

Purpose

This policy outlines how The Hester Hornbrook Academy (HHA) will take appropriate actions to manage anaphylaxis and comply with *Ministerial Order 706* and its associated *Anaphylaxis Guidelines*.

Scope

HHA will comply with *Ministerial Order 706* and its associated *Anaphylaxis Guidelines* (and any updated versions of these documents) at all times.

Compliance of this Policy and its subsequent reviews with *Ministerial Order 706* and its associated *Anaphylaxis Guidelines* will be confirmed with the Royal Children's Hospital's Anaphylaxis Support Advisory Line (contact: 1300 725 911 or 9345 4235;

Email; carol.whitehead@rch.org.au

Website: http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/).

Policy

1. Individual Anaphylaxis Management Plans

- 1.1. The HHA Principal is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's Parents/Guardian/Carer, for any student who has been diagnosed by a Medical Practitioner as being at risk of anaphylaxis.
- 1.2. The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls, and where possible before their first day at HHA.
- 1.3. A student's Individual Anaphylaxis Management Plan will set out the following:
 - 1.3.1. Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a Medical Practitioner);
 - 1.3.2. Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of HHA Staff, for in-school and out-of-school settings including in the HHA yard, at camps and excursions, or at special events conducted, organised or attended by HHA;
 - 1.3.3. The name of the person(s) responsible for implementing the strategies;
 - 1.3.4. Information on where the student's medication will be stored;
 - 1.3.5. The student's emergency contact details; and
 - 1.3.6. The student's emergency contact details; and
 - 1.3.7. An Australasian Society of Clinical Immunology and Allergy (ASCI) Action Plan.
- 1.4. HHA Staff will implement and monitor the student's Individual Anaphylaxis Management Plan.

- 1.5. A student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's Parents/Guardian/Carer in all of the following circumstances:
 - 1.5.1. Annually;
 - 1.5.2. If the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
 - 1.5.3. As soon as practicable after the student has an anaphylactic reaction at School; and
 - 1.5.4. When the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (e.g. class parties, elective subjects, cultural days, fetes, incursions).
- 1.6. It is the responsibility of the Parents/Guardian/Carer of a student at risk of anaphylaxis to:
 - 1.6.1. Provide the ASCIA Action Plan;
 - 1.6.2. Inform HHA in writing if their child's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
 - 1.6.3. Provide an up to date photo for the ASCIA Action Plan when that Plan is provided to HHA and when it is reviewed; and
 - 1.6.4. Provide HHA with an Adrenaline Auto-injector (i.e. EpiPen[®]) that is current and not expired for their child.

2. Risk Minimisation and Prevention Strategies

- 2.1. HHA Staff are reminded that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The development and implementation of prevention strategies to minimise the risk of incidents of anaphylaxis is an important step in satisfying this duty of care.
- 2.2. If HHA has a student who is at risk of anaphylaxis, supervising staff will be trained in the administration of the Adrenaline Auto-injector (i.e. EpiPen[®]).
- 2.3. All HHA Staff will be familiar with this Policy, the names of any students attending their site that are at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Auto-injector (i.e. EpiPen[®]) and each person's responsibility in managing an anaphylaxis incident, e.g. seeking a trained staff member.
- 2.4. Precautions that HHA Staff will take in specific settings are listed below.

2.5. During all activities (onsite and offsite), including usual classroom activities

- 2.5.1. In the event of an anaphylaxis emergency, HHA's emergency response procedures, general first aid procedures, and the student's ASCIA Action Plan must be followed. Ensuring this is complied with is the responsibility of the HHA Principal.
- 2.5.2. If HHA has a student at risk of anaphylaxis, sufficient staff supervising students will be trained in the administration of an Adrenaline Auto-injector (i.e. EpiPen[®]) and be able to respond to an anaphylactic reaction if required. Ensuring this is complied with is the responsibility of the HHA Principal.
- 2.5.3. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom.

- 2.5.4. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Auto-injector is kept in another location.
- 2.5.5. Liaise with parents about food-related activities ahead of time.
- 2.5.6. Use non-food treats where possible, but if food treats are used in class it is recommended that Parents/Guardian/Carers of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
- 2.5.7. Never give food from outside sources to a student who is at risk of anaphylaxis.
- 2.5.8. 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.
- 2.5.9. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
- 2.5.10. Be aware of the possibility of hidden allergens when using recycled materials (egg cartons, peanut butter jars).
- 2.5.11. Ensure all cooking and preparation utensils etc. are washed and cleaned thoroughly after use.
- 2.5.12. Remind students about the importance of washing hands, eating their own food and not sharing food.

2.6. Outside of class time (including between classes and before and after school)

- 2.6.1. Each student's Adrenaline Auto-injector (i.e. EpiPen[®]) and Individual Anaphylaxis Management Plan will be easily accessible from outside, and HHA Staff will be aware of their exact location for an immediate response.
- 2.6.2. A Communication Plan will be in place to enable quick access to the student's medical information and medication if a reaction occurs outside.
- 2.6.3. HHA Supervising Staff will carry walkie talkies or mobile phones.
- 2.6.4. All HHA Staff will be aware of HHA's Emergency Response Procedures.
- 2.6.5. HHA Supervising Staff will be able to identify, by face, students who are at risk of anaphylaxis.
- 2.6.6. Students with anaphylactic responses to insects will be encouraged to stay away from water or flowering plants and be encouraged to wear closed shoes, long-sleeved garments and avoid wearing bright colours when outdoors.
- 2.6.7. HHA will keep lawns and clover mowed and outdoor bins covered.
- 2.6.8. HHA Staff and students will be encouraged to have drinks and food covered while outdoors.

2.7. Special Events including excursions, incursions and sports

- 2.7.1. If HHA has a student at risk of anaphylaxis, sufficient staff supervising a special event will be trained in the administration of an Adrenaline Auto-injector (i.e. EpiPen[®]) and be able to respond to an anaphylactic reaction if required.

- 2.7.2. An HHA Staff member trained in the recognition of anaphylaxis and the administration of the Adrenaline Auto-injector (i.e. EpiPen[®]) will accompany any student at risk of anaphylaxis on off-site trips or excursions.
- 2.7.3. Each student's Adrenaline Auto-injector (i.e. EpiPen[®]) and Individual Anaphylaxis Management Plan will be easily accessible, and HHA Staff will be aware of their exact location for an immediate response.
- 2.7.4. HHA will ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur while travelling on an excursion bus. This includes the availability and administration of an Adrenaline Auto-injector (i.e. EpiPen[®]/[®]) and a copy of the student's Individual Anaphylaxis Management Plan.
- 2.7.5. For each excursion etc., an assessment of risk will be undertaken for each individual student attending who is at risk of anaphylaxis. Some factors considered will be the number of anaphylactic students attending, the nature/structure of the excursion, staff-student ratios, size of the venue and distance from medical assistance.
- 2.7.6. HHA Supervising Staff will be able to identify anaphylactic students at risk of anaphylaxis by face.
- 2.7.7. Prior to an excursion taking place, teachers will consult with the student's Parents/Guardians/Carers to confirm that the student's Individual Anaphylaxis Management Plan is up to date and relevant to the particular excursion.
- 2.7.8. HHA Staff will avoid using food in activities or games, including as rewards.

2.8. Camps and remote settings

- 2.8.1. In the event of an anaphylaxis emergency at a camp or remote setting, the HHA or remote site's emergency response procedures, general first aid procedures, and the student's ASCIA Action Plan must be followed. Ensuring this is complied with is the responsibility of the HHA Principal.
- 2.8.2. If HHA has a student at risk of anaphylaxis, sufficient staff supervising a camp will be trained in the administration of an Adrenaline Auto-injector (i.e. EpiPen[®]/[®]) and be able to respond to an anaphylactic reaction if required. Ensuring this is complied with is the responsibility of the HHA Principal.
- 2.8.3. Prior to booking a camp, HHA Staff will confirm that the camp owner/operator can provide food that is safe for anaphylactic students. If not, an alternative venue will be sought.
- 2.8.4. Staff cooking for students whilst on camp must demonstrate satisfactory training in food allergen management and food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
- 2.8.5. HHA Staff will not sign any written disclaimer or statement from a camp provider that indicates they are unable to provide food which is safe for students at risk of anaphylaxis. The duty of care to protect students from reasonably foreseeable injury cannot be delegated.

