DIOCESE OF BALLARAT CATHOLIC EDUCATION LIMITED

DOBCEL Anaphylaxis Management Policy

Reviewed: October 2020

Ratified: December 2020

Next Review: December 2022

Rationale

DOBCEL is committed to the safety and wellbeing of all students in all aspects of school life. Students who are at risk of anaphylaxis require a 'whole of school community' response with each member committing to maintain their knowledge, skills and diligence towards planning.

It is the intention of every DOBCEL School to provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally.

DOBCEL acknowledges that the management of a student at risk of anaphylaxis is a partnership between the school, the staff, the student, the student's parents/carers and the medical practitioner.

This policy references the requirements of Ministerial Order 706 — Anaphylaxis Management in Victorian schools.

This policy is to be read in conjunction with the DOBCEL Anaphylaxis Management Procedures.

Definition

Act: The Education and Training Reform Act 2006 (Vic).

Adrenaline Autoinjector (EpiPen): An adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration. These may include EpiPen® or EpiPen® Jr.

Individual Anaphylaxis Management Plan: An individual plan developed for each student at risk of anaphylaxis, in consultation with the student's parents/carers. This plan includes the ASCIA Action Plan and age-appropriate strategies to reduce the risk of an allergic reaction occurring.

Medical Practitioner: This is a registered medical practitioner within the meaning of the *Health Professions Registration Act 2005*, but excludes a person registered as a non-practising health practitioner.

Online E-learning Training Course: Means the course called *ASCIA Anaphylaxis e-training for Victorian Schools* approved by the Secretary pursuant to clause 5.5.4 of the Order.

Order: *Ministerial Order 706 - Anaphylaxis Management in Victorian Schools*.

Principal: Defined in s 1.1.3 of the Education and Training Reform Act as meaning a person appointed to a designated position as Principal of a registered school or a person in charge of a registered school.

School Anaphylaxis Management Policy: This is a school-based policy that is required to be developed under s 4.3.1(6) of the Act because the school has at least one enrolled student who has been diagnosed as being at risk of anaphylaxis.

School Anaphylaxis Supervisor: School staff members nominated by the principal to undertake appropriate training to be able to verify the correct use of adrenaline autoinjector (trainer) devices and lead the twice-yearly briefings on the school's anaphylaxis management policy.

School staff: Any person employed or engaged at a school who:

- is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part
- is in an educational support role, including a teacher's aide, in respect of a student with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- the principal determines should comply with the school's anaphylaxis management policy

Policy Statement

All DOBCEL Schools must:

- comply with Ministerial Order 706 and the associated guidelines related to anaphylaxis management in schools as published and amended by the Department of Education and Training (DET, Victoria) from time to time
- align their anaphylaxis practices to the DOBCEL Anaphylaxis Management Procedure
- prepare for each student at risk, an Individual Anaphylaxis Management Plan using the template in the DOBCEL Anaphylaxis Management Procedure
- wherever possible, implement risk minimisation and prevention strategies to minimise the risk of exposure to allergens
- adhere to the Communication Plan detailed in the DOBCEL Anaphylaxis Management Procedure to raise awareness of students at risk by;
    - communicating to staff the risk minimisation strategies
    - training staff on how to respond in an anaphylaxis emergency
    - implementing the DOBCEL Anaphylaxis Emergency Response Plan
    - raising awareness about anaphylaxis and the DOBCEL's Anaphylaxis Management policy and procedures in the school community
    - engaging with parents/carers in assessing risks and developing risk minimisation strategies tailored to the individual student's needs
    - ensuring that each staff member has adequate knowledge about allergies, anaphylaxis and the Anaphylaxis Management policy and procedures in responding to an anaphylactic reaction; and
    - partnering with parents/carers to ensure that triggers, including certain foods or items are kept away from the student while at the school

Annual Anaphylaxis Risk Management Checklist

All DOBCEL Schools must complete an Annual Anaphylaxis Risk Management Checklist (see Attachment 6) in the DOBCEL Anaphylaxis Management Procedure). This document allows each DOBCEL school to record what is unique in relation to Anaphylaxis Management in each school.

Individual Anaphylaxis Management Plans

The principal is responsible for ensuring that Individual Anaphylaxis Management Plans (IAMP) are developed, in consultation with the student's parents/carers. The IAMP must:

- be put in place as soon as practicable after the student enrols or is diagnosed
- include information about the student's medical condition including the type of allergy or allergies (based on a written diagnosis from a medical practitioner)
- contain strategies to minimise the risk of exposure to known allergens while the student is at school or under the supervision of school staff
- contain information on where the student medication is stored
- contain the student's emergency contact details; and
- include an ASCIA Action Plan completed and signed by the student's treating doctor

The IAMP must be reviewed in consultation with the student's parents/guardians:

- annually
- if the student's medical condition changes
- as soon as is practicable after the student has an anaphylactic reaction at school; and
- when the student is to participate in off-site activities such as camps and excursions, or at special events conducted, organised or attended by the school

Communication Plan

The principal, in consultation with the designated First Aid Officer(s) are responsible for ensuring that a school Anaphylaxis Communication Plan is developed to:

- inform/educate all staff, students, and parents about the School's Anaphylaxis Management Policy and Procedures
- provide relevant information to staff, parents and students on how to respond to an anaphylactic reaction occurring during normal school activities, including in the classroom or in the schoolyard and during off-site activities (e.g. excursions, tours, camps etc); and
- inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and their role in responding to an anaphylactic reaction of a student in their care
- Details of the Communication Plan will be documented in the Annual Anaphylaxis Risk Management Checklist

Staff Training

All teaching and other staff nominated by the School principal must:

- complete the minimum competency (qualification) of 22300VIC Anaphylaxis Management training every 3 years; or the ASCIA anaphylaxis management e-learning module every 2 years
- participate in an Anaphylaxis Briefing twice per year to be facilitated by the school. The first briefing to occur in Term one (1) and the second in Term three (3). The Briefings will:

- provide an explanation of the causes, symptoms and treatment of anaphylaxis
- identify the students at risk and where their medication and EpiPen's are located
- demonstrate how to use an adrenaline EpiPen, including a hands on practice with a trainer adrenaline EpiPen
- discuss the School's Anaphylaxis Emergency Response Plan; and
- identify the location of, and access to, the Schools EpiPen's for General Use

- The Annual Anaphylaxis Risk Management Checklist will detail the additional staff nominated by the principal to complete the Anaphylaxis Management training.
- In the case when training or briefings do not occur as per the schedule mentioned above, the principal (or nominee) will develop an interim Individual Anaphylaxis Management Plan for any student at risk. This will be developed in consultation with the student's parents/carers.

Training - Casual staff and Volunteers
All volunteers and casual relief staff supervising students with a medical condition that relates to allergy and the potential for anaphylactic reaction must complete Anaphylaxis Management training and be briefed on any students at risk prior to supervising students.

