

# YEA PRIMARY SCHOOL

## Anaphylaxis Management Policy

REGISTRATION REQUIREMENT 4.1(A) IV)

**Rationale:**

- Anaphylaxis is an acute allergic reaction to certain food items and insect stings. The condition develops in approximately 1-2% of the population. The most common allergens are nuts, eggs, cow's milk and bee or other insect stings, and medications.

**Aims:**

- To provide a safe and healthy school environment that takes into consideration the needs of all students, including those who may suffer from anaphylaxis.
- When on camp with other schools ensure students do not bring any food that has nuts as an ingredient.
- The school will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

**Implementation:**

- Anaphylaxis is a severe and potentially life-threatening condition.
- Anaphylaxis is best prevented by knowing and avoiding the allergens.

**Our school will manage anaphylaxis by:-**

- Ensuring all staff are notified and CASES21 and Sentral are updated when a student or staff member has anaphylaxis.
- Ensuring that Yea Primary School is a nut free school and that parents do not send nut items to school, when we have a student enrolled or teacher who is anaphylactic.
- Identifying susceptible students and knowing their allergens.
- Informing the school community about anaphylaxis via the newsletter, when required
- Not allowing food sharing and restricting food to that approved by parents.
- Keeping the lawns well mown, and ensuring children always wear shoes outside.
- Requiring parents to provide an emergency management plan developed by a health professional and an EpiPen if necessary. The emergency management plan will be prominent in the child's classroom, staffroom and First Aid room for reference as required.
- Ensuring staff are provided with regular professional development on the identification and response to anaphylaxis, and the proper use of an EpiPen.
- 6 monthly audit on EpiPen expiry dates

**Staff training**

The following school staff will be appropriately trained:

School staff who conduct classes attended by students who are at risk of anaphylaxis

Any other school staff as determined by the principal to attend (indicate which staff in your school will be trained, for example all canteen staff, admin staff, first aiders, volunteers etc).

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

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

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

2017 All staff completed Option 2 See Appendix 1

In addition, all staff are to participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:

1. title and legal requirements as outlined in Ministerial Order 706
2. pictures of the students at your school at risk of anaphylaxis, their allergens, year levels and risk management plans that are in place
3. signs and symptoms of anaphylaxis
4. ASCIA Anaphylaxis e-training
5. ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen®
6. School's First Aid policy and emergency response procedures
7. on-going support and training.

The briefing must be conducted by a member of the school staff, preferably the person nominated as the School Anaphylaxis Supervisor, who has successfully completed an approved anaphylaxis management training course in the last 2 years.

In the event that the relevant training has not occurred for a member of staff who has a child in their class at risk of anaphylaxis, the principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents of any affected student. Training will be provided to relevant school staff as soon as practicable after the student enrolls, and preferably before the student's first day at school.

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



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### Individual Anaphylaxis Management Plans

Note: A template for an Individual Anaphylaxis Management Plan can be found in Appendix E of the Anaphylaxis Guidelines for Victorian Schools on the Department's website: [www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx)

The principal will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school.

The Individual Anaphylaxis Management Plan will set out the following:

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

Note: The red and blue 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. An example can be found in Appendix E of the Anaphylaxis Guidelines or downloaded from [www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx](http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx)

School staff will then implement and monitor the student's Individual Anaphylaxis Management Plan as required.

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

1. annually
2. if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
3. as soon as practicable after the student has an anaphylactic reaction at school
4. when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects and work experience, cultural days, fetes, concerts, events at other schools, competitions or incursions).
5. The school's Anaphylaxis Management Policy must state that it is the responsibility of the parents to:
6. obtain the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
7. immediately inform the school in writing if there is a change in their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, and if relevant obtain an updated ASCIA Action Plan for Anaphylaxis



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8. provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
9. provide the school with an adrenaline autoinjector that is current (ie the device has not expired) for their child
10. participate in annual reviews of their child's Plan.

### Risk Minimisation strategies

**Guidance: Chapter 8 of the Anaphylaxis Guidelines for Victorian Schools contains advice about a range of Risk minimisation Strategies.**

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

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

School activities will also not place pressure on students to try foods, whether they contain a known allergen or not.

Enforce a blanket ban of nuts or other foods associated with anaphylaxis and allergies because:

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

More information about peanut and nut banning can be found in the ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, available from the ASCIA website at:

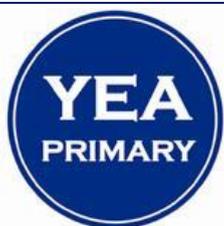
[www.allergy.org.au/schools-childcare](http://www.allergy.org.au/schools-childcare). A&AA also have a helpful list of risk minimisation strategies at: [www.allergyfacts.org.au/images/pdf/Riskminimisation3.pdf](http://www.allergyfacts.org.au/images/pdf/Riskminimisation3.pdf)

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

School staff determine which strategies are appropriate after consideration of all relevant factors including the age of the student at risk, the facilities and activities available at the school, the likelihood of that student's exposure to the relevant allergen/s whilst at school, and the general school environment. Where relevant, record the reason why a decision was made to exclude a particular strategy listed in these Guidelines.

### In-school settings

It is recommended that school staff determine which strategies set out below for various in-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the school, and the general school environment.



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### Classrooms

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

### Yard

1.	If a school has a student who is at risk of anaphylaxis, sufficient school staff on yard duty must be trained in the administration of the adrenaline autoinjector (i.e. EpiPen®) and be able to respond quickly to an allergic reaction if needed.
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2.	The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis must be easily accessible from the yard, and staff should be aware of their exact location. ( <b>Remember that an anaphylactic reaction can occur in as little as a few minutes</b> ). Where appropriate, an adrenaline autoinjector may be carried in the school's yard duty bag.
3.	Schools must have an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the school's emergency response procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4.	Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with severe allergies to insects should be encouraged to stay away from water or flowering plants. School staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6.	Keep lawns and clover mowed and outdoor bins covered.
7.	Students should keep drinks and food covered while outdoors.

### Special events (e.g. sporting events, incursions, class parties, etc.)

1.	If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector to be able to respond quickly to an anaphylactic reaction if required.
2.	School staff should avoid using food in activities or games, including as rewards.
3.	For special events involving food, school staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at school or at a special school event.
5.	Party balloons should not be used if any student is allergic to latex.



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| 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. 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.</p> <p>Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them to events outside their own school.</p> |
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### Out-of-school settings

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

#### Travel to and from school by school bus

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| 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 autoinjector. The adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this child is deemed too young to carry an adrenaline autoinjector on their person at school.</p> |
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#### Field trips/excursions/sporting events

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|----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. | <p>If a school has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.</p> |
| 2. | <p>A school staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.</p>                       |
| 3. | <p>School staff should avoid using food in activities or games, including as rewards.</p>                                                                                                                                                                  |
| 4. | <p>The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.</p>                              |



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5.	<p>For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.</p> <p>All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.</p>
6.	<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 the 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.	<p>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.</p>
9.	<p>If the field trip, excursion or special event is being held at another school then that school should be notified ahead of time that a student at risk of anaphylaxis will be attending, and appropriate risk minimisation strategies discussed ahead of time so that the roles and responsibilities of the host and visiting school are clear.</p> <p>Students at risk of anaphylaxis should take their own adrenaline autoinjector with them to events being held at other schools.</p>

### Camps and remote settings

1.	<p>Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.</p>
2.	<p>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.</p>
3.	<p>Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.</p>



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4.	Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
5.	School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. <b>If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care.</b>
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 students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
10.	The student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone <b>must</b> be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.  All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.
11.	Contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp.
12.	It is strongly recommended that schools take an adrenaline autoinjector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.
13.	Schools should consider purchasing an adrenaline autoinjector for general use to be kept in the first aid kit and include this as part of the emergency response procedures.



