

School Statement:

Weeroona College Bendigo will comply with legislation, most critically the:

- *Education and Training Reform Act 2006*, which specifies that a school must have an anaphylaxis management policy if it has enrolled a student in circumstances where the school knows that the student has been diagnosed as being at risk of anaphylaxis.
- *Ministerial Order 706 – Anaphylaxis Management in Victorian Schools*, which provides the regulatory framework for the management of anaphylaxis in all Victorian schools.

(Guidelines kept in the General Office and Wellbeing Department).

Background:

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

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Partnerships between schools and parents are important in ensuring that certain foods or items are kept away from the student while at the school.

Adrenaline given through an EpiPen auto-injector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

Purpose:

- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the students schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Individual Anaphylaxis Management Plans:

The principal will ensure that an individual anaphylaxis management plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis. The individual anaphylaxis management plan will be in place as soon as practicable after the student enrolls and where possible before their first day at the school. All student ASCIA Action Plans & Individual Anaphylaxis Management Plans are kept in the General Office as well as in each Learning Community (Learning Community Leaders office).

The individual anaphylaxis management plan will set out the following:

- Information about the diagnosis, including the type of allergy or allergies the student has (based on the diagnosis from a medical practitioner).
- Strategies to minimise the risk of exposure to allergens while the student is under the care of supervision of school staff, for in-school and out of school settings including camps and excursions.
- The name of the person/s responsible for implementing the strategies.
- Information on where the student's medication will be stored.
- The student's emergency contact details.
- An emergency procedures plan (ASCIA Action Plan), provided by the parent, that:
 - Sets out the emergency procedures to be taken in the event of an allergic reaction:
 - Is signed by a medical practitioner who was treating the child on the date the practitioner signs the emergency procedures plan; and
 - Includes an up to date photograph of the student.

Note: The red and blue "ASCIA Action Plan" is the most common form of emergency procedures plan that is provided by medical practitioners to parents when a child is diagnosed as being at risk of anaphylaxis. This form is available from the following sources:

- Weeroona College Bendigo website: <http://www.weeroona.vic.edu.au/>
- ASCIA: <http://www.allergy.org.au/health-professionals/anaphylaxis-resources/ascia-action-plan-for-anaphylaxis>

The student's individual management plan will be reviewed, in consultation with the student's parents/carers:

- Annually, and as applicable,
- If the student's conditions changes, or
- Immediately after a student has an anaphylactic reaction at school.

It is the responsibility of the parent to:

- Provide the emergency procedures plan (ASCIA Action Plan).
- Inform the school if their child's medical condition changes, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan). This must be done in writing.
- Provide an up to date photo for the emergency protocols plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed.
- Provide the school with an adrenaline autoinjector that is current for their child.
- Participate in annual reviews of their child's Plan.

Prevention Strategies:

It is important to remember that minimisation of the risk of anaphylaxis is everyone's responsibility; including the school principal, all school staff at WCB, parents and students of WCB and the broader school community. Parents must assist the school to manage the risk of anaphylaxis (as specified in the Order).

Risk minimisation and prevention strategies should be considered for all relevant in-school and out-of-school settings (but are not limited to) the following:

- During classroom activities (including class rotations, specialists and elective classes);
- Between classes and other breaks;
- In canteens;
- During recess and lunchtimes;
- Before and after school during which yard supervision is provided and
- Special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

School staff will be regularly reminded that they have a duty of care to take reasonable steps to protect students from reasonably foreseeable risks of injury.

Risk Minimisation strategies for Weeroona College Bendigo:

1. In School Settings:

Keep a copy of the student's Individual Anaphylaxis Management Plan in
Liaise with Parents about food-related activities ahead of time.
Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
Never give food from outside sources to a student who is at risk of anaphylaxis.
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.
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.
Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and

Adrenaline Auto-injector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident i.e. seeking a trained staff member.

2. Canteens:

Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to: 'Safe Food Handling' in the School Policy and Advisory Guide, available at: <http://www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx>
Helpful resources for food services: <http://www.allergyfacts.org.au/component/virtuemart/>

Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the Principal determines in accordance with clause 12.1.2 of the Order, have up to date training in an Anaphylaxis Management Training Course as soon as practical after a student enrolls.

Display the student's name and photo in the canteen as a reminder to School Staff.

Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts.

Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.

Make sure that tables and surfaces are wiped down with warm soapy water regularly.

Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. However, school communities can agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.

Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts.

3. Yard:

If WCB has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Auto-injector (i.e. EpiPen®) to be able to respond quickly to an anaphylactic reaction if needed.

The Adrenaline Auto-injector and each student's Individual Anaphylaxis Management Plan are easily accessible and staff should be aware of their exact location. (**Remember that an anaphylactic reaction can occur in as little as a few minutes**).

WCB must have an emergency response procedure in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.

Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.

Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.

Keep lawns and clover mowed and outdoor bins covered.

Students should keep drinks and food covered while outdoors.

4. Special Events (sporting events, incursion, class parties etc.):

If WCB has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Auto-injector to be able to respond quickly to an anaphylactic reaction if required.

School Staff should avoid using food in activities or games, including as rewards.

For special occasions, School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.

Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.

Party balloons should not be used if any student is allergic to latex.

If students from other schools are participating in an event at WCB, staff should consider requesting information from the participating schools about any students who will be attending the event who are at risk of anaphylaxis. This should include a discussion of the specific roles and responsibilities of the host and visiting schools.