Roles and Responsibilities

Parent/Caregiver Responsibility
It is the responsibility of the parents/carers to:

- inform the school in writing of their child's medical condition, in so far as it relates to allergy and the potential for anaphylactic reaction
- provide an ASCIA Action Plan signed by a medical practitioner
- provide the school with one (1) one adrenaline EpiPen and replacements upon expiration
- ensure that the EpiPen is in date

Principal
It is the responsibility of the principal to:

- raise awareness about anaphylaxis, the DOBCEL Anaphylaxis Management Policy and procedure
- engage with parents/carers of students at risk of anaphylaxis, in assessing risks and developing Individual Anaphylaxis Management Plans and management strategies
- ensure that every staff member has adequate knowledge about allergies, anaphylaxis and the DOBCEL's policies and procedures about responding to an anaphylactic reaction
- implement appropriate Risk Minimisation and Prevention Strategies
- implement an appropriate Anaphylaxis Emergency Response Plan
- implement an appropriate Anaphylaxis Communication Plan; and
- complete the Annual Anaphylaxis Risk Management Checklist to document all of the abovementioned strategies and plans

School Anaphylaxis Supervisors

School Anaphylaxis Supervisors are responsible for:

- working with the school principal to implement the school's Anaphylaxis Management Policy and Procedures
- maintaining qualifications to support and respond to anaphylaxis emergencies as well as deliver the anaphylaxis management briefings on the students at risk twice a year
- arranging anaphylaxis management training for school staff that need to update their qualifications
- maintaining a current register of students diagnosed with anaphylaxis and ensuring that each has an up to date Individual Anaphylaxis Management Plan and ASCIA Action Plan
- collaborating with school leadership to check that the anaphylaxis communication plan and risk minimisation/prevention strategies are appropriate and continue to raise awareness of anaphylaxis management across the school

School staff

School staff are responsible for:

- understanding the DOBCEL Anaphylaxis Management Policy and Procedure
- completing all required Anaphylaxis Management training to be competent to provide support when/if required
- Attending the anaphylaxis briefings twice a year on the student's at risk. This includes a refresher on the triggers and how to recognise and respond to the symptoms of anaphylaxis
- knowing the students at risk under their supervision
- knowing how to access any student's Individual Anaphylaxis Management Plan
- knowing the location of student EpiPen's and the schools EpiPen's for General Use
- adequately planning and preparing for anaphylaxis management outside of the school environment (e.g. excursions, incursions, sport days, camp, fetes and parties); and
- raising awareness about anaphylaxis management in the school and the importance of fostering a supportive and inclusive school environment for students with anaphylaxis

Principles

Common Good

People are fundamentally social beings. Social, political and economic organisation has, therefore, implications for the entire community. Each social group, therefore, must take account of the rights and aspirations of other groups, and of the well-being of the whole human family. The common good is reached when all work together to improve the wellbeing of society and the wider world. The rights of the individual to personal possessions and community resources must be balanced with the needs of the disadvantaged and dispossessed.

Human Dignity

Our common humanity requires respect for and support of the sanctity and worth of every human life. All other rights and responsibilities flow from the concept of human dignity. This principle is deemed as the central aspect of the Church's social teaching. The belief that each life has value is shared with International Human Rights which are universal, inviolable and inalienable.

Transparency and Accountability

Transparency demands timely and accurate disclosure/reporting concerning the performance, decision making and financial health of DOBCEL to all stakeholders.

Accountability refers to the obligation of DOBCEL to accept responsibility for its activities and to disclose the results. It also includes responsibility for money or other entrusted property.

These two principles converge in the social responsibility to care for persons, resources and our planet as precious and vital to life. Responsible stewardship is integral to the mission of the Church and is a fundamental tenet of the Church's spirituality. It entails a responsibility for service that aims to nurture a gift from another. Frequently understood in relation to care.

Related Policies and Documents

- DOBCEL Anaphylaxis Management Procedure
- DOBCEL Anaphylaxis Emergency Response Plan
- DOBCEL Duty of Care: Supervision of Students
- Ministerial Order 706

CATHOLIC DIOCESE of BALLARAT DOBCEL

Anaphylaxis Management Procedure

Reviewed: October 2020
Next Review: December 2022

Procedures

- This procedure provides guidance and direction in the management of a student at risk of anaphylaxis. This procedure should be read in conjunction with the DOBCEL Anaphylaxis Management Policy and the DOBCEL First Aid and Infection Control policy and procedure.
- The components of this procedure include:
  - Duty of Care
  - Anaphylaxis Risk Minimisation Strategies
  - Individual Anaphylaxis Management Plans
  - Anaphylaxis Prevention Strategies
  - Anaphylaxis Emergency Response Plan and School Management
  - Anaphylaxis Post-incident Support and Incident Review
  - Self-administration of the EpiPen®
  - Adrenaline Auto-injectors (EpiPens®) for General Use
  - Anaphylaxis Communication Plan
  - Anaphylaxis Management Training
  - School Anaphylaxis Supervisors
  - Annual Anaphylaxis Risk Management Checklist

Duty of Care

- all school staff have a duty of care to take reasonable steps to protect students in their supervision from risks that are reasonably foreseeable including knowing which students are at risk of anaphylaxis and how to provide first aid.

Anaphylaxis Risk Minimisation Strategies

- the key to minimising the impact of anaphylaxis in schools is:
  - school staff having knowledge of those students who have been diagnosed as at risk of anaphylaxis
  - staff, student, parents/carers being aware of triggers (allergens), and to collaborate as far as reasonably practicable to reduce exposure to those triggers at school

- the school participating in appropriate planning, by completing **an Annual Anaphylaxis Risk Management Checklist** (see **Attachment 6**)
- each student at risk, having an Individual Anaphylaxis Management Plan (IAMP)
- students at risk of anaphylaxis and their parents/carers are encouraged to complete the ASCIA online E-learning Anaphylaxis Management training. This can help students and their families to better prepare, understand and respond in an anaphylactic emergency
- first aid officer(s), school nurses or school anaphylaxis supervisors can demonstrate to students at risk of anaphylaxis and their parents/carers the correct use of an EpiPen®
- students with an expired (out of date) EpiPen® an out-of-date ASCIA Action Plan will not be able to participate in some school programs until they are replaced

Individual Anaphylaxis Management Plans (IAMP)

- the principal (or nominee) will instruct the designated First Aid Officer(s) to maintain an Individual Anaphylaxis Management Plan (IAMP) for each student diagnosed by a medical practitioner as being at risk of having anaphylaxis
- each plan will be developed in consultation with the student and their parents/carers
- all student ASCIA Action Plans & IAMPs along with medications, must be kept in a secure, readily accessible and easily identifiable location at each school. For example, the first aid room or reception. Details of the locations should be documented in the **Annual Anaphylaxis Risk Management Checklist** (see **Attachment 6**) and communicated to all staff
- The IAMP will be in place as soon as practicable after the student enrols and where possible before their first day at school. They must include:
    - information about the medical condition that relates to the allergy and the potential for an anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner)
    - strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of the school
    - the name of the person/s responsible for implementing the strategies
    - information on where the student's medication will be stored
    - the student's emergency contact details; and
    - a coloured ASCIA Action Plan, completed and signed by a medical practitioner and provided by the parent/carer
- see **Attachment 1 and 2** for an **IAMP** & **ASCIA Action Plan**.
- each IAMP will be reviewed in consultation with the student and their parents/carers:
    - annually
    - if the student's condition changes
    - immediately after a student has an anaphylactic reaction; and
    - when a student at risk is to participate in off campus activities, such as camps and excursions, or at special events throughout the year
- it is the responsibility of the parent/carers to:
    - provide the approved coloured ASCIA Action Plan completed by the child's medical practitioner
    - inform the school in writing if their child's medical condition 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 EpiPen® that is current (not expired) for their child
- provide written consent for their child to participate in all off-campus activities, such as camps and excursions, or at special events; and
- provide any special advice, information or instructions for the teacher-in-charge of any off-campus activities, such as camps and excursion, or special events

Anaphylaxis Prevention Strategies

- schools will put in place Risk Minimisation and Prevention Strategies for all relevant on-campus and off-campus activities. This includes (but not limited to):
  - during classroom activities (including class rotations, specialists and elective classes)
  - between classes and other breaks
  - in cafeterias
  - during recess and lunchtimes
  - before and after school; and
  - special events including excursions, sports, cultural days, fetes or class parties, excursions and camps
- **Attachment 3** details the school **Anaphylaxis Risk Minimisation and Prevention Strategies**.
- **Attachment 6 – Annual Anaphylaxis Risk Management Checklist** must be used to record the Risk Minimisation and Prevention Strategies

Anaphylaxis Emergency Response Plan and School Management

- in accordance with the advice from the Australasian Society of Clinical Immunology and Allergy (ASCIA), the most effective treatment for an anaphylactic reaction is adrenaline administered through an EpiPen® to the muscle of the outer mid-thigh
- in the event of an anaphylactic reaction the **Anaphylaxis Emergency Response Plan** outlined in **Attachment 4** must be followed, together with the student's ASCIA Action Plan
- individual Anaphylaxis Management Plans and ASCIA Action Plans can be viewed and/or accessed by school staff on the local eSORT page
- ASCIA Action Plans can be viewed and or/accessed during

