UPPER YARRA
SECONDARY COLLEGE

Anaphylaxis Management

Purpose

To explain to Upper Yarra Secondary 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 Upper Yarra Secondary College is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management. DET Anaphylaxis Guidelines.

Scope

This policy applies to:

- all staff, including casual 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

Upper Yarra Secondary College will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education and Training.

Definition

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 medication.

Symptoms

Signs and symptoms of a mild to moderate allergic reaction 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 Upper Yarra Secondary 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 Upper Yarra Secondary 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 enrols at Upper Yarra Secondary 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 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 (RED)
- provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis (RED) and provided to the school and each time it is updated.
- provide the school with a current adrenaline autoinjector for the student that has not expired;
- participate in annual reviews of the student's Individual Anaphylaxis Management Plan that is prepared by the school.

Each student's Individual Anaphylaxis Management Plan must include:

- information about the student's allergies 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 Individual Anaphylaxis Management Plan
- information about where the student's medication is stored
- the student's emergency contact details
- an up-to-date ASCIA Action Plan for Anaphylaxis (RED) 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 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

Some students keep their adrenaline autoinjectors on their person and others store them elsewhere:

A copy of each student's Individual Anaphylaxis Management Plan is stored with their ASCIA Action Plan for Anaphylaxis (RED) with the First Aid Officer at the Business Office. Whilst some students keep their adrenaline device on their person, medication for those that do not is stored and labelled with their name at the Business Office, together with adrenaline autoinjectors for general use.

Risk Minimisation Strategies

To reduce the risk of a student suffering from an anaphylactic reaction at Upper Yarra Secondary 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
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects
- gloves must be worn when picking up papers or rubbish in the playground;
- school canteen staff are trained in appropriate food handling to reduce the risk of cross-contamination
- year groups will be informed of allergens that must be avoided in advance of class parties, events or birthdays
- a general use adrenaline autoinjector will be stored at the school canteen, office and in the year level team offices.
- planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

Adrenaline autoinjectors for general use

Upper Yarra Secondary College maintains a supply of adrenaline autoinjector(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.

There are currently 4 adrenaline devices approved by the Therapeutic Goods Administration for use in Australia: the EpiPen®, the Anapen®, Jext® and Neffy®. All devices can be used when provided by families for students, however, the principal or allocated staff member can only use Epipen®, Anapen® or Jext® adrenaline autoinjector for general use. For more information about which autoinjector to purchase for general use, refer to Adrenaline autoinjectors for general use.

Adrenaline autoinjectors for general use will be stored at the Business Office and labelled "general use".

The Principal is responsible for arranging the purchase of adrenaline autoinjectors for general use, and will consider:

- the number of students enrolled at Upper Yarra Secondary College at risk of anaphylaxis
- the accessibility of adrenaline autoinjectors supplied by parents
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry
- the weight of the students at risk of anaphylaxis to determine the correct dosage of adrenaline autoinjector/s to purchase.

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 at the Business 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.	● Lay the person flat ● Do not allow them to stand or walk ● If breathing is difficult, allow them to sit with legs outstretched ● Be calm and reassuring ● Do not leave them alone ● Seek assistance from another staff member or reliable student to locate the student's adrenaline device or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at the Business Office. ● If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, continue with steps 2 to 5 and refer to the ASCIA First Aid Plan for Anaphylaxis (Orange), stored with the school's adrenaline autoinjector for general use at the Business Office if immediately accessible.
2.	Administer an EpiPen or EpiPen Jr ● Remove from plastic container ● Form a fist around the EpiPen and pull off the blue safety release (cap) ● Hold leg still and 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. **OR** Administer an Anapen® 500 ● Pull off the black needle shield ● Pull off grey safety cap (from the red button) ● 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 3 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. **OR**

	Administer Jext 150 or 300 ● Form fist around Jext and pull off yellow cap ● Place black injector tip against outer-mid thigh (with or without clothing) ● Push black tip firmly until a click is heard and hold in place for 3 seconds. ● Remove Jext ● Note the time the Jext device is administered. ● The used adrenaline device must be handed to the ambulance paramedics along with the time of administration **OR** Administer Neffy® 1mg or 2mg ● Hold the nasal spray with your thumb on the bottom of the plunger and a finger on either side of the nozzle. ● Do not pull or push on the plunger. Do not test or prime (pre-spray). Each Neffy nasal spray contains only one spray. ● Place the nozzle of the nasal spray into a nostril until fingers touch the nose. ● For smaller nostrils, aim for the fingers to touch the nose. ● Keep the nozzle pointed towards the forehead. Do not angle the nozzle of the nasal spray to the inner or outer walls of the nose. ● Press the plunger up firmly until the dose is administered and it sprays into the nostril. ● Note the time the Neffy device is administered. ● The used adrenaline device must be handed to the 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 (RED)), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.
6.	The principal or a staff member allocated to do so must contact the Incident Support and Operations Centre (ISOC) on 1800 126 126 to report 'High' or Extreme' severity incidents to report the incident. Incidents assessed as 'Low' or 'Medium' can be reported directly into EduSafe Plus by the principal or their allocated staff member.

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.

For first time anaphylactic reactions, the school's general use adrenaline autoinjector device must be used. If the general use device is not immediately available in an anaphylaxis emergency, staff may use another student's adrenaline device, including the Epipen®, Anapen®, Jext® or Neffy® device.

This may save a life. If another student's adrenaline device is used in an anaphylaxis emergency, the school must notify the parents of the student whose device was used and immediately replace the device.

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.

Communication Plan

This policy is available on Upper Yarra Secondary College's website so that parents and other members of the school community can easily access information about the College's anaphylaxis management procedures. The parents and carers of students who are enrolled at Upper Yarra Secondary 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, canteen staff and volunteers are aware of this policy and Upper Yarra Secondary College's procedures for anaphylaxis management. We will communicate this policy through staff induction and training materials, and twice yearly staff briefings. 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 also receive a verbal briefing on this policy, and a CRT Handbook, outlining their role in responding to an anaphylactic reaction and where required, the identity of students at risk.

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:

- First Aid Officer
- School staff who conduct classes attended by students who are at risk of anaphylaxis
- School staff who conduct specialist classes such as Food Studies, Outdoor Education, Physical Education and Wine Operations, all canteen staff, admin staff, first aiders and 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.

Upper Yarra secondary College uses the following training course: ASCIA Anaphylaxis eTraining course for Victorian Schools (with 22579VIC, or 22578VIC followed by a competency check by the school anaphylaxis supervisor. For details about approved staff training modules, refer to chapter 5 of the Anaphylaxis Guidelines.

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member who has successfully completed an anaphylaxis management course within the last 2 years including the First Aid Officer and First Aid delegates. Each briefing will address:

- the school's anaphylaxis management policy
- the causes, symptoms and treatment of anaphylaxis
- the identities of students diagnosed as being at risk of anaphylaxis, their allergens and the location of their Individual Anaphylaxis Management Plans and their medication/s
- discussion on staff anaphylaxis training and renewal
- how to use an adrenaline device, including hands-on