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14.	Each student's adrenaline autoinjector should remain close to the student and school staff must be aware of its location at all times.
15.	The adrenaline autoinjector should be carried in the school first aid kit; however, schools can consider allowing students, particularly adolescents, to carry their adrenaline autoinjector on camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own adrenaline autoinjector.
16.	Students with allergies to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
17.	Cooking and art and craft games should not involve the use of known allergens.
18.	Consider the potential exposure to allergens when consuming food on buses and in cabins.

### School planning and emergency response

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

Emergency Response Procedures relating to anaphylactic reactions including:

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

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

In the event of an anaphylactic reaction, the student's ASCIA Action Plan for Anaphylaxis, the emergency response procedures for anaphylaxis and general first aid procedures must all be followed.

### Role and responsibilities of principals

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



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	<p>Ensure that the school develops, implements and routinely reviews its School Anaphylaxis Management Policy in accordance with the Order and these Guidelines.</p>
	<p>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).</p>
	<p>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.</p>
	<p>Ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents for any student that has been diagnosed by a medical practitioner with a medical condition relating to allergy and the potential for an anaphylactic reaction, where the school has been notified of that diagnosis.</p> <p>This includes ensuring the documentation of practical strategies for activities in both in-school and out-of-school settings to minimise the risk of exposure to allergens, and the nomination of staff who are responsible for implementing those strategies. The risk minimisation plan should be customised to each particular student for participation in normal school activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate/overseas trips). Ensure students' Individual Anaphylaxis Management Plans are appropriately communicated to all relevant staff.</p>
	<p>Ensure that the canteen provider and all of its employees can demonstrate satisfactory training in the area of food allergy and anaphylaxis and its implications for food-handling practices. This includes careful label reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies. Further information on food service management is available at:</p> <p><a href="http://www.allergyfacts.org.au/shop/category/16-food-preparation-tools">www.allergyfacts.org.au/shop/category/16-food-preparation-tools</a></p>



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	<p>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. ^Monthly audits will be carried out and parents notified if pens are due to expire with in the next 6 months.</p>
	<p>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.</p>
	<p>Ensure there are procedures in place for providing information to school volunteers and casual relief staff about:</p> <ul style="list-style-type: none"><li>• students who are at risk of anaphylaxis, and</li><li>• their role in responding to an anaphylactic reaction of a student in their care.</li></ul> <p>Casual relief staff regularly employed at the school should be encouraged to undertake the ASCIA anaphylaxis e-training for Victorian schools.</p>
	<p>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).</p>
	<p>Ensure that school staff who are appointed as School Anaphylaxis Supervisor(s) are appropriately trained in the <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i> (every 3 years).</p>



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	<p>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:</p> <ul style="list-style-type: none"><li>• the school's Anaphylaxis Management Policy</li><li>• the causes, symptoms and treatment of anaphylaxis</li><li>• the identities of students diagnosed as being at risk of anaphylaxis and the location of their medication</li><li>• how to use an adrenaline autoinjector, including hands-on practice with an adrenaline autoinjector trainer device (which does not contain adrenaline)</li><li>• the school's general first aid and emergency procedures</li><li>• the location of adrenaline autoinjector devices prescribed for individual students that have been purchased by their family</li><li>• the location of adrenaline autoinjector devices that have been purchased by the school for general use.</li></ul>
	<p>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 drills6 monthly drills to test the effectiveness of the school's general first aid procedures.</p>
	<p>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.</p>
	<p>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.</p>
	<p>Ensure the Risk Management Checklist for anaphylaxis is completed and reviewed annually.</p>
	<p>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).</p>



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### Role and responsibilities of school staff

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

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

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



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| 14. | Raise student awareness about allergies and anaphylaxis, and the importance of each student's role in fostering a school environment that is safe and supportive for their peers. |
|-----|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Role and responsibilities of the School Anaphylaxis Supervisor

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

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

1.	Work with principals to develop, implement and regularly review the school's Anaphylaxis Management Policy.
2.	Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an adrenaline autoinjector (i.e. EpiPen®). At a minimum, have currency in the <i>Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i> (every 3 years) and the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> (every 2 years).
3.	Verify the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the <i>ASCIA Anaphylaxis e-training for Victorian Schools</i> .
4.	Provide access to the adrenaline autoinjector (trainer) device for practice by school staff.
5.	Send reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to maintain records of training undertaken by staff at the school.
6.	Lead the twice-yearly anaphylaxis school briefing.
7.	Develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment for example: 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. and expiry dates.