- 2.8.6. The HHA Principal is responsible for ensuring that a risk assessment is conducted and a risk management strategy is developed for students at risk of anaphylaxis in consultation with Parents/Guardian/Carers of students at risk of anaphylaxis and the camp provider prior to the camp. A risk management strategy will identify the processes in place to address an anaphylactic reaction should it occur.
- 2.8.7. Use of substances containing allergens will be avoided, particularly in cooking or art and craft games.
- 2.8.8. A student's Adrenaline Auto-injector (i.e. EpiPen®/), Individual Anaphylaxis Management Plan and ASCIA Action Plan and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.
- 2.8.9. Prior to the camp, HHA Staff should consult with the student's Parents/Guardians/Carers to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the camp activities.
- 2.8.10. HHA Staff participating in the camp will be clear about their roles and responsibilities in the event of an anaphylactic reaction, and ensure the camp provider has appropriate emergency response procedures in place.
- 2.8.11. HHA Staff will contact local emergency services and hospitals prior to the camp. They will advise the full medical conditions of students at risk, the location of the camp and the location of any off-camp activities. They will ensure contact details of emergency services are distributed to all Staff as part of the emergency response procedures developed for the camp.
- 2.8.12. HHA Staff will always take a back-up Adrenaline Auto-injector (i.e. EpiPen®/®) for General Use on a camp.
- 2.8.13. The Adrenaline Auto-injector (i.e. EpiPen®/®) for General Use will be carried in the first aid kit; however, students at risk may carry their own Adrenaline Auto-injector on camp.
- 2.8.14. Students with anaphylactic responses to insects will be encouraged to always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
- 2.8.15. As no HHA Sites have a canteen, the suggested precautions for canteens have not been included.

3. HHA Management & Emergency Response

- 3.1. As part of HHA's emergency response procedures to anaphylactic reactions, the HHA Principal will ensure that HHA Staff have:
- 3.1.1. A complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction
- 3.1.2. Details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where they can be located at any site and during off-site activities
- 3.1.3. Information about the storage and accessibility of Adrenaline Auto-injectors (i.e. EpiPen®/®)

- 3.2. This Anaphylaxis Management Policy integrates with the HHA First Aid Procedure and HHA's Emergency Response Procedures through appropriate cross-references to this policy in each of those procedures.
- 3.3. Communication about HHA's emergency response procedures for anaphylactic reactions will occur with all HHA Staff, students and parents/guardians/carers in line with the HHA Anaphylaxis Communication Plan at 2.7 below.

4. Adrenaline Auto-injectors for General Use

- 4.1. HHA Management will purchase Adrenaline Auto-injector(s) (i.e. EpiPen[®]) for General Use and as a back up to those supplied by Parents. The HHA Principal is responsible for ensuring this is complied with.
- 4.2. The Principal will determine the number of additional Adrenaline Auto-injector(s) (i.e. EpiPen[®]) required. In doing so, the Principal will take into account the following relevant considerations:
 - 4.2.1. the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
 - 4.2.2. the accessibility of Adrenaline Auto-injectors (i.e. EpiPen[®]/) that have been provided by Parents of students who have been diagnosed as being at risk of anaphylaxis;
 - 4.2.3. the availability and sufficient supply of Adrenaline Auto-injectors (i.e. EpiPen[®]) for General Use in specified locations at the School, including in the school yard, and at excursions, camps and special events conducted or organised by the School; and
 - 4.2.4. the Adrenaline Auto-injectors (i.e. EpiPen[®]/) for General Use have a limited life, usually expiring 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. All Adrenaline Auto-injectors (i.e. EpiPen[®]) for General Use will be checked by the relevant Class Educator at each HHA site at the start of every school term to confirm that they have not expired. Ensuring this occurs will be the Principal's responsibility.

5. HHA Anaphylaxis Communication Plan

- 5.1. The HHA Principal is responsible for ensuring that a HHA Anaphylaxis Communication Plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's Anaphylaxis Management Policy. The current HHA Anaphylaxis Communication Plan is included in Appendix 1.