Students at risk of anaphylaxis should bring their own adrenaline autoinjector with them to events outside their own school.

5. Camps & Remote Settings:

Prior to engaging a camp owner/operator's services WCB will make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider.

The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.

WCB will not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. WCB has a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.

WCB will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with Parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.

WCB Staff should consult with Parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.

If the School has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should also consider alternative means for providing food for those students.

Use of substances containing allergens should be avoided where possible.

Camps should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts.

If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs.

The student's Adrenaline Auto-injector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.

All staff attending camp should familiarise themselves with the students Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.

Prior to the camp taking place WCB School Staff should consult with the student's Parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.

WCB School Staff participating in the camp should be clear about their roles and responsibilities in the event of an anaphylactic reaction. Check the emergency response procedures that the camp provider has in place. Ensure that these are sufficient in the event of an anaphylactic reaction and ensure all School Staff participating in the camp are clear about their roles and responsibilities.

Contact local emergency services and hospitals well prior to the camp. Advise full medical conditions of students at risk, location of camp and location of any off camp activities. Ensure contact details of emergency services are distributed to all School Staff as part of the emergency response procedures developed for the camp.

Schools should strongly consider taking an Adrenaline Auto-injector for General Use on a school camp, even if

there is no student at risk of anaphylaxis, as a back up device in the event of an emergency.
WCB should consider purchasing an Adrenaline Auto-injector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
The Adrenaline Auto-injector should remain close to the student and School Staff must be aware of its location at all times.
The Adrenaline Auto-injector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Auto-injector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Auto-injector.
Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.
Cooking and art and craft games should not involve the use of known allergens.
Consider the potential exposure to allergens when consuming food on buses and in cabins.

6. Overseas Travel:

Review and consider the strategies listed under “Field Trips/Excursions/Sporting Events” and “Camps and Remote Settings”. Where an excursion or camp is occurring overseas, Schools should involve Parents in discussions regarding risk management well in advance.
Investigate the potential risks at all stages of the overseas travel such as: <ul style="list-style-type: none"> • travel to and from the airport/port; • travel to and from Australia (via aeroplane, ship etc); • various accommodation venues; • all towns and other locations to be visited; • sourcing safe foods at all of these locations; and • risks of cross contamination, including - <ul style="list-style-type: none"> ◦ exposure to the foods of the other students; ◦ hidden allergens in foods; ◦ whether the table and surfaces that the student may use will be adequate cleaned to prevent a reaction; and ◦ whether the other students will wash their hands when handling food.
Assess where each of these risks can be managed using minimisation strategies such as the following: <ul style="list-style-type: none"> • translation of the student’s Individual Anaphylaxis Management Plan and ASCIA Action Plan; • sourcing of safe foods at all stages; • obtaining the names, address and contact details of the nearest hospital and Medical Practitioners at each location that may be visited; • obtaining emergency contact details; and • determine the ability to purchase additional auto-injectors.
Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.
Plan for appropriate supervision of students at risk of anaphylaxis at all times, including that: <ul style="list-style-type: none"> • there are sufficient School Staff attending the excursion who have been trained in accordance with Section 12 of the Ministerial Order. • there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food or being otherwise exposed to potential allergens. • there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and • staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.
The School should re-assess its Emergency Response Procedures, and if necessary adapt it to the particular

circumstances of the overseas trip. Keep a record of relevant information such as the following:

- dates of travel;
- name of airline, and relevant contact details;
- itinerary detailing the proposed destinations, flight information and the duration of the stay in each location;
- hotel addresses and telephone numbers;
- proposed means of travel within the overseas country;
- list of students and each of their medical conditions, medication and other treatment (if any);
- emergency contact details of hospitals, ambulances, and Medical Practitioners in each location;
- details of travel insurance
- plans to respond to any foreseeable emergency including who will be responsible for the implementation of each part of the plans;
- possession of a mobile phone or other communication device that would enable the School Staff to contact emergency services in the overseas country if assistance is required.

7. Work Experience:

Schools should involve Parents, the student and the employer in discussions regarding risk management prior to a student at risk of anaphylaxis attending work experience. Staff must be shown the ASCIA Action Plan for Anaphylaxis and how to use the Adrenaline Autoinjector in case the work experience student shows signs of an allergic reaction whilst at work experience.

It is important to note that it is not recommended that banning of food or other products is used as a risk minimisation and prevention strategy. The reasons for this are as follows:

- it can create complacency among staff and students;
- it does not eliminate the presence of hidden allergens; and
- it is difficult to "ban" all triggers (allergens) because these are not necessarily limited to peanuts and nuts. Triggers and common allergens can also include eggs, dairy, soy, wheat, sesame, seeds, fish and shellfish.

8. Field trips/excursions/sporting events:

If WCB has a student at risk of anaphylaxis, sufficient school staff supervising the special event must be trained in the administration of an adrenaline autoinjector and be able to respond quickly to an anaphylactic reaction if required.

School staff member or team of school staff trained in the recognition of anaphylaxis and the administration of the adrenaline autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions

School staff should avoid using food in activities or games, including as rewards.

The adrenaline autoinjector and a copy of the individual ASCIA Action Plan for Anaphylaxis for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.

For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio.

All school staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.

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

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

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

9. Travel to and from school by school bus:

School staff should consult with parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation strategies are in place to manage an anaphylactic reaction should it occur on the way to or from school on the bus. This includes the availability and administration of an adrenaline autoinjector. The adrenaline autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student on the bus even if this child is deemed too young to carry an adrenaline autoinjector on their person at school.

Storage of adrenaline autoinjectors?

Weeroona College Bendigo will:

- Store adrenaline autoinjectors for individual students, or for general use, correctly and be able to access them quickly.
- Ensure that adrenaline autoinjectors will be stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer.
- Ensure that each adrenaline autoinjector will be clearly labelled with the student's name and be stored with a copy of the student's ASCIA Action Plan for Anaphylaxis.
- Ensure that adrenaline autoinjector for general use will be clearly labelled and distinguishable from those students at risk of anaphylaxis and stored with a general ASCIA Action Plan for Anaphylaxis (*Refer to Appendix 5*).
- Ensure that adrenaline autoinjector trainer device (which do not contain adrenaline or a needle) will not be stored in the same location due to the risk of confusion.

Regular review of adrenaline autoinjectors:

Weeroona College Bendigo will undertake regular reviews of student's adrenaline autoinjectors, and those for general use. The following factors will be considered:

Are adrenaline autoinjectors:	
<ul style="list-style-type: none"> • Stored correctly and able to be accessed quickly? (in some cases, exposure to an allergen can lead to an anaphylactic reaction in as little as five minutes) • Stored in an unlocked, easily accessible place away from direct light and heat? They should not be stored in the refrigerator or freezer • Clearly labelled with the student's name, or clearly distinguished as being for general use only? • Signed in and out when taken from their usual place, e.g. for camps or excursions? 	
Is each student's adrenaline autoinjector clearly distinguishable from other students' adrenaline autoinjectors and medications?	
Are adrenaline autoinjectors for general use clearly distinguishable from students' individual adrenaline autoinjectors?	
Do all school staff know where adrenaline autoinjectors are located?	
Is a copy of the student's ASCIA Action Plan for Anaphylaxis kept with their individual adrenaline autoinjector?	
Is a copy of the general ASCIA Action Plan for Anaphylaxis (orange) kept with the general use adrenaline autoinjector?	
Depending on the speed or severity of previous anaphylactic reactions, it may be appropriate to have a student's adrenaline autoinjector in class.	
It is important to keep adrenaline autoinjector trainer devices (which do not contain adrenaline) in a separate location from students' adrenaline autoinjectors.	

The School Anaphylaxis Supervisor/First Aid Co-ordinator will regularly conduct reviews of the adrenaline autoinjectors to ensure they are not out of date or cloudy/discooured.

If the School Anaphylaxis Supervisor identifies any adrenaline autoinjectors which are out of date or cloudy/discooured, they should:

- Immediately send a written reminder to the student's parents to replace the adrenaline autoinjector as soon as possible.
- If there is no response received from the parents or if no replacement adrenaline autoinjector is provided, the School Anaphylaxis Supervisor will follow up with a phone call home to the parents/guardians of the individual student.
- Advise the principal that an adrenaline autoinjector needs to be replaced by a parent and
- Work with the principal to prepare an interim Individual Anaphylaxis Management Plan pending receipt of the replacement adrenaline autoinjector.

Communication Plan:

The principal will be responsible for ensuring that a communication plan is developed to provide awareness, working with parents/carers and engaging the broader school community.

The communication plan will include information about what steps will be taken to respond to an anaphylactic reaction by a student in a classroom, in the school yard, on school excursions, on school camps and special events days. Volunteers and casual relief staff of students at risk of anaphylaxis will be informed of students at risk of anaphylaxis and their role in responding to an anaphylactic reaction by a student.

Please refer to attachment: ***Communication Plan – Appendix 1.***

Appendices:

- Communication Plan – Appendix 1.
- Risk Management Checklist – Appendix 2.
- Individual Anaphylaxis Management Plan – Appendix 3.
- ASCIA Action Plan – Appendix 4.
- ASCIA Action Plan for Anaphylaxis (orange) – Appendix 5.

References:

- DET Anaphylaxis Policy.

Appendix A **COMMUNICATION PLAN**

The principal has an overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis.

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

It must also include strategies for advising School Staff, students and parents about how to respond to an anaphylactic reaction of 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, organised or attended by the School.

It is the responsibility of the Principal of Weeroona College Bendigo to ensure that the School Staff are:

- Adequately trained (by completing the 22300VIC or 10313NAT course every 3 years, or by completing the ASCIA e-training every 2 years).
- Briefed at least twice per calendar year through an in-house school briefing in accordance with the Ministerial Order.

(In accordance with the Ministerial Order, Chapter 5).

Raising Staff Awareness:

Relevant school staff must be briefed at least twice per year by a staff member who has current anaphylaxis management training.

It is recommended that School Anaphylaxis Supervisors be responsible for briefing all:

- Volunteers and casual relief staff
- New school staff (including administration and office staff, canteen staff, sessional teachers, specialist teachers) of the above information and their role in responding to an anaphylactic reaction by a student in their care.

Raising student awareness:

School staff can raise awareness in school through fact sheets or posters displayed in Learning Communities, the canteen and classrooms. Class teachers are strongly encouraged to discuss the topic with students in their class, with a few simple key messages:

- Wash your hands after eating.
- Don't share your food with friends who have food allergies.
- Always take food allergies seriously.
- If a school friend becomes sick, get help immediately even if the friend does not want you to.
- Be respectful of a school friend's adrenaline injector.
- Don't pressure your friend to eat food that they are allergic to.

It is important to:

- Do not single out a student that is at risk of anaphylaxis.
- Be aware that bullying of a student at risk of anaphylaxis can occur.
- Talk to students involved in bullying so they are aware of the seriousness of an anaphylactic reaction.

Work with parents:

Parents of a student who is at risk of anaphylaxis may experience considerable anxiety about sending their child to school. It is important to:

- Develop an open and cooperative relationship with them.
- Discuss the appropriate management strategies that have been put in place.
- Discuss the practical prevention strategies in place at Weeroona College Bendigo.
- Provide regular communication and increase education, awareness and support from the school community.

Raising School Awareness:

Weeroona College Bendigo will actively raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. This will be done by:

- Information about Anaphylaxis on the school website.
- Regular information in the school newsletter.
- Education provided to students at Weeroona College Bendigo.
- Provide links to relevant resources:
 - www.rch.org.au/allergy/parent_information_sheets/Parent_Information_Sheets/
 - www.allergy.org.au
 - www.epiclub.com.au
 - www.allergyfacts.org.au/allergy-and-anaphylaxis
 - www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/
 - www.rch.org.au/allergy/

Storage of Adrenaline Autoinjectors:

At WCB, Adrenaline Auto-injectors:

- For individual students or for general use, will be stored correctly and be able to be accessed quickly.
- Will be stored in an unlocked, easily accessible place away from direct light and heat but not in a refrigerator or freezer.
- Will be clearly labelled with the student's name and be stored with a copy of the student's ASCIA Action Plan.
- The General Use (Adrenaline Auto-injector) will be clearly labelled and distinguishable from those for students at risk of anaphylaxis.
- Trainer Adrenaline Autoinjectors (which do not contain adrenaline or a needle) are not stored in the same location due to the risk of confusion.

Staff Training:

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

The online training course is free to all Victorian school staff and can be accessed at: <http://etrainingvic.allergy.org.au>

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

- Conduct classes attended by students with a medical condition relating to allergy and the potential for anaphylactic reaction or;
- Are specifically identified & requested to do so by the school principal's assessment of the risk of an anaphylactic reaction occurring while a student is under that staff member's care, authority or supervision.

The Order states that school staff must:

- Successfully complete an anaphylaxis management training course (either online or face to face) and
- Participate in WCB's twice yearly briefings conducted by the School Anaphylaxis Supervisor.

Training will be provided to these staff as soon as practicable after the student enrolls. Wherever possible, training will take place before the students first day at school. Where this is not possible, an interim plan will be developed in consultation with the parents. The school's first aid procedures and students emergency procedure plan (ASCIA Action Plan & Individual Anaphylaxis Management Plan) will be followed when responding to an anaphylactic reaction.

Please refer to attachment: ***Individual Anaphylaxis Management Plan – Appendix 3***
ASCIA Action Plan – Appendix 4.

What type of training should be undertaken?**(a) Online Training – ASCIA Anaphylaxis e-Training:**

The DET recommends that ALL Victorian school staff undertake the online training course. The course includes six modules on anaphylaxis emergency management:

- What are allergies and anaphylaxis
- Signs, symptoms and recommended action for allergy and anaphylaxis
- Adrenaline autoinjectors

- ASCIA Action Plans
- Anaphylaxis management in Victorian schools
- A final assessment module.

Completion of the online training course along is **not** sufficient to meet the requirements of the Order. WCB's School Anaphylaxis Supervisors (Sarah Warburton – School Nurse & Wendy White – First Aid) will also assess each staff member's competency in the administration of an adrenaline autoinjector.

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

Accreditation is for 2 years.

Refer to the *ASCIA Anaphylaxis e-training for Victorian Schools* go to:
<http://etrainingvic.allergy.org.au>

Competency Check for Online Training Course:

The principal must recognise **two school staff per school** (Sarah Warburton & Wendy White) to become School Anaphylaxis Supervisors.

The key role of the Supervisors is:

- To undertake competency checks on all staff that have successfully completed the online training course.
- These competency checks need to be undertaken by the Supervisor within 30 days of a relevant member of the school staff completing the online training course.

School Anaphylaxis Supervisor Role:

Each supervisor will:

- Ensure they have currency in the *Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC* (every 3 years) and the *ASCIA Anaphylaxis e-training for Victorian Schools* (every 2 years).
- Ensure that they provide the principal with documentary evidence of currency in the above courses
- assess and confirm the correct use of adrenaline autoinjector (trainer) devices by other school staff undertaking the ASCIA Anaphylaxis e-training for Victorian Schools
- Send periodic reminders to staff or information to new staff about anaphylaxis training requirements and liaise with the principal to ensure records of the anaphylaxis training undertaken by all school staff are stored on-site at the school
- Provide access to the adrenaline autoinjector (trainer) device for practice use by school staff
- Provide regular advice and guidance to school staff about allergy and anaphylaxis management in the school as required
- Liaise with parents or guardians (and, where appropriate, the student) to manage and implement Individual Anaphylaxis Management Plans
- Liaise with parents or guardians (and, where appropriate, the student) regarding relevant medications within the school
- Lead the twice-yearly anaphylaxis school briefing
- Develop school-specific scenarios to be discussed at the twice-yearly briefing to familiarise staff with responding to an emergency situation requiring anaphylaxis treatment; for example: a bee sting occurs on school grounds and the allergic student is conscious, an allergic reaction where the student has collapsed on school grounds and the student is not conscious.
- Develop similar scenarios for when staff are demonstrating the correct use of the adrenaline autoinjector (trainer) device.

(Please refer to the *The School Anaphylaxis Supervisor Checklist* is provided at Appendix ...)

Twice-yearly school briefings:

In addition to the training outline above, an in-house anaphylaxis school briefing with **all school staff** must be conducted twice a year and should be led by the School Anaphylaxis Supervisor.

The briefing should include information on:

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

Emergency Response:

1. Self-administration of the Adrenaline Autoinjector:

The decision whether a student can carry their own Adrenaline Auto-injector should be made when developing the student's Individual Anaphylaxis Management Plan, in consultation with the student, the student's parents and the student's Medical Practitioner.

If a student self-administers an Adrenaline Auto-injector, one member of the School Staff should supervise and monitor the student, and another member of the School Staff should contact an ambulance (000).

If a student carries their own Adrenaline Auto-injector, it may be prudent to keep a second Adrenaline Auto-injector (provided by the parent) on-site in the sick bay, easily accessible & in an unlocked location that is known to all School Staff.

2. Responding to an incident:

Where possible, only School Staff with training in the administration of the Adrenaline Auto-injector should administer the student's Adrenaline Auto-injector. It is imperative that the Adrenaline Auto-injector be administered as soon as possible after an anaphylactic reaction. The Adrenaline Auto-injector can also be administered by any person following the instructions in the students' ASCIA Action Plan & Individual Anaphylaxis Management Plan.

It is important that in responding to an incident the student does not stand and is not moved unless in further danger. The ambulance should transport the student by stretcher to the ambulance, even if symptoms appear to have improved or resolved. The student must be taken to the ambulance on a stretcher if adrenaline has been administered.

a. In-school Environment:

Emergency Response
1. Classrooms – staff at WCB may use mobile phones/personal mobile phones to raise the alarm that a reaction has occurred.
2. Yard – staff at WCB may use mobile phones while on yard duty. Consideration needs to be given to the size of the campus, the number & age of students at risk, where first aiders will be stationed during lunch & recess breaks.
3. Teacher must remain with the student whilst another School Staff member contacts the General Office and retrieves the students Adrenaline Auto-injector & the student's Individual Anaphylaxis Management Plan (includes the ASCIA Action Plan).
4. General Office will immediately call an ambulance (000). They must remain on line in case of further instructions.
5. Nominate a staff member to wait for an ambulance at a designated school entrance.
6. If a First-time reaction occurs please follow instructions as below in "First-time Reactions".
7. Once the Adrenaline Auto-injector is retrieved, administer the EpiPen®.
8. Remove the plastic container.
9. Form a fist around the EpiPen® and pull off the blue safety cap.
10. Place orange end against the student's outer mid-thigh (with or without clothing).

11. Push down hard until a click is heard or felt and hold in place for 10 seconds.
12. Remove the EpiPen®.
13. Massage injection site for 10 seconds.
14. Note the time you administered the EpiPen®.
15. The used auto-injector must be handed to the ambulance paramedics along with the time of administration.
16. If parent is unable to meet the student at the hospital, the staff member involved must attend the hospital with the student.

If an Adrenaline Autoinjector is administered, the School must:

1. Immediately call an ambulance (000) if it has not been done already.
2. Lay the student flat and elevate the legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3. Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another staff member of the School Staff to move other students away and reassure them elsewhere.
4. In the situation where there is no improvement or severe symptoms progress, further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available (such as adrenaline autoinjector for general use).
5. Then contact the student's emergency contacts.
6. For Government schools – later contact Security Services Unit, Department of Education & Training to report the incident on 95896266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

b. Out-of-school Environments:

Emergency Response:
1. Excursions and Camps – Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis.
2. A team of School Staff trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue.
3. It is imperative that the process also addressed: <ul style="list-style-type: none"> • The location of adrenaline autoinjectors i.e. who will be carrying them? Is there a 2nd medical kit? Who has it? • How to get the adrenaline autoinjector to a student as quickly as possible in case of an allergic reaction. • Who will call for ambulance response, including giving detailed location address?
4. The student's EpiPen® should be taken personally by the classroom teacher to the activity or excursion, along with a Generic EpiPen®, from sick bay. They will ensure the EpiPen®'s are stored correctly (at room temperature and away from light) in an unlocked, easily accessible place.
5. A mobile telephone must be taken to any off school campus activity attended by an anaphylactic student.
6. In the event of an anaphylactic episode staff attending with the student will follow the student's ASCIA action plan & administer the Adrenaline Auto-injector, noting the time given, and then ring 000 for an ambulance.
7. If it is a student who does not have a known anaphylaxis see instructions below for first time reactions.
8. The staff member will be required to contact the General Office to inform the Principal of the incident.
9. The staff member will be required to contact parents/guardian or nominate a person to. If the staff member finds that the parents are unable to meet the child at hospital, the staff member will travel with the student to hospital.

Post incident support:

In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident counselling, provided by School Wellbeing Team, or School Psychologist.

Review Process:

- | |
|---|
| 1. The Adrenaline Auto-injector must be replaced by the parent as soon as possible. |
| 2. The Principal must ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Auto-injector being provided. |
| 3. If the Adrenaline Auto-injector for General Use has been used this should be replaced as soon as possible. |
| 4. The Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Auto-injector for General Use being provided. |
| 5. The student's Individual Management Plan should be reviewed in consultation with the student's parents. |
| 6. The School's Anaphylaxis Management Policy should be reviewed to ensure it adequately responds to anaphylactic reactions by students who are in the care of School Staff. |

First-time reactions:

If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the School Staff should follow the School's First Aid Procedures.

This should include immediately:

- Locating and administering an adrenaline autoinjector for general use.
- Following instructions on the ASCIA Action Plan for Anaphylaxis general use (Orange) (which is stored with the general use adrenaline autoinjector).
- Followed by calling the ambulance **000**. If calling from a mobile phone which is out of range, call **112**.

Appendix:

- Communication Plan – Appendix 1.
- Risk Management Checklist – Appendix 2.
- Individual Anaphylaxis Management Plan – Appendix 3.
- ASCIA Action Plan – Appendix 4.
- ASCIA Action Plan for Anaphylaxis (orange) – Appendix 5.
- The School Anaphylaxis Supervisor Checklist – Appendix 6.

References:

- DET Anaphylaxis Policy.

Appendix 2 Annual Risk Management Checklist

School Name:	Weeroona College Bendigo	
Date of Review:	10/11/02016	
Who completed this checklist?	Name: Leanne Preece	
	Position: Principal	
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?	5	
2. How many of these students carry their Adrenaline Autoinjector on their person?	None	
3. Have any students ever had an allergic reaction requiring medical intervention at school?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
a. If Yes, how many times?		
4. Have any students ever had an Anaphylactic Reaction at school?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many students?	Two	
b. If Yes, how many times	Once	
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?	Twice	
6. 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 checked="" type="checkbox"/> No As per LPR	
SECTION 1: Individual Anaphylaxis Management Plans		
7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

b. In canteens or during lunch or snack times	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after School, in the school yard and during breaks	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
a. Where are they kept? <ul style="list-style-type: none"> • Learning Community Leaders Office (Wannop, Merrin, Katyl & Kappen Learning Communities x 4). • First Aid Office (General Office): <ul style="list-style-type: none"> • General EpiPen • Travel EpiPen 	
11. Does the ASCIA Action Plan include a recent photo of the student?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If the plan is up to date.
SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors	
12. Where are the student(s) Adrenaline Autoinjectors stored? <ul style="list-style-type: none"> • First Aid Office (General Office). 	
13. Do all School Staff know where the School's Adrenaline Autoinjectors for General Use are stored?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
15. Is the storage safe?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
16. Is the storage unlocked and accessible to School Staff at all times? Comments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
17. Are the Adrenaline Autoinjectors easy to find? Comments:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
18. Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Autoinjector?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who? Wendy White (First Aid Officer).	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
22. Has the School signed up to EpiClub?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
24. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School's first aid kit(s)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25. Where are these first aid kits located? <ul style="list-style-type: none"> • First Aid Office (General Office). • Each Learning Community Leaders Office (x 4). 	
26. Is the Adrenaline Autoinjector for General Use clearly labelled as the 'General Use' Adrenaline Autoinjector? (Wendy has updated this)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc? (Wendy has developed)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Prevention Strategies	
28. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior? (As per LPR)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: School Management and Emergency Response	
32. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
33. Do School Staff know when their training needs to be renewed?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. In the class room?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

b. In the school yard?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. In all School buildings and sites, including gymnasiums and halls?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. At school camps and excursions?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. On special even days (such as sports day) conducted, organised or attended by the School?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
35. Does your plan include who will call the Ambulance?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
36. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. The class room? <i>Wannop Learning Community 1 minute 35 seconds</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. The school yard? <i>1 minute 20 seconds</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. The sports field? <i>Middle of field 2 minutes 27 seconds</i>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
38. 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
39. Who will make these arrangements during excursions? <ul style="list-style-type: none"> • Teacher arranging the sporting activity. • Advisor of the student as well as Learning Community Leader. • First Aid Officer. 	
40. Who will make these arrangements during camps? <ul style="list-style-type: none"> • Teacher arranging the sporting activity (must discuss with the First Aid Officer) • Advisor of the student as well as Learning Community Leader. • First Aid Officer. 	
41. Who will make these arrangements during sporting activities? <ul style="list-style-type: none"> • Teacher arranging the sporting activity (must discuss with the First Aid Officer) • Advisor of the student as well as Learning Community Leader. • First Aid Officer. 	
42. Is there a process for post incident support in place?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:	
a. The School's Anaphylaxis Management Policy?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the Adrenaline Autoinjector(s) for General Use is kept?	<input checked="" 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Communication Plan	
44. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?	
a. To School Staff?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
c. To Parents?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
45. Is there a process for distributing this information to the relevant School Staff?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it? <ul style="list-style-type: none"> Developed by Wendy White & Daniel Sharman; Shared digital folder on Compass. CRT's will be given information from Daily Organiser as well as the sheet of information regarding students with Anaphylaxis. 	
46. How is this information kept up to date? <ul style="list-style-type: none"> First Aid Office to regularly update folder with student anaphylaxis information and changes to ASCIA Action Plans and Individual Anaphylaxis Management Plans. 	
47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
48. What are they? <ul style="list-style-type: none"> Information regarding Anaphylaxis Policy and Procedure placed on School Website & in newsletters. Information regarding Anaphylaxis placed around school. 	

Appendix 3 Individual Anaphylaxis Management Plan			
School	Weeroona College Bendigo	Phone	03 54432 133
Student			
DOB		Year level	
Severely allergic to:			
Other health conditions			
Medication at school			
EMERGENCY CONTACT DETAILS (PARENT)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
EMERGENCY CONTACT DETAILS (ALTERNATE)			
Name		Name	
Relationship		Relationship	
Home phone		Home phone	
Work phone		Work phone	
Mobile		Mobile	
Address		Address	
Medical practitioner contact	Name		
	Phone		
Emergency care to be provided at school:			
Storage for Adrenaline Auto-injector (device specific) (EpiPen®)			
ENVIRONMENT			
To be completed by the Principal or nominee on the basis of information from the student's medical practitioner provided by parents/carers. 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:		Date Completed	
Classrooms <ul style="list-style-type: none"> • Drama and special activity groups 	<ul style="list-style-type: none"> • Keep a copy of the student's Individual Action Management Plan in the Performing Arts Building. • Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Alternative treat boxes should be clearly labelled & only handled by the student. • Party balloons should not be used if any student is allergic to latex. • Sufficient school staff supervising the special event will be trained in the administration of an adrenaline autoinjector. • Be aware of the possibility of hidden allergen potential in activities which will be using food and objects for props etc. such as Bean Bags made out of lentils. 	All teachers	
<ul style="list-style-type: none"> • Cooking/Food Technology 	<ul style="list-style-type: none"> • Keep a copy of the student's Individual Action Management Plan in the Hospitality Kitchen. • Engage parents in discussion prior to cooking sessions and activities using food. • Be aware of the possibility of hidden allergen potential in food and food packaging (e.g. egg or milk cartons, empty peanuts butter jars). • Allocated workspace for each lesson and separate tools and utensils to be utilised if necessary that are thoroughly cleaned and wiped down at the end of each lesson including utensils washed using the dishwasher. • Cross contamination from previous classes, e.g. science room/peanut oil. Food and lab technicians to ensure all allergens removed prior to student's attendance. Also applies to general classrooms. • 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. • Staff will have regular discussions with students about the importance of washing hands, eating their own food and not sharing food. 	Cooking/ Food Technology teachers and assistant.	
<ul style="list-style-type: none"> • Science Classes 	<ul style="list-style-type: none"> • Keep a copy of the student's Individual Action Management Plan in the Learning Community Leaders Office. • Engage parents in discussion prior to activities containing foods. • Be aware of the possibility of hidden allergen potential in food and food packaging (e.g. egg or milk cartons, empty peanuts butter jars). • Allocated workspace for each lesson that is thoroughly cleaned and wiped down at the end of each lesson. 	Science Teachers and Lab Technician	

	<ul style="list-style-type: none"> Cross contamination from previous classes, e.g. science room/peanut oil. Food and lab technicians to ensure all allergens removed prior to student's attendance. 		
<ul style="list-style-type: none"> Art Classes 	<ul style="list-style-type: none"> Keep a copy of the student's Individual Action Management Plan in the Learning Community Leaders Office. Engage parents in discussion prior to activities containing foods. Be aware of the possibility of hidden allergen potential in food and food packaging (e.g. Egg and yogurt cartons used for paint pots etc) Activities such as face painting or mask making (when moulded on the face of the child), are discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg. Care to be taken with sculpting materials and paints to. Check that nut oils have not been used in manufacture. Discuss options with parents at all times. 	Art Teacher	
<ul style="list-style-type: none"> Music Classes 	<ul style="list-style-type: none"> Keep a copy of the student's Individual Action Management Plan in the Performing Arts Building. Music teacher to be aware, there should be no sharing of wind instruments, e.g. recorders. Parents are encouraged to provide students own instrument. 	Music Teacher	
<ul style="list-style-type: none"> Part-time educators, casual relief teachers & welfare team and external group providers 	<p>All educators at school will be informed of the identities of children at risk of anaphylaxis and will be made aware of the ASCIA Action Plans & Individual Anaphylaxis Management Plans.</p> <p>A designated staff member will inform casual relief teachers and specialist teachers of students at risk of anaphylaxis, the preventive strategies in place and the school's emergency procedures. Provide casual relief teachers with a procedure sheet and a copy of the student's ASCIA Action Plan for Anaphylaxis and a copy of the student's Individual Management Plan.</p> <p>Casual staff who have not received training in anaphylaxis management and emergency treatment will need to be considered when allocated a class with a child at risk of anaphylaxis and if this teacher is on yard duty.</p> <p>Suggestions for CRT management in school:</p> <ul style="list-style-type: none"> Casual staff, who work at school will be invited to be included in anaphylaxis training sessions to increase the likelihood that they recognise an allergic reaction and know how to administer the adrenaline auto injector. First Aid coordinator and Secondary School Nurse have interim educational tools such as auto injector training devices and DVDs available to all staff who wish to familiarise themselves further in between training. 	<p>First Aid, Coordinator, Daily Organiser.</p> <p>Daily Organiser.</p>	
Yard Duty	<p>Students with Anaphylaxis will be excused from Yard duty and non-rubbish collecting duties allocated instead.</p> <p>The school will have sufficient staff on duty trained in the administration of a EpiPen®</p>	Yard duty coordinator.	

	<ul style="list-style-type: none"> Emergency procedures will be understood by all staff and ideally all staff will be Anaphylaxis trained. Staff will follow the emergency procedures to be taken in the event of an allergic reaction. Staff will stay with the student who is experiencing the reaction and direct another person to bring the students' EpiPen® to them. Staff will not move the student experiencing the reaction or leave them unattended. <p>Students with anaphylactic responses to insects will be encouraged to stay away from water and flowering plants. Staff may also liaise with parents/carers re wearing long sleeve garments when outdoors.</p>	All teachers/First aid staff.	
<u>Food brought to school for special event days etc.</u>	Engage parents in discussion prior to events and activities which will be using food	Class teacher or staff organizing the event.	
<u>School camps</u>	<ul style="list-style-type: none"> Prior to engaging a camp owner/operator's services the school will make enquiries as to whether the operator can provide food that is safe for anaphylactic students. The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party. WCB will conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis while they are on camp. This will be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement. School staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate procedures are in place to manage an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken in order for the school to adequately discharge its non-delegable duty of care. If WCB has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns in writing with the camp owner/operator and also consider alternative means for providing food for those students. Use of substances containing known allergens should be avoided altogether where possible. 	Principal, Parents, First aid coordinator, staff organizing event.	

	<ul style="list-style-type: none"> • Camps should be strongly discouraged from stocking peanut or tree nut products, including nut spreads. Products that 'may contain' traces of nuts may be served, but not to students who are known to be allergic to nuts. • If eggs are to be used there must be suitable alternatives provided for any student known to be allergic to eggs. • Prior to the camp taking place school staff should consult with the student's parents to review the students Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp. • The student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis 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. • All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction. • Contact local emergency services and hospitals well before the camp to provide details of any medical conditions of students, location of camp and location of any off-camp activities. Ensure contact details of emergency services are distributed to all school staff as part of the emergency response procedures developed for the camp. • WCB will take an adrenaline autoinjector for general use on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency. • Each student's adrenaline autoinjector should remain close to the student and school staff must be aware of its location at all times. • The adrenaline autoinjector should be carried in the school first aid kit; however, schools can consider allowing students, particularly adolescents, to carry their adrenaline autoinjector on camp. Remember that all school staff members still have a duty of care towards the student even if they do carry their own adrenaline autoinjector. • Students with allergies to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants. • Cooking and art and craft games should not involve the use of known allergens. • Consider the potential exposure to allergens when consuming food on buses and in cabins. 		
Canteen	<ul style="list-style-type: none"> • Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to: 'Safe Food Handling' in the School Policy and Advisory 	Parents/first aid officer/canteen manager	

	<p>Guide at: www.education.vic.gov.au/school/principals/spag/governance/pages/foodhandling.aspx Helpful resources for food services available at: www.allergyfacts.org.au</p> <ul style="list-style-type: none"> • Canteen staff, including volunteers, should be briefed about students at risk of anaphylaxis and, where the principal determines in accordance with clause 12.1.2 of the Order, these individual have up to date training in an anaphylaxis management training course as soon as practical after a student enrolls. • A copy of the student's ASCIA Action Plan for Anaphylaxis will be placed in the canteen as a reminder to canteen staff and volunteers. • Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. • Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement. • Make sure that tables and surfaces are wiped down with warm soapy water regularly. • Food banning is not generally recommended. Instead, a 'no-sharing' with the students with food allergy approach is recommended for food, utensils and food containers. • Be wary of contamination of other foods when preparing, handling or displaying food. For example, a tiny amount of butter or peanut butter left on a knife and used elsewhere may be enough to cause a severe reaction in someone who is at risk of anaphylaxis from cow's milk products or peanuts. 		
<u>Excursions, Sports and Swimming programs</u>			
<u>School Bus</u>	<p>Parent/carers will be involved in discussions with the school and encouraged to discuss safety strategies with the bus company, including the emergency medication and responses for anaphylaxis prior to the students travelling on the bus.</p>	Assistant Principal and First aid coordinator.	
<u>Medical Kit Management</u>	<p><u>Students own and school's EpiPen:</u></p> <p>The medical kit will contain ASCIA Action Plan and is easily accessible in each student's main learning area. The kit should be taken with the student to all other campus and group excursions.</p> <p>The Medical Kit will be kept with student or staff in easily accessible and appropriate place which avoids poor access or damage to the medicine i.e.: out of sun and not in warm or locked parked car or bus.</p> <p>Student's home kit can be kept in their locker (to be taken home every day by student for their safety in transit to and from school on transport).</p> <p>In case of an anaphylaxis emergency Student EpiPens and First Aid EpiPens should be accessed as quickly as possible and administered according to anaphylaxis action plan.</p>	First aid staff, staff accompanying student on excursion, parents and student.	
<u>Overseas Travel</u>	<p>Parent/carers will be involved in discussions well in advance of the excursion, with the school. They will discuss safety strategies with the staff member, including the emergency medication and responses for anaphylaxis.</p>	Parents and staff organizing overseas	

	It could require the lengthy process of translating names of allergens, emergency information and the students ASCIA Action plan.	trip.	
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