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10.	<p>Work with principals, parents and students to develop, implement and review each Individual Anaphylaxis Management Plan to:</p> <ul style="list-style-type: none"><li>ensure that the student's emergency contact details are up-to-date</li><li>ensure that the student's ASCIA Action Plan for Anaphylaxis matches the student's supplied adrenaline autoinjector</li></ul> <p>Every 6 months 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</p> <p>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</p> <p>ensure that the student's adrenaline autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place</p> <p>ensure that a copy of each student's ASCIA Action Plan for Anaphylaxis is stored with that student's adrenaline autoinjector.</p>
11.	<p>Provide advice and guidance to school staff about anaphylaxis management in the school, and undertake regular risk identification and implement appropriate minimisation strategies.</p>
12.	<p>Work with school staff to develop strategies to raise their own, students and school community awareness about severe allergies.</p>
13.	<p>Provide or arrange post-incident support (e.g. counselling) to students and school staff, if appropriate.</p>

### 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.	<p>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.</p>
2.	<p>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.</p>
3.	<p>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.</p>
4.	<p>Provide the school with an up to date photo for the student's ASCIA Action Plan for Anaphylaxis when the plan is reviewed.</p>
5.	<p>Meet with and assist the school to develop the student's Individual Anaphylaxis Management Plan, including risk minimisation and management strategies.</p>



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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.

### What should we do if someone has an anaphylactic reaction?

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

#### Self-administration of the adrenaline autoinjector

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

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

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

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

#### Responding to an incident



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

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

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

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

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by). The ambulance should transport the student by stretcher to the ambulance, even if symptoms appear to have improved or resolved. The student must be taken to the ambulance on a stretcher if adrenaline has been administered.

### In the school environment

- Classrooms - schools may use classroom phones/personal mobile phones to raise the alarm that a reaction has occurred. Some schools may decide to utilise an emergency card system (laminated card stating anaphylaxis emergency), whereby students go to the nearest teacher, office or other predetermined point to raise an alarm which triggers getting an adrenaline autoinjector to the child and other emergency response protocols.
- Yard - schools may use mobile phones, walkie talkies or a card system while on yard duty. Consideration needs to be given to the size of the campus, the number and age of students at risk, where first aiders will be stationed during lunch breaks etc.

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

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

### Out-of-school environments

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



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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.	<b>Immediately</b> 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 <b>severe symptoms</b> 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.	<b>Then</b> contact the student's emergency contacts.



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6.	<b>For Government and Catholic schools - later</b> , contact Security Services Unit, Department of Education and Training to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).
7.	<b>For independent schools - later</b> , enact your school's emergency and critical incident management plan.

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

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

### First-time reactions

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

This should include immediately:

locating and administering an adrenaline autoinjector for general use

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

Followed by calling the ambulance (000).

### Post-incident support

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

### Review

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

1.	The adrenaline autoinjector must be replaced by the parent as soon as possible.
2.	In the meantime, the principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector being provided by the parents.
3.	If the adrenaline autoinjector for general use has been used this should be replaced as soon as possible.
4.	In the meantime, the principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement adrenaline autoinjector for general use being provided.
5.	The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents.



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| 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. |
|----|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

### Adrenaline autoinjectors for general use

The principal will purchase adrenaline autoinjector(s) for general use (purchased by the school) and as a back up to those supplied by parents.

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

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

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

### Communication Plan

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

Communication Plan provides information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy.