Normal school activities in the:	Off-campus school activities by the Teacher-in-Charge:
• Food Tech and Prep Classrooms • First Aid Rooms and Reception Offices • Cafeterias and Staff Common Rooms	• On excursions and camps • At special events arranged by the school

- General Use and Student **EpiPens®** will be stored in the designated locations documented in the **Annual Anaphylaxis Risk Management Checklist (**See **Attachment 6).** Locations may include first aid rooms, administration office/reception areas and in some instances classrooms, depending upon the age and maturity of the student
- The General Use and Student **EpiPens®** at each school will be stored under the following conditions:
  - stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer
  - each EpiPen® will be clearly labelled with the student's name and stored with a copy of the student's *ASCIA Action Plan*
  - storage area(s) will have a visible, EpiPen® sign in place to alert staff
  - staff will be made aware of the storage area location(s) across the school

    - the General Use (EpiPen®) will be clearly labelled and distinguishable from those for students at risk of anaphylaxis
    - Trainer EpiPens® (which do not contain adrenaline or a needle) are not to be stored in the same location due to the risk of confusion
    - an EpiPen® will be signed in and out by the teacher-in-charge when taken from its usual place (e.g. for camps or excursions)
    - first aid or nursing staff will conduct monthly reviews of the expiry date of the EpiPens® and send a written reminder to parents/carers to replace them, one month before the expiry date
- when the school has one or more students at risk of having anaphylaxis, the principal (or nominee) must ensure that there are sufficient staff present who have been trained in Anaphylaxis Management
- communication with staff, students and parents will occur as per **Attachment 5** which details the **Anaphylaxis Communication Plan**

Post-incident Support

- an anaphylactic reaction can be a traumatic experience for the student and others witnessing the reaction or parents/carers. In the event of an anaphylactic reaction, students may benefit from post-incident counselling provided by student wellbeing team

Incident Review

- after an anaphylactic reaction has taken place that has involved a student in the school's care and supervision, it is important that the following review processes take place:
    - The parent/carer must replace the used EpiPen® as soon as possible after the incident, preferably before the student returns to school
    - The principal (or nominee) must put in place an interim Individual Anaphylaxis Management Plan, whilst awaiting the replacement of the students EpiPen®
    - If the General Use EpiPen® has been used, it should be replaced as soon as possible
    - The principal (or nominee) must ensure that the first aid officer(s) or nursing staff have the interim Anaphylaxis Management Plan in place, whilst awaiting the replacement of any General Use EpiPen®
    - The student's Individual Anaphylaxis Management Plan must be reviewed in consultation with the student's parents/carers; and
    - The Anaphylaxis Management Policy and Procedure must be reviewed after an incident to ensure that it adequately responds to anaphylactic reactions by students at the school

Source: Anaphylaxis Guidelines: A Resource for Managing Severe Allergies in Victorian School. Department of Education and Early Childhood Development (July 2017)

Self-administration of the EpiPen®

- the decision as to whether or not a student may carry their own EpiPen® should be made when developing the student's Individual Anaphylaxis Management Plan, in consultation with the student, the parents/carers and the treating medical practitioner
- if a student self-administers an EpiPen®, one staff member should supervise and monitor the student, and another staff member should call for an ambulance (000 or 112)
- A generic EpiPen® for General Use should be kept on-site in an easily accessible, unlocked location that is known to all school staff
- students who ordinarily self-administer their EpiPen® may not physically be able to self-administer due to the effects of a reaction. In these circumstances, staff must administer an EpiPen® to the student, in line with their duty of care for that student

Adrenaline Auto-injectors (EPIPENS®) for General Use

- the principal (or nominee) must instruct the first aid officer(s) or school nurse(s) to purchase EpiPen®(s) for 'General Use' and as a back up to those supplied by parents/carers. They will determine the number of additional EpiPens® required, based upon:
    - the number of students at risk of anaphylaxis, enrolled at the school
    - the accessibility of EpiPens® that have been provided by parents/carers of students who have been diagnosed as being at risk of anaphylaxis; and
    - the availability and supply of EpiPens® for General Use across the school, including:
        - across all campus grounds and for excursions, camps and special events conducted or organised by the school
        - the need to replace expired EpiPens® every 12-18 months, either at the time of use or expiry; and
        - storage of the General Use EpiPens® previously outlined
- Details of the determination must be recorded in the **Annual Anaphylaxis Risk Management Checklist** (See **Attachment 6**)

Anaphylaxis Communication Plan

- Clause 11 of Ministerial Order 706 outlines the Anaphylaxis Communication Plan requirements. The principal (or nominee) is responsible for developing and implementing the Anaphylaxis Communication Plan to provide awareness about anaphylaxis and the Anaphylaxis Management Policy
- **Attachment 5** provides details of the **Anaphylaxis Communication Plan**
- **Attachment 6 – Annual Anaphylaxis Risk Management Checklist** must be used to record the components of the Communication Plan to be implemented by the school.

Anaphylaxis Management Training

- the principal (or nominee) is responsible for identifying the staff that must complete the Anaphylaxis Management training course and the twice-yearly Anaphylaxis briefings on the students at risk. The school is responsible for maintaining the training records in the training register. The following school staff must be trained:
    - all school staff who conduct classes with students; and
    - any other school staff member as determined by the principal (or nominee) based on the **Annual Anaphylaxis Risk Management Checklist** in **Attachment 6**
- the identified staff are required to undertake the following training:
    - a face-to-face Anaphylaxis Management training course every three (3) years; or
    - the online ASCIA E-learning Anaphylaxis Management training course every two (2) years
- the identified staff are required to undertake two (2) Anaphylaxis briefings every year on the students and risk in the school. One briefing in Term One and the second in Term Three

- if a staff member has not received the relevant training or attended a briefing on the students at risk (e.g. a casual relief teacher engaged at short notice), they must undertake the following before commencing class supervision duties:
    - enrol and complete the approved online Anaphylaxis E-training for schools Victoria
    - have a School Anaphylaxis Supervisor verify their successful completion of the online E-training course and provide them with an Anaphylaxis briefing on the students at risk

School Anaphylaxis Supervisors

- schools must train a minimum of two (2) School Anaphylaxis Supervisors to verify the certificates of completion for staff completing the online E-learning anaphylaxis management training. School Anaphylaxis Supervisors are suitably qualified to facilitate the twice-yearly Anaphylaxis briefings
- school Anaphylaxis Supervisors may include school nurses, first aid officers, other health and wellbeing staff members, or senior teachers
- the **School Anaphylaxis Supervisors' Training Checklist** (refer to **Attachment 7**) provides details on the training and responsibilities of the School Anaphylaxis Supervisors
- the **School Anaphylaxis Supervisors' Observation Checklist** (refer to **Attachment 8**) provides details of the competency checks that must be completed on all staff that successfully complete the online E-learning training
- staff completing the online Anaphylaxis E-learning training course must arrange to have a School Anaphylaxis Supervisor complete the abovementioned checklist within 30 days of the staff member completing the online training course
- once the checklist is complete the School Anaphylaxis Supervisor must sign and date the staff members E-learning certificate to complete the verification process. A copy of the certificate should then be uploaded into the school training records
- to qualify as a School Anaphylaxis Supervisor, the nominated staff member(s) need to complete an accredited short course that teaches them how to conduct a competency check on those who have completed the online training course
- school Anaphylaxis Supervisors will be provided with the necessary training and resources to deliver the two (2) Anaphylaxis briefings to all staff on the students at risk each year. It is recommended that these briefings be held in Terms one (1) and three (3) each year and be conducted by the School Anaphylaxis Supervisor
- registration for the course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC can be accessed from the Asthma Foundation by phone 1300 314 806 or by visiting: www.asthma.org.au
- for further information about Anaphylaxis Management and training requirements in Victorian schools go to: http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx

Annual Anaphylaxis Risk Management Checklist

- the principal (or nominee) must complete an **Annual Anaphylaxis Risk Management Checklist** (See **Attachment 6**) in consultation with the first aid officer(s) or school nurse(s) and upload it into the DOBCEL Risk Register in Term 4, each year
- records of the Annual Anaphylaxis Risk Management Checklist shall be maintained to demonstrate compliance with the obligations set out in the Ministerial Order

Supporting Documents

- DOBCEL Anaphylaxis Management Policy
- DOBCEL First Aid and Infection Control Policy
- DOBCEL First Aid and Infection Control Procedure

Appendices

- **Attachment 1 -** Individual Anaphylaxis Management Plan
- **Attachment 2 -** ASCIA Action Plans (for Anaphylaxis and Allergic Reactions)
- **Attachment 3 -** Risk Minimisation & Prevention Strategies
- **Attachment 4 -** Anaphylaxis Emergency Response Plan
- **Attachment 5 -** Anaphylaxis Communication Plan
- **Attachment 6 -** Annual Anaphylaxis Risk Management Checklist
- **Attachment 7 -** School Anaphylaxis Supervisors' Training Checklist
- **Attachment 8 -** Anaphylaxis Supervisors Training Checklist

Attachment 1 - Individual Anaphylaxis Management Plan

This plan is to be completed by the first aid officer or school nurse on the basis of information from the student's medical practitioner (ASCIA Action Plan for Anaphylaxis) and the student's parents/carers.

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

SCHOOL AND STUDENT DETAILS			
School name and address:		**Phone:**	
Student full name:			
D.O.B:		**Year level:**	
Severely allergic to:			
Other health conditions:			
Medication at school:			
EMERGENCY CONTACT DETAILS (PARENT/CARER)			
Name:		**Name:**	
Relationship:		**Relationship:**	
Home phone:		**Home phone:**	
Work phone:		**Work phone:**	
Mobile:		**Mobile:**	
Address:		**Address:**	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name:		**Name:**	
Relationship:		**Relationship:**	
Home phone:		**Home phone:**	
Work phone:		**Work phone:**	
Mobile:		**Mobile:**	
Address:		**Address:**	

MEDICAL PRACTITIONER DETAILS			
Medical clinic name and address:		**Doctor's name:**	
		Phone:	
Emergency care to be provided at school:			
Storage for EpiPen®:			

RISK PREVENTION AND MINIMISATION STRATEGIES (ENVIRONMENT)

To be completed by the principal (or nominee). Please consider each environment/area (on and off campus) that the student will be in for the year, e.g. classrooms, canteen, food tech, science, sports, camps, tours, excursions etc. Consider the potential hazards and record any actions to:

- prevent an anaphylactic attack occurring – eliminate or reduce potential triggers
- minimise the severity of an incident – emergency response planning & access to treatment

Please note the *Food Technology Class* example provided below.

Name of environment/area: *Food Technology class*

Risk identified	Actions required to prevent / minimise risk	Who is responsible?	Completion date?
• *Exposure to products that may contain nuts whilst preparing food in classes*	• *Remind students, staff, parents/carers to be Allergy Aware not 'Nut Free'* • *Identify students at risk & plan classes to minimise potential trigger exposure* • *Display Emergency Response Plan & have access to an Anaphylaxis FA Kit* • *Have anaphylaxis trained staff in classes at all times with students at risk*	• *Food Tech Coordinator/staff* • *Parents/Carers of students at risk* • *Students in class and students at risk*	• *Before food tech classes commence in Term 1*

Name of environment/area:

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

Name of environment/area:

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

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

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

DECLARATIONS AND SIGNATURES	
This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier): • annually • if the student's medical condition relating to allergy/anaphylaxis changes • as soon as practicable after the student has had an anaphylactic reaction at school; and • when the student is to participate in an off-site activity, such as camps, tours and excursions, or at special events conducted, organised or attended by the school (e.g. class parties, elective subjects, cultural days, fetes etc) ☐ I have been consulted in the development of this Individual Anaphylaxis Management Plan. ☐ I consent to the risk minimisation strategies proposed.	
Signature of parent/carer:	
Date:	
☐ I have consulted the parent/carer of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of school first aid officer or nurse:	
Date:	

Attachment 2 – ASCIA Action Plans (for Anaphylaxis and Allergic Reactions)

The **ASCIA Action Plan** templates for Anaphylaxis (Red & Blue in colour) and Allergy Reactions (Green) are displayed below.

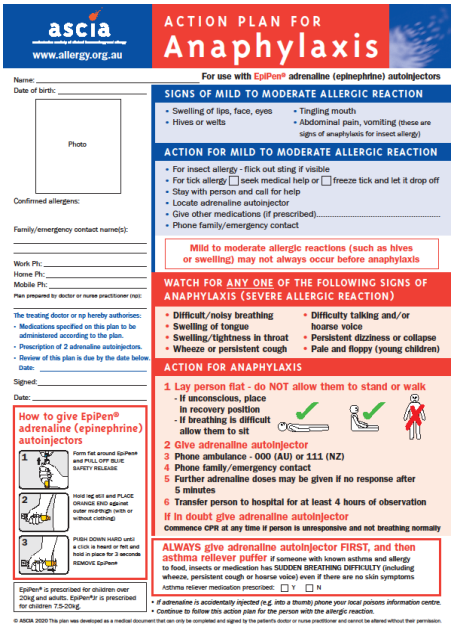
Parent/carers of a student at risk are required to consult with a treating medical practitioner. If the student is diagnosed as being at risk of Anaphylaxis or an Allergic Reaction, then the medical practitioner must select and complete the appropriate ASCIA Action Plan for the student.

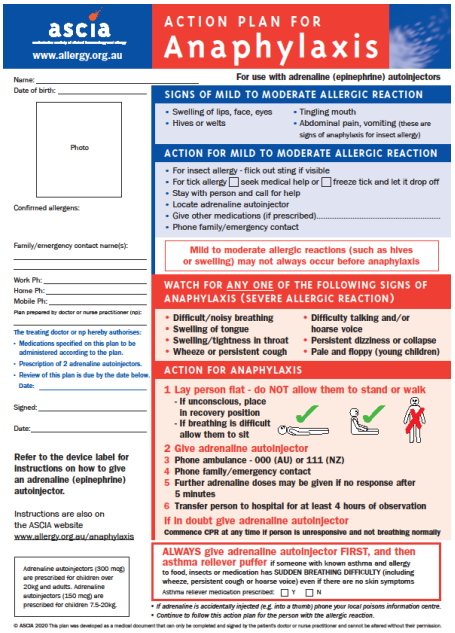
Anaphylaxis Action Plan (no EpiPen)

https://www.allergy.org.au/images/stories/anaphylaxis/2020/ASCIA_Action_Plan_Anaphylaxis_Generic_Red_2020.pdf

Anaphylaxis Action Plan (with EpiPen)

