



ANAPHYLAXIS POLIXY

PURPOSE

To explain to Auburn Primary School parents, carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Auburn Primary School is compliant with Ministerial Order 706 (see Appendix A) and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

- all staff, including causal relief staff and volunteers
- all students who have been diagnosed with anaphylaxis or who may require emergency treatment for an anaphylactic reaction and their parents and carers.

POLICY

School Statement

Auburn Primary School will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Anaphylaxis

Anaphylaxis is a severe allergic reaction that occurs after exposure to an allergen. The most common allergens for school aged children are nuts, eggs, cow's milk, fish, shellfish, wheat, soy, sesame, latex, certain insect stings and medications.

Symptoms

Sights and symptoms of a mild to moderate allergic reactions can include:

- swelling of the lips, face and eyes
- hives or welts
- tingling in the mouth

Signs and symptoms of anaphylaxis, a severe allergic reaction, can include:

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice
- wheeze or persistent cough
- persistent dizziness or collapse
- student appears pale or floppy
- abdominal pain and/or vomiting

Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

Treatment

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

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Auburn Primary School who are diagnosed as being at risk of suffering from an anaphylactic reaction by a medical practitioner must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the principal of Auburn Primary School is responsible for developing a plan in consultation with the student's parents/carers.

Where necessary, an Individual Anaphylaxis Management Plan will be in place as soon as practicable after a student enrolls at Auburn Primary School and where possible, before the student's first day.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide an up to date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the school and each time it is reviewed
- provide the school with a current adrenaline autoinjector for the student that is not expired
- participate in annual reviews of the student's Plan.

Each student's Individual Anaphylaxis Management Plan must include:

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

Review and updates to Individual Anaphylaxis Plans

A student's Individual Anaphylaxis Plan will be reviewed and updated on an annual basis in consultation with the student's parents/carers. The plan will also be reviewed and, where necessary, updated in the following circumstances:

- as soon as practicable after the student has an anaphylactic reaction at school
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's Individual Anaphylaxis Management Plan if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Location of plans and adrenaline autoinjectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the first aid room (Main Office), together with the student's adrenaline autoinjector. Adrenaline autoinjectors must be labelled with the student's name.

An additional copy of the child's Individual Anaphylaxis management Plan will be displayed in their learning space, and that of their Connect group.

Risk Minimisation Strategies

Classrooms	
1.	Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Autoinjector is kept in another location.
2.	Liaise with Parents about food-related activities ahead of time.
3.	Use non-food treats where possible, but if food treats are used in class it is recommended that parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.
4.	Never give food from outside sources to a student who is at risk of anaphylaxis.
5.	Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.
6.	Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.
7.	Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).
8.	Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
9.	Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

10.	A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student's Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School's Anaphylaxis Management Policy, and each individual person's responsibility in managing an incident. ie seeking a trained staff member.
Yard	
1.	If a School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.
2.	The Adrenaline Autoinjector and each student's Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes).
3.	Schools must have a Communication Plan in place so the student's medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the School's Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.
4.	Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.
5.	Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
6.	Keep lawns and clover mowed and outdoor bins covered.
7.	Students should keep drinks and food covered while outdoors.
Special events (e.g. sporting events, incursions, class parties, etc.)	
1.	If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.

2.	School Staff should avoid using food in activities or games, including as rewards.
3.	For special occasions, School Staff should consult parents in advance to either develop an alternative food menu or request the parents to send a meal for the student.
4.	Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.
5.	Party balloons should not be used if any student is allergic to latex.

Field trips/excursions/sporting events

1.	If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
2.	A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.
3.	School Staff should avoid using food in activities or games, including as rewards.
4.	The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and School Staff must be aware of their exact location.
5.	For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All School Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.
6.	The School should consult parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents provide a meal (if required).

7.	Parents may wish to accompany their child on field trips and/or excursions. This should be discussed with parents as another strategy for supporting the student who is at risk of anaphylaxis.
8.	Prior to the excursion taking place School Staff should consult with the student's parents and medical practitioner (if necessary) to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.