5.2. Raising Staff Awareness

- 5.2.1. HHA Staff will be briefed at least twice per year by a staff member who has current anaphylaxis management training in line with the Staff Training section at 2.8 below.
- 5.2.2. The HHA Principal is responsible for ensuring that all casual relief staff, volunteers and new HHA Staff (including administration and office staff, sessional teachers and specialist teachers) are briefed about what is contained in the HHA Anaphylaxis Management Policy and their role in responding to an anaphylactic reaction by a student in their care.

5.3. Raising Student Awareness

5.3.1.HHA Staff will raise student awareness about the potential for anaphylactic reactions through posters and fact sheets displayed in public areas of HHA Sites, and through class discussions, focussed on these key messages:

- Always take food allergies seriously – severe allergies are no 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 a friend becomes sick, get help immediately even if the friend does not want to.
- Be respectful of a friend's Adrenaline Auto-injector (i.e. EpiPen®/®).
- Don't pressure your friends to eat food that they are allergic to.

5.3.2.HHA Staff will be made aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. HHA Staff will talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis will be treated as a serious and dangerous incident and dealt with in line with the HHA Bullying & Harassment Policy.

5.4. Working with Parents/Guardians/Carers of Students at Risk of Anaphylaxis

5.4.1.HHA are aware of the particular anxieties parents/guardians/carers of students at risk of anaphylaxis might face in sending the student to HHA.

5.4.2.To mitigate this, HHA Staff will ensure they have an open and cooperative relationship with these parents/guardians/carers so that they can feel confident that appropriate management strategies are in place.

5.4.3.This anxiety will be further mitigated by increased education, awareness and support from the HHA community.

5.5. Raising HHA Community Awareness

HHA Community awareness about anaphylaxis will be raised through inclusion of the HHA Anaphylaxis Management Policy and HHA Anaphylaxis Communication Plan on the HHA website.

5.5.1.This awareness can also take the form of information sheets such as those published on the Royal Children's Hospital website here: www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/

6. HHA Staff Training on Anaphylaxis Management

As a minimum, the following HHA Staff will be trained in anaphylaxis management:

- 6.1. School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- 6.2. Any further HHA Staff members as determined by the HHA Principal, based on a thorough risk assessment of the needs for further staff to be trained in anaphylaxis management.
- 6.3. This could include:
 - Educators
 - Youth Workers

- Managers
 - Administration Staff
 - Volunteers
 - Contractors
- 6.4. Identified staff will undertake the following training:
- 6.4.1. An Anaphylaxis Management Training Course
 - 6.4.2. Participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year), as outlined at 2.8.3 below.
- 6.5. The twice-yearly anaphylaxis briefing for identified staff will be conducted by an HHA Staff member who has completed an Anaphylaxis Management Training Course in the last 12 months and will include:
- 6.5.1. HHA's Anaphylaxis Management Policy;
 - 6.5.2. The causes, symptoms and treatment of anaphylaxis;
 - 6.5.3. The identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
 - 6.5.4. How to use an Adrenaline Auto-injector (i.e. EpiPen®/®), including hands on practise with a trainer Adrenaline Auto-injector (i.e. EpiPen®/®) device;
 - 6.5.5. The School's general first aid and emergency response procedures; and
 - 6.5.6. The location of, and access to, Adrenaline Auto-injector (i.e. EpiPen®/®) that have been provided by Parents or purchased by the School for general use.
- 6.6. In the event that the relevant training and briefing has not occurred, the HHA Principal must develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents/Guardians/Carers of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant HHA Staff as soon as practicable after the student enrolls, and preferably before the student's first day at HHA.
- 6.7. The HHA Principal is responsible for ensuring that while the student is under the care or supervision of HHA, including excursions, yard duty, camps and special event days, there is a sufficient number of HHA Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.
- 6.8. Accredited Anaphylaxis Management Training Courses that meet the requirements of Ministerial Order 706 are:
- 6.8.1. First Aid Management of Anaphylaxis 22099VIC (22300VIC is the updated version)
 - 6.8.2. Anaphylaxis Awareness 10313NAT
 - 6.8.3. ASCIA Online training for Victorian schools, available at <https://etraining.allergy.org.au/> (This requires a verification session which includes practice with an auto-injector device with a suitably qualified staff member who has completed the 22303VIC course)
- 6.9. Providers of the above accredited training include:
- 6.9.1. Australian Red Cross (<http://redcross.org.au/anaphylaxis-management-course.aspx>)