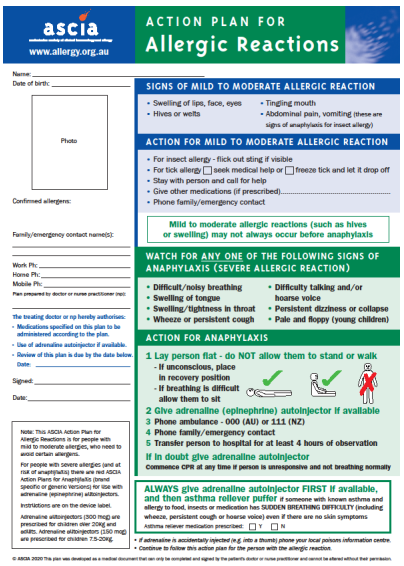
https://www.allergy.org.au/images/stories/anaphylaxis/2020/ASCIA_Action_Plan_Anaphylaxis_EpiPen_Red_2020.pdf


ascia
www.allergy.org.au
ACTION PLAN FOR
Anaphylaxis
For use with EpiPen® adrenaline (epinephrine) autoinjectors
Name:
Date of birth:
Photo
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
1 Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE
2 Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)
3 PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds. REMOVE EpiPen®
EpiPen® is prescribed for children over 20kg and adults. EpiPen®Jr is prescribed for children 7.5-20kg.
© 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.
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 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
• Swelling of tongue
• Swelling/tightness in throat
• Wheeze or persistent cough
• Difficulty talking and/or hoarse voice
• Persistent dizziness or collapse
• Pale and floppy (young children)
ACTION FOR ANAPHYLAXIS
1 Lay person flat - do NOT allow them to stand or walk
- If unconscious, place in recovery position
- If breathing is difficult allow them to sit
2 Give 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
www.allergy.org.au
ACTION PLAN FOR
Anaphylaxis
For use with adrenaline (epinephrine) autoinjectors
Name:
Date of birth:
Photo
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:
Refer to the device label for instructions on how to give an adrenaline (epinephrine) autoinjector.
Instructions are also on the ASCIA website www.allergy.org.au/anaphylaxis
Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.
© 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.
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 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
• Swelling of tongue
• Swelling/tightness in throat
• Wheeze or persistent cough
• Difficulty talking and/or hoarse voice
• Persistent dizziness or collapse
• Pale and floppy (young children)
ACTION FOR ANAPHYLAXIS
1 Lay person flat - do NOT allow them to stand or walk
- If unconscious, place in recovery position
- If breathing is difficult allow them to sit
2 Give 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.

Allergic Reactions Action Plan (Green)

https://www.allergy.org.au/images/stories/anaphylaxis/2020/ASCIA_Action_Plan_Allergic_Reactions_Green_2020.pdf


ascia
www.allergy.org.au
ACTION PLAN FOR
Allergic Reactions
Name:
Date of birth:
Photo
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.
• Use of adrenaline autoinjector if available.
• Review of this plan is due by the date below.
Date:
Signed:
Date:
Note: This ASCIA Action Plan for Allergic Reactions is for people with mild to moderate allergies, who need to avoid certain allergens.
For people with severe allergies (and at risk of anaphylaxis) there are red ASCIA Action Plans for Anaphylaxis (brand specific or generic versions) for use with adrenaline (epinephrine) 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 7.5-20kg.
© 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.
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 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
• Swelling of tongue
• Swelling/tightness in throat
• Wheeze or persistent cough
• Difficulty talking and/or hoarse voice
• Persistent dizziness or collapse
• Pale and floppy (young children)
ACTION FOR ANAPHYLAXIS
1 Lay person flat - do NOT allow them to stand or walk
- If unconscious, place in recovery position
- If breathing is difficult allow them to sit
2 Give 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 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.

Attachment 3 - Risk Minimisation & Prevention Strategies

ON-CAMPUS SETTINGS
Classroom strategies
1. Liaise with parents/carers about food-related activities ahead of time
2. Use non-food treats where possible, but if food treats are used in class it is recommended that parents/carers of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the specific student
3. Never give food from outside sources to a student who is at risk of anaphylaxis
4. Treats for the other students in the class should not contain the substance to which the student is allergic to. It is recommended to use non-food treats where possible
5. 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 a milk or egg allergy and so forth
6. 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)
7. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc. are washed and cleaned thoroughly after preparation of food and cooking
8. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food
9. 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 EpiPen®, the Anaphylaxis Management Policy, and the Anaphylaxis Emergency Response Plan
Cafeteria / Canteen strategies
1. Cafeteria staff should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to: a. Safe Food Handling in the School Policy and Advisory Guide b. Helpful resources for food services
2. Cafeteria staff, including volunteers, should be briefed about students at risk of Anaphylaxis, should have a current Anaphylaxis Management Training qualification and participate in Anaphylaxis briefings on students at risk
3. Display the student's name and photo in the cafeteria as a reminder to staff
4. Products labelled 'May contain traces of nuts' should not be served to student with an allergic to nuts
5. Each cafeteria should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'May contain...' statement
6. Make sure that tables and surfaces are wiped down with warm soapy water regularly
7. 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

8.	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
9.	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 Individual Anaphylaxis Management Plan and EpiPen®, the Anaphylaxis Management Policy, and the Anaphylaxis Emergency Response Plan
On-campus grounds strategies	
1.	If the school has a student at risk of anaphylaxis, sufficient staff supervising the event must be trained in the administration of the EpiPen® and *Anaphylaxis Emergency Response Plan* to be able to respond quickly to an anaphylactic reaction
2.	The EpiPen® and each student's *Individual Anaphylaxis Management Plan* are easily accessible from the grounds, and staff should be aware of their exact location **(Remember that an anaphylactic reaction can become life-threatening in only a few minutes)**
3.	All staff on yard duty must be aware of the *Anaphylaxis Emergency Response Plan* and how to notify the first aid officer or school nurse and reception staff of an anaphylactic reaction
4.	Students with an anaphylactic response to insects should be encouraged to stay away from water or flowering plants. Staff should liaise with parents/carers to encourage students to wear light or dark colours, rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors
5.	Keep lawns and clover mowed and outdoor bins covered
6.	Students should keep drinks and food covered whist outdoors
Special events (e.g. sporting events, incursions, class parties, etc.) strategies	
1.	If a special event has a student at risk of anaphylaxis, sufficient staff supervising the event must be trained in the administration of the EpiPen® and the Anaphylaxis Emergency Response Plan to be able to respond quickly to an anaphylactic reaction
2.	Staff should avoid using food in activities or games, including as rewards
3.	For special occasions, staff should consult parents/carers in advance to either develop an alternative food menu or request that the parents send in a meal for the student
4.	Parents/carers of other students should be informed in advance about foods that may cause allergic reactions in students at risk and request that they avoid providing students with treats whilst they are at the school or at special events
5.	Party balloons should not be used if any student has a latex allergy

OFF-CAMPUS SETTINGS
Travel to and from school by bus strategies
1. School staff should consult with parents/carers of students at risk and the bus service provider to ensure that the appropriate risk minimisation and prevention strategies are in place. This includes the availability and administration of an EpiPen®. The EpiPen® and ASCIA Action Plan must be with the student even if this child is deemed too young to carry an EpiPen® on their person at school
Field trips/excursions/sporting events strategies
1. If the school has a student at risk of anaphylaxis, sufficient staff supervising the event must be trained in the administration of the EpiPen® and the Anaphylaxis Emergency Response Plan to be able to respond quickly to an anaphylactic reaction
2. A staff member trained in the recognition of anaphylaxis and the administration of the EpiPen® must accompany any student at risk of anaphylaxis on field trips or excursions
3. Staff should avoid using food in activities or games, including as rewards
4. The EpiPen® and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and the staff in attendance must be aware of their exact location
5. For each field trip, excursion etc., a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of students with anaphylaxis attending, the nature of the excursion/sporting event, the size of venue, the distance from medical assistance, the structure of excursion and the corresponding staff-student ratio
6. School staff should consult with parents/carers of students with anaphylaxis in advance, to discuss issues that may arise; to develop an alternative food menu or to request that the parents/carers provide a meal (if required)
7. Prior to the excursion taking place school staff should review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the excursion activity, consulting with parents if necessary
Camps and remote settings strategies
1. In preparation for each camp, school staff should make enquiries as to whether the camp can provide food that is safe for students with anaphylaxis. If a camp owner/operator or cook cannot provide this confirmation to the school, then the school should consider using an alternative service provider
2. The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc
3. Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Each DOBCEL school has a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party
4. Each DOBCEL school will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents/carers of students at risk of anaphylaxis and camp owners/operators prior to the camp dates

