



# Bungaree Primary School

## Anaphylaxis Management Policy

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### **Purpose**

To ensure that Bungaree Primary School manage students at risk of anaphylaxis and meet legislative requirements.

### **Implementation**

Bungaree Primary School will fully comply with Ministerial Order 706 and the associated guidelines published and amended by the Department of Education and Training from time to time in relation to anaphylaxis procedures and management.

### **Staff Training**

The following school staff will be appropriately trained:

- school staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- any further school staff that are determined by the Principal.

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:

- title and 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;
- ASCIA Anaphylaxis e-training;
- ASCIA Action Plan for Anaphylaxis and how to administer an EpiPen®;
- our school's First Aid policy and emergency response procedures; and
- on-going support and training.

The briefing must be conducted by a member of the school staff 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.

### **Individual Anaphylaxis Management Plans**

The Principal will ensure that an Individual Anaphylaxis Management Plan (Appendix 1) 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:

- 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);

- 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;
- the name of the person(s) responsible for implementing the risk minimisation strategies which have been identified in the Plan;
- information on where the student's medication will be stored;
- the student's emergency contact details; and
- an up-to-date ASCIA Action Plan for Anaphylaxis completed by the student's medical practitioner.

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:

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

It is the responsibility of the parents to:

- obtain the ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable;
- 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;
- 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;
- provide the school with an adrenaline autoinjector that is current (ie the device has not expired) for their child; and
- participate in annual reviews of their child's Plan.

### ***Prevention Strategies***

Bungaree Primary School will put in place risk management and prevention strategies for all relevant in-school and out-of-school settings which include (but are not limited to) the following:

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in canteens/food preparation and eating areas;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

Suggested risk minimisation strategies (Appendix 2) which, as a minimum, should be considered by school staff, for the purpose of developing such strategies for in-school and out-of-school settings.

### ***School Management and Emergency Response***

Bungaree Primary School's Anaphylaxis Management Policy procedures for emergency response to anaphylactic reactions include the following:

- a complete and up to date list of students identified as being at risk of anaphylaxis;
- 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;
- an outline of the storage and accessibility of adrenaline autoinjectors, including those for general use; and

- how appropriate communication with school staff, students and parents is to occur in accordance with a Communication Plan.

### ***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 will take into account the following relevant considerations:

- the number of students enrolled at the school who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of adrenaline autoinjectors that have been provided by parents of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of adrenaline autoinjectors for general use in specified;
- locations at the school including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school;
- 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; and
- the expiry date of adrenaline autoinjectors should be checked regularly to ensure they are ready for use.

### ***Communication Plan***

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

- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
- 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 will include 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:

- adequately trained (either through face-to face or online training); and
- briefed at least twice per calendar year through an in-house school briefing.

### ***Annual Risk Management Checklist***

The Principal will complete an annual Risk Management Checklist (Appendix 3) 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.

### **Evaluation**

This policy will be reviewed as part of the school's annual review cycle.

#### REFERENCES:

- DET School Policy and Advisory Guide: Anaphylaxis <http://www.education.vic.gov.au/school/principals/spag/health/pages/anaphylaxis.aspx>  
 DET Student Health and Wellbeing: Anaphylaxis Management in Schools  
<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>  
 Anaphylaxis Guidelines: A resource for managing severe allergies in Victorian schools (August 2016)  
<http://www.education.vic.gov.au/Documents/school/teachers/health/AnaphylaxisGuidelines.pdf>

# Individual Anaphylaxis Management Plan

This plan is to be completed by the principal or nominee on the basis of information from the student's medical practitioner (**ASCIA Action Plan for Anaphylaxis**) provided by the parent.

It is the parent's 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.

<b>School</b>		<b>Phone</b>	
<b>Student</b>			
<b>DOB</b>		<b>Year level</b>	
<b>Severely allergic to:</b>			
<b>Other health conditions</b>			
<b>Medication at school</b>			
<b>EMERGENCY CONTACT DETAILS (PARENT)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	
<b>EMERGENCY CONTACT DETAILS (ALTERNATE)</b>			
<b>Name</b>		<b>Name</b>	
<b>Relationship</b>		<b>Relationship</b>	
<b>Home phone</b>		<b>Home phone</b>	
<b>Work phone</b>		<b>Work phone</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Address</b>		<b>Address</b>	

Medical practitioner contact	Name	
	Phone	
Emergency care to be provided at school		
Storage location for adrenaline autoinjector (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?

For EpiPen® adrenaline (epinephrine) autoinjectors

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

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



Confirmed allergens:

\_\_\_\_\_

Family/emergency contact name(s):

\_\_\_\_\_

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

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

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

Plan prepared by Dr or NP:

\_\_\_\_\_

I hereby authorise medications specified on this plan to be administered according to the plan

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

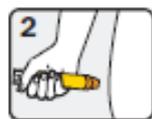
Date: \_\_\_\_\_

Action Plan due for review: \_\_\_\_\_

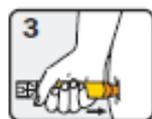
## How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE



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



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds  
 REMOVE EpiPen® and gently massage injection site for 10 seconds

Instructions are also on the device label

## 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 - freeze dry tick and allow to drop off
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr adrenaline autoinjector
- Give other medications (if prescribed).....
- Phone family/emergency contact

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

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

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

## ACTION FOR ANAPHYLAXIS

**1 Lay person flat - do NOT allow them to stand or walk**

- If unconscious, place in recovery position
- If breathing is difficult allow them to sit



**2 Give EpiPen® or EpiPen® Jr adrenaline autoinjector**

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

**4 Phone family/emergency contact**

**5 Further adrenaline doses may be given if no response after 5 minutes**

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

**If in doubt give adrenaline autoinjector**

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

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

Asthma reliever medication prescribed:  Y  N

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

- annually
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- as soon as practicable after the student has an anaphylactic reaction at school
- 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).

I have been consulted in the development of this Individual Anaphylaxis Management Plan.

I consent to the risk minimisation strategies proposed.

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

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 (or nominee):	
Date:	

## Ideas on Risk Minimisation Strategies in the School and/or Childcare Environment

All staff members should know who the child/student at risk of anaphylaxis is by sight. They are not to be left alone when complaining of feeling unwell, even in sickbay.

Their complaint should always be taken seriously.

The many areas of risk and the strategies one might implement to reduce the risk of an allergic reaction vary greatly according to a number of factors including:

- the age of the child at risk
- the age of their peers
- what the child is allergic to
- the severity of the child's allergy
- the environment they are in
- the level of training carers have received.

The following list of strategies is meant to be used as a guide or as a tool to prompt thought on achievable risk minimisation procedures in an environment where there is an individual who is at risk of a potentially life threatening allergic reaction. It is not an exhaustive list of all strategies that could be implemented in any given environment.

School and Children's Services staff are encouraged to work with the parents of the child at risk in the production of an individualised School/Children's Services management plan which could include some of the strategies listed in this discussion paper as well as others specific to the child's needs.

\* Information on strategies to help prevent insect sting reactions is included at the end of this long list of strategies. In young children, the risk of anaphylaxis from insect sting reactions is much lower than the risk from food allergic reactions but it certainly does still occur.

Whilst every child at risk of anaphylaxis in Victorian Schools and Children's Services must have an ASCIA Action Plan for Anaphylaxis provided by their doctor, each child at risk must also have an Individual Management Plan which details strategies to help reduce risk for that child. This Individual Management Plan is developed on enrolment after the School/Children's Service has a face to face meeting with parents. Once the plan is agreed to by the parents and School/ Children's Service, the plan is signed off by both parties. The Individual Management Plan for each child is to be reviewed yearly OR after a reaction, in case management strategies are to be changed. As the child gets older and has more understanding of personal management, strategies do differ. A child may also outgrow an allergy or develop another allergy.

RISK	Considerations when you have a child at risk of anaphylaxis in your care
Food brought to school	<ul style="list-style-type: none"> <li>Consider sending out an information sheet to the parent community on severe allergy and the risk of anaphylaxis.</li> <li>Alert parents to strategies that the school has in place and the need for their child to not share food and to wash hands after eating.</li> </ul>
School fundraising/ special events/cultural days	<ul style="list-style-type: none"> <li>Consider children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc. Notices may need to be sent to parent community discouraging specific food products. E.g. nuts</li> </ul>
Food rewards	<ul style="list-style-type: none"> <li>Food rewards should be discouraged and non-food rewards encouraged.</li> <li>Children at risk of food anaphylaxis should eat food that is supplied by their parents or food that is agreed to by parents prior to a given event. If required a clearly labelled 'treat box' could be supplied by parents and located in child's classroom.</li> </ul>
Class parties / Birthday celebrations	<ul style="list-style-type: none"> <li>Discuss these activities with parents of allergic child well in advance</li> <li>Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products</li> <li>Teacher may ask the parent to attend the party as a 'parent helper'</li> <li>Child at risk of anaphylaxis should not share food brought in by other students. Ideally they should bring own food.</li> <li>Child can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cup cakes stored in freezer in a labelled sealed container</li> </ul>
Cooking/Food Technology	<ul style="list-style-type: none"> <li>Engage parents in discussion prior to cooking sessions and activities using food.</li> <li>Remind all children to not share food they have cooked with others at school.</li> </ul>
Science experiments	<ul style="list-style-type: none"> <li>Engage parents in discussion prior to experiments containing foods.</li> </ul>
Students picking up papers	<ul style="list-style-type: none"> <li>Students at risk of food or insect sting anaphylaxis should be excused from this duty. Non rubbish collecting duties are encouraged.</li> </ul>
Music	<ul style="list-style-type: none"> <li>Music teacher to be aware, there should be no sharing of wind instruments e.g. recorders. Speak with the parent about providing the child's own instrument.</li> </ul>
Art and craft classes	<ul style="list-style-type: none"> <li>Ensure containers used by students at risk of anaphylaxis do not contain allergens .e.g. egg white or yolk on an egg carton.</li> <li>Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg.</li> <li>Care to be taken with play dough etc. Check that nut oils have not been used in manufacture. Discuss options with parent of wheat allergic child.</li> </ul>
Canteen	<ul style="list-style-type: none"> <li>Does canteen offer foods that contain the allergen?</li> <li>What care is taken to reduce the risk to a child with allergies who may order/ purchase food?</li> </ul> <p><b>Strategies to reduce the risk of an allergic reaction can include:</b></p> <ul style="list-style-type: none"> <li>Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods said to be 'safe'</li> <li>Child having distinguishable lunch order bag</li> <li>Restriction on who serves the child when they go to the canteen</li> <li>Discuss possibility of photos of the children at risk of anaphylaxis being placed in the canteen/children's service kitchen.</li> <li>Encourage parents of child to visit canteen/Children's Service kitchen to view products available.</li> <li>See Anaphylaxis Australia's School Canteen poster, Preschool/Playgroup posters and School Canteen Discussion Guide. <a href="http://www.allergyfacts.org.au">www.allergyfacts.org.au</a></li> </ul>
Sunscreen	<ul style="list-style-type: none"> <li>Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own.</li> </ul>
Hand washing	<ul style="list-style-type: none"> <li>Classmates encouraged to wash their hands after eating.</li> </ul>

RISK	Considerations when you have a child at risk of anaphylaxis in your care
<p><b>Part-time educators, casual relief teachers &amp; religious instruction teachers</b></p> <p><b>Suggestions:</b></p>	<p>These educators need to know the identities of children at risk of anaphylaxis and should be aware of the school's management plans, which includes minimisation strategies initiated by the school community. Some casual staff have not received training in anaphylaxis management and emergency treatment. This needs to be considered when a teacher is chosen for a class with a child at risk of anaphylaxis and if this teacher is on playground/yard duty.</p> <ul style="list-style-type: none"> <li>Casual staff, who work at school regularly, should be included in anaphylaxis training sessions to increase the likelihood that they recognise an allergic reaction and know how to administer the adrenaline autoinjector.</li> <li>Schools should have interim educational tools such as autoinjector training devices and DVDs available to all staff.</li> <li>A free online training course for teachers and Children's Service staff is available whilst waiting for face to face training by a DEECD nominated anaphylaxis education provider. Visit ASCIA <a href="http://www.allergy.org.au">www.allergy.org.au</a>.</li> <li>This course can also be done as a refresher.</li> </ul>
<p><b>Use of food as counters</b></p>	<ul style="list-style-type: none"> <li>Be aware of children with food allergies when deciding on 'counters' to be used in mathematics or other class lessons. Non-food 'counters' such as buttons /discs may be a safer option than chocolate beans.</li> </ul>
<p><b>Class rotations</b></p>	<ul style="list-style-type: none"> <li>All teachers will need to consider children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class.</li> </ul>
<p><b>Class pets/ pet visitors /school farmyard</b></p>	<ul style="list-style-type: none"> <li>Be aware that some animal feed contains food allergens. E.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food.</li> <li>Chickens hatching in classroom. Children's Services facilities and Schools sometimes organise incubators from hatcheries and hatch chicks for fun and learning. Generally speaking, simply watching chicks hatch in an incubator poses no risk to children with egg allergy, but all children should be encouraged to wash their hands after touching the incubation box in case there is any residual egg content on it. There is a little more risk when it comes to children handling the chicks. Here are some suggestions to reduce the risk of a reaction and still enable the child with allergy to participate in the touch activity.</li> <li>The allergic child can touch a chick that hatched the previous day (i.e. a chick that is more than just a couple of hours old); no wet feathers should be present.</li> <li>Encourage the parent/carer of the child with the allergy to be present during this activity so they can closely supervise their child and make sure the child does not put his/her fingers in their mouth.</li> <li>If there is concern about the child having a skin reaction, consider the child wearing gloves.</li> <li>All children need to wash hands after touching the chicks in case there is any residue of egg protein, in addition to usual hygiene purposes. Whilst care needs to be taken, this is an activity that most children can enjoy with some safe guards in place.</li> </ul>
<p><b>Incursions</b></p>	<ul style="list-style-type: none"> <li>Prior discussion with parents if incursions include any food activities.</li> </ul>
<p><b>Excursions, Sports carnivals, Swimming program</b></p>	<ul style="list-style-type: none"> <li>Teachers organising/attending excursion or sporting event should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylactic reaction occurs. This includes distribution of laminated cards to all attending teachers, detailing the following:</li> <li>Location of event, including Melway reference or nearest cross street.</li> </ul> <p><i>Procedure for calling ambulance, advising life threatening allergic reaction has occurred and adrenaline is required.</i></p>
<p><b>Staff should also:</b></p>	<ul style="list-style-type: none"> <li>Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other form of emergency communication i.e. walkie talkie.</li> <li>Consider increased supervision depending on size of excursion/sporting event i.e. if students are split into groups at large venue e.g. zoo, or at large sports venue for sports carnival.</li> <li>Consider adding a reminder to all parents regarding children with allergies on the excursion/sports authorisation form and encourage parents not to send in specific foods in lunches (e.g. food containing nuts).</li> <li>Discourage eating on buses.</li> <li>Check if excursion includes a food related activity, if so discuss with parent.</li> <li>Ensure that all teachers are aware of the location of the emergency medical kit containing adrenaline autoinjector.</li> </ul>
<p><b>Medical Kits</b></p>	<p><b>(Student's own and school's autoinjector for general use)</b></p> <ul style="list-style-type: none"> <li>Medical kit containing ASCIA Action Plan for Anaphylaxis and adrenaline autoinjector should be easily accessible to child at risk and the adult/s responsible for their care at all times. On excursions ensure that the teacher accompanying the child's group carries the medical kit. For sporting events this may be more difficult, however, all staff and parent volunteers must always be aware of who has the kit and where it is.</li> </ul> <p><b>Be aware - adrenaline autoinjectors should not be left sitting in the sun, in parked cars or buses.</b></p> <p>Parents are often available to assist teachers on excursions in Children's Services and primary schools. If child at risk is attending without a parent, the child should remain in the group of the teacher who has been trained in anaphylaxis management, rather than be given to a parent volunteer to manage. This teacher should carry the medical kit.</p>

RISK	Considerations when you have a child at risk of anaphylaxis in your care
School camps	<p>Parent involvement at primary school camps is often requested. Many primary schools invite the parent of the child at risk of anaphylaxis to attend as a parent helper. Irrespective of whether child is attending primary school or secondary college, parents of child at risk should have face to face meeting with school staff/camp coordinator prior to camp to discuss safety including the following:</p> <ul style="list-style-type: none"> <li>• <b>School's emergency response procedures</b>, should clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction.</li> <li>• <b>All teachers attending the camp should carry laminated emergency cards</b>, detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life threatening allergic reaction has occurred and adrenaline is required.</li> <li>• <b>Staff to practise with adrenaline autoinjector training devices</b> ( EpiPen® and AnaPen® Trainers) and view DVDs prior to camp.</li> <li>• <b>Consider contacting local emergency services and hospital prior to camp</b> and advise that xx children in attendance at xx location on xx date including child/ren at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to camp site area i.e. consider locked gates etc in remote areas.</li> <li>• <b>Confirm mobile phone network coverage</b> for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged.</li> <li>• <b>Parents should be encouraged to provide two adrenaline autoinjectors</b> along with the Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp.</li> <li>• Clear advice should be communicated to all parents prior to camp on what foods are not allowed.</li> <li>• Parents of child at risk of anaphylaxis and school need to communicate about food for the duration of the camp. Parent should communicate directly with the provider of the food/chef/caterer and discuss food options/menu, cross contamination risks, safest food choices, bringing own food.</li> <li>• Parents may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised as well.</li> </ul> <p><b>Discussions by school staff and parents with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be:</b></p> <ol style="list-style-type: none"> <li>1. Possibility of removal of peanut/tree nut from menu for the duration of the camp.</li> <li>2. Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed i.e. egg, milk, wheat. A decision may be made to remove pavlova as an option for dessert if egg allergic child attending for example.</li> <li>3. Awareness of cross contamination of allergens in general i.e. during storage, preparation and serving of food.</li> <li>4. Discussion of menu for the duration of the camp.</li> <li>5. Games and activities should not involve the use of known allergens.</li> <li>6. Camp organisers need to consider domestic activities which they assign to children on camp. It is safer to have the child with food allergy set tables, for example, than clear plates and clean up.</li> </ol> <p>Allergy &amp; Anaphylaxis Australia has launched a new publication titled <i>Preparing for Camps and Overnight School Trips with Food Allergies</i>. This comprehensive booklet consists of concise and easy-to-read information and ideas on preparing for school camp when you have students at risk of anaphylaxis.</p> <p><b>To purchase or for more information call 1300 728 000 or visit <a href="http://www.allergyfacts.org.au">www.allergyfacts.org.au</a></b></p>

RISK	Considerations when you have a child at risk of anaphylaxis in your care
<p><b>*Insect sting allergy</b></p>	<p>Children who have a severe insect sting allergy and are at risk of anaphylaxis need to have their adrenaline autoinjector and Action Plan for Anaphylaxis easily accessible at all times. Strategies that reduce the risk of insect stings vary depending on the insect the person is allergic to. Strategies both at school and on excursions can include:</p> <ul style="list-style-type: none"> <li>• Avoiding being outdoors at certain times of the day</li> <li>• Using insect repellents that contain DEET (Diethyltoluamide, N, N - diethyl - 3- methylbenzamide)</li> <li>• Wearing light coloured clothing that covers most exposed skin</li> <li>• Avoid wearing bright clothing with 'flower' type prints</li> <li>• Wearing shoes at all times</li> <li>• Avoiding perfumes or scented body creams/deodorants</li> <li>• Wearing gloves when gardening</li> <li>• Avoid picking up rubbish which may attract insect/s</li> <li>• Being extra careful where there are bodies of water i.e. lake/pond/swimming pool.</li> <li>• Chlorinated pools attract bees</li> <li>• Drive with windows up in the car/windows closed in a bus</li> <li>• Keep your drink (glass/bottle/can) indoors or covered. Always check your drinks before you sip i.e. don't drink blindly from container.</li> <li>• Keep garbage bins covered - lids on</li> <li>• Keep grass areas mowed (reduce weed such as clover which attracts insects)</li> <li>• Wearing boots and thick clothing such as denim jeans if ant sting allergic and in area where specific ants reside. Avoid ant mounds</li> <li>• Not provoking bees, wasps or ants. Have mounds/nests removed by professionals</li> <li>• Removal of nests when students/teachers are not present</li> <li>• When putting in new plants consider location and select plants less likely to attract stinging insects.</li> </ul>
	<p><b>Things to consider when purchasing an adrenaline autoinjector for general use for your school or children's service</b></p> <p>Many Schools/Children's Services now have an adrenaline autoinjector for general use and the device specific Action Plan for Anaphylaxis in their first aid kit. If your facility has an autoinjector for general use, you need to consider availability of this device at School or Children's Service for:</p> <ul style="list-style-type: none"> <li>• Excursions</li> <li>• for school camp</li> <li>• for specialist activities (i.e. a debating group, music group or sports team going off campus)</li> <li>• even a walk to a local park</li> </ul> <p>A risk assessment needs to be done to see which group (i.e. the group staying at the facility or the group going on an outing) should have the device for general use at any given time or on any given day. Considerations can include:</p> <ul style="list-style-type: none"> <li>• number of children attending outing</li> <li>• number of children at risk</li> <li>• location of the activity</li> <li>• location of emergency services</li> <li>• mobile phone access</li> <li>• food on location etc.</li> </ul>

# Annual Risk Management Checklist (Anaphylaxis Management)

(To be completed at the start of each year)

School name:	
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 autoinjector?	
2. How many of these students carry their adrenaline autoinjector 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
a. If Yes, how many times?	
4. Have any students ever had an anaphylactic reaction at school?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many students?	
b. If Yes, how many times	
5. Has a staff member been required to administer an adrenaline autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. If Yes, how many times?	
6. If your school is a government school, was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

## SECTION 1: Training

7. Have all school staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course, either: <ul style="list-style-type: none"> <li>• online training (ASCIA anaphylaxis e-training) within the last 2 years, or</li> <li>• accredited face to face training (22300VIC or 10313NAT) within the last 3 years?</li> </ul>	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Does your school conduct twice yearly briefings annually?  If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No

<p>9. Do all school staff participate in a twice yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. Are your school staff being assessed for their competency in using adrenaline autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>SECTION 2: Individual Anaphylaxis Management Plans</b></p>	
<p>11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an adrenaline autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>13. 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?</p>	
<p>a. During classroom activities, including elective classes</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>b. In canteens or during lunch or snack times</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>c. Before and after school, in the school yard and during breaks</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>d. For special events, such as sports days, class parties and extra-curricular activities</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>e. For excursions and camps</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>f. Other</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>14. Do all students who carry an adrenaline autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent)?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>a. Where are the Action Plans kept?</p>	
<p>15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parent/s?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p><b>SECTION 3: Storage and accessibility of adrenaline autoinjectors</b></p>	
<p>17. Where are the student(s) adrenaline autoinjectors stored?</p>	
<p>18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<p>20. Is the storage safe?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No

21. Is the storage unlocked and accessible to school staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the adrenaline autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the adrenaline autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has someone been designated to check the adrenaline autoinjector expiry dates on a regular basis? Who? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there adrenaline autoinjectors which are currently in the possession of the school which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the school signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all school staff know where the adrenaline autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the school purchased adrenaline autoinjector(s) for general use, and have they been placed in the school's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located?  Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the adrenaline autoinjector for general use clearly labelled as the 'General Use' adrenaline autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing adrenaline autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 4: Risk Minimisation strategies</b>	
33. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No
35. Are there always sufficient school staff members on yard duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>SECTION 5: School management and emergency response</b>	
36. Does the school have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do school staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's adrenaline autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's adrenaline autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction 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
d. The school canteen?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. On excursions or other out of school events is there a plan for who is responsible for ensuring the adrenaline autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the adrenaline autoinjector for general use are correctly stored and available for use?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions? .....	
44. Who will make these arrangements during camps? .....	
45. Who will make these arrangements during sporting activities? .....	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No
47. Have all school staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the school and who has completed an approved anaphylaxis management course in the last 2 years 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 at risk of anaphylaxis, and who are prescribed an adrenaline autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector?	<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 autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the adrenaline autoinjectors 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**

48. 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
49. Is there a process for distributing this information to the relevant school staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information kept up to date?	
51. 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
52. What are they?	