6.9.2. St. John Ambulance Australia (<http://stjohn.org.au/first-aid-training>)

6.9.3. Life Saving Victoria (<http://www.lifesavingvictoria.com.au/www/html/1709-training-courses.asp>)

7. Annual Risk Management Checklist

7.1. The HHA Principal will complete an annual Risk Management Checklist as published by the Department of Education and Training (Vic) to monitor compliance with their obligations. The current Department of Education (Vic) Annual Risk Management Checklist is included in Appendix 2.

7.2. The HHA Principal will confirm the compliance of their annual Risk Management Checklist by contacting the Royal Children’s Hospital’s Anaphylaxis

Support Advisory Line (contact: 1300 725 911 or 9345 4235 or

Email: carol.whitehead@rch.org.au;

Website: http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/).

Accountability

HHA Student Welfare Policy
HHA Medication Procedure
HHA Bullying & Harassment Procedure
HHA First Aid Procedure
HHA Emergency Procedures (*site-specific*)

Legislative context

Ministerial Order No.706: Anaphylaxis Management in Victorian schools (Vic)
Anaphylaxis Guidelines for Victorian Schools (Vic)
Education and Training Reform Act 2006 (Vic)
VRQA Independent School Application Form – C.4.1.xvii

Supporting Material

Document number	Document title
	Appendix 1 & 2
See Accountabilities	HHA Policies and Procedures
Endorsed Copy	Available from the HHA Administration upon request

Development and Review

Owner: Principal, Hester Hornbrook Academy
Author: Principal, Hester Hornbrook Academy
Approval Date: January 2019
Review Date: January 2022

Appendix 1:

Anaphylaxis Communication Plan

*This plan should be read in conjunction with the
HHA Anaphylaxis Management Policy.*

1. Purpose and Responsibility

- 1.1 The purpose of this Anaphylaxis Communication Plan is to clearly outline how HHA will communicate its anaphylaxis commitments, procedures and risk management strategies to all staff, students, parents/guardians/carers and the HHA community.
- 1.2 The responsibility for writing, updating and ensuring compliance with this plan rests with the HHA Principal.

2. How to Respond to an Anaphylaxis Incident

1. Lay person flat, do not stand or walk. If breathing is difficult allow to sit;
2. Check and administer EpiPen Epi Pen Jr adrenaline autoinjector as per training.
3. Phone ambulance (call 000);
4. Contact family or emergency contact;
5. A further adrenalin dose may be given if there is no response after 5 minutes (use a non-prescription adrenalin auto injector if required); and
6. Note the time of administration and advise paramedics when they arrive. Hand the paramedics the used EpiPen(s) / Epi Pen Jr (s)

3. Raising Staff Awareness

- 3.1 HHA Staff must be briefed at least twice per year by a staff member who has current anaphylaxis management training in line with the Staff Training section in 2.8 of the Anaphylaxis Management Policy.
- 3.2 The HHA Principal is responsible for ensuring that all casual relief staff, volunteers and new HHA Staff (including administration and office staff, sessional teachers, contractors and specialist teachers) are briefed about what is contained in the HHA Anaphylaxis Management Policy and their role in responding to an anaphylactic reaction by a student in their care before they supervise students at risk of anaphylaxis.

4. Raising Student Awareness

- 4.1 HHA Staff must raise student awareness about the potential for anaphylactic reactions through posters and fact sheets displayed in public areas of HHA Sites, and through class discussions, focussed on these key messages:

4.1.1 Always take food allergies seriously – severe allergies are no joke.

4.1.2 Don't share your food with friends who have food allergies.

Wash your hands after eating.

- 4.1.3 Know what your friends are allergic to.
- 4.1.4 If a friend becomes sick, get help immediately even if the friend does not want to.
- 4.1.5 Be respectful of a friend's Adrenaline Auto-injector (i.e. EpiPen[®]).
- 4.1.6 Don't pressure your friends to eat food that they are allergic to.