Camps and remote settings

	Prior to engaging a camp owner/operator's services the School should make enquiries as to whether it can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation to the School, then the School should consider using an alternative service provider.
	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.
	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.
	Schools should conduct a risk assessment and develop a risk management strategy for students at risk of anaphylaxis. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
	School Staff should consult with parents of students at risk of anaphylaxis and the camp owner/operator to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur. If these procedures are deemed to be inadequate, further discussions, planning and implementation will need to be undertaken.
	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 avoid 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.
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.
Prior to the camp taking place School Staff should consult with the student's parents to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
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 details for local emergency services and hospitals documented prior to the camp. 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 consider taking an Adrenaline Autoinjector 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, and may suggest students take two epipens.
Schools should consider purchasing an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.
The 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 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.

Adrenaline autoinjectors for general use

Auburn Primary School will maintain a supply of adrenaline autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first time reaction at school.

Adrenaline autoinjectors for general use will be stored in the first aid room (Main office) and yard duty portable first aid kits (staff room and 1/2 building) and labelled "general use".

The principal is responsible for arranging the purchase of adrenaline auto-injectors for general use, and will consider:

- the number of students enrolled at the school at risk of anaphylaxis
- the accessibility of adrenaline auto-injectors supplied by parents
- the availability of a sufficient supply of auto-adrenaline injectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline auto-injectors, and the need for general use adrenaline auto-injectors to be replaced when used or prior to expiry.

Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's Individual Anaphylaxis Management Plan.

A complete and up to date list of students identified as being at risk of anaphylaxis is maintained by the first aid officer, and stored in the first aid room (Main Office). For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and adrenaline autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a school activity, school staff must:

Step	Action
1.	<ul style="list-style-type: none"> • Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the first aid room (Main Office) • If the student's plan is not immediately available, or they appear to be experiencing a first time reaction, follow steps 2 to 5

2.	Administer an EpiPen or EpiPen Jr (if the student is under 20kg) <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

If a student appears to be having a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, school staff should follow steps 2 – 5 as above.

[Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over treatment of a mild to moderate allergic reaction. Refer to page 41 of the [Anaphylaxis Guidelines](#)].

Communication Plan

This policy will be available on Auburn Primary School's website so that parents and other members of the school community can easily access information about Auburn Primary School's anaphylaxis management procedures. The parents and carers of students who are enrolled at Auburn Primary School and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The Principal and first aid officer are responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Auburn Primary School's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy.

Staff training

Staff at Auburn Primary School will receive appropriate training in anaphylaxis management, consistent with the Department's *Anaphylaxis Guidelines*.

Staff who are responsible for conducting classes that students who are at risk of anaphylaxis attend, and any further staff that the principal identifies, must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Auburn Primary School uses the following training course: <http://etraining.allergy.org.au>

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year, facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including the first aid officer.

Each briefing will address:

- this policy
- the causes, symptoms and treatment of anaphylaxis
- the identifies of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located
- how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector
- the school's general first aid and emergency response procedures
- the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

When a new student enrolls at Auburn Primary School who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the student's parents and ensure that appropriate staff are trained and briefed as soon as possible.

FURTHER INFORMATION AND RESOURCES

- School Policy and Advisory Guide:
 - [Anaphylaxis](#)
 - [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

REVIEW CYCLE AND EVALUATION

This policy was last updated in May 2018 and is scheduled for review in May 2019, or as circumstances require.

The principal will complete the Department's Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

EDUCATION AND TRAINING REFORM ACT 2006

Ministerial Order No.706: Anaphylaxis Management in Victorian schools

The Minister for Education makes the following Order:

PART A: PRELIMINARY

1. Background

- 1.1. Division 1 of Part 4.3 of the *Education and Training Reform Act 2006* sets out the requirements for initial and ongoing registration of Government and non-Government schools in Victoria.
- 1.2. Section 4.3.1(6) of the Act and Schedule 2 of the *Education and Training Reform Regulations 2007* set out the prescribed minimum standards for registration of schools.
- 1.3. Sub clause (c) of section 4.3.1(6) of the Act states that if a school has enrolled a student in circumstances where the school knows, or ought reasonably to know that the student has been diagnosed as being at risk of anaphylaxis, then the school must have an anaphylaxis management policy containing matters required by Ministerial Order.
- 1.4. Sections 4.3.2 to 4.3.5 of the Act enable the Victorian Registration and Qualifications Authority to take steps to satisfy itself as to whether or not a school complies and continues to comply with the prescribed minimum standards for registration, including the formulation and implementation of an appropriate anaphylaxis management policy in accordance with the Act, any relevant Ministerial Order, and any other applicable law or instrument.

2. Purpose

- 2.1. The purpose of this Order is to specify the matters that:
 - 2.1.1. schools applying for registration; and
 - 2.1.2. registered schools;must contain in their anaphylaxis management policy for the purposes of section 4.3.1(6)(c) of the Act.

3. Commencement

- 3.1. This Order comes into operation on 1 January 2016.
- 3.2. Ministerial Order 90 is repealed with effect from the date that this Order comes into operation.

4. Authorising provisions

- 4.1. This Order is made under sections 4.3.1, 5.2.12 and 5.10.4 of, and clause 11 of Schedule 6 to, the Act.

5. Definitions

- 5.1. Unless the contrary intention appears, words and phrases used in this Order have the same meaning as in the Act.
- 5.2. "Act" means the *Education and Training Reform Act 2006*.
- 5.3. "adrenaline autoinjector" means an adrenaline autoinjector device, approved for use by the Commonwealth Government Therapeutic Goods Administration, which can be used to administer a single premeasured dose of adrenaline to those experiencing a severe allergic reaction or anaphylaxis.
- 5.4. "adrenaline autoinjector for general use" means a 'back up' or 'unassigned' adrenaline autoinjector.
- 5.5. "anaphylaxis management training course" means:
 - 5.5.1. a course in anaphylaxis management training that is accredited as a VET accredited course in accordance with Part 3 of the *National Vocational Education and Training Regulator Act 2011* (Cth) that includes a competency check in the administration of an adrenaline autoinjector;
 - 5.5.2. a course in anaphylaxis management training accredited under Chapter 4 of the Act by the Victorian Registration and Qualifications Authority that includes a competency check in the administration of an adrenaline autoinjector;
 - 5.5.3. a course in anaphylaxis management endorsed and delivered by a tertiary level specialist allergy service within a tertiary level academic teaching hospital that includes a competency check in the administration of an adrenaline autoinjector; and
 - 5.5.4. any other course approved by the Secretary to the Department for the purpose of this Order as published by the Department.
- 5.6. "Department" means the Department of Education and Training.
- 5.7. "face-to-face anaphylaxis management training course" means a course referred to in clause 5.5.1 — 5.5.3 attended by a school staff member in person.
- 5.8. "medical practitioner" means a registered medical practitioner within the meaning of the *Health Professions Registration Act 2005*, but excludes a person registered as a non-practicing health practitioner.
- 5.9. "online anaphylaxis management training course" means the course, developed by the Australasian Society of Clinical Immunology and Allergy (**ASCIA**), and approved by the Secretary pursuant to clause 5.5.4 of this Order, at the time of the making of this Order called ASCIA Anaphylaxis eTraining for Victorian Schools.
- 5.10. "parent" in relation to a child means any person who has parental responsibility for 'major long term issues' as defined in the *Family Law Act 1975* (Cth) or has been granted 'guardianship' for the child pursuant to the *Children, Youth and Families Act 2005* or other state welfare legislation.
- 5.11. "school staff" means any person employed or engaged at a school who:
 - 5.11.1. is required to be registered under Part 2.6 of the Act to undertake duties as a teacher within the meaning of that Part;

- 5.11.2. is in an educational support role, including a teacher's aide, in respect of a student with a medical condition that relates to allergy and the potential for anaphylactic reaction; and
- 5.11.3. the principal determines should comply with the school's anaphylaxis management policy.

