where each of these risks can be managed using minimisation strategies such as the following:</p> <ul style="list-style-type: none"> <li>• translation of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan;</li> <li>• sourcing of safe foods at all stages;</li> </ul>

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	<ul style="list-style-type: none"> <li>• obtaining the names, address and contact details of the nearest hospital and Medical Practitioners at each location that may be visited;</li> <li>• obtaining emergency contact details; and</li> <li>• sourcing the ability to purchase additional autoinjectors.</li> </ul>
4.	Details of travel insurance, including contact details for the insurer will be recorded and the School will determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.
5.	<p>Plans will be developed by the School for appropriate supervision of students at risk of anaphylaxis at all times, including that:</p> <ul style="list-style-type: none"> <li>•there are sufficient School Staff attending the excursion who have been trained in accordance with Chapter 12;</li> <li>•there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;</li> <li>•there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and</li> <li>•staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.</li> </ul>
6.	<p>The School will ensure that the Emergency Response Procedures are appropriate to the particular circumstances of the overseas trip. A record will be kept of relevant information such as the following:</p> <ul style="list-style-type: none"> <li>•dates of travel;</li> <li>•name of airline, and relevant contact details;</li> <li>•itinerary detailing the proposed destinations, flight information and the duration of the stay in each location;</li> <li>•hotel addresses and telephone numbers;</li> <li>•proposed means of travel within the overseas country;</li> <li>•list of students and each of their medical conditions, medication and other treatment (if any);</li> <li>•emergency contact details of hospitals, ambulances, and Medical Practitioners in each location;</li> <li>•details of travel insurance</li> <li>•plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans;</li> <li>•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.</li> </ul>

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## 2.0 — SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

The School has the following first aid and emergency response procedures in place to allow staff to react quickly if an anaphylactic reaction occurs, for both in-school and out-of-school settings.

### 2.1 Adrenaline Autoinjectors for General Use

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

The Principal will determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Principal will take into account the following relevant considerations:

- the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of Adrenaline Autoinjectors that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the School, including in the school yard, and at excursions, camps and special events conducted or organised by the School; and
- The Adrenaline Autoinjectors for General Use have a limited life, usually expiring within 12-18 months, and will need to be replaced at the School's expense, either at the time of use or expiry, whichever is first.

### 2.2 Self-administration of the Adrenaline Autoinjector

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, the 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 member will supervise and monitor the student, and another member of the School Staff will contact an ambulance (on emergency number 000/112).

### 2.3 Responding to an incident - General

- Staff member is to remain with the student who is displaying symptoms of anaphylaxis at all times.
- Follow the 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 supported. If vomiting or unconscious, place in the recovery position left lateral.
- Send for help - Main Reception, stating location and type of emergency (allergic reaction). Main Reception will organise for extra EpiPens to be sent.
- Another staff member to locate the student's emergency pouch located in the first aid room. General use EpiPen's are located around the school at various locations.
- The EpiPen should be administered following the student's action Plan. Where possible, only School Staff with training in the administration of the Adrenaline Autoinjector will administer the student's Adrenaline Autoinjector. However, as it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction, it may be administered by any person following the instructions in the student's ASCIA Action Plan.
- Call an ambulance

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- Organise for a staff member to meet the ambulance and escort the paramedics to the student.
- Other staff in the vicinity are to lend a hand and assist in the control of other students in the area and move them away.
- Phone parents
- Organise for the general EpiPen to be brought in case a second adrenaline is required.

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).

## 2.4 In-School Environment

- Classrooms – the School will implement an emergency card system (laminated card stating anaphylaxis emergency), to raise an alarm which triggers accessing an Adrenaline Autoinjector for the child and activating other emergency response protocols.
- Yard - a card system will be utilised whilst on yard duty.

## 2.5 Out-of School Environments

Excursions and Camps – a risk assessment for each individual student attending who is at risk of anaphylaxis will be carried out. Teachers trained in anaphylaxis will attend each event, and will be briefed in:

- the location of Adrenaline Autoinjectors i.e. who will be carrying them. Whether a second one is available and, if so, where.
- 'how' to get the Adrenaline Autoinjector to a student; and
- How to activate the emergency response plan, including calling the ambulance, giving a detailed location address. e.g. Melway reference if city excursion, and the best access point or camp address/GPS location.

How to administer an EpiPen®	
1.	Remove from the plastic container.
2.	Form a fist around EpiPen® and pull off the blue safety cap.
3.	Place the 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®.
6.	Note the time the EpiPen® administered
7.	The used autoinjector will be handed to the ambulance paramedics along with the time of administration.