4.2 HHA Staff must be made aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. HHA Staff will talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis will be treated as a serious and dangerous incident and dealt with in line with the HHA Bullying & Harassment Policy.

5. Working with Parents/Guardians/Carers of Students at Risk of Anaphylaxis

- 5.1 HHA are aware of the particular anxieties parents/guardians/carers of students at risk of anaphylaxis might face in sending the student to HHA.
- 5.2 To mitigate this, HHA Staff will ensure they have an open and cooperative relationship with these parents/guardians/carers so that they can feel confident that appropriate management strategies are in place.
- 5.3 This anxiety will be further mitigated by increased education, awareness and support from the HHA community.
- 5.4 At the time of enrolment or (if later) diagnosis, all staff members will familiarise themselves with the medical needs of the student with anaphylaxis. It is expected that parents will advise the school without delay when a student is diagnosed by a medical practitioner as being at risk of anaphylaxis. An Australian Society of Clinical Immunology and Allergy (ASCI) anaphylaxis Action Plan will be developed for each student affected by their medical practitioner, and placed in the student's classroom.

6. Raising HHA Community Awareness

- 6.1 HHA Community awareness about anaphylaxis will be raised through inclusion of the HHA Anaphylaxis Management Policy on the HHA website, and regular inclusion of anaphylaxis issues in the HHA newsletter.
- 6.2 This awareness can take the form of information sheets such as those published on the Royal Children's Hospital website here:
www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/

7. Individual Anaphylaxis Action Plans (ASCI)

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

This should include:

1. Information about the diagnosis, including the type of allergy or allergies the student has (based on a diagnosis from a medical practitioner);
2. Strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for in-school and out-of-school settings including camps and excursions;
3. The name of the person/s responsible for implementing the strategies;
4. The student's emergency contact details; and
5. Information on where the student's medication will be stored.

8. Excursions and Camps

- 8.1** Prior to leaving the school on an excursion (including camp), the classroom teacher will ensure that the student with anaphylaxis has an up-to-date ASCIA Action Plan and a current EpiPen. The student's EpiPen, ACSIA Action Plan and a spare EpiPen (supplied by parents) will be taken to the off-site event.
- 8.2** In the event of an anaphylactic reaction away from school, the teacher is to immediately implement the student's emergency ASCIA Action Plan, call an ambulance, and then notify the school. The principal and assistant principal should be notified without delay. They will arrange for parents or guardians to be notified and for appropriate reports to be made.

9. Post-incident Action

It is expected that after an incident has occurred and has been resolved, that staff members involved will engage in the following activities:

1. Completion of an Incident Report in HHA's Risk Management Database (RiskMan) form including full details of the event and what occurred;
2. Collection of the student's personal effects (if the student is transported by ambulance and does not have them) for return to school (if required);
3. Debrief with students directly involved as witnesses to the event;
4. Debrief of staff involved;
5. Communication with the Principal and Deputy Principal as appropriate regarding the particulars of the incident, actions taken and outcomes;
6. Discuss with parents/guardians/carers (later) what occurred and ask them to seek medical advice on how it may be prevented in future (the Principal or Deputy Principal);
7. Review the student's individual management plan (the principal/assistant principal and First Aid Coordinator); and
8. Implement updated risk prevention strategies (where applicable).

Appendix 2

Department of Education (Vic) – Anaphylaxis Annual Risk Management Checklist

Annual risk management checklist

(must be completed by the Principal 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"> • online training (ASCIA anaphylaxis 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
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
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.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Has your school trained a minimum of 2 school staff (School Anaphylaxis Supervisors) to conduct competency checks of adrenaline autoinjectors (EpiPen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	
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

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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)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
15. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and accessibility of adrenaline autoinjectors	
17. Where are the student(s) adrenaline autoinjectors stored?	
18. Do all school staff know where the school's adrenaline autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the adrenaline autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<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

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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
SECTION 4: Risk Minimisation strategies	
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
SECTION 5: School management and emergency response	
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

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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

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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?	