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

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

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

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

1. adequately trained (either through face-to face or online training)
2. **AND**
3. briefed at least twice per calendar year through an in-house school briefing.



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### Raising staff awareness

Principal to arrange for **all** school staff to be briefed at least twice per year by a staff member who has current anaphylaxis management training. In addition, the School Anaphylaxis Supervisor(s) or other designated staff member(s) be responsible for briefing all volunteers and casual relief staff, and new school staff (including administration and office staff, canteen staff, sessional teachers, and specialist teachers) on the above information and their role in responding to an anaphylactic reaction experienced by a student in their care.

### Raising student awareness

Peer support is an important element of support for students at risk of anaphylaxis. School staff can raise awareness in their school through fact sheets or posters displayed in hallways, canteens and classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages such as the following:

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

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

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

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

[www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx](http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx)

### Work with parents

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



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Aside from implementing practical risk minimisation strategies, the anxiety that parents and students is considerably reduced by regular communication and increased education, awareness and support from the school community.

### Raising school community awareness

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

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

[www.rch.org.au/allergy/parent\\_information\\_sheets/Parent\\_Information\\_Sheets/](http://www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/)

### Organisations providing information and resources

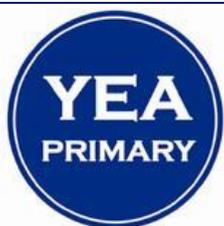
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- **Royal Children's Hospital Anaphylaxis Advisory Line** provides advice and support on implementing anaphylaxis legislation to schools, early childhood education and care services and Victorian children's services. The Anaphylaxis Advisory Line is available between the hours of 8:30 a.m. to 5:00 p.m., Monday to Friday. Phone 1300 725 911 (toll free) or (03) 9345 4235. Further information is available at: [www.rch.org.au/allergy/advisory/anaphylaxis\\_Support\\_advisory\\_line/](http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/)
- **Australasian Society of Clinical Immunology and Allergy (ASCIA)** is the peak medical body for allergy and immunology. ASCIA provides information about allergies for health professionals, schools and the broader community. ASCIA anaphylaxis e-training provides ready access to anaphylaxis management education throughout Australia and New Zealand, at no charge. All staff at all Victorian schools are strongly encouraged to complete the ASCIA anaphylaxis e-training for Victorian schools. Further information is available at: [www.allergy.org.au/](http://www.allergy.org.au/)
- **Allergy & Anaphylaxis Australia** is a national non-profit organisation that raises awareness of allergy and anaphylaxis in the Australian community. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. A free online curriculum resource is also available. Further information is available at: [www.allergyfacts.org.au/allergy-and-anaphylaxis](http://www.allergyfacts.org.au/allergy-and-anaphylaxis)
- **Royal Children's Hospital, Department of Allergy and Immunology** provide information about allergies and the services provided by the hospital. Further information is available at: [www.rch.org.au/allergy/](http://www.rch.org.au/allergy/)
- **EpiClub** provides a wide range of resources and information for managing the use and storage of the adrenaline autoinjector device EpiPen®. They also provide a free service that sends a reminder by email, SMS or standard mail prior to the expiry date of an EpiPen®. Further information is available at: [www.epiclub.com.au](http://www.epiclub.com.au)

### Annual risk management checklist

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

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



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## Anaphylaxis Management Policy

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<b>Date Implemented</b>	22/5/2017
<b>Author</b>	F Joseph
<b>Approved By</b>	School Council
<b>Approval Authority</b>	15/5/2017
<b>School Council President</b>	Sign  Amanda Jolly  Date
<b>Principle</b>	Sign  Deborah George  Date
<b>Date Reviewed</b>	15/5/2017
<b>Responsible for Review</b>	D George
<b>Review cycle</b>	Tri -Annual
<b>Review Date</b>	2018
<b>References</b>	Ministerial Order 706 – Anaphylaxis Management in Schools <a href="http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx">Anaphylaxis Guidelines for Victorian Schools</a> <a href="http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx">http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisschl.aspx</a>