5.	School staff should consult with parents/carers of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken
6.	If a DOBCEL school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students
7.	Use of substances containing allergens should be avoided where possible
8.	Camps should 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
9.	Students' EpiPen®, *Individual Anaphylaxis Management Plan, ASCIA Action Plan* and a mobile phone must be taken on any camp that has a student at risk of anaphylaxis. If mobile phone access is not available, an alternative method of emergency communication must be put in place, e.g. purchasing or hiring a satellite phone
10.	Prior to the camp taking place school staff should consult with the student's parents/carers to review the student's *Individual Anaphylaxis Management Plan* to ensure that it is up to date and relevant to the circumstances of the camp
11.	School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the *Emergency Response Plan* that the camp provider has in place or confirm the use of the DOBCEL *Emergency Response Plan*
12.	Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all staff as part of the *Emergency Response Plan* developed for the camp
13.	Schools should consider taking an EpiPen® for General Use on a camp, even if there is no known student at risk of anaphylaxis, as a back-up device in the event of an emergency
14.	Schools should consider purchasing an EpiPen® for General Use to be kept in the first aid kit and include this as part of the *Emergency Response Plan*
15.	The EpiPen® should remain close to the student at risk during all activities and staff must always be aware of its location
16.	The EpiPen® should be carried in the Camp First Aid kit by a staff member. Staff can consider allowing students, particularly adolescents, to carry their EpiPen® on camp. Remember that all school staff members still have a duty of care towards the student, even if the students do carry their own EpiPen®
17.	Students with anaphylaxis to insects, should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water and flowering plants
18.	Cooking and art and craft games should not involve the use of known allergens
19.	Consider the potential exposure to allergens when consuming food on buses and in cabins

Overseas travel strategies
1. Review and consider the strategies listed under the heading “Field Trips/Excursions/Sporting Events” and “Camps and Remote Settings”. Where an excursion or camp is occurring overseas, schools should involve parents in discussions regarding risk management well in advance
2. Investigate the potential risks at all stages of the overseas travel such as: a. travel to and from the airport/port b. travel to and from Australia (via aeroplane, ship etc.) c. various accommodation venues d. all towns and other locations to be visited e. sourcing safe foods at all of these locations; and f. risks of cross contamination, including: i. exposure to the foods of the other students ii. hidden allergens in foods iii. whether the table and surfaces that the student may use will be adequate cleaned to prevent a reaction; and iv. whether food preparers always wash their hands when handling food. Consider whether students may have access to street food stalls
3. Assess whether or not each of these risks can be managed using minimisation strategies such as the following: a. translation of the student’s Individual Anaphylaxis Management Plan and ASCIA Action Plan b. sourcing of safe foods at all stages c. obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited d. obtaining emergency contact details; and e. the ability to purchase additional EpiPens® f. use the foreign language allergen cards prepared by the school first aid officer or nurse
4. Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid
5. Plan for appropriate supervision of students at risk of anaphylaxis at all times, including that: a. there are sufficient staff attending the excursion who have been successfully completed the Anaphylaxis Management Training b. there is an appropriate level of supervision of students with anaphylaxis throughout the trip, particularly at times when they are taking medication and eating food c. 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 d. Staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated

6. Schools should review the Anaphylaxis Emergency Response Plan, and if necessary, adapt it to suit the circumstances of the overseas trip. Keep a record of relevant information such as the following: a. dates of travel b. name of airline, and relevant contact details c. itinerary detailing the proposed destinations, flight information and the duration of the stay in each location d. hotel addresses and telephone numbers e. proposed means of travel within the overseas country f. list of students and their medical conditions, medication and other treatment (if any) g. emergency details of hospitals, ambulances, and medical clinics in each location; h. details of travel insurance i. plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plan j. possession of a mobile phone or other communication device that would enable the staff to contact emergency services in the overseas country if assistance is required
Work experience strategies
1. Schools should involve the student, parents/carers and the host employer in discussions regarding risk management prior to a student participating in the work experience. The Host employer must be shown the ASCIA Action Plans and how to use the EpiPen® in case the work experience student shows signs of an allergic reaction whilst on work experience
2. It is important to note that the banning of food or other products is not recommended by ASCIA. it can create complacency and is impractical in most workplaces. Promoting 'Allergy Awareness' is a more practical and effective risk minimisation and prevention strategy

Attachment 4 – Anaphylaxis Emergency Response Plan

Anaphylaxis Emergency Response Plan

1. **RESPONDING TO AN INCIDENT**

   Where possible, staff with training in the administration of the EpiPen ® should administer the student's EpiPen®. However, it is designed to be administered by any person, so in an emergency, it is imperative that an EpiPen® is administered as soon as possible after the anaphylactic reaction.

2. **STEPS TO BE TAKEN IN AN EMERGENCY**

   A. The first staff member arriving on the scene must stay with the person until the ambulance or school first aid officer or nurse arrives, to provide accurate observation and treatment notes.

   B. Assess the situation – does the person suffer from anaphylaxis? Do they have an Anaphylaxis kit?

   C. Do not let the person move around. Instruct them to lay down immediately, unless they are experiencing breathing difficulties. If so, have them sit upright and then call for help.

   D. Call "000" and request an ambulance. Keep the operator on the phone (using loudspeaker) and direct the ambulance to the nearest point of entry.

   E. Begin callout out observation and treatment administration times, until the ambulance or school first aid officer or nurse arrives. These details will then be recorded by the operator in the "000" call.

   F. Send another person to the school reception for help and to collect the 'General Use' EpiPen®s, defibrillator and the person's Anaphylaxis Kit, if they have one, as quickly as possible.

   G. An EpiPen ® should be administered as soon as possible if you suspect a student is having an anaphylactic attack. Remember, if in doubt, it is better to use an EpiPen® rather than to hesitate.

   H. If the person's condition is not improving or symptoms are worsening after 5 minutes, then inform the "000" operator and ask for direction to administer a 2nd EpiPen®.

   I. A student's Anaphylaxis Kit will include:

      a. EpiPen® and any oral medication

      b. Individual Anaphylaxis Management Plan and ASCIA Individual Action Plan

      c. Antihistamine and Salbutamol (if prescribed)

   J. Reception / office staff are to inform the following as soon as possible.

      a. The school first aid officer or nurse

      b. Principal

      c. Security or maintenance (to direct ambulance)

   K. Security / staff should be sent to meet the ambulance and direct them to the patient.

3. HOW TO GIVE EPIPEN® OR EPIPEN® JR ADRENALINE AUTOINJECTORS

- Check and advise the "000" operator whether the EpiPen® window is clear and the expiry date on the auto-injector
- Check clothing over the outer thigh for any obstructions (e.g. thick seams or items in the pockets)
- Follow the steps outlined in the diagrams below:

- Reassure the student having the reaction that they are likely to experience a racing heart, dizziness and feel like vomiting, after the EpiPen® is administered. Watch the student closely to see if their condition deteriorates
- If no improvement or worsening symptoms after 5mins, administer a 2nd EpiPen®
- Have a staff member accompany the student in the ambulance and notify parents
- Hand the used EpiPen® to the paramedics along with the time(s) of administration

ASCIA Generic Anaphylaxis First Aid Plans – these plans should be displayed across the school to assist staff with responding to an anaphylaxis emergency.

All Action First Aid Plan templates can be found on the Australasian society of clinical immunology and allergy (ASCIA) website: https://www.allergy.org.au/

ascia

www.allergy.org.au

FIRST AID PLAN FOR Anaphylaxis

For use with adrenaline (epinephrine) autoinjectors - refer to the device label for instructions

Translated versions of this document are on the ASCIA website www.allergy.org.au/anaphylaxis#ta5

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

ACTION FOR ANAPHYLAXIS

1. **Lay person flat - do NOT allow them to stand or walk**
   - **If unconscious, place in recovery position**
   - **If breathing is difficult allow them to sit**
2. **Give 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, 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.

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

Adrenaline autoinjectors (300 mcg) are prescribed for children over 20kg and adults. Adrenaline autoinjectors (150 mcg) are prescribed for children 7.5-20kg.