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How to administer an AnaPen®	
1.	Remove from the box container and check the expiry date.
2.	Remove black needle shield.
3.	Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove the grey safety cap.
4.	Place the needle end against the student's outer mid-thigh.
5.	Press the red button with your thumb so it clicks and hold it for 10 seconds.
6.	Replace needle shield and note the time you administered the Anapen®.
7.	The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

If an Adrenaline Autoinjector is administered, the School must	
1.	<b>Immediately</b> call an ambulance (000/112).
2.	Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3.	Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere.
4.	In the situation where there is no improvement or <b>severe symptoms</b> progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).
5.	<b>Then</b> contact the student's emergency contacts.
6.	The School's emergency and critical incident management plan will be enacted.

### Always call an ambulance as soon as possible (000)

When using a standard phone call 000 (triple zero) for an ambulance.

If you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.

#### 2.7 First-time reactions

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

This includes immediately contacting an ambulance using 000. It may also include locating and administering an Adrenaline Autoinjector for General Use.

#### 2.8 Post-incident support

An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and parents. In the event of an anaphylactic reaction, students and teachers may require post-incident counselling, which may be provided by a School psychologist.

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## 2.9 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.	The school nurse will immediately ensure that an interim Individual Anaphylaxis Management Plan is developed should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
3.	If the Adrenaline Autoinjector for General Use has been used it will be replaced as soon as possible.
4.	The school nurse will 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 will be reviewed in consultation with the student's Parents.
6.	The School's Anaphylaxis Management Policy will be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.

## 3.0 — COMMUNICATION PLAN

### 3.1 Raising staff awareness

The King David School provides training and annual refresher courses to teaching and non-teaching staff in an accredited Anaphylaxis Training Course (22099VIC) conducted by a professional first aid training organisation. (see 4.0 Staff Training).

On staff professional development days prior to the commencement of Term 1, all Year Level Coordinators and Homeroom Teachers conduct handover meetings. One of the agenda items at these meetings is review of medical forms of students at risk of Anaphylactic or Allergic reactions, or any other serious medical condition/s.

The School Nurse is responsible for obtaining an updated Individual Anaphylaxis Management Plan from relevant students' parents.

The School Nurse is responsible for ensuring that the updated Individual Anaphylaxis Management Plan is posted in the Staff Common Room and First Aid Room.

The School Nurse is responsible for providing an Anaphylaxis Briefing for all staff. This is done prior to the commencement of Terms 1 and 3.

**New Staff:** As part of the campus induction process, all new staff will be briefed on the School's Anaphylaxis Management Policy and the identities of any students diagnosed at risk of anaphylaxis and where their medication is located. This will be done by the Head of School or his/her delegate.

**Casual Staff:** A copy of the School's Management Plan and a list of all students who may have anaphylactic reactions must be given to all Casual Relief Teachers upon entering the school. This will normally be given in a folder by the person organised to greet the Teacher/Volunteer (usually the Campus Organiser, Assistant Head of School or Head of School).

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### 3.2 Raising student awareness

Homeroom Teachers: at the commencement of the school year, homeroom teachers will raise awareness of anaphylaxis by holding a discussion with their class with a few simple key messages,

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 help.
6.	Be respectful of a school friend's Adrenaline Autoinjector.
7.	Don't pressure your friends to eat food that may cause an allergic reaction.

### 3.3 Working with Parents

Homeroom teachers and school nurses will meet the parents of any student in their class who is at risk of anaphylactic reaction as soon as possible at the start of the school year in order to complete or review the Individual Management Plan, including a full risk assessment. Regular communication will be maintained, particularly before camp or activities involving food.

### 3.4 Raising school community awareness

The School will work to raise awareness about anaphylaxis in the school community by providing information in the e-Harp school newsletter once per term.

N.B. Parent Information Sheets can be downloaded from the Royal Children's Hospital website at: [www.rch.org.au/allergy/parent\\_information\\_sheets/Parent\\_Information\\_Sheets/](http://www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/)

During food awareness week - staff will share with their students age appropriate powerpoint <https://teen.250k.org.au/camping-with-a-food-allergy/>

[https://allergy.org.au/images/docs/Allergy\\_Aware\\_presentation\\_secondary\\_school\\_2021.pdf](https://allergy.org.au/images/docs/Allergy_Aware_presentation_secondary_school_2021.pdf)

[https://allergy.org.au/images/docs/Allergy\\_Aware\\_presentation\\_primary\\_school\\_2021.pdf](https://allergy.org.au/images/docs/Allergy_Aware_presentation_primary_school_2021.pdf)

### 4.0 Staff Training

4.1 The following staff receive accredited Anaphylaxis training and an annual refresher course from a professional First Aid training organisation (valid for three years):

- Teachers who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- All full-time Primary Homeroom teachers;
- All full-time Secondary teachers who take Sport, Physical Education or attend School Camps;
- All part-time teachers who take Sport or Physical Education;
- All School receptionists.

4.2 The above staff will also 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:

- The School's Anaphylaxis Management Policy.
- The causes, symptoms and treatment of anaphylaxis.
- The identities of students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located
- How to use an adrenaline auto-injector device, including hands-on practice with a trainer adrenaline auto-injector device.
- The School's general first aid and emergency response procedures; and
- The location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.

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The briefing will be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months (usually the school nurse).

#### Online training - ASCIA Anaphylaxis e-training for Victorian Schools

The ASCIA Anaphylaxis e-training for Victorian Schools is compliant with the Order. The course is freely available to all Victorian school staff. Completion of the online training course is **not** sufficient to meet the requirements of the Order. The School Anaphylaxis Supervisor will need to assess the person's competency in the administration of the adrenaline autoinjector.

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. This capability must be tested within 30 days of completion of the online training course. School staff that complete the online training course will be required to repeat that training and the adrenaline autoinjector competency assessment every two years.

It is recommended that all staff responsible for preparing, serving, planning for and ordering food should undertake the All about Allergens for Schools online food allergen management training at least every 2 years <https://foodallergytraining.org.au/>

4.3 In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrolls, and preferably before the student's first day at School.

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

#### 4.4 Annual Risk Management Checklist

The Principal & school nurse will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

#### Attachments:

- Allergies Notification Form
- ASCIA Action Plan for Allergic Reactions
- Sample Individual Management Plan
- ASCIA Action Plan for Anaphylaxis for use with Anapen
- ASCIA Action Plan for Anaphylaxis for use with EpiPen
- Anaphylaxis Annual Risk Management Checklist
- Anaphylaxis Briefing for all Victorian Schools
- <https://allergyaware.org.au/schools/anaphylaxis-risk-minimisation-strategies>
- <https://allergyaware.org.au/schools/best-practice-guidelines-schools>
- [https://allergyfacts.org.au/images/docs/Preparing for Camp with Food Allergies.pdf](https://allergyfacts.org.au/images/docs/Preparing_for_Camp_with_Food_Allergies.pdf)

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# ACTION PLAN FOR Anaphylaxis

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



Confirmed allergens:

Family/emergency contact name(s):

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

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

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

Plan prepared by doctor or nurse practitioner (np):

The treating doctor or np hereby authorises:

- Medications specified on this plan to be administered according to the plan.
- Prescription of 2 adrenaline autoinjectors.
- Review of this plan is due by the date below.

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

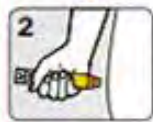
Signed: \_\_\_\_\_

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

## How to give EpiPen® adrenaline (epinephrine) autoinjectors



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



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



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

EpiPen® is prescribed for children over 20kg and adults. EpiPen® Jr is prescribed for children 7.5-20kg.

For use with EpiPen® adrenaline (epinephrine) autoinjectors

## SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

## ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person and call for help
- Locate 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
- Difficulty talking and/or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling/tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

## 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 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

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

© ASCIA 2020 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner and cannot be altered without their permission.

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# ACTION PLAN FOR Allergic Reactions

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

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



Continued allergies:

Family/emergency contact (name):

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

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

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

Please signpost if you are a school/childcare worker

The treating doctor or your family physician:

Medication specified on this plan to be administered according to the plan

Use of adrenaline autoinjector if available

Review of this plan is due by the date below

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

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

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

Notes: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies. Also need to seek medical attention.

For people with severe allergies (such as anaphylaxis) there are red ASCIA Action Plans for Anaphylaxis (severe) available, or general versions for use with adrenaline autoinjectors.

Instructions are on the device label.

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 10-20kg.

## SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

## ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out stinging if visible
- For tick allergy - seek medical help or freeze tick and let it drop off
- Stay with person and call for help
- 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
- Difficulty talking and/or hoarse voice
- Swelling of tongue
- Persistent dizziness or collapse
- Swelling/tightness in throat
- Pale and floppy (young children)
- Wheeze or persistent cough

## 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 adrenaline (epinephrine) autoinjector if available

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

4 Phone family/emergency contact

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

If in doubt give adrenaline autoinjector

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

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

Asthma reliever (inhalation) prescribed: ☐ Yes ☐ No

- If adrenaline is accidentally injected (eg. into a thumb) avoid your local poison information centre
- Continue to follow this action plan for the person with the allergic reaction

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# FIRST AID PLAN FOR Anaphylaxis

For use with **AnaPen®** adrenaline (epinephrine) autoinjectors

## How to give AnaPen®



PULL OFF BLACK NEEDLE SHIELD



PULL OFF GREY SAFETY CAP from red button



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



PRESS RED BUTTON so it clicks and hold for 10 seconds.  
REMOVE AnaPen®

AnaPen® is prescribed as follows:

- AnaPen® 150 Junior for children 7.5-20kg
- AnaPen® 300 for children over 20kg and adults
- AnaPen® 500 for children and adults over 50kg

## SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

## ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy seek medical help or freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Phone family/emergency contact

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

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

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

## ACTION FOR ANAPHYLAXIS

### 1 LAY PERSON FLAT - do NOT allow them to stand or walk

- If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright



### 2 GIVE ADRENALINE AUTOINJECTOR

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

### 4 Phone family/emergency contact

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

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

### IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR

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

**ALWAYS give adrenaline autoinjector FIRST, if someone has SEVERE AND SUDDEN BREATHING DIFFICULTY (including wheeze, persistent cough or hoarse voice), even if there are no skin symptoms. THEN SEEK MEDICAL HELP.**

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

© ASCIA 2021. This document has been developed for use as a poster, or to be stored with general use adrenaline autoinjectors.

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# Anaphylaxis Management: School Training 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 Injector Devices 22579VIC*.

## 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 <b>School Anaphylaxis Supervisor</b> 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 <b>School Anaphylaxis Supervisor</b> .	

## Staff training

Staff	Training requirements	✓ or ✗
School Anaphylaxis Supervisor	To perform the role of <b>School Anaphylaxis Supervisor</b> 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 <b>School Anaphylaxis Supervisor</b> must also complete and remain current in <i>Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC</i> (every 3 years).	
School staff	All school staff should: <ul style="list-style-type: none"> <li>complete the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> (every 2 years) and</li> <li>be verified by the <b>School Anaphylaxis Supervisor</b> within 30 days of completing the ASCIA e-training as being able to use the adrenaline autoinjector (trainer) devices correctly to complete their certification.</li> </ul>	

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## School Anaphylaxis Supervisor responsibilities

Ongoing	Tasks	✓ or ✗
Ongoing	Ensure they have currency in the <i>Course in Verifying the Correct Use of Adrenaline Injector Devices 22579VIC</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 (both EpiPen® and Anapen®) 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) devices (both EpiPen® and Anapen®) 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	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"> <li>a bee sting occurs on school grounds and the student is conscious</li> <li>an allergic reaction where the child has collapsed on school grounds and the student is not conscious.</li> </ul> Similar scenarios will also be used when staff are demonstrating the correct use of the adrenaline autoinjector (training) device.	

Further information about anaphylaxis management and training requirements in Victorian schools can be found at: <https://www2.education.vic.gov.au/pal/anaphylaxis/policy>

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# Anaphylaxis Management: 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 EpiPen® and Anapen® 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 EpiPen® and Anapen® adrenaline autoinjector (trainer) devices 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
<b>Prior to use:</b> <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"> <li>Where is the <b>needle</b> located?</li> <li>What is a <b>safety mechanism</b> of the EpiPen®?</li> <li>What <b>triggers</b> the EpiPen® to administer the medication?</li> <li>What does the <b>label</b> of the EpiPen® show?</li> </ul>			

Stage	The staff member:	Attempts ✓ or ✗
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		1	2	3
<b>Prior to use:</b>  <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"> <li>• Prior to administering the EpiPen® what should you check?</li> <li>• What do you check the <b>viewing window</b> for?</li> <li>• What do you check the <b>label</b> for?</li> </ul>			
<b>Demonstration:</b>  <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"> <li>• casualty is lying flat unless breathing is difficult or placed in a recovery position if unconscious or vomiting</li> <li>• casualty is securely positioned to prevent movement when administering the adrenaline autoinjector device</li> <li>• person administering the adrenaline autoinjector device is facing the casualty.</li> </ul>			
<b>Demonstration:</b>  <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"> <li>• formed a fist to hold the EpiPen® device correctly</li> <li>• pulled off blue safety release</li> <li>• 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</li> <li>• activated the EpiPen® by pushing down hard until a click is heard</li> <li>• hold the EpiPen® in position for 3 seconds after activation</li> <li>• removed EpiPen®.</li> </ul>			
<b>Demonstration:</b>	Demonstrated correct use in a realistic time period for treatment in an emergency situation.			
<b>Post use:</b>  <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"> <li>• What information should you <b>record</b> at the time of administering the EpiPen®?</li> <li>• What do you do with the <b>used EpiPen®</b> once it has been administered?</li> </ul>			

Stage	The staff member:	Attempts ✓ or ✗		
		1	2	3
<b>Prior to use:</b>  <i>Identifying the components of the Anapen®</i>	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. <ul style="list-style-type: none"> <li>• Where is the <b>needle</b> located?</li> <li>• What is a <b>safety mechanism</b> of the Anapen®?</li> <li>• What <b>triggers</b> the Anapen® to administer the medication?</li> <li>• What does the <b>label</b> of the Anapen® show?</li> </ul>			

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Stage	The staff member:	Attempts ✓ or ✗		
		1	2	3
<b>Prior to use:</b> <i>Demonstrated knowledge of the appropriate checks of the Anapen®</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"> <li>Prior to administering the Anapen® what should you check?</li> <li>What do you check the <b>viewing window</b> for?</li> <li>What do you check the <b>label</b> for?</li> </ul>			
<b>Demonstration:</b> <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"> <li>casualty is lying flat unless breathing is difficult or placed in a recovery position if unconscious or vomiting</li> <li>casualty is securely positioned to prevent movement when administering the adrenaline autoinjector device</li> <li>person administering the adrenaline autoinjector device is facing the casualty.</li> </ul>			
<b>Demonstration:</b> <i>Correct administration of the Anapen®</i>	Administered the adrenaline autoinjector device correctly (this example is for an Anapen® device): <ul style="list-style-type: none"> <li>formed a fist to hold the Anapen® device correctly</li> <li>pull off the black needle shield</li> <li>pull off grey safety cap (from red button)</li> <li>place needle end firmly against at right angle to the outer mid-thigh (with or without clothing), ensuring pockets and seams were not in the way</li> <li>press red button to activate the Anapen®</li> <li>hold the Anapen® in position for 10 seconds after activation</li> <li>removed Anapen®.</li> </ul>			
<b>Demonstration:</b>	Demonstrated correct use in a realistic time period for treatment in an emergency situation.			
<b>Post use:</b> <i>Handling used Anapen®</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"> <li>What information should you <b>record</b> at the time of administering the Anapen®?</li> <li>What do you do with the <b>used</b> Anapen® once it has been administered?</li> </ul>			

## 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"> <li>sign and date the staff member's ASCIA e-training certificate</li> <li>provide a copy to the staff member</li> <li>store the staff member's ASCIA certificate and this observation record in a central office location to ensure confidentiality is maintained</li> <li>update school staff records for anaphylaxis training.</li> </ul>		
If the adrenaline autoinjector (trainer) device has <b>NOT</b> 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"> <li>this action should be recorded in staff records</li> <li>the verifier must not provide training to correct practice.</li> </ul>		

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# ANAPHYLAXIS MANAGEMENT CHECKLIST for schools

## Allergy documentation

- ☐ The school has an anaphylaxis management policy and it has been reviewed in the last 2 years.
- ☐ Information regarding allergies is requested on student enrolment.
- ☐ All parents of students with known allergies attending school are required to provide an ASCIA Action Plan completed and signed by the student's doctor or nurse practitioner.
- ☐ All students with an ASCIA Action Plan have an individualised anaphylaxis care plan completed in consultation with the student's parent.
- ☐ Individualised anaphylaxis care plans are reviewed annually. If a student's allergies change, and after exposure to a known allergen at school.
- ☐ The student's ASCIA Action Plan is displayed in appropriate staff areas around the school with parent consent.
- ☐ An incident report is completed for all allergic reactions.

## Allergy medications

- ☐ Parents provide the student's adrenaline injector and other medication within expiry date, where prescribed.
- ☐ Adrenaline injectors are stored in an unlocked location, easily accessible to staff, but not accessible to students. They are stored at room temperature, away from direct heat and sunlight.
- ☐ Adrenaline injectors are stored with a copy of the student's ASCIA Action Plan.
- ☐ Adrenaline injectors (general use and prescribed) are checked for expiry each term.
- ☐ A process is in place to make sure adrenaline injectors and ASCIA Action Plans are taken whenever the student goes to off-site activities.
- ☐ At least one general use (non-prescribed) adrenaline injector is in a first aid kit and stored with a copy of the ASCIA First Aid Plan for Anaphylaxis.

## Staff training

- ☐ All staff undertake anaphylaxis training including hands-on practise with adrenaline injector trainer devices, at least every two years and prior to starting work at the school.
- ☐ All staff undertake anaphylaxis refresher training including hands-on practise with adrenaline injector trainer devices, twice yearly.
- ☐ Staff and regular volunteers responsible for preparing and serving food, undertake All about Allergens for Schools, at least every two years.
- ☐ A staff training register is kept.

## Risk minimisation

- ☐ Appropriate strategies to minimise exposure to known allergens are in place.
- ☐ Staff are reminded about risk minimisation strategies at staff meetings.
- ☐ The school has an anaphylaxis risk management plan.
- ☐ A communication plan has been developed and communications with the school community about allergies are undertaken at least at the start of each year.
- ☐ An anaphylaxis emergency response plan has been developed and staff practise scenarios for responding to an anaphylaxis emergency at least once a year.
- ☐ Peer education to raise awareness amongst students in the school is undertaken.



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## Examples of anaphylaxis risk minimisation strategies for schools

This document provides schools with examples of strategies to help reduce the risk of exposure to known allergens.

It is recommended that the school decides which strategies in consultation with parents/guardians are appropriate for each student and includes these into individualised anaphylaxis care plans. Schools should also communicate the chosen risk minimisation strategies to staff, parents/guardians and the broader school community.



### Food from home

- It is NOT recommended that schools 'ban' food and as such schools should not claim to be free of any allergen (e.g. 'nut free'). An 'allergy aware' approach which focuses on implementing a range of appropriate risk minimisation strategies is recommended.
- In cases where the students are of a young age or have cognitive impairments limiting their ability to manage their own food allergies, it may be appropriate to implement allergen-restricted zones to reduce the risk that they will accidentally eat a food allergen. For example, this may be appropriate if there are students eating messy egg meals, grated cheese or drinking milk, so that they are not sitting next to students with egg or milk (dairy) allergy.
- Request that all student lunch boxes and water bottles are clearly labelled with the student's name.
- Educate students and the school community about food allergy so they understand why they should only eat their own food and why they should not share or offer food to students with food allergies.

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### Anaphylaxis risk minimisation strategies for schools

- In early primary school years, communicate with parents/guardians in classes that have a student with food allergies about not sending 'messy' foods that contain the student's food allergens where possible. For example, sliced cheese is less messy and therefore less risk than grated cheese. Staff need to be aware of students who are eating food that can be messy (such as egg sandwiches, milk in tetra packs or yoghurt tubs) and be prepared to clean appropriately.

#### Meals and mealtime supervision

##### Mealtimes

- All students should be encouraged to wash hands before eating (especially children with food allergy).
- All students should be encouraged to wash their hands after eating, especially if they have eaten something that another student in their class is allergic to.
- Hand wipes can be used to remove allergens from hands (and faces) if running water and soap is not available.
- Hand sanitiser should not be used as a substitute to washing hands with soap and water as it does not remove allergens.
- Food, utensils and containers should not be shared.
- Supervision of students eating is recommended in early primary years for students with food allergy. However, students that have food allergy should **not** be isolated from their peers.
- If using shared platters (such as fruit), give the student with food allergy their own separate serving of fruit on a separate plate.

##### Canteen/Tuckshop

- It is suggested that all staff preparing and serving food to students undertake [All about Allergens for Schools](#) online training so they understand how to select suitable foods for students and staff with food allergy and avoid cross contamination during storing, handling, preparing and serving food.
- A copy of the student's ASCIA Action Plan (for food allergy) should be displayed in the canteen/tuckshop visible to staff but not students.
- Communicate with the school community regularly through school newsletters, website and social media about how the canteen or boarding school manages food allergies. This can include information about new products or menu items that may or may not be suitable for students with food allergies. Remind staff that the product label must be read each time a student with food allergy is served food or drink.
- Encourage parents/guardians of students with food allergy to discuss menu options and products available with the canteen/tuckshop, or other food providers, when they are ready for others to supply food to their child.
- Provide information about products available to older students with food allergy.
- Consider whether the canteen or boarding school offers foods containing peanuts, tree nuts (such as cashew, hazelnut and almond) or shellfish, as a listed ingredient. These are not essential foods and are easily avoided.
- If using lunch bags for orders, consider using different coloured lunch bags (such as brown/white bags) for students and staff with food allergies to make them more visible, and ask parents/guardians, students and staff to clearly write their name and their food allergy on the lunch bag every time they order.
- If using an online ordering system, ensure all parents/guardians (and older students ordering themselves) and staff to declare their food allergy, so this is recorded against the food order.
- Prepare food for students with food allergy first so their food does not come into contact with other foods being prepared. Food for students with food allergies should be clearly labelled with the student's name and packaged (wrapped or put into a container with a lid) to avoid cross contamination.

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### Anaphylaxis risk minimisation strategies for schools

- Foods with precautionary allergen labelling statements (such as "may contain traces of") should not be provided to students allergic to that particular food.
- Thorough washing of kitchen equipment with hot soapy water is needed to remove allergens.
  - When preparing food, clean/separate utensils should be used. If shared utensils are used, they should be washed in hot soapy water or a dishwasher to remove traces of potential allergens.

#### Indoor activities

- Non-food rewards (such as pencils, stickers, privileges) are encouraged.
  - If food rewards are used, staff should only offer this to a student with food allergy if the parent/guardian has given them permission to do so and ingredients and precautionary allergen statements have been checked for the student's allergens.
  - Parents/guardians of students with food allergy may provide food treats in a clearly labelled 'treat box' for their child.
- Discuss cooking, science experiments using foods, incursions and any other onsite activities involving food with parents/guardians of students with food allergy in advance.
- Games and activities should not involve the use of any foods that students are allergic to.
- Wind toys and instruments (such as whistles, recorders, flutes, saxophones) are high risk. Discuss with parents/guardians the provision of the student's own instrument if they have a food allergy.
- Avoid using recycled craft items that can contain food allergens (empty plastic milk bottles, egg cartons, cereal boxes, empty peanut and tree nut spread jars, ice cream containers).
- Activities such as face painting or mask making (when moulded on the face of the student), should be discussed with parents/guardians prior to the activity, as products used may contain food allergens such as peanut, tree nut, wheat, milk or egg.
- Some materials (such as play dough) can contain food allergens.
  - Discuss options with parents/guardians of students with food allergy (such as using wheat-free flour).
  - Check that nut oils have not been used in the manufacturing process.
  - If a student with food allergy is unable to use the play dough provided for their classmates, provide an alternative material for the student to use and adequate supervision to avoid cross-contamination.

#### Food technology

- Encourage the [All about Allergens for Schools](#) online training for food technology staff and students.
- Cooking activities can present a risk to students with food allergy as common allergens such as milk, egg and wheat are often ingredients.
- Engage parents/guardians and older students in discussions prior to cooking sessions and activities using food. Where possible, known allergens should be substituted with suitable ingredients – parents/guardians of students with food allergy can provide advice. Where this is not practical, another recipe should be used by the student with food allergy, or a different recipe used for all students. This should be planned well in advance of the cooking lesson so alternate ingredients can be provided/purchased.
- If other students are using ingredients a student is allergic to, consideration must be given to cross contamination risk during preparation and cooking.
- Be aware of all students with food allergy when considering options, as food for one student with food allergy might not be safe for another with a different food allergy.
- It is important to ensure that cooking equipment used by students with allergies has been thoroughly cleaned before and after use, preferably in a dishwasher.
- Remind all students not to share food they have cooked with others outside of the class (such as at recess and lunch time). Students with food allergy should only eat food they have prepared themselves using ingredients they are not allergic to.

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## Anaphylaxis risk minimisation strategies for schools

### Outdoor activities

#### Insect allergy

- Ensure students with insect allergy wear shoes when outside.
- Have bee and wasp nests removed by a professional.
- Consider poisoning of ant nests if there are students with ant allergy (this should be done when students are not at the school).
- Cover outdoor bins as they attract insects.
- Be aware of bees around water and in grassed or garden areas.
- Keep lawns and clover mowed.
- When purchasing plants, consider those less likely to attract bees and wasps (such as non-flowering plants).
- Specify play areas that are lower risk - away from garden beds, flowering plants, water, or garbage storage areas.
- Do not have open drink containers outside, particularly those containing sweet drinks, as they may attract stinging insects.
- Students with insect allergy should not be asked to pick up litter, even with gloves on.

#### Tick allergy

- To reduce the risk of tick bites in tick prone regions, students should wear a hat and cover skin when outdoors and remove these before going indoors, where possible.
- They should tuck their pants into their socks and wear long sleeved tops, where possible.
- Consider having an ether containing spray in the first aid kit when engaging in activities in areas where ticks may be present.

#### Animal allergy

- Some animal feed contains food allergens (such as nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food, peanut butter in dog food, fish in cat food). If possible, source animal feed that does not contain foods students are allergic to.
- Students with egg allergy, should only handle chicks that hatched the previous day or longer (no wet feathers) and must wash their hands afterwards. [Further information](#) is available from Allergy & Anaphylaxis Australia.
- Exposure to animals such as domestic dogs, cats, rabbits, rats, mice, guinea pigs and horses may trigger contact rashes including worsening eczema, allergic rhinitis (hay fever) and sometimes asthma.
- Anaphylaxis to animals such as horses or dogs are rare but may occur and should be considered with activities such as "show and tell", or visits to farms or zoos.

#### Food allergy

- Consider that the paint/coloured powder used for "colour runs" may contain food allergens. Ingredients of the paints used in colour runs should be sought and avoided if they contain a student's allergen.
- Do not use sunscreen containing food products (such as nut oils, cow's or goat's milk).
- Students at risk of anaphylaxis to food should be provided with gloves or an instrument to pick up the rubbish to avoid skin contact with potential allergens when doing yard duty, or be offered an alternative duty.
- Mulches used for gardens can contain food allergens (such as peanut shells) and mould allergens. If possible, source mulches that do not contain allergens and store in a dry place to minimise the growth of mould.
- Children may be allergic to foods grown in the garden (it is possible to be allergic to any food including fruits and vegetables).

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## Anaphylaxis risk minimisation strategies for schools

### Off-site activities including camps

#### Excursions

- Complete an anaphylaxis emergency response plan for each excursion.
- Assess how many general use adrenaline injectors need to be taken (along with ASCIA First Aid Plans).
- Ensure all staff are aware of the location of the student's adrenaline injectors and ASCIA Action Plans, as well as the general use adrenaline injector and ASCIA First Aid Plan.
- Ensure the student at risk of anaphylaxis is in the care of the staff member carrying the adrenaline injector. This staff member should have completed anaphylaxis training.
- Check that high school students who should be carrying their own adrenaline injector/s (as agreed in the individualised anaphylaxis care plan) have their adrenaline injector/s with them.
- Check if the excursion includes a food related activity and if so, discuss with the parents/guardians and plan accordingly.
- Depending on the age of the students and the type of excursion, consider adding a reminder to all parents regarding children with allergies on the excursion form and encourage parents not to include specific foods in lunches (e.g. foods containing peanuts or tree nuts).
- Discourage eating on buses.

#### Camps

- Complete an anaphylaxis emergency response plan for each camp.
- Assess how many general use adrenaline injectors need to be taken (along with ASCIA First Aid Plans).
- Ensure all staff attending the camp know the location of the camp and the procedure for calling an ambulance.
  - They need to advise the call centre that anaphylaxis has occurred, and adrenaline and transport to a medical facility is required.
  - They should also know where the closest hospital is located, and the ability of ambulance staff to get to camp site or students (e.g. if hiking), including being able to stretcher the person to the ambulance.
- Encourage parents/guardians to provide two adrenaline injectors along with their child's ASCIA Action Plan for Anaphylaxis and any other medications required.
- It is suggested that all staff preparing and serving food on excursion and camps undertake [All about Allergens for Camps](#) online training so that they understand how to select suitable foods for students and staff with food allergy and avoid cross contamination during storing, handling, preparing and serving food.
- Camp organisers need to consider activities (such as cleaning and tidying/packing away) they assign to students on camp. It is safer to have the student with food allergy set tables, for example, rather than clear plates and wipe down tables after eating.
- Avoid using food in activities and games, including as rewards.
- Examples of topics that need to be discussed with parents/guardians in preparation for a camp might include:
  - Food options/menu, food brands, cross contamination risks, food service staff training.
  - Whether any foods can be removed from the menu (e.g. if a student with a peanut/tree nut allergy is attending camp).
  - Whether there is opportunity for the menu to be adapted to accommodate a student with food allergy (such as removing pavlova as an option for dessert if a student with egg allergy is attending and there are other dessert options that do not contain egg).
  - What risk management strategies will be in place to manage risk of exposure to allergens that cannot be removed (such as egg, milk, wheat)?
  - Possibility of the student's parent/guardian providing all or some of the food for the duration of the camp if this is considered the safest option (such as students who have multiple or complex food

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allergies). Appropriate storage and heating of the food needs to be discussed and organised with staff and the camp caterers.

- Allergy & Anaphylaxis Australia has comprehensive information about [managing food allergy and anaphylaxis on camp](#).

### Special events

- Students should not miss out on activities because of their food allergy, however they (or the school/class as a whole) may have to do things slightly differently to increase safety.
- Special events are high risk for students with food allergy as staff can be distracted with organising extra activities and students may be distracted. Speak with parents/guardians of younger students and students with complex needs that have food allergy to see if they (or trusted relative) can attend as a helper to supervise the student.
- Consider students with food allergy when planning any fundraisers, cultural days or stalls, breakfast mornings, picnics and other celebrations involving food.
- Liaise with the parents/guardians of the student with food allergy well in advance so they can provide suitable food or adjust the activity to accommodate their child's allergies.
- Students with food allergy should not consume food brought in by other students even if they are thought to be safe.
- Students with food allergy can participate in spontaneous birthday celebrations by way of their parents/guardians supplying a 'treat box' or safe cupcakes stored in the freezer in a labelled sealed container to prevent cross contamination.
- Cultural days can be especially difficult for students with food allergies due to the involvement of outside catering (often by parents/guardians). A risk minimisation plan should be put in place for students with food allergies due to the high risk of accidental exposure to a student's allergen. This should be developed with the student's parent.
- Be aware that events where food is being provided (such as Father's Day breakfast) can be a stressful event for parents/guardians of students with food allergy and the student themselves. Try to avoid foods students are allergic to where possible.

### Medications, creams and latex

- Any medication administered in the school should be given in accordance with school or education department/sector guidelines; school policy and procedures; and with the written permission of parents/guardians.
- Students in the later years of primary school and secondary school need to be reminded that they should not share medications for conditions such as asthma, period pain or headaches.
- Do not use sunscreen containing food products (such as nut oils, cow's/goat's milk).
- Use non-latex gloves in first aid kits and facilities such as kitchens, canteens and the sick bay.
- Food for students with latex allergy should be prepared with clean hands or non-latex gloves.
- A student with latex allergy should not be asked to wear a school latex swimming cap.
- Non-latex balloons should be used when there is a student with latex allergy.
- First aid kits should have non-latex sticking plasters and non-latex gloves available.

*This information has been adapted from a table that was initially produced by Allergy & Anaphylaxis Australia (A&AA). To ensure consistency of information A&AA, ASCIA and the National Allergy Strategy endorse these anaphylaxis risk minimisation strategies.*

#### Disclaimer

*This document has been developed by A&AA, ASCIA and the National Allergy Strategy and has been peer reviewed by ASCIA members. It is based on expert opinion and the available published literature at the time of review. Information contained in this document is not intended to replace medical advice and any questions regarding a medical diagnosis or treatment should be directed to a medical practitioner.*

*The development of this document is not funded by any commercial sources and is not influenced by commercial organisations. October 2021*

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