



ANAPHYLAXIS MANAGEMENT POLICY

BLACKBURN LAKE PRIMARY SCHOOL

Florence Street Blackburn 3131

Rationale

To ensure that Blackburn Lake Primary fully complies with *Ministerial Order 706 - Anaphylaxis Management in Schools* and the associated Guidelines published and amended by the Department from time to time.

Aims

- To comply with the Order and DEET Anaphylaxis Guidelines (issued August 2016) on Anaphylaxis Management
- To identify all school staff who must complete Anaphylaxis training
- To provide information about the development, implementation, monitoring and regular review of Individual Anaphylaxis Management Plans for students with a medical condition that relates to allergy and the potential for anaphylactic reaction, including individual ASCIA Action Plan for Anaphylaxis
- To provide Information and guidance in relation to the school's management of Anaphylaxis, including: prevention strategies, school management and emergency response procedures, the purchase by the school of Adrenaline Auto-injectors for general use, a communication plan that ensures all school staff, students and parents are provided with information about the school's anaphylaxis management policy and completion of an annual Risk Management Checklist.
- To review this policy annually - updating accordingly to any change in the school's circumstances.

Implementation

Staff Training

The following school staff must be trained in Anaphylaxis Management:

- School staff who conduct classes attended by students with a medical condition that relates to allergy and the potential for anaphylactic reaction
- Any further school staff that are determined by the Principal based on the assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school
- **Two school staff**, identified by the school Principal, to be the School's Anaphylaxis Supervisors.

Identified School Staff to undertake the following training:

- an Anaphylaxis Management Training Course: *2016 ASCIA anaphylaxis e-training* and within 30 days of completing same, show a School Anaphylaxis Supervisor that they are able to appropriately and competently use an adrenaline auto-injector.
- participate in a twice yearly briefing (the first briefing 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 within the past 2 years on:

1. The school's legal requirements as outlined in Ministerial Order 706
 2. Photos of the students at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
 3. Signs and symptoms of anaphylaxis
 4. Relevant anaphylaxis training
 5. ASCIA Action Plan for Anaphylaxis and how to administer an adrenaline autoinjector
 6. The First Aid Policy and Emergency Response Procedures
 7. How to access on-going support and training P16.
- DEET Anaphylaxis Guidelines issued August 2016 **Twice yearly school briefings...***

Online training and the adrenaline autoinjector competency assessment to be repeated by staff **every two years**.

Anaphylaxis Supervisors training remains current for **three years**. Supervisors' accredited training : *Course in Verifying the Use of Adrenaline Autoinjector Devices 22303VIC* is provided through the Asthma Foundation

Individual Anaphylaxis Management Plans

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 sets out the following:

- information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner)
- strategies to minimize 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, organized or attended by the School
- name of the person(s) responsible for implementing the strategies
- information on where the student's medication will be stored
- the student's emergency contact details and
- an ASCIA Action Plan.

A copy of each student's Individual Anaphylaxis Management Plan which includes the student's ASCIA Action Plan for Anaphylaxis must be with:

- the student's adrenaline autoinjector.

Additional copies will / to be kept in various locations around the school so that the Plan is easily accessible by school staff in the event of an incident:

- In the 'at risk' student's classroom - with their EpiPen (in a blue six-pack cooler) on / behind Teacher's table, in CRT folder and displayed on wall/window
- on Specialist Art/Music/Phys Ed/Italian teachers' desks – in display books titled *Anaphylaxis students*
- in First Aid room – displayed on wall
- original Anaphylaxis Management Plans in display book in clear document container labelled FIRST AID, on top of fridge
- in staffroom – displayed on wall
- in Canteen – at risk students' photos displayed on wall, Individual Anaphylaxis Management Plans in display book on shelf above main sink adjacent fixed First Aid kit

School Excursions involving Foundation, Grade 1 2 3 levels - teacher in charge of 'at risk' student/s to carry copy of Individual Anaphylaxis Management Plan/s with the 'at risk' student's adrenaline auto-injector. At Grade 4 5 6 levels – each 'at risk' student to wear a bum bag to carry their personal adrenaline autoinjector and a copy of their Individual Anaphylaxis Management Plan. An additional copy of all relevant Individual Anaphylaxis Management Plans are carried by class teachers on any excursion with Generic Use epipens in BLPS's First Aid Kit accompanying the group.

