



ANAPHYLAXIS MANAGEMENT POLICY

Policy 2025-2026



Help for non-English speakers

If you need help to understand this policy, please contact Roxburgh College on 9930 8100

Rationale:

To explain to Roxburgh College 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 Roxburgh College is compliant with Ministerial Order 706 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

Roxburgh College 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

Signs 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 auto-injector for use in an emergency. These adrenaline auto-injectors are designed so that anyone can use them in an emergency.

Individual Anaphylaxis Management Plans

All students at Roxburgh College who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal of Roxburgh College 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 Roxburgh College 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 College as soon as practicable
- immediately inform the College 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 College and for each time it is reviewed
- provide the College with a current adrenaline auto-injector that is not expired for the student
- 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 College staff, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the College
- 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 (in the General Office in a clearly labelled, unlocked cupboard)
- 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 Management Plans

A student's Individual Anaphylaxis Management 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 College 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 auto-injectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the First aid room in the front office or the appropriate year level office, together with the student's adrenaline auto-injector and photographic ID. Adrenaline auto-injectors must be labelled with the student's name.

Students keep their adrenaline auto-injectors on their person for travelling between home and school. Adrenaline auto-injectors for general use are available at First Aid Room, front office] and are labelled "general use".

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Roxburgh College, we have put in place the following strategies:

- staff and students are regularly reminded to wash their hands after eating

- students are discouraged from sharing food
- gloves must be worn when picking up papers or rubbish in the playground
- a general use Epi-Pen will be stored at the College office for ease of access

Adrenaline auto-injectors for general use

Please refer to the following link for guidance on the appropriate number of general use adrenaline auto-injectors for schools, refer to page 34 of the Department's *Anaphylaxis Guidelines*:
<http://www.education.vic.gov.au/school/teachers/health/pages/anaphylaxischl.aspx>.]

Roxburgh College will maintain a supply of adrenaline auto-injector(s) 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 auto-injectors for general use will be stored in the First aid room at the Front office 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 Roxburgh College 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 College, 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 College'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 Co-ordinator and stored at the First Aid 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 auto-injectors, where appropriate.

If a student experiences an anaphylactic reaction at school or during a College activity, College 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 auto-injector stored in the General Office along with the student's Individual Anaphylaxis Management Plan or the College's general use auto-injector located in the General Office or with a teacher on an excursion • 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.	<ul style="list-style-type: none"> • Administer an Epi-Pen or Epi-Pen Jr (if the student is under 20kg) • Remove from plastic container • Form a fist around the Epi-Pen 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 Epi-Pen • Note the time the Epi-Pen is administered • Retain the used Epi-Pen to be handed to ambulance paramedics along with the time of administration <p>OR</p> <ul style="list-style-type: none"> • Administer an Anapen® 500, Anapen® 300, or Anapen® Jr. • Pull off the black needle shield • Pull off grey safety cap (from the red button)

	<ul style="list-style-type: none"> Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) Press red button so it clicks and hold for 10 seconds Remove Anapen® Note the time the Anapen is administered Retain the used Anapen 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 under advice from a paramedic, if other adrenaline auto-injectors are available and the ambulance has not arrived.
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, College staff should follow steps 2 – 5 as above.

Schools can use either the EpiPen® **and Anapen® on any student** suspected to be experiencing an anaphylactic reaction, regardless of the device prescribed in their ASCIA Action Plan.

Where possible, schools should consider using the correct dose of adrenaline autoinjector depending on the weight of the student. However, in an emergency if there is no other option available, any device should be administered to the student.

[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 'Frequently asked questions' on the [Resources tab](#) of the Department's Anaphylaxis Policy.]

Communication Plan

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

The Principal is responsible for ensuring that all relevant staff, including casual relief staff and volunteers are aware of this policy and Roxburgh College'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.

The Principal is also responsible for ensuring relevant staff are trained and briefed in anaphylaxis management, consistent with the Department's [Anaphylaxis Guidelines](#).

Staff training

The Principal will ensure that the following school staff are appropriately trained in anaphylaxis management:

- School staff who conduct classes attended by students who are at risk of anaphylaxis
- Any other member of school staff as required by the Principal based on a risk assessment.

Staff who are required to undertake training 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.

Roxburgh College has the First Aide coordinator and one other ES staff member trained to train other staff at the school. Roxburgh College has used the following training course provided by ASCIA.

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 12 months, including the principal or School Anaphylaxis Supervisor. Each briefing will address:

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

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

A record of staff training courses and briefings will be maintained through the school's online Emergency Management Plan.

The Principal will ensure that while students at risk of anaphylaxis are 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 event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management.

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](#)

Communication:

This policy will be communicated to our school community in the following ways:

- Included in staff induction processes
- Discussed at staff briefings or meetings, as required
- Included in our staff policy handbook
- Made available in hard copy from school administration upon request
- Uploaded to our school website

Policy Review and Approval:

Policy last reviewed	March 2025
Approved by	Principal and School Council
Next scheduled review date	March 2026

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.

Appendices connected to this policy are:

- APPENDIX A: INDIVIDUAL ANAPHYLAXIS MANAGEMENT PLAN
- APPENDIX B: ANAPHYLAXIS – WHO DOES WHAT AT THE COLLEGE
- APPENDIX C: ROXBURGH COLLEGE MANAGEMENT PLAN FOR STUDENTS WITH ANAPHYLAXIS - CAMPS AND EXCURSIONS FORM

- APPENDIX D: RISK MINIMISATION STRATEGIES DISCUSSION GUIDE – STAFF/CAMP CO-ORDINATORS

APPENDIX A

Individual Anaphylaxis Management Plan

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

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

School		Phone	
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 Autoinjector (device specific) (EpiPen®/Anapen®)			
ENVIRONMENT			
To be completed by Principal or nominee. Please consider each environment/area (on and off school site) the student will be in for the year, e.g. classroom, canteen, food tech room, sports oval, excursions and camps etc.			
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
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Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

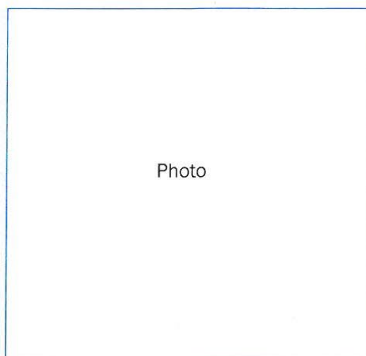
(Continues on next page)

ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name: _____

Date of birth: _____



Photo

Confirmed allergens:

Asthma Yes ☐ No ☐

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr: _____

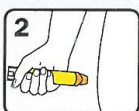
Signed: _____

Date: _____

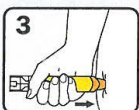
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE.



PLACE ORANGE END against outer mid-thigh (with or without clothing).



PUSH DOWN HARD until a click is heard or felt and hold in place for 10 seconds.

REMOVE EpiPen®. Massage injection site for 10 seconds.

Instructions are also on the device label and at:
www.allergy.org.au/anaphylaxis

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MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate EpiPen® or EpiPen® Jr
- Give other medications (if prescribed)
- Dose:
- Phone family/emergency contact

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give EpiPen® or EpiPen® Jr**
- 3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give adrenaline autoinjector

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

If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

EpiPen® is generally prescribed for adults and children over 5 years.

EpiPen® Jr is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____

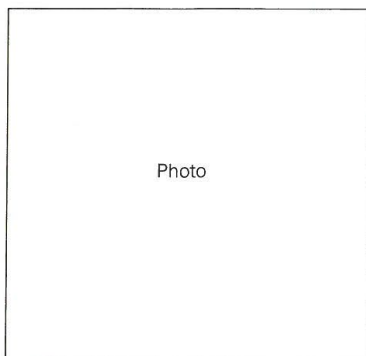
Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

ACTION PLAN FOR Anaphylaxis

For use with Anapen® Adrenaline Autoinjectors

Name: _____

Date of birth: _____



Photo

Confirmed allergens:

Asthma Yes ☐ No ☐

Family/emergency contact name(s):

Work Ph: _____

Home Ph: _____

Mobile Ph: _____

Plan prepared by:

Dr: _____

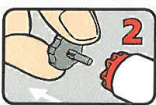
Signed: _____

Date: _____

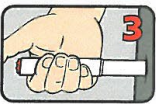
How to give Anapen®



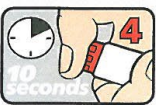
PULL OFF BLACK
NEEDLE SHIELD.



PULL OFF GREY SAFETY CAP
from red button.



PLACE NEEDLE END FIRMLY
against outer mid-thigh at 90°
angle (with or without clothing).



PRESS RED BUTTON so it
clicks and hold for 10 seconds.
REMOVE Anapen® and DO
NOT touch needle. Massage
injection site for 10 seconds.

Instructions are also on the device
label and at:
www.allergy.org.au/anaphylaxis

© ASCIA 2014. This plan was developed by ASCIA

MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting (these are signs of a severe allergic reaction to insects)

ACTION

- **For insect allergy, flick out sting if visible. Do not remove ticks.**
- Stay with person and call for help
- Locate Anapen® 300 or Anapen® 150
- Give other medications (if prescribed)
- Dose:
- Phone family/emergency contact

**Mild to moderate allergic reactions may
or may not precede anaphylaxis**

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

- 1 Lay person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.**
- 2 Give Anapen® 300 or Anapen® 150**
- 3 Phone ambulance* 000 (AU), 111 (NZ), 112 (mobile)**
- 4 Phone family/emergency contact**
- 5 Further adrenaline doses may be given if no response after 5 minutes (if another adrenaline autoinjector is available)**

If in doubt, give adrenaline autoinjector

Commence CPR at any time if person is unresponsive and not breathing normally. If uncertain whether it is asthma or anaphylaxis, give adrenaline autoinjector FIRST, then asthma reliever.

Anapen® 300 is generally prescribed for adults and children over 5 years.

Anapen® 150 is generally prescribed for children aged 1-5 years.

*Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information _____

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.

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

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

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

I consent to the risk minimisation strategies proposed.

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

Signature of parent:	
Date:	
I have consulted the Parents of the students and the relevant College Staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.	
Signature of Principal (or nominee):	
Date:	

APPENDIX B

Anaphylaxis – Who Does What at the College

1. Principal informs staff annually about anaphylaxis emergency first aid procedures at the College and on camps/excursions.
2. Principal completes annually the risk management from DET.
3. All teaching staff need to check student medical lists when doing roles, if have anaphylaxis symbol, what they are allergic to and whether they carry Epi-Pen at the College. All teaching staff need to know where to find that student's anaphylaxis management plan.
4. All staff to attend the twice yearly anaphylaxis briefing at the College.
5. All staff need to read the anaphylaxis policy on the College website.
6. All staff to inform volunteers at the College working directly with students with anaphylaxis of their allergies and who to ask/where to go for assistance in emergencies.
7. All staff need to read the anaphylaxis policy on the College website.
8. All camp/excursion co-ordinators need to include specific risk management strategies for students with anaphylaxis on camps and excursions, as well as using the student's current management plan. All camp/excursion co-ordinators need to contact parents about risk management strategies.
9. CRT co-ordinator to provide CRT with information about emergency first aid procedures, location of wellbeing centre, lists of students with anaphylaxis and where to locate prevention management plans for students in their direct care.
10. First Aid staff members to monitor use by dates of Epi-Pens and storage of Epi-Pens at the College.
11. First Aid staff member purchases spare Epi-Pens for first aid kits at the College excursions with advice from Principal about numbers of pens required. Extra kits for PE staff use, PE staff should communicate with First Aid staff member about requirements and manage their own storage and expiration dates.
12. First Aid to send out lists of students with anaphylaxis annually along with where the students store their Epi-Pens at the College to all staff via email, including providing a list to canteen staff.
13. First aid co-ordinator to check anaphylaxis management plans are reviewed yearly, or after an anaphylactic reaction/change of anaphylaxis medical status.
14. First aid co-ordinator to collaborate with parents and College staff to write the prevention plans after notification of newly enrolled students with Epi-Pens and ASCIA action plan for or new diagnosis of anaphylaxis.
15. First aid co-ordinator to distribute parent signed management /prevention plans to Student Managers, subject teachers at the start of the year and keep a copy of plan in the first aid medical files and student file.
16. First aid co-ordinator to write annual newsletter article in College newsletter and to raise awareness by distributing anaphylaxis first aid posters to key College areas each year.
17. PD co-ordinator to arrange for suitably trained individual to present the anaphylaxis briefing as set out by DET twice yearly at the College.
18. PD co-ordinator to arrange anaphylaxis training for all required staff minimum every three years or earlier if insufficient numbers of staff trained.
19. Office staff to provide parents of students enrolled at the College with an anaphylaxis management plan to be completed before the student starts school, or as soon as is practically possible.
20. ASCIA action plan from this document must be copied in colour with an up to date photo and signed by the parent/carer and medical practitioner.

Documents:

DET check list:

<http://www.education.vic.gov.au/school/teachers/health/Pages/anaphylaxischl.aspx>

Anaphylaxis management plans for parents to fill out at enrolment.

Individual Anaphylaxis Management Plan Template

DET Suggested Anaphylaxis prevention strategies for assistance in completing management plans & camp/excursion risk management plans.

DET Guidelines updated 2014

APPENDIX C

Roxburgh College Management Plan for students with Anaphylaxis - Camps and Excursions form

Event: _____

Event co-ordinator: _____

Anaphylaxis prevention and risk management on camps and excursions	Strategy	Person responsible	Signature & Date
Lack of awareness of parent/carers about risks involved at camp/excursion	1. Phone or "in person" discussion between staff and parent about prevention, risks, and first aid management for anaphylaxis before the camp/event.	Event co-ordinator	
Remote and rural locations of events and travel to and from the event access to emergency medical care.	2. (please fill in, will be different, depending on location)	Event co-ordinator	
Other risks in the environment-specify	3.	Event co-ordinator	
Lack of awareness of prevention strategies by staff in attendance	4. All staff attending to know names of students with anaphylaxis and what is in their school management plan for prevention (kept in first aid room).	Event co-ordinator	
	5. Co-ordinator to disseminate information about prevention strategies with all staff members and the student prior to event.	Event co-ordinator & Student	
Lack of awareness of anaphylaxis first aid management	6. At least 50% of staff member attending to have current anaphylaxis first aid training.	Event co-ordinator	
	7. All staff to be aware of their role in first aid emergencies at the event and the location of the student's Epi-Pen and action plan.	All staff on camp/at event	

APPENDIX D

Risk Minimisation Strategies Discussion Guide – Staff/Camp Co-ordinators

Ideas on Risk Minimisation Strategies in the College and/or Childcare Environment – this provides ideas for staff/coordinators about what to put in the risk management prevention boxes. It cannot be prefilled in as each camp /allergy /student will be different

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www.allergyfacts.org.au

Risk Minimisation Strategies in School and/or Childcare

All staff members should know who the child/student at risk of anaphylaxis is by sight. They are not to be left alone when complaining of feeling unwell, even in sickbay. Their complaint should always be taken seriously. The many areas of risk and the strategies one might implement to reduce the risk of an allergic reaction vary greatly according to a number of factors including:

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

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

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

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

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

RISK

Considerations when you have a child at risk of anaphylaxis in your care

Food brought to school

- Consider sending out an information sheet to the parent community on severe allergy and the risk of anaphylaxis.
- Alert parents to strategies that the College has in place and the need for their child to not share food and to wash hands after eating.

College fundraising/ special events/cultural days

- Consider children with food allergy when planning any fundraisers, cultural days or stalls for fair/fete days, breakfast mornings etc. Notices may need to be sent to parent community discouraging specific food products. E.g. nuts

Food rewards

- Food rewards should be discouraged and non-food rewards encouraged.
- Children at risk of food anaphylaxis should eat food that is supplied by their parents or food that is agreed to by parents prior to a given event. If required a clearly labelled 'treat box' could be supplied by parents and located in child's classroom.

Class parties /

- Discuss these activities with parents of allergic child well in advance

Birthday celebrations	<ul style="list-style-type: none"> • Suggest that a notice is sent home to all parents prior to the event, discouraging specific food products • Teacher may ask the parent to attend the party as a 'parent helper' • Child at risk of anaphylaxis should not share food brought in by other students. Ideally they should bring own food. • Child can participate in spontaneous birthday celebrations by parents supplying 'treat box' or safe cup cakes stored in freezer in a labelled sealed container
Cooking/Food Technology	<ul style="list-style-type: none"> • Engage parents in discussion prior to cooking sessions and activities using food. • Remind all children to not share food they have cooked with others at school.
Science experiments	<ul style="list-style-type: none"> • Engage parents in discussion prior to experiments containing foods.
Students picking up papers	<ul style="list-style-type: none"> • Students at risk of food or insect sting anaphylaxis should be excused from this duty. <p>Non rubbish collecting duties are encouraged.</p>
Music	<ul style="list-style-type: none"> • Music teacher to be aware, there should be no sharing of wind instruments <p>e.g. recorders. Speak with the parent about providing the child's own instrument.</p>
Art and craft classes	<ul style="list-style-type: none"> • Ensure containers used by students at risk of anaphylaxis do not contain allergens .e.g. egg white or yolk on an egg carton. • Activities such as face painting or mask making (when moulded on the face of the child), should be discussed with parents prior to the event, as products used may contain food allergens such as peanut, tree nut, milk or egg. • Care to be taken with play dough etc. Check that nut oils have not been used in manufacture. Discuss options with parent of wheat allergic child.
Canteen	<ul style="list-style-type: none"> • Does canteen offer foods that contain the allergen? • What care is taken to reduce the risk to a child with allergies who may order/ purchase food? <p>Strategies to reduce the risk of an allergic reaction can include:</p> <ul style="list-style-type: none"> • Staff (including volunteer helpers) educated on food handling procedures and risk of cross contamination of foods said to be 'safe' • Child having distinguishable lunch order bag • Restriction on who serves the child when they go to the canteen • Discuss possibility of photos of the children at risk of anaphylaxis being placed in the canteen/children's service kitchen. • Encourage parents of child to visit canteen/Children's Service kitchen to view products available. • See Anaphylaxis Australia's School Canteen poster, Preschool/Playgroup posters and School Canteen Discussion Guide. www.allergyfacts.org.au
Sunscreen	<ul style="list-style-type: none"> • Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own.
Hand washing	<ul style="list-style-type: none"> • Classmates encouraged to wash their hands after eating.
Part-time educators, casual relief teachers & religious instruction teachers	<ul style="list-style-type: none"> • These educators need to know the identities of children at risk of anaphylaxis and should be aware of the College's management plans, which includes minimisation strategies initiated by the College community. Some casual staff have not received training in anaphylaxis management and emergency treatment. This needs to be considered when a teacher is

Suggestions:	<p>chosen for a class with a child at risk of anaphylaxis and if this teacher is on playground/yard duty.</p> <ul style="list-style-type: none"> • Casual staff who work at the College regularly, should be included in anaphylaxis training sessions to increase the likelihood that they recognise an allergic reaction and know how to administer the adrenaline auto-injector. • Schools should have interim educational tools such as auto-injector training devices and DVDs available to all staff. • A free online training course for teachers and Children's Service staff is available whilst waiting for face to face training by a DET nominated anaphylaxis education provider. Visit ASCIA www.allergy.org.au. This course can also be done as a refresher.
Use of food as counters	<ul style="list-style-type: none"> • Be aware of children with food allergies when deciding on 'counters' to be used in mathematics or other class lessons. Non-food 'counters' such as buttons /discs may be a safer option than chocolate beans.
Class rotations	<ul style="list-style-type: none"> • All teachers will need to consider children at risk of anaphylaxis when planning rotational activities for year level, even if they do not currently have a child enrolled who is at risk, in their class.
Class pets/ pet visitors /school	<ul style="list-style-type: none"> • Be aware that some animal feed contains food allergens. E.g. nuts in birdseed and cow feed, milk and egg in dog food, fish in fish food.
farmyard	<ul style="list-style-type: none"> • Chickens hatching in classroom. Children's Services facilities and Schools sometimes organise incubators from hatcheries and hatch chicks for fun and learning. Generally speaking, simply watching chicks hatch in an incubator poses no risk to children with egg allergy, but all children should be encouraged to wash their hands after touching the incubation box in case there is any residual egg content on it. There is a little more risk when it comes to children handling the chicks. Here are some suggestions to reduce the risk of a reaction and still enable the child with allergy to participate in the touch activity. • The allergic child can touch a chick that hatched the previous day (i.e. a chick that is more than just a couple of hours old); no wet feathers should be present. • Encourage the parent/carer of the child with the allergy to be present during this activity so they can closely supervise their child and make sure the child does not put his/her fingers in their mouth. • If there is concern about the child having a skin reaction, consider the child wearing gloves. • All children need to wash hands after touching the chicks in case there is any residue of egg protein, in addition to usual hygiene purposes. Whilst care needs to be taken, this is an activity that most children can enjoy with some safe guards in place.
Incursions	<ul style="list-style-type: none"> • Prior discussion with parents if incursions include any food activities.
Excursions, Sports carnivals,	<ul style="list-style-type: none"> • Teachers organising/attending excursion or sporting event should plan an emergency response procedure prior to the event. This should outline the roles and responsibilities of teachers attending, if an anaphylactic reaction occurs. This includes distribution of laminated cards to all attending teachers, detailing the following:
Swimming program	<ul style="list-style-type: none"> • Location of event, including Melway reference or nearest cross street.

Procedure for calling ambulance, advising life threatening allergic reaction has occurred and adrenaline is required.

Staff should also:	<ul style="list-style-type: none"> • Carry mobile phones. Prior to event, check that mobile phone reception is available and if not, consider other form of emergency communication i.e. walkie talkie. • Consider increased supervision depending on size of excursion/sporting event i.e. if students are split into groups at large venue e.g. zoo, or at large sports venue for sports carnival.
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- Consider adding a reminder to all parents regarding children with allergies on the excursion/sports authorisation form and encourage parents not to send in specific foods in lunches (e.g. food containing nuts).
- Discourage eating on buses.
- Check if excursion includes a food related activity, if so discuss with parent.
- Ensure that all teachers are aware of the location of the emergency medical kit containing adrenaline auto-injector.

Medical Kits

(Student's own and school's auto-injector for general use)

- Medical kit containing ASCIA Action Plan for Anaphylaxis and adrenaline auto-injector should be easily accessible to child at risk and the adult/s responsible for their care at all times. On excursions ensure that the teacher accompanying the child's group carries the medical kit. For sporting events this may be more difficult, however, all staff and parent volunteers must always be aware of who has the kit and where it is.

Be aware - adrenaline auto-injectors should not be left sitting in the sun, in parked cars or buses.

Parents are often available to assist teachers on excursions in Children's Services and primary schools. If child at risk is attending without a parent, the child should remain in the group of the teacher who has been trained in anaphylaxis management, rather than be given to a parent volunteer to manage. This teacher should carry the medical kit.

School camps

Parent involvement at primary school camps is often requested. Many primary schools invite the parent of the child at risk of anaphylaxis to attend as a parent helper. Irrespective of whether child is attending primary school or secondary college, parents of child at risk should have face to face meeting with school staff/camp coordinator prior to camp to discuss safety including the following:

- School's emergency response procedures, should clearly outline roles and responsibilities of the teachers in policing prevention strategies and their roles and responsibilities in the event of an anaphylactic reaction.
- All teachers attending the camp should carry laminated emergency cards, detailing the location of the camp and correct procedure for calling ambulance, advising the call centre that a life threatening allergic reaction has occurred and adrenaline is required.
- Staff to practise with adrenaline auto-injector training devices (Epi-Pen® and AnaPen® Trainers) and view DVDs prior to camp.
- Consider contacting local emergency services and hospital prior to camp and advise that xx children in attendance at xx location on xx date including child/ren at risk of anaphylaxis. Ascertain location of closest hospital, ability of ambulance to get to camp site area i.e. consider locked gates etc in remote areas.
- Confirm mobile phone network coverage for standard mobile phones prior to camp. If no access to mobile phone network, alternative needs to be discussed and arranged.
- Parents should be encouraged to provide two adrenaline auto-injectors along with the Action Plan for Anaphylaxis and any other required medications whilst the child is on the camp.
- Clear advice should be communicated to all parents prior to camp on what foods are not allowed.
- Parents of child at risk of anaphylaxis and school need to communicate about food for the duration of the camp. Parent should communicate directly with the provider of the food/chef/caterer and discuss food options/menu, cross contamination risks, safest food choices, bringing own food.

- Parents may prefer to provide all child's food for the duration of the camp. This is the safest option. If this is the case, storage and heating of food needs to be organised as well.

Discussions by school staff and parents with the operators of the camp facility should be undertaken well in advance of camp. Example of topics that need to be discussed would be:

1. Possibility of removal of peanut/tree nut from menu for the duration of the camp.
2. Creation of strategies to help reduce the risk of an allergic reaction where the allergen cannot be removed i.e. egg, milk, wheat. A decision may be made to remove pavlova as an option for dessert if egg allergic child attending for example.
3. Awareness of cross contamination of allergens in general i.e. during storage, preparation and serving of food.
4. Discussion of menu for the duration of the camp.
5. Games and activities should not involve the use of known allergens.
6. Camp organisers need to consider domestic activities which they assign to children on camp. It is safer to have the child with food allergy set tables, for example, than clear plates and clean up.

Allergy & Anaphylaxis Australia has launched a new publication titled Preparing for Camps and Overnight School Trips with Food Allergies. This comprehensive booklet consists of concise and easy-to-read information and ideas on preparing for school camp when you have students at risk of anaphylaxis.

To purchase or for more information call 1300 728 000 or visit www.allergyfacts.org.au

*Insect sting allergy

Children who have a severe insect sting allergy and are at risk of anaphylaxis need to have their adrenaline auto-injector and Action Plan for Anaphylaxis easily accessible at all times. Strategies that reduce the risk of insect stings vary depending on the insect the person is allergic to.

Strategies both at school and on excursions can include:

- Avoiding being outdoors at certain times of the day
- Using insect repellents that contain DEET (Diethyltoluamide, N, N - diethyl - 3-methylbenzamide)
- Wearing light coloured clothing that covers most exposed skin
- Avoid wearing bright clothing with 'flower' type prints
- Wearing shoes at all times
- Avoiding perfumes or scented body creams/deodorants
- Wearing gloves when gardening
- Avoid picking up rubbish which may attract insect/s
- Being extra careful where there are bodies of water i.e. lake/pond/swimming pool.
- Chlorinated pools attract bees
- Drive with windows up in the car/windows closed in a bus
- Keep your drink (glass/bottle/can) indoors or covered. Always check your drinks before you sip i.e. don't drink blindly from container.
- Keep garbage bins covered – lids on
- Keep grass areas mowed (reduce weed such as clover which attracts insects)

- Wearing boots and thick clothing such as denim jeans if ant sting allergic and in area where specific ants reside. Avoid ant mounds
- Not provoking bees, wasps or ants. Have mounds/nests removed by professionals
- Removal of nests when students/teachers are not present
- When putting in new plants consider location and select plants less likely to attract stinging insects.

Things to consider when purchasing an adrenaline auto-injector for general use for your school or children's service

Many Schools/Children's Services now have an adrenaline auto-injector for general use and the device specific Action Plan for Anaphylaxis in their first

aid kit. If your facility has an auto-injector for general use, you need to consider availability of this device at School or Children's Service for:

- Excursions
- for school camp
- for specialist activities (i.e. a debating group, music group or sports team going off campus)
- even a walk to a local park

A risk assessment needs to be done to see which group (i.e. the group staying at the facility or the group going on an outing) should have the device

for general use at any given time or on any given day. Considerations can include:

- number of children attending outing
- number of children at risk
- location of the activity
- location of emergency services
- mobile phone access
- food on location etc.