PART B: SCHOOL ANAPHYLAXIS POLICY REQUIREMENTS

6. School Anaphylaxis Policy

- 6.1. A school's anaphylaxis management policy must contain the following matters:
 - 6.1.1. a statement that the school will comply with:
 - (a) this Ministerial Order; and
 - (b) guidelines related to anaphylaxis management in schools as published and amended by the Department from time to time.
 - 6.1.2. in accordance with Part C, information about the development, implementation, monitoring and regular review of Individual Anaphylaxis Management Plans, which include an individual ASCIA Action Plan for Anaphylaxis, in accordance with clause 7;
 - 6.1.3. in accordance with Part D, information and guidance in relation to the school's management of anaphylaxis, including:
 - (a) prevention strategies in accordance with clause 8;
 - (b) school management and emergency response procedures in accordance with clause 9;
 - (c) the purchase of adrenaline autoinjectors for general use in accordance with clause 10;
 - (d) a communication plan in accordance with clause 11;
 - (e) training of school staff in accordance with clause 12; and
 - (f) completion of a school anaphylaxis risk management checklist in accordance with clause 13.

PART C: MANAGEMENT OF STUDENTS DIAGNOSED AS AT RISK OF ANAPHYLAXIS

7. Individual Management Plans

- 7.1. A school's anaphylaxis management policy must state the following in relation to Individual Anaphylaxis Management Plans for each student diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction:
 - 7.1.1. that the principal of the school is responsible for ensuring 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 having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis;

- 7.1.2. that the Individual Anaphylaxis Management Plan must be in place as soon as practicable after the student enrolls, and where possible before the student's first day of attendance at that school;
- 7.1.3. that the Individual Anaphylaxis Management Plan must include the following:
 - (a) information about the medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy or allergies the student has (based on a written diagnosis from a medical practitioner);
 - (b) strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of school staff, for in-school and out of school settings including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school;
 - (c) the name of the person/s responsible for implementing the strategies;
 - (d) information on where the student's medication will be stored;
 - (e) the student's emergency contact details; and
 - (f) an action plan for anaphylaxis in a format approved by the ASCIA (hereafter referred to as an ASCIA Action Plan), provided by the parent.
- 7.2. A school's anaphylaxis management policy must require the school to review the student's Individual Anaphylaxis Management Plan in consultation with the student's parents in all of the following circumstances:
 - 7.2.1. annually;
 - 7.2.2. if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
 - 7.2.3. as soon as is practicable after a student has an anaphylactic reaction at school; and
 - 7.2.4. when a 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.
- 7.3. A school's anaphylaxis management policy must state that it is the responsibility of the parent to:
 - 7.3.1. provide the ASCIA Action Plan referred to in clause 7.1.3(f);
 - 7.3.2. inform the school 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;
 - 7.3.3. provide an up to date photo for the ASCIA Action Plan when that plan is provided to the school and when it is reviewed; and
 - 7.3.4. provide the school with an adrenaline autoinjector that is current and not expired for their child.

PART D: SCHOOL MANAGEMENT OF ANAPHYLAXIS

8. Prevention Strategies

- 8.1. A school's anaphylaxis management policy must include prevention strategies used by the school to minimise the risk of an anaphylactic reaction.

9. School management and emergency response

- 9.1. A school's anaphylaxis management policy must include details of how the policy integrates with the school's general first aid and emergency response procedures.
- 9.2. The school's anaphylaxis management policy must include procedures for emergency response to anaphylactic reactions including:
 - 9.2.1. 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;
 - 9.2.2. details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these are located:
 - (a) during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
 - (b) during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;
 - 9.2.3. information about storage and accessibility of adrenaline autoinjectors including those for general use; and
 - 9.2.4. how communication with school staff, students and parents is to occur in accordance with a communications plan that complies with clause 11.
- 9.3. The school's anaphylaxis management policy must state that when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the school, the principal must ensure that there is a sufficient number of school staff present who have been trained in accordance with clause 12.
- 9.4. The school's anaphylaxis management policy must state that in the event of an anaphylactic reaction, the emergency response procedures in its policy must be followed, together with the school's general first aid and emergency response procedures and the student's ASCIA Action Plan.

10. Adrenaline Autoinjectors for General Use

- 10.1. A school's anaphylaxis management policy must prescribe the purchase of adrenaline autoinjectors for general use as follows:
 - 10.1.1. the principal is responsible for arranging for the purchase of additional adrenaline autoinjector(s) for general use and as a back up to those supplied by parents;
 - 10.1.2. the principal will determine the number and type of adrenaline autoinjector(s) for general use to purchase and in doing so consider all of the following:

- (a) the number of students enrolled at the school that have been diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction;
- (b) the accessibility of adrenaline autoinjectors that have been provided by parents;
- (c) the availability of a sufficient supply of adrenaline autoinjectors for general use in specified locations at the school, including in the school yard, and at excursions, camps and special events conducted, organised or attended by the school; and
- (d) that adrenaline autoinjectors have a limited life, usually expire within 12-18 months, and will need to be replaced at the school's expense, either at the time of use or expiry, whichever is first.

11. Communication Plan

- 11.1. A school's anaphylaxis management policy must contain a communication plan that includes the following information:
 - 11.1.1. that the principal of a school is responsible for ensuring that a communication plan is developed to provide information to all school staff, students and parents about anaphylaxis and the school's anaphylaxis management policy;
 - 11.1.2. strategies for advising school staff, students and parents about how to respond to an anaphylactic reaction:
 - (a) during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
 - (b) during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the school;
 - 11.1.3. procedures to inform volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction of a student in their care; and
 - 11.1.4. that the principal of a school is responsible for ensuring that the school staff identified in clause 12.1 are:
 - (a) trained; and
 - (b) briefed at least twice per calendar year
- in accordance with clause 12.

12. Staff Training

- 12.1. A school's anaphylaxis management policy must state that the following school staff must be trained in accordance with this clause:
 - 12.1.1. school staff who conduct classes that students who are at risk of anaphylaxis attend; and
 - 12.1.2. any further school staff that the principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the school.

12.2. A school's anaphylaxis management policy must state that school staff who are subject to training requirements in accordance with clause 12.1 must:

12.2.1. have successfully completed:

(a) a face-to-face anaphylaxis management training course in the three years prior; or

(b) an online anaphylaxis management training course in the two years prior; and

12.2.2. participate in a briefing, to occur twice per calendar year with the first one to be held at the beginning of the school year, by a member of school staff who has successfully completed an anaphylaxis management training course referred to in clause 12.2.1 in the two years prior, on:

(a) the school's anaphylaxis management policy;

(b) the causes, symptoms and treatment of anaphylaxis;

(c) the identities of students with a medical condition that relates to allergy and the potential for anaphylactic reaction, and where their medication is located;

(d) how to use an adrenaline autoinjector, including hands on practise with a trainer adrenaline autoinjector;

(e) the school's general first aid and emergency response procedures; and

(f) the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use.

12.3. If for any reason training and briefing has not yet occurred in accordance with clauses 12.2.1 and 12.2.2, the principal must develop an interim plan in consultation with the parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction, and training must occur as soon as possible thereafter.

13. Annual Risk Management Checklist

13.1. A school's anaphylaxis management policy must include a requirement that the principal complete an annual Risk Management Checklist to monitor their obligations, as published and amended by the Department from time to time.

Dated this 3rd day of December 2015.



The Hon. James Merlino, MP
Minister for Education