At special events conducted, organized or attended by BLPS students – copies of all Individual Anaphylaxis Management Plans accompany the class group as per excursions and are easily accessible as are each 'at risk' student's and Generic Use adrenaline auto-injectors. Staff made aware of where these will be located.

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

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

- Annually
- If the student's medical condition, in so far 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, organized or attended by the School (eg. Class parties, elective subjects, cultural days, fetes, incursions).

It is the responsibility of the Parents to:

- obtain the ASCIA Action Plan for Anaphylaxis from their child's medical practitioner and provide a copy to the school as soon as practicable
- inform the School in writing if their child's medical condition, in so far 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
- provide the school with an adrenaline Autoinjector that is current and not expired for their child
- participate in annual reviews of their child's Plan.

Risk Minimization Strategies

BLPS's Anaphylaxis Management Policy includes prevention strategies to be used to minimize the risk of a student suffering an anaphylactic reaction. Minimization of the risk is the responsibility of the principal, all staff, parents, students and the broader school community.

A number of risk minimization strategies are included in Appendix 1 (*recorded as pg. 8-13*)

School Planning and Emergency Response

When a student at risk of 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, organized 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.

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.

- **What the school should do to plan for an anaphylaxis emergency** is outlined in **the Role and responsibilities of the principal, staff, Anaphylaxis Supervisors and of parents of a student at risk of anaphylaxis** in Appendix 2 (pg. 14 -18)
- **The response to an anaphylactic reaction is outlined** Appendix 3 (pg. 19 -22)
- **BLPS's Anaphylaxis Management Policy integrates with the school's:**
 - Medicine Administration Policy
 - Emergency Management Response policy
- An up to date list of students identified as being 'at risk' of an anaphylactic reaction is located in Appendix 4 (pg 23)
- **Storage and accessibility of Adrenaline Autoinjectors**
 - Individual students' auto-injectors – stored in 6-pack coolers in respective classrooms. Coolers situated on / behind class teacher's table.
 - Generic Use auto-injectors located in:
Yard duty bum bags (bum bags located by interior exit door in Staffroom when not being worn by staff during supervised recess breaks)
 - In First Aid room: in red net bag, in clear plastic tub, under phone
in excursion First Aid bags
 - In DJC – in Physical Ed / Italian teachers' office: on shelf, directly opposite entrance door

- **Procedures for how communication with school staff, students and parents is to occur**

STAFF – to be briefed on a regular basis, at least twice per year on : anaphylaxis, the school’s management policy and emergency response management procedures

- information in CRT manual, Anaphylaxis Management Policy, intranet / server
- First aid coordinator to inform Casual Relief Teacher (CRT) of any student who whilst under their instruction is ‘at risk’ of an anaphylactic reaction, where that child’s epipen is located and the CRT’s role if a child in their care has a reaction

PARENTS - individual correspondence/meetings with parents of ‘at risk’ students re supplying up to date ASCIA Anaphylaxis Action Plan and adrenaline autoinjector and with regard to the Individual Anaphylaxis Management Plan created for their child

- letter home in each class where ‘at risk’ student based
- information on Anaphylaxis stated in Newsletter
- Parent Information Meetings eg Prep Orientation-cum- Launch Pad sessions
- Enrolment information (as required)
- view Anaphylaxis Management Policy via BLPS website

STUDENTS - First Aid Coordinator at beginning of school year or when a student is newly diagnosed to be ‘at risk’ to speak with specific class and/or students of the year level (whichever is most appropriate) on eg : signs of anaphylaxis, importance of eating own food/of not sharing, location of containers housing epipens