© ASCIA 2020 This document has been developed for use as a poster, or to be stored with general use adrenaline autoinjectors.

Attachment 5 – Anaphylaxis Communication Plan

Target Group	Message(s)	Communication process	Frequency
Staff (including casual relief staff and volunteers)	Correct process to respond to an anaphylactic reaction on and off-campus	***Staff training*** ***Staff briefings*** ***Display ASCIA Action Plans*** in staff common rooms, cafeteria, food tech and prep classrooms ***ASCIA Plans stored with EpiPen® & transported to all off-campus events***	Every 3yrs face-to-face or 2yrs online Bi-annual and prior to First Aid training sessions Continual Continual
All Staff & contractors	Aware of risk minimisation and prevention strategies for anaphylaxis	***ASCIA Action Plans stored on the SIMON database and/or in first aid rooms or reception areas*** ***Anaphylaxis Policy, Procedure & Anaphylaxis Emergency Response Plan displayed on eSORT and in staff common rooms***	Continual and updated annually Continual
Students	Promote anaphylaxis awareness & Emergency Response Plan Fostering a safe school environment	***Teachers, first aid officers or school nurses discuss the 'Be a MATE' resources with students*** ***Participate in Food Allergy Week*** ***Inform students that other students have allergies and remind students that putting an anaphylactic student at risk constitutes bullying***	Annual or as required May, bi-annually Commencement of 1st Term and as required
Parents and Community	Promote Anaphylaxis Awareness & Emergency Response Plan Promote Awareness & DOBCEL Policy & Procedures Individual Management Plans	***Information about anaphylaxis on the website and in newsletters. Encourage parents/carers of 'at risk' students to complete the free E-Learning Anaphylaxis course to improve their awareness*** ***Participate in Food Allergy Awareness week*** ***Anaphylaxis Management policy and procedure on eSORT and the website*** ***First aid officer or school nurse to meet with student, and parents/carers to discuss these Plans and strategies***	Continual and as required May, Bi-annually Continual Start of 1st Term & when a new student enrols

This *Communication Plan* should be reviewed on an annual basis. Details of the components to be adopted are to be recorded in the school **Annual Anaphylaxis Risk Management Checklist**. Credible sources of information to use for awareness raising activities can be obtained from:

- Australasian Society of Clinical Immunology and Allergy (ASCIA)
- Royal Children's Hospital Anaphylaxis Advisory Line: Mon-Fri, 8:30-5pm 1300 725 911
- Royal Children's Hospital, Department of Allergy and Immunology

Attachment 6 - Annual Anaphylaxis Risk Management Checklist

Annual Anaphylaxis Risk Management Checklist

The principal (or a nominee) in consultation with first aid officer or school nurse will complete the DOBCEL *Annual Anaphylaxis Risk Management Checklist* in Term 1 each year. The checklist must be signed by the principal (or nominee) and uploaded into the local eSORT page.

SCHOOL AND REVIEW DETAILS	
School name and address:	
Date of Review:	
Who completed this checklist:	Name:
	Position:
Review given to:	Name:
	Position:
Comments:	

GENERAL INFORMATION	
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an EpiPen®?	
2. How many of these students carry their EpiPen® on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at the school?	☐ Yes ☐ No
a. If Yes, how many times?	
4. Have any students ever had an Anaphylactic Reaction at the school?	☐ Yes ☐ No
a. If Yes, how many students?	
b. If Yes, how many times?	
5. Has a staff member been required to administer an EpiPen® to a student?	☐ Yes ☐ No
a. If Yes, how many times?	
7. Was every incident in which a student suffered an anaphylactic reaction recorded on the Hazard Identification and Incident Reporting system?	☐ Yes ☐ No

SECTION 1: TRAINING	
1. Have all staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved Anaphylaxis Management training course in the last 3 years (22300VIC or 10313NAT) or the online E-learning ASCIA course in the last 2 years?	☐ Yes ☐ No
2. Does your school conduct the twice-yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	☐ Yes ☐ No
3. Do all school teaching staff (permanent/fixed term contract and casual) participate in a twice-yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	☐ Yes ☐ No
SECTION 2: INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN	
4. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an EpiPen® have an *Individual Anaphylaxis Management Plan* and *ASCIA Action Plan* completed and signed by a prescribed Medical Practitioner?	☐ Yes ☐ No
5. Are all *Individual Anaphylaxis Management Plans* reviewed regularly with parents/carers (at least annually)?	☐ Yes ☐ No
6. Do the *Individual Anaphylaxis Management Plans* set out strategies to minimise the risk of exposure to allergens for the following activities?	
a. During classroom activities, including elective classes	☐ Yes ☐ No
b. In canteens or during lunch or snack times	☐ Yes ☐ No
c. Before and after school, in the grounds and during breaks	☐ Yes ☐ No
d. For special events, such as sports days, class parties and extra-curricular activities	☐ Yes ☐ No
e. For excursions and camps	☐ Yes ☐ No
f. Other	☐ Yes ☐ No
7. Do all students who carry an EpiPen® on their person have a copy of their *ASCIA Action Plan* kept at the school (provided by the parents/carers?	☐ Yes ☐ No
a. Where are the Action Plans kept at the school?	
8. Does each *ASCIA Action Plan* include a recent photo of the student?	☐ Yes ☐ No
9. Are *Individual Management Plans* reviewed prior to any off-campus activities (such as sport, camps or special events) and in consultation with the student's parents/carers?	☐ Yes ☐ No

SECTION 3: STORAGE AND ACCESSIBILITY OF EPIPENS®	
10. Where are the student(s) EpiPens® stored?	
11. Do all staff know where the school's EpiPens® for General Use are stored?	☐ Yes ☐ No
12. Are the EpiPens® stored at room temperature (not refrigerated) and out of direct sunlight?	☐ Yes ☐ No
13. Is the storage safe?	☐ Yes ☐ No
14. Is the storage unlocked and accessible to staff at all times? Comments:	☐ Yes ☐ No
15. Are the EpiPens® easy to find? Comments:	☐ Yes ☐ No
16. Is a copy of student's *Individual Anaphylaxis Management Plan* (including the *ASCIA Action Plan*) kept together with the student's EpiPen®?	☐ Yes ☐ No
17. Are the EpiPens® and *Individual Anaphylaxis Management Plans* (including the *ASCIA Action Plans*) clearly labelled with the student's names?	☐ Yes ☐ No
18. Has someone been designated to check the expiry dates of the EpiPens® on a regular basis? Who? ……	☐ Yes ☐ No
19. Are there EpiPens® which are currently in the possession of the school that have expired?	☐ Yes ☐ No
20. Has the school signed up to EpiClub or ANA-alert (optional free reminder services)?	☐ Yes ☐ No
21. Do all staff know where the EpiPens®, the *ASCIA Action Plans* and the *Individual Anaphylaxis Management Plans* are stored?	☐ Yes ☐ No
22. Has the school purchased EpiPens® for General Use, and have they been placed in the first aid kit(s)?	☐ Yes ☐ No
23. Where are these first aid kits located?	
24. Are the EpiPens® for General Use clearly labelled as the 'General Use' EpiPens®?	☐ Yes ☐ No
25. Is there a register for signing EpiPens® in and out when taken for excursions, camps etc.	☐ Yes ☐ No

SECTION 4: RISK MINIMISATION AND PREVENTION STRATEGIES	
26. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	☐ Yes ☐ No
27. Have you implemented any of the risk minimisation or prevention strategies outlined in this document? If yes, list these in the space provided below. If not please explain why as this is a requirement for school registration.	☐ Yes ☐ No
28. Are there always sufficient staff members on yard duty who have current Anaphylaxis Management Training?	☐ Yes ☐ No
SECTION 5: EMERGENCY RESPONSE PLAN AND SCHOOL MANAGEMENT	
29. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	☐ Yes ☐ No
30. Do staff know when their training needs to be renewed?	☐ Yes ☐ No
31. Have you adopted the *DOBCEL Anaphylaxis Emergency Response Plan* for when an allergic reaction occurs?	☐ Yes ☐ No
a. In the classroom?	☐ Yes ☐ No
b. In the school grounds?	☐ Yes ☐ No
c. In all school buildings and grounds, including gymnasiums and halls?	☐ Yes ☐ No
d. At camps and excursions?	☐ Yes ☐ No
e. On special event days (such as sports days) conducted, organised or attended by students and staff?	☐ Yes ☐ No
32. Does your plan include who will call the Ambulance?	☐ Yes ☐ No
33. Is there a designated person who will be sent to collect the student's EpiPen® and *Individual Anaphylaxis Management Plan* and *ASCIA Action Plan*)?	☐ Yes ☐ No
34. Have you checked how long it will take to get to the EpiPen® and *Individual Anaphylaxis Management Plan* and *ASCIA Action Plan* to a student from:	☐ Yes ☐ No
a. The class room?	☐ Yes ☐ No
b. The school grounds?	☐ Yes ☐ No
c. The sports fields?	☐ Yes ☐ No
d. The school cafeterias?	☐ Yes ☐ No
35. On excursions or other off-campus events, is there a plan for who is responsible for ensuring the EpiPens® and *Individual Anaphylaxis Management Plans* (including the *ASCIA Action Plan*) and the EpiPen® for General Use are correctly stored and available for use?	☐ Yes ☐ No
36. Who will make these arrangements during excursions? ……	
37. Who will make these arrangements during camps? ……	
38. Who will make these arrangements during sporting activities? ……	
39. Is there a process for post incident support in place?	☐ Yes ☐ No

40. Have all staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the principal, been briefed by a suitably qualified person on:	
a. The *Anaphylaxis Management Policy and Anaphylaxis Management Procedure*?	☐ Yes ☐ No
b. The causes, symptoms and treatment of anaphylaxis?	☐ Yes ☐ No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an EpiPen®, including where their medication is located?	☐ Yes ☐ No
d. How to use an EpiPen®, including hands on practise with a trainer EpiPen®?	☐ Yes ☐ No
e. The school's *First Aid Procedure* and *Anaphylaxis Emergency Response Plan* for all on-campus and off-campus activities?	☐ Yes ☐ No
f. Where the EpiPens® for General Use is kept?	☐ Yes ☐ No
g. Where the EpiPens® for individual students are located including if they carry it on their person?	☐ Yes ☐ No
SECTION 6: COMMUNICATION PLAN	
41. Is there a *Communication Plan* in place to provide information about the Anaphylaxis policy and procedure?	
a. To staff?	☐ Yes ☐ No
b. To students?	☐ Yes ☐ No
c. To parents/carers?	☐ Yes ☐ No
d. To volunteers?	☐ Yes ☐ No
e. To casual relief staff?	☐ Yes ☐ No
42. Is there a process for distributing this information to the relevant staff?	☐ Yes ☐ No
a. What is it?	
43. How will this information be kept up to date?	
44. Are there strategies in place to increase awareness about severe allergies among students for all on-campus and off-campus activities?	☐ Yes ☐ No
45. What are they?	

Source: Anaphylaxis Guidelines: A Resource for Managing Severe Allergies in Victorian School. Department of Education and Early Childhood Development (Aug 2016)

Attachment 7 - Anaphylaxis Supervisors Observation Checklist

School Anaphylaxis 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.

SCHOOL AND ASSESSMENT DETAILS		
School name and address:		
Name & signature of School Anaphylaxis Supervisor:	(Print Full Name)	(Signature)
Name of Staff member being assessed:	(Print Full Name)	(Signature)
Assessment Result:	☐ Competent	☐ Not Competent
Assessment Date:		

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

PRACTICAL DEMONSTRATION				
Stage	**Responsibilities**	☑ OR ☒ Attempts 1	2	3
Prior to use: Identifying the components of the EpiPen®	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: • Where is the needle located? • What is a safety mechanism of the EpiPen®? • What triggers the EpiPen® to administer the medication? • What does the label of the EpiPen® show?			
Demonstration: Correct positioning when applying anaphylaxis first aid	Positioned themselves and the (mock) casualty correctly in accordance with ASCIA guidelines ensuring the: • casualty is lying flat unless breathing is difficult or placed in a recovery position if unconscious or vomiting • casualty is securely positioned to prevent movement when administering the adrenaline autoinjector device • person administering the adrenaline autoinjector device is facing the casualty			
Demonstration: Correct administration of the EpiPen®	Administered the adrenaline autoinjector device correctly (this example is for an EpiPen® device): • formed a fist to hold the EpiPen® device correctly • pulled off blue safety release • applied the orange end at right angle to the outer mid-thigh (with or without clothing), ensuring pockets and seams were not in the way • activated the EpiPen® by pushing down hard until a click is heard • hold the EpiPen® in position for 3 seconds after activation • removed EpiPen®			
Demonstration:	Demonstrated correct use in a realistic time period for treatment in an emergency situation.			
Post use: Handling used EpiPen®	Demonstrated knowledge of correct procedures post use of the adrenaline autoinjector devices: School Anaphylaxis Supervisors to ask the below questions. • What information should you record at the time of administering the EpiPen®? • What do you do with the used EpiPen® once it has been administered?			

TEST OUTCOME	
Certifying the correct use of the adrenaline autoinjector (training) device	☑ **OR** ☒
Where checking and demonstration is successful the verifier will: • sign and date the staff member's ASCIA e-training certificate • provide a copy to the staff member • store the staff member's ASCIA certificate and this observation record in a central office location to ensure confidentiality is maintained • update school staff records for anaphylaxis training	 ☐ ☐ ☐ ☐
If the adrenaline autoinjector (trainer) device has NOT been checked or correctly administered after completing all the steps above, the verifier cannot deem the staff member competent. The staff member should be referred back to the ASCIA Anaphylaxis e-training for further training and re-present for verification: • this action should be recorded in staff records • the verifier must not provide training to correct practice	 ☐ ☐

Attachment 8 - Anaphylaxis Supervisors Training Checklist

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 Autoinjector Devices 22303VIC.

SCHOOL DETAILS		
School name and address:		
Name & signature of School Anaphylaxis Supervisor:	(Print Full Name)	(Signature)
Review Date:		

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

STAFF TRAINING		
Stage	**Responsibilities**	☑ **OR** ☒
School Anaphylaxis Supervisor	To perform the role of School Anaphylaxis Supervisor staff must have current approved anaphylaxis training as outlined in MO706. In order to verify the correct use of adrenaline autoinjector devices by others, the School Anaphylaxis Supervisor must also complete and remain current in Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC (every 3 years).	☐
School Staff	All school staff should: • complete the ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years) and • be verified by the School Anaphylaxis Supervisor within 30 days of completing the ASCIA e-training as being able to use the adrenaline autoinjector (trainer) devices correctly to complete their certification.	☐ ☐

SCHOOL ANAPHYLAXIS SUPERVISOR RESPONSIBILITIES		
Stage	**Responsibilities**	☑ **OR** ☒
Ongoing	Ensure they have currency in the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC (every 3 years) and the ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years).	☐
Ongoing	Ensure that they provide the principal with documentary evidence of currency in the above courses.	☐
Ongoing	Assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools.	☐
Ongoing	Send periodic reminders to staff or information to new staff about anaphylaxis training requirements.	☐
Ongoing	Provide access to the adrenaline autoinjector (trainer) device for practice use by school staff.	☐
Ongoing	Provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required.	☐
Ongoing	Liaise with parents or guardians (and, where appropriate, the student) to manage and implement Individual Anaphylaxis Management Plans.	☐
Ongoing	Liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school.	☐
Ongoing	Lead the twice-yearly Anaphylaxis School Briefing	☐
Ongoing	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 (training) device. • Other school specific scenario	 ☐ ☐ ☐

Further information about anaphylaxis management and training requirements in Victorian schools click the link: http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx