



**Cheder
Levi Yitzchok**
חינוך על טהרת הקודש

ANAPHYLAXIS MANAGEMENT POLICY

OBJECTIVE

Cheder Levi Yitzchok will fully comply with Ministerial Order No. 706 and respective Guidelines as published and amended by the Department from time to time.

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The key to prevention of anaphylaxis in schools is knowing who has been diagnosed as being at risk, being aware of triggers (allergens) and prevention of exposure to these triggers.

Partnerships between schools and parents/guardians are important in ensuring that certain foods or items are kept away from the students while they are at school.

Adrenaline given through an Adrenaline Auto-injector (Epi-Pen® or Epi-Pen® Jnr) to the muscle of the outer mid-thigh is the First Aid treatment for anaphylaxis.

At Cheder Levi Yitzchok, we aim to:

- Provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the students' schooling.
- Raise awareness about food and insect allergens, and the risk of anaphylaxis and the school's Anaphylaxis Management Policy within the school community.
- Engage with parents/carers of each student at risk of anaphylaxis in assessing risks, developing Risk Minimisation Strategies and specific management strategies for the student.

- Ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction. This will take place via twice-yearly briefings of all staff with the first of each calendar year to be held at the beginning of the school year

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLANS

Please refer to **Appendix B** of this document - **Individual Anaphylaxis Management Plan**.

The Principal must ensure that an Individual Anaphylaxis Management Plan (IAMP) 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 but before they commence their first day of schooling at the school.

The Individual Anaphylaxis Management Plan will set out the following:

- Information about the student's medical condition that relates to the allergy.
- The 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 school staff, within the in-school and out-of-school hours settings. This includes, but is not limited to, the school yard, school camps and excursions, or special events conducted, organised or attended by the School.

ANAPHYLAXIS MANAGEMENT POLICY

Please refer to **Appendix C** of this document - **Anaphylaxis Prevention Strategies**.

1. Persons responsible for implementing the strategies are the Principal and the First Aid Officer. The Principal is responsible for ensuring that relevant staff are trained in accordance with Ministerial Order 706.
2. The Principal is responsible for arranging the purchase of additional adrenaline auto-injectors for general use and as a back-up to those supplied by the parents. Cheder Levi Yitzchok will buy an additional 3 adrenaline auto-injectors for general use if there is a child enrolled at the school with anaphylaxis.
3. The Principal will consider the following factors when purchasing adrenaline auto-injectors for general use:
 - a. The availability of a sufficient supply of adrenaline auto-injectors for general use in specified locations at the school, including the school yard, at excursions, camps and special events conducted, organised or attended by the school.
 - b. The adrenaline auto-injectors have a limited life, usually expire within 12-18 months. They will need to be replaced at the school's expense, either at the time of use or expiry, whichever comes first.
 - c. The number of students enrolled that have been diagnosed with the potential for anaphylactic reaction
 - d. Accessibility of adrenaline auto-injectors that have been provided by parents
4. The student's medication information will be stored in the School Office.
5. The student's emergency contact details will be stored in the Main Office and the classroom.
6. An Emergency Procedures Plan (ASCIA Action Plan) provided by the parent, that:
 - sets out the emergency procedures to be taken in the event of an allergic reaction;
 - is signed and dated by a medical practitioner who is treating the student;
 - outlines a specific Emergency Procedures Plan; and
 - includes an up-to-date photograph of the student, which is displayed in the First Aid Room, Main Foyer, Staffrooms and the child/ren's Classroom.

7. The Emergency information will also be attached to the yard duty First Aid bags.

Please refer to **Appendix D** of this document - **ASCIA Action Plan**.

The Student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents / carers:

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

It is the responsibility of the parents to:

- provide the Emergency Procedures Plan (ASCIA Action Plan);
- inform the school in writing if their child's medical condition changes and if relevant, provide an updated Emergency Procedures Plan (ASCIA Action Plan);
- provide an up-to-date photo for the Emergency Procedures Plan (ASCIA Action Plan) each time the Plan is provided to the school and when it is reviewed; and
- provide the School with an Adrenaline Auto-Injector, for use by their child. The Adrenaline Auto-Injector must be current and not past its expiry date.

SCHOOL MANAGEMENT AND EMERGENCY RESPONSE

Please refer to **Appendix C** of this document.

At Cheder Levi Yitzchok, we will have:

- a complete and up-to-date list of students identified as having a medical condition that relates to allergy and the potential for an anaphylactic reaction;
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these can be located including:
 - in the Student's classroom;
 - in the school yard;
 - in all school buildings and sites, including (but not limited to) the Multi-Purpose Room;
 - on school excursions;
 - on school camps; and
 - at Special Events conducted, organised or attended by the School.
- an outline of the storage and accessibility of Adrenaline Auto-Injectors, including those for general use; and
- details of how communication with School Staff, Students and Parents will occur.

COMMUNICATION PLAN

The Principal and First Aid Officer will be responsible for ensuring that a Communication Plan is developed to provide information to all staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy.

The Communication Plan will include information about the steps that will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, in all school buildings including the Multi-Purpose Room, on school excursions, on school camps and at special events conducted, organised or attended by the school.

Volunteers and casual relief staff working with students at risk of anaphylaxis will be informed and their role explained in responding to an anaphylactic reaction by a student in their care by the Principal.

STAFF TRAINING

All staff will be briefed twice annually, with the first session to be held at the beginning of the school year, by the First Aid Officer who has up-to-date Anaphylaxis Management Training on the:

- causes, symptoms and treatment of anaphylaxis;
- school's Anaphylaxis Management Policy;
- school's First Aid and Emergency Response Procedures;
- identities of students diagnosed at risk of anaphylaxis and the location of their medication;
- location of Adrenaline Auto-Injectors that have been provided by parents; and
- use of an Adrenaline Auto-Injector, including hands-on practice with a trainer device.

Teachers and other school staff who conduct classes that students at risk of anaphylaxis attend, or who give instruction to students at risk of anaphylaxis, must have *up-to-date* training in an Anaphylaxis Management Training Course. *Up-to-date* refers to a training course completed in the last 12 months.

At other times while the student is under the care or supervision of the school, including excursions, yard duty, camps and special event days, the Principal must ensure that there is a sufficient number of staff present who have up-to-date training. In this instance, up-to-date training refers to training that has been completed within the past 3 years prior.

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

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

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

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

Who is required to undertake anaphylaxis management training?

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

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

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

The Order states that these school staff must:

- successfully complete an anaphylaxis management training course (either online or face-to-face) and
- participate in the school's twice yearly briefings, the first of which will be held at the beginning of the school year, conducted by the School Anaphylaxis Supervisor or another member of staff nominated by the

Principal who has completed an approved anaphylaxis management training course in the past two years.

How soon must the training take place?

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

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

What type of training should be undertaken?

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

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

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

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

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

Completion of the online training course alone is not sufficient to meet the requirements of the Order. An appropriately qualified supervisor (for example, a School Anaphylaxis Supervisor, discussed in more detail below) will also need to assess a person's competency in the

administration of an adrenaline autoinjector. For more details about competency checks, please refer to the information below.

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

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

To access the ASCIA Anaphylaxis e-training for Victorian Schools go to:
<https://etrainingvic.allergy.org.au/>

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

Competency Check for Online Training Course

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

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

The Asthma Foundation has been contracted by the Department to deliver training in the Course in Verifying the Use of Adrenaline Autoinjector Devices 22303VIC in 2016. Schools will be notified of training sessions scheduled across Victoria and asked to register **two staff** per

school or campus to attend. Training in this course is current for three years.

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

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

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

School Anaphylaxis Supervisor Role

Each Supervisor will:

- ensure they have currency in the Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC (every 3 years) and the ASCIA Anaphylaxis e-training for Victorian Schools (every 2 years)
- ensure that they provide the Principal with documentary evidence of currency in the above courses
- assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools
- send periodic reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to ensure records of the anaphylaxis training undertaken by all school staff are stored on-site at the school
- provide access to the adrenaline autoinjector (trainer) device for practice use by school staff
- provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required
- liaise with parents or guardians (and, where appropriate, the student) to manage and implement Individual Anaphylaxis Management Plans
- liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school
- lead the twice-yearly anaphylaxis school briefing, the first session to be held at the beginning of the school year

- develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment; for example:
 - a bee sting occurs on school grounds and the allergic student is conscious
 - an allergic reaction where the student has collapsed on school grounds and the student is not conscious.
- develop similar scenarios for when staff are demonstrating the correct use of the adrenaline autoinjector (trainer) device.

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

(b) Face-to-face training

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

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

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

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

Twice-yearly school briefings

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

training course in the previous 2 years. This ensures that the designated staff member conducting the anaphylaxis briefing has current knowledge relating to anaphylaxis management and, importantly, in the correct use of an adrenaline autoinjector.

The briefing should include information on:

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

A template presentation for the briefing can be downloaded from the Department's website:

www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxisch.html.aspx

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

The Principal will identify the school staff to be trained based on a risk assessment.

Please refer to **Appendix E** of this document - **Anaphylaxis Risk Management Checklist**.

Staff will be provided with twice-yearly training and briefings with the first of these to occur at the beginning of the school year. The contents of the staff briefings is detailed at 11.2.1, and will include:

- The Schools Anaphylaxis Management Policy
- The location of, and access to adrenaline auto-injectors that have been provided by the parents or purchased by the school for general use.
- Training will be provided to these staff as soon as practicable after a new student enrolls. Wherever possible, training will take place before the student's

first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents.

Cheder Levi Yitzchok's First Aid procedures, the student's Emergency Procedures Plan (ASCIA Action Plan) and the Schools Emergency Management Procedures will be followed in responding to an anaphylactic reaction.

APPENDICES

Appendix A Anaphylaxis Emergency Response

Appendix B Individual Anaphylaxis Management Plan

Appendix C Anaphylaxis Prevention Strategies

Appendix D ASCIA Action Plan

Appendix E Annual Risk Management Checklist

Appendix F Communication Plan



APPENDIX A

EMERGENCY RESPONSE

ANAPHYLAXIS EMERGENCY RESPONSE

RESPONDING TO AN ANAPHYLACTIC REACTION IN THE SCHOOLYARD

- Lay the child down. Do not allow him to stand or walk. If breathing is difficult, allow him to sit.
- For an insect allergy, flick out the sting, if it is visible.
- Administer the child's personal adrenaline auto-injector, if the
- child is carrying it.
- The teacher on duty must stay with the student and either use his/her mobile phone to dial 000
- A student or available adult is to be sent with a verbal message to the office to obtain assistance.
- Health Centre or office staff will locate the student's assigned adrenaline auto-injector from first aid room and Anaphylaxis Emergency Response Kit, which contains an unassigned adrenaline auto-injector, and will take it to the student.
- The adrenaline auto-injector should be delivered without delay
- and the ASCIA Action Plan followed (noting time delivered).
- The child's parents/guardians should be contacted.
- If another adrenaline auto-injector is available, a further adrenaline dose may be given if there is no response after five minutes.

RESPONDING TO AN ANAPHYLACTIC REACTION IN THE CLASSROOM

- Lay the child down. Do not allow him to stand or walk. If breathing is difficult, allow him to sit.
- For an insect allergy, flick out the sting, if it is visible.
- The child's teacher must remain with the child and call 000 on his/her mobile phone or the class telephone.
- A student or available adult is to be sent with a verbal message to the office to obtain assistance.
- Health Centre or office staff will locate the student's assigned adrenaline auto-injector from First Aid Room and Anaphylaxis Emergency Response Kit, which contains an unassigned adrenaline auto-injector, and will take it to the student.
- The adrenaline auto-injector should be delivered without delay and the ASCIA Action Plan followed (noting time delivered)
- The child's parents/guardians should be contacted.

- If another adrenaline auto-injector is available, a further adrenaline dose may be given if there is no response after five minutes.

RESPONDING TO AN ANAPHYLACTIC REACTION ON SCHOOL TRIPS OR EXCURSIONS

The staff in charge of the person at risk of anaphylaxis is responsible for knowing the location of the adrenaline auto-injector, and ensuring that in the event of an anaphylactic reaction, the ASCIA Action Plan is followed and the adrenaline auto-injector is administered promptly.

If it is indicated on a person's medical card that a potentially lifesaving medication may be required during a trip or excursion, and the person does not bring the medication on the day of departure, he will not be permitted to attend the trip or excursion.

Staff must be mindful that they still have a duty of care to the student, even if the student is carrying his own adrenaline autoinjector.

For more information, please see:

- Trip and Excursion building procedure
- Emergency Response Document

RESPONDING TO AN ANAPHYLACTIC REACTION AT A SPORTING OR OTHER SPECIAL EVENT

All staff responsible for a group/class/team of students should be aware of any serious medical conditions of students in their groups.

The teachers-in-charge of sports, services and other activities are responsible for ensuring that the SIS is checked for any information regarding medical conditions of students in their area of activity.

This may be delegated to other appropriate staff.

Students at risk of anaphylaxis must carry their adrenaline autoinjector(s), antihistamine and ASCIA Action Plans to any event they attend.

Staff in charge of students at risk of anaphylaxis should carry a fully charged mobile phone.

Adrenaline auto-injector(s) must remain close to the student; i.e., in the centrally located first aid kit, or in a first aid bag carried by the student/teacher in charge if the student is participating in a small group

activity. Staff must be aware that they still have a duty of care to the student, even if the student is carrying his own adrenaline auto-injector.

It is important to be aware that during an anaphylactic emergency students' thought processes may be adversely affected, and they may be uncooperative or unable to administer their own devices.

In the event of an anaphylactic reaction, staff members must follow the Schools First Aid Procedures, the ASCIA Action Plan for anaphylaxis and the Schools Emergency Management Procedures.

The Adrenaline Auto-injector should be administered in accordance with the instructions in the student's ASCIA Action Plan.

The student's adrenaline auto-injector will be kept in the student's classroom inside the medication box. Additional adrenaline auto-injectors will be bought for general use and will be kept in the following places:

- First Aid Room
- Excursion/camp medical bag
- With the teacher on playground duty in the First Aid bag

How to administer an EpiPen®

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

If an Adrenaline Auto-injector is administered, the School must:

1. **Immediately** call an ambulance (☎ 000 or ☎ 112).

2.	Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3.	Reassure the student experiencing the reaction. They are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere.
4.	In the situation where there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five (5) minutes, if a second Auto-injector is available (such as the Adrenaline Auto-injector for General Use).
5.	Contact the student's emergency contacts.
6.	Enact your school's Emergency and Critical Incident Management Plan.

Review

The policy will be reviewed annually by:

- Management
- Employee input
- Interested Parties

Last reviewed: <March 2022>

Date for next review: <March 2023>



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**PHOTO OF
STUDENT**

APPENDIX B

INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN

This plan is to be completed by the Principal on the basis of information from the Student's Medical Practitioner (ASCIA Action Plan for Anaphylaxis) provided by the parent.

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

STUDENT'S DETAILS

Student's Full Name:	
DOB:	Year level:
Severely allergic to:	
Other health conditions:	
Medication at school:	

PARENTS' CONTACT DETAILS

Mother's Contact Details	Father's Contact Details
Name:	Name:
Home:	Home:
Work:	Work:
Mobile:	Mobile:
Address:	Address:

EMERGENCY CONTACT PEOPLE (OTHER THAN PARENTS)

Emergency Contact 1	Emergency Contact 2
Name:	Name:
Relationship:	Relationship:
Home:	Home:
Work:	Work:
Mobile:	Mobile:
Address:	Address:

MEDICAL PRACTITIONER'S DETAILS

Doctor's Name:
Address:
Phone Number:

EMERGENCY CARE AT SCHOOL

Emergency care to be provided at school:	
Storage of adrenaline Auto-Injector (device specific) (EpiPen®):	

ENVIRONMENT

To be completed by Principal or nominee. Please consider each environment / area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.

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

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

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

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

Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines.

I have been consulted in the development of this Individual Anaphylaxis Management Plan. I consent to the risk minimisation strategies proposed.

Signature of parent:

Date:

I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

Signature of Principal / Nominee:

Date:

APPENDIX C

RISK MINIMIZATION AND PREVENTION STRATEGIES

IN-SCHOOL SETTINGS

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

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Auto-injector is kept in another location.
2.	Liaise with Parents about food-related activities 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. 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.	Among other examples: <ul style="list-style-type: none"> • Products labelled '<i>may contain traces of nuts</i>' should not be served to students allergic to nuts. • Products labelled '<i>may contain milk or egg</i>' should not be served to students with milk or egg allergy.
7.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (eg. egg or milk cartons, empty peanut butter jars).

Classrooms

8. Ensure that all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
10. A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Auto-injector, the School's Anaphylaxis Management Policy and each individual person's responsibility in managing an incident, such as seeking a trained staff member.

Canteens

1. Canteen staff (whether internal or external) 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:
 - **Safe Food Handling** in the School Policy and Advisory Guide, available at:
www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx
 - Helpful resources for food services:
<http://www.allergyfacts.org.au/component/virtuemart/>
2. Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course, as soon as practical, after a student enrolls.
3. Display the student's name and photo in the canteen as a reminder to School Staff.

Canteens	
4.	Products labelled ' <i>may contain traces of nuts</i> ' should not be served to students allergic to nuts.
5.	Canteens should provide a range of healthy meals / products that exclude peanut or other nut products in the ingredient list or a ' <i>may contain...</i> ' statement.
6.	Make sure that tables and surfaces are wiped down with warm soapy water regularly.
7.	Food banning is not generally recommended. Instead, 'No Sharing' with students with a known food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (eg. hazelnuts, cashews, almonds, etc.), including chocolate / hazelnut spreads.
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.

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 Auto-injector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction, if needed.
2.	The Adrenaline Auto-injector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard and staff should be aware of their exact location. (👉 Remember: that an anaphylactic reaction can occur in as little as a few minutes).
3.	Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of 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 anaphylactic responses 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 (eg. 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 Auto-injector to be able to respond quickly to an anaphylactic reaction, if required.
2. School Staff should avoid using food in activities or games, including as rewards.
3. For special occasions, 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.

OUT-OF-SCHOOL SETTINGS

It is recommended that school staff 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.

Travel to and from school by bus

1. School Staff should consult with Parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from School on the bus.

This includes the availability and administration of an Adrenaline Auto-injector. The Adrenaline Auto-injector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Auto-injector on their person at School.

Field trips/excursions/sporting events

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

Field trips/excursions/sporting events

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 anaphylactic students attending, the nature of the excursion / sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.

All School Staff members present during the 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.

6. The school should consult parents of anaphylactic students in advance to discuss issues that may arise, to develop an alternative food menu or request the parents provide a meal (if required).

7. Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.

8. Prior to the excursion taking place school staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps and remote settings

1. Prior to engaging a camp owner / operator's services the school should make enquiries as to whether it can provide food that is safe for anaphylactic students.

If a camp owner / operator 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.


Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
4. Schools should conduct a Risk Assessment and develop a Risk Management Strategy for students at risk of anaphylaxis.

This should be developed in consultation with parents of students at risk of anaphylaxis and camp owner s /operators prior to the camp dates.
5. School Staff should consult with parents 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.

Camps and remote settings

- | | |
|-----|--|
| 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 also consider alternative means for providing food for those students. |
| 7. | Use of substances containing allergens should be avoided, where possible. |
| 8. | <p>Camps should avoid stocking peanut or tree nut products, including nut spreads.</p> <p>Products that '<i>may contain traces of nuts</i>' may be served but not to students who are known to be allergic to nuts.</p> |
| 9. | <p>The student's Adrenaline Auto-injector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp.</p> <p>If mobile phone access is not available, an alternative method of communication in an emergency must be considered, eg. a satellite phone.</p> |
| 10. | 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. |
| 11. | <p>School staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction.</p> <p>Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all school staff participating in the camp are clear about their roles and responsibilities.</p> |

Camps and remote settings	
12.	<p>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.</p> <p>Ensure contact details of emergency services are distributed to all school staff as part of the Emergency Response Procedures developed for the camp.</p>
13.	Schools should consider taking an Adrenaline Auto-injector for General Use on a school camp, even when there is no student (at risk of anaphylaxis) attending, as a back-up device in the event of an emergency.
14.	Schools should consider purchasing an Adrenaline Auto-injector for General Use to be kept in the First Aid Kit and including this as part of the Emergency Response Procedures.
15.	The Adrenaline Auto-injector should remain close to the student. School staff must be aware of the location of the Adrenaline Auto-injector at location at all times.
16.	<p>The Adrenaline Auto-injector should be carried in the school First Aid Kit. However, schools can consider allowing students, particularly adolescents, to carry their Adrenaline Auto-injector on camp.</p> <p> Remember: all school staff members still have a duty of care towards the student even if they do carry their own Adrenaline Auto-injector.</p>
17.	Students with anaphylactic responses 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.
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

1. Review and consider the strategies listed under **Field Trips/Excursions/Sporting Events** and **Camps and Remote Settings**.

Where an excursion or camp is occurring overseas, schools should involve parents in discussions regarding risk management well in advance.
2. Investigate the potential risks at all stages of the overseas travel such as:
 - travel to and from the airport or port;
 - travel to and from Australia (via aeroplane, ship etc);
 - various accommodation venues;
 - all towns and other locations to be visited;
 - sourcing safe foods at all of these locations;
 - risks of cross contamination, such as exposure to the foods of the other students;
 - hidden allergens in foods;
 - whether the table and surfaces that the student may use will be adequate cleaned to prevent a reaction; and
 - whether the other students will wash their hands when handling food.
3. Assess where each of these risks can be managed using minimisation strategies such as:
 - translation of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan;
 - sourcing safe foods, at all stages;
 - obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited;
 - obtaining emergency contact details; and
 - sourcing the ability to purchase additional Auto-injectors.


Overseas travel

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:
 - there are sufficient school staff attending the excursion who have been trained in accordance with Chapter 12;
 - there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;
 - there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and
 - staff / student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

Overseas travel

6. The School should re-assess its Emergency Response Procedures, and if necessary adapt it to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:
- dates of travel;
 - name of airline, and its relevant contact details;
 - itinerary detailing the proposed destinations, flight information and the duration of the stay in each location;
 - hotel addresses and telephone numbers;
 - proposed means of travel within the overseas country;
 - list of students and each of their medical conditions, medication and other treatment (if any);
 - emergency contact details of hospitals, ambulances, and medical practitioners in each location;
 - details of travel insurance;
 - plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans;
 - possession of a mobile phone or other communication device that would enable the school staff to contact emergency services in the overseas country, if assistance is required.

APPENDIX D



australian society of clinical immunology and allergy
www.allergy.org.au

ACTION PLAN FOR Anaphylaxis

Name: _____ For use with **EpiPen®** adrenaline (epinephrine) autoinjectors

Date of birth: _____

Confirmed allergens: _____

Family/emergency contact name(s):

1. _____

Mobile Ph: _____

2. _____

Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np): _____

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by www.allergy.org.au

Signed: _____

Date: _____

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

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

ACTION FOR ANAPHYLAXIS

- 1 LAY PERSON FLAT - do NOT allow them to stand or walk**
- If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below
- If breathing is difficult allow them to sit with legs outstretched
- Hold young children flat, not upright

- 2 GIVE ADRENALINE AUTOINJECTOR**
- 3 Phone ambulance - 000 (AU) or 111 (NZ)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline may be given if no response after 5 minutes**
- 6 Transfer person to hospital for at least 4 hours of observation**

IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR


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

ALWAYS GIVE ADRENALINE AUTOINJECTOR FIRST, 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


Note: 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.

How to give EpiPen®



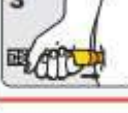
1

Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



2

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



3

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

EpiPen® is prescribed as follows:

- EpiPen® Jr (150 mcg) for children 7.5-20kg
- EpiPen® (300 mcg) for children over 20kg and adults



© ASCIA 2021 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.

APPENDIX E

Annual Risk Management Checklist

(reviewed at the start of each year)

Date of review:	
Who completed this checklist?	Name:
	Position:
Review given to:	Name
	Position
Comments:	
General information	
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an adrenaline Auto-injector?	
2. How many of these students carry their adrenaline Auto-injector on their person?	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how many students?	
If Yes, how many times?	
5. Has a staff member been required to administer an adrenaline Auto-injector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If Yes, how many times?	

SECTION 1: Training	
1. Have all school staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an approved Anaphylaxis Management Training Course, either: <ul style="list-style-type: none"> ASCIA e-training within the last 2 years, or accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Does your school conduct twice yearly briefings annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No
 If no, why not? This is a requirement for school registration?	
3. Do all school staff participate in a twice yearly briefing?	<input type="checkbox"/> Yes <input type="checkbox"/> No
 If no, why not? This is a requirement for school registration?	
4. Has your school trained a minimum of two (2) school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline Auto-injectors (EpiPen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Are your school staff being assessed for their competency in using adrenaline Auto-injectors (EpiPen®) within 30 day of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: Individual Anaphylaxis Management Plans	
1. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline Auto-injector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In canteens or during lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after school, in the school yard and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Do all students who carry an adrenaline Auto-injector on their person have a copy of their ASCIA Action Plan kept at the school (provided by the parent)? Where are the Action Plans kept? _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does the ASCIA Action Plan include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 2: Individual Anaphylaxis Management Plans

6. Have the Individual Management Plans (for students at risk of anaphylaxis) been reviewed prior to any off site activities (such as sport, camps or special events), and where appropriate reviewed in consultation with the student's parent(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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SECTION 3: Storage and accessibility of adrenaline Auto-injectors

1. Where are the student(s) adrenaline Auto-injectors stored? _____ _____ _____	
2. Do all school staff know where the school's adrenaline Auto-injectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are the adrenaline Auto-injectors stored at room temperature (not refrigerated)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Is the storage unlocked and accessible to school staff at all times? Comments: _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No


SECTION 3: Storage and accessibility of adrenaline Auto-injectors

<p>6. Are the adrenaline Auto-injectors easy to find?</p> <p>Comments:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>7. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline Auto-injector?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>8. Are the adrenaline Auto-injectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>9. Has someone been designated to check the adrenaline Auto-injector expiry dates on a regular basis?</p> <p>Who: _____</p> <p>_____</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>10. Are there adrenaline Auto-injectors which are currently in the possession of the school and which have expired?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>11. Has the school signed up to EpiClub or ANA-alert (optional free reminder services)?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>12. Do all school staff know where the adrenaline Auto-injectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>13. Has the school purchased adrenaline Auto-injector(s) for general use, and have they been placed in the school's First Aid Kit(s)?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>14. Where are these first aid kits located?</p> <p>_____</p> <p>_____</p> <p>_____</p>	

SECTION 3: Storage and accessibility of adrenaline Auto-injectors

15. Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the adrenaline Auto-injector for general use clearly labelled as the 'General Use' adrenaline Auto-injector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
17. Is there a register for signing adrenaline Auto-injectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 4: Prevention strategies

1. Have you completed a Risk Assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines?  If NO, record why not as this is a requirement for school registration? _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: School Management and Emergency Response

1. Does the school have procedures for emergency responses to anaphylactic reactions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 5: School Management and Emergency Response	
a. In the class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all school buildings and sites, including gymnasiums and halls?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as Sports Days) conducted, organised or attended by the school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Is there a designated person who will be sent to collect the student's adrenaline Auto-injector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you checked how long it will take to get to the adrenaline Auto-injector and the individual ASCIA Action Plan for Anaphylaxis to a student from various areas of the school including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline Auto-injector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline Auto-injector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Who will make these arrangements during excursions ?	

SECTION 5: School Management and Emergency Response	
b. Who will make these arrangements during school camps ?	
<hr/> <hr/> <hr/>	
c. Who will make these arrangements during sporting activities ?	
<hr/> <hr/> <hr/>	
9. Is there a process for post incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. Have all school staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction attend, and any other staff identified by the principal, been briefed on:	
a. The school's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an adrenaline Auto-injector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline Auto-injector, including hands on practise with a trainer adrenaline Auto-injector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The school's general first aid and emergency response procedures for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the adrenaline Auto-injector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline Auto-injectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No

SECTION 6: Communication Plan	
1. Is there a Communication Plan in place to provide information about anaphylaxis and the school's policies?	
a. To school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Is there a process for distributing this information to the relevant school staff? If YES, what is it? _____ _____ _____	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. How is this information kept up to date? _____ _____ _____	
4. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. What are they? _____ _____ _____	

APPENDIX F

ANAPHYLAXIS COMMUNICATION PLAN

1. INTRODUCTION

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

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

The Communication Plan must include procedures when informing volunteers and Casual Relief Staff of students with medical conditions that relate to an allergy and the potential for anaphylactic reaction. It must also outline their role in responding to an anaphylactic reaction by a student in their care.

In accordance with Chapter 12, it is the responsibility of the Principal of the School to ensure that the School Staff identified in Chapter 12 are:

- trained; and
- briefed at least twice per calendar year.

2. ANAPHYLAXIS GUIDELINES

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

The key to prevention of anaphylaxis in schools is knowledge, awareness and planning.

3. ANAPHYLAXIS SIGNS AND SYMPTOMS

3.1 MILD TO MODERATE ALLERGIC REACTION

The symptoms of a mild to moderate allergic reaction can include:

- swelling of the lips, face and eyes;
- hives or welts;
- abdominal pain; and/or
- vomiting.

3.2 SEVERE ALLERGIC REACTION

Symptoms of anaphylaxis (a severe allergic reaction) can include:

- difficulty breathing or noisy breathing;
- swelling of the tongue;
- swelling / tightness in the throat;
- difficulty talking;
- a hoarse voice;
- wheezing or persistent coughing;
- young children may appear pale and floppy;
- loss of consciousness; and/or
- collapse.

Symptoms usually develop within 10 minutes to one hour of exposure to an allergen but can appear within a few minutes.

4. HOW CAN ANAPHYLAXIS BE PREVENTED?

The key to prevention of anaphylaxis in schools is identifying and knowing the students who are at risk, awareness of triggers (allergens) and prevention of exposure to these.

5. HOW CAN ANAPHYLAXIS BE TREATED?

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

Children diagnosed as being at risk of anaphylaxis are prescribed adrenaline in an auto injector commonly known as the EpiPen®, for administration in an emergency.

Children under 20kg are prescribed an EpiPen® Junior, which has a smaller dosage of adrenaline.

The EpiPen® and EpiPen® Junior are designed so that anyone can use them in an emergency.

6. THE ROLE AND RESPONSIBILITIES OF THE SCHOOL PRINCIPAL AND DEPUTY PRINCIPAL(S)

The School Principal has overall responsibility for implementing strategies and processes for ensuring a safe and supporting environment for students at risk of anaphylaxis.

7. THE ROLE AND RESPONSIBILITIES OF THE FIRST AID OFFICER

The First Aid Officer is responsible for:

- Identifying students at risk of anaphylaxis based on the enrolment forms (in conjunction with the Principal's Secretary).
- Consulting with parents regarding the establishment and maintenance of Individual Anaphylaxis Management Plans including the Emergency Procedure Plan (ASCIA Action Plan).
- Maintaining records and First Aid records for students at risk of anaphylaxis.
- Storage and handling of the Primary EpiPen® whilst in Cheder Levi Yitzchok's safekeeping.
- Storage and handling of the generic EpiPen®s to be used as an adjunct to the Primary EpiPen®, in case of an emergency.
- Keeping a record of the expiry dates of student EpiPen®s and requesting, in writing, a replacement EpiPen® prior to expiry.
- Ensuring that EpiPen®s are available at major events away from the School, for example, Excursions.
- Distributing information regarding students at risk, to all staff.
- Displaying information regarding students at risk in appropriate locations within Cheder Levi Yitzchok premises.
- Where possible, taking control of the situation during an anaphylaxis reaction.

8. THE ROLES AND RESPONSIBILITIES OF ALL SCHOOL STAFF WHO ARE RESPONSIBLE FOR THE CARE OF STUDENTS AT RISK OF ANAPHYLAXIS

8.1 STAFF DUTY OF CARE

School staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from reasonably foreseeable risk of injury.

School staff may include (but is not limited to) administrators, casual relief staff and volunteers.

8.2 STAFF ROLES & RESPONSIBILITIES

Staff should:

- Know the identity of students who are at risk of anaphylaxis. At the start of each year, all staff will be notified by the Principal and First Aid Officer of the students at risk.
- Understand the causes, symptoms and treatment of anaphylaxis.
- Obtain training in how to recognise and respond to an anaphylactic reaction, including administering an EpiPen®.
- Know the school's First Aid Emergency Procedures and what their role will be when responding to an anaphylactic reaction.
- View and be familiar with the student's ASCIA Action Plan that is displayed in the staffroom and relevant classroom.
- Follow the ASCIA Action Plan in the event of an allergic reaction. Action Plans for individual students are also kept with their primary EpiPen®.
- Know that student's EpiPen®s are kept in the First Aid Room. Remember that the EpiPen® is designed so that anyone can administer it in an emergency.

- Know and follow the prevention strategies in the student's Individual Anaphylaxis Management Plan.
- Plan ahead for special class activities or special occasions such as excursions, incursions, sport days, camps and parties. Work with parents/guardians to provide appropriate food for the student.
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider alternative strategies.
- 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.
- Be mindful of the risk of cross contamination when preparing, handling and displaying food.
- Ensure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Raise student awareness about severe allergies and the importance of their role in fostering a school environment that is safe and supportive for their peers.
- Ensure that a student at risk of Anaphylaxis has access to their EpiPen® whenever they are off the school grounds on camps, excursions or special event days.

9. PREVENTION STRATEGIES

9.1 KEY TO PREVENTION

The key to prevention of anaphylaxis is the identification of triggers (allergens) and prevention of exposure to these. For those students who have been diagnosed with a severe allergy, there is a range of practical prevention strategies that schools can put in place to minimise exposure to known allergens.

9.2 FOOD BANS

Cheder Levi Yitzchok has a policy of awareness rather than prohibition.

Banning of food or other products is not recommended due to the possibility of encouraging complacency among staff and students, the presence of hidden allergens and the difficulty of monitoring and enforcing a ban.

It is preferred that the school community become aware of the risks associated with anaphylaxis and implements practical, age-appropriate strategies to minimize exposure to known allergens.

10. TRAINING AND EMERGENCY RESPONSE

10.1 DUTY OF CARE

Cheder Levi Yitzchok is responsible for providing First Aid facilities and sufficient staff who are trained to an appropriate level of competency in First Aid.

As part of the duty of care owed to students, teachers are required to administer First Aid when necessary and within the limits of their skill, expertise and training.

In the case of anaphylaxis, this includes following a student's ASCIA Action Plan and if necessary, administering an EpiPen®.

It should be noted that a teacher's duty is greater than that of an ordinary citizen in that a teacher is obliged to assist an injured student, while the ordinary citizen may choose to do nothing.

10.2 STAFF TRAINING

All staff will be briefed at least twice a year (the first brief will take place at the beginning of the school year) by the First Aid Officer. A core group of staff who have more specific contact with the students at risk of Anaphylaxis, will undergo training in an Anaphylaxis Management Training Course.

In the event of an anaphylactic reaction by a student, the staff member must **immediately call an ambulance on 000** and then, given the circumstances, the following steps are to be taken:

In the classroom or the yard:

- Send a staff member to notify First Aid Officer.
- First Aid Officer to take the student's Epipen® and the Generic Epipen®.
- Administer the Epipen® as per the Individual Anaphylaxis Action Plan
- Contact the Parents / Guardians.

At Special Events:

- Send a staff member to notify First Aid Officer.
- First Aid Officer to take the student's Epipen® and the Generic Epipen®
- Administer the Epipen® as per the Individual Anaphylaxis Management Plan.
- Contact the Parents/Guardians.

On Camps or Excursions

- Administer the Epipen® as per the Individual Anaphylaxis Management Plan.
- Notify the School First Aid Officer.
- Contact the Parents/Guardians.

10.3 HOW TO ADMINISTER THE EPIPEN®:

1. Remove the EpiPen® from its plastic container.
2. Form a fist around EpiPen® and pull off grey cap.
3. Place black end against outer mid-thigh.
4. Push down hard until a click is heard or felt and hold in place for 10 seconds.
5. Remove EpiPen® and be careful not to touch the needle.
6. Note the time that the EpiPen® was administered.
7. Return EpiPen® to its plastic container.

As soon as possible, **always** call an ambulance on 000.

10.4 IF AN EPIPEN® IS ADMINISTERED

- Immediately: call an ambulance (000)
- Then, contact the First Aid Officer who will notify the student's emergency contacts.
- Calm and reassure the student experiencing the reaction. They are likely to be feeling anxious and frightened as a result of the reaction and experiencing the side effects of the adrenaline.
- Watch the student closely in the event of a repeat reaction.
- Ask another staff member to move other students away and reassure them elsewhere.

In the rare situation where there is no marked improvement and severe symptoms (as described in the ASCIA Action Plan) are present, if available, a second injection, of the same dosage, may be administered after 5 to 10 minutes.

10.5 FIRST TIME REACTIONS

If a student has a severe allergic reaction but has not been previously been diagnosed with the allergy or as being at risk of anaphylaxis, 000 should be called immediately.

Follow any instructions provided by emergency services, as well as the School's normal First Aid emergency procedures.

11. COMMUNICATING WITH STAFF, STUDENTS AND PARENTS/CARERS

11.1 COMMUNICATION

It is important to work with the whole school community to better understand how to provide a safe and supporting environment for all students, including students with severe allergies.

The First Aid Officer is instrumental in the communication between staff, students and parents / guardians.

11.2 RAISING STAFF AWARENESS

11.2.1 Staff briefing

All staff will be briefed once each semester, with the first session to be held at the beginning of the school year, by the First Aid Officer on the:

-
- The school's Anaphylaxis Management Policy
- The location of, and access to adrenaline auto-injectors that have been provided by the parents or purchased by the school for general use
- the school's legal requirements as outlined in Ministerial Order 706
- pictures of the students at your school at risk of anaphylaxis, their allergens, year levels and risk management plans (ASCIA Action Plan for Anaphylaxis) that are in place, including where their medication is located
- causes, symptoms and treatment of anaphylaxis
- the preventative strategies in place;
- role of the staff members in responding to a severe allergic reaction including how to use an auto adrenaline injecting device
- ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen®
- your school's First Aid Policy and Emergency Response Procedures
- how to access on-going support and training.

11.2.2 Casual relief teachers

Casual relief teachers will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student in their care, by the Principal and First Aid Officer.

11.2.3 Student ASCIA Action Plan

Copies of the student's ASCIA Action Plan are to be displayed in the Staffroom. Student profiles containing abbreviated details of students at risk of Anaphylaxis, including photo of the student are to be displayed in numerous locations throughout the school, including the individual student's classrooms.

Copies of individual student ASCIA Action Plans are also kept in folders in the First Aid Room and Reception. A copy of students ASCIA Action plan is kept with their EpiPen®.

11.2.5 Responsibility of the Principal and the First Aid Officer

The Principal and First Aid Officer are responsible for briefing new staff, including volunteers or casual relief staff, about students who are at risk of anaphylaxis, the school's policies and prevention strategies.

11.3 RAISING STUDENT AWARENESS

11.3.1 Peer support

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

Staff can raise awareness in school through fact sheets or posters displayed in hallways, canteens and classrooms.

11.3.2 Role of Classroom teachers

Classroom teachers can discuss this topic with the students in the class and pass on these simple key messages:

- always take food allergies seriously – severe allergies are not a joke;
- don't share your food with friends who have food allergies;
- wash your hands after eating;
- know what your friends are allergic to;
- if schoolmate becomes sick, get help immediately;

- be respectful of a schoolmate's EpiPen®; and
- don't pressure your friends to eat food that they may be allergic to.

11.3.3 Student privacy

It is important to be aware that some students at risk of anaphylaxis may not want to be singled out or be seen to be treated differently.

Awareness must be raised 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.

Students need to be made aware of the seriousness of an anaphylactic reaction. Any attempt to harm an anaphylactic student with an allergen must be treated as a serious and dangerous incident and treated accordingly.

12. STRATEGIES TO AVOID ALLERGENS

In school setting, such as the classrooms:

- Liaise with parents / guardians about food related activities ahead of time.
- Use non-food treats where possible but if food treats are used in class, it is recommended that parents / guardians provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- Treats for the other students in the class should not contain the substance to which the student is allergic.
- Never give food from outside sources to a student who is at risk of anaphylaxis.
- Be aware of the possibility of hidden allergens in cooking, food technology, science and art classes (eg. egg or milk cartons).
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- A designated staff member should inform casual relief teachers of students at risk of anaphylaxis, preventive strategies in place and the school's emergency procedures. Casual relief teachers are to

provided with a procedure sheet and a copy of the students' profile (abbreviated details of students at risk of anaphylaxis, including photo).

13. PRIVACY CONSIDERATIONS

Schools should be aware that some parents / guardians or students may not wish the identity of the student to be disclosed to the wider school community. This should be discussed with the student's parents / guardians and written consent obtained to display the student's name, photograph and relevant treatment details in staff areas, canteens or other common areas.

14. ORGANISATIONS PROVIDING INFORMATION AND RESOURCES

- **Australasian Society of Clinical Immunology and Allergy (ASCIA)** provide information on allergies. ASCIA anaphylaxis e-training provides ready access to anaphylaxis management education throughout Australia and New Zealand, at no charge. The child care versions of the courses, incorporating training in the use of the Adrenaline Auto-injector devices EpiPen® and Anapen®, have been approved by ACECQA for the purposes of meeting the requirements of the National Regulations. Further information is available at: www.allergy.org.au
- **ANAlert** is a free alert service that sends reminders to replace an Anapen® before it expires, helping to ensure it is within its 'use by' or 'expiry date'. ANAlert can be accessed at: www.analert.com.au
- **EpiClub** provides a wide range of resources and information for managing the use and storage of the Adrenaline Auto-injector 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
- **Allergy & Anaphylaxis Australia** is a non-profit organisation that raises awareness in the Australian community about allergy. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. Further information is available at: www.allergyfacts.org.au/allergy-and-anaphylaxis
- **Royal Children's Hospital Anaphylaxis Advisory Line** provides advice and support on implementing anaphylaxis legislation to education and care services and Victorian children's services. The Anaphylaxis Advisory Line is available between the hours of 8:30 am. to 5:00 pm., 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

- **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

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