- Library resources

VOLUNTEERS / VISITORS - information about anaphylaxis included in “Child Safe Code of Conduct” booklet

Adrenaline Auto-injectors for General Use

Blackburn Lake Primary School’s anaphylaxis management policy prescribes the purchase of adrenaline auto-injectors for general use as follows:

- The principal or nominee is responsible for arranging for the purchase of additional Adrenaline Auto-injector(s) for general use, as a back up to those supplied by parents of students who have been diagnosed as being at risk of anaphylaxis. These general use autoinjectors can be used on other students previously undiagnosed for anaphylaxis, where they have a first time reaction.
- The Principal will determine the number and type of Adrenaline Auto-injector(s) to be purchased for general use and in doing so consider 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 auto-injectors that have been provided by parents
 - c) the availability of a sufficient supply of adrenaline auto-injectors for general use in specified locations at the school including in the school yard, and at excursions, camps and special events conducted, organized or attended by the school
 - d) the adrenaline auto-injectors 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
 - e) the expiry date of adrenaline autoinjectors to be checked regularly to ensure they are ready for use.

Communication Plan

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

PERSONNEL	STRATEGIES
STAFF	<ul style="list-style-type: none">• Briefings (mandated) terms 1 & 4 on anaphylaxis, BLPS's Anaphylaxis Management Policy and emergency response management procedures• BLPS's Anaphylaxis Management Policy - hard copy, website• Intranet / server : ANAPHYLAXIS information• e-line training every 2 years• information in CRT manual
STUDENTS	<ul style="list-style-type: none">• Information sessions directed to specific classes and/or to students of the year level (whichever is most appropriate) – provided by First Aid coordinator /classroom teachers to follow up• Library resources
PARENTS	<ul style="list-style-type: none">• Policy – available on request for viewing• Policy - BLPS Website• Information in Newsletter• Parent Information Meetings• Enrolment information (as required)• Individual correspondence/meetings with parents of anaphylactic students• Letter home, in each class, where an 'at risk' student based
Volunteers	<ul style="list-style-type: none">• BLPS website• information about anaphylaxis included in "Child Safe Code of Conduct" booklet
CRT	<ul style="list-style-type: none">• Anaphylaxis Policy – hard copy• BLPS Website• Information in CRT manual• Briefed by First Aid Coordinator

Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training/ Early Childhood Development to monitor compliance with the Ministerial Order, the DEET Anaphylaxis Guidelines and their legal obligations. (Appendix G DEET Anaphylaxis Guidelines– can be downloaded from www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschi.aspx)

EVALUATION

This policy will be reviewed within three years.

RATIFIED BY SCHOOL COUNCIL: 6th December 2016

PRINCIPAL: Loisia Steed **SCHOOL COUNCIL PRESIDENT:** Mark Eaton

APPENDIX 1 : Risk Minimization Strategies

In-school settings

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 auto-injector 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 will require special care when handling food or participating in cooking activities. 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 will inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and adrenaline auto-injector, the school's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.

Canteen

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 individuals 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>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, the school may agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.) dependent upon enrolments.</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>Sufficient school staff on yard duty must be trained in the administration of the adrenaline auto-injector (i.e. EpiPen®) and be able to respond quickly to an allergic reaction if needed.</p>
2	<p>The adrenaline auto-injector 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. (An anaphylactic reaction can occur in as little as a few minutes). Where appropriate, an adrenaline auto-injector will be carried in the school's yard duty bag.</p>

3	A school emergency response procedure in place enabling access to student medical information and prompt access to medication 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 (incursions, sporting events, celebrations, etc.)

1	Sufficient school staff supervising the special event must be trained in the administration of an adrenaline auto-injector 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	<p>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.</p> <ul style="list-style-type: none"> • 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 auto-injector with them to events outside their own school.

Out-of-school settings

Bus, to and from School and/or on excursion

1	<p>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 auto-injector.</p> <p>The adrenaline auto-injector 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 auto-injector on their person at school.</p>
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Excursions, Field Trips, Sporting Events etc.

1	<p>Sufficient school staff supervising the special event must be trained in the administration of an adrenaline auto-injector and be able to respond quickly to an anaphylactic reaction if required.</p>
2	<p>A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline auto-injector must accompany any student at risk of anaphylaxis throughout the duration of excursions.</p>
3	<p>School staff should avoid using food as a reward or in activities and games.</p>
4	<p>The adrenaline auto-injector 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.</p>
5	<p>For each excursion or sporting event a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis.</p> <p>The risks may vary according to:</p> <ul style="list-style-type: none">• the number of anaphylactic students attending• the nature of the excursion/sporting event• size of venue• distance from medical assistance• the structure of excursion• corresponding staff to student ratios <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	<p>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 parents provide a special meal (if required).</p>
7	<p>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.</p>

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 minimization 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 auto-injector with them to events being held at other schools.</p>

Camps and Remote Settings

1	Prior to engaging a camp operator service the school will make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school 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	<p>BLPS will 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.</p> <p>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.</p>
4	School staff 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	<p>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.</p> <p>If these procedures are deemed to be inadequate, further discussions, planning and implementation will be required in order for the school to adequately discharge its non-delegable duty of care.</p>
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	Camps should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts. If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.
9	Prior to the camp taking place school staff should consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
10	The student's adrenaline auto-injector, 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 familiarize themselves with 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 staff take an adrenaline auto-injector for general use in the first aid kit on 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	Each student's adrenaline auto-injector should remain close to the student and school staff must be aware of its location at all times.
14	The adrenaline auto-injector should be carried in the school first aid kit; however, students may be allowed to carry their adrenaline auto-injector on camp if deemed appropriate in consultation with parents, school and operators. All school staff members still have a duty of care towards the student even if they do carry their own adrenaline auto-injector.
15	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.
16	Cooking and art and craft games should not involve the use of known allergens.
17	Consider the potential exposure to allergens when consuming food on buses and in cabins.

APPENDIX 2 : School Planning and Emergency Response

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 DEET Anaphylaxis Guidelines (August 2016).
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. 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.

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 and excursions). Ensure students' Individual Anaphylaxis Management Plans are appropriately communicated to all relevant staff.

5. 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: www.allergyfacts.org.au/shop/category/16-food-preparation-tools
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. Ensure there are procedures in place for providing information to school volunteers and casual relief staff about:
 - students who are at risk of anaphylaxis, and
 - their role in responding to an anaphylactic reaction of a student in their care.

Casual relief staff regularly employed at the school should be encouraged to undertake the ASCIA anaphylaxis e-training for Victorian schools.

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 Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC (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:

- 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.
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.
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. 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.
15. Ensure that parents/caregivers are informed of at risk students within their child's classroom and that they are also aware of corresponding allergens.

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 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).
3. Verify the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools.
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:
 - 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. Similar scenarios will also be used when staff are demonstrating the correct use of the adrenaline autoinjector (trainer) device.
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. Work with principals, parents and students to develop, implement and review each Individual Anaphylaxis Management Plan to:
 - 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:
 - 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.

APPENDIX 3 :

What should we do if someone has an anaphylactic reaction?

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

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. Students would go to the nearest teacher and in addition the school's red emergency card system may be used, whereby students go to the office or other predetermined point (staffroom) to raise an alarm which triggers getting an adrenaline autoinjector to the child and put in place emergency response protocols.
- Yard – staff may use mobile phones, walkie talkies or a card system while on yard duty.

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

Out-of-school environments

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

How to administer an EpiPen®

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 10 seconds.
5. Remove EpiPen®.
7. Massage injection site for 10 seconds.
8. Note the time you administered the EpiPen®.
9. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

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 schools - later, contact Security Services Unit DEET 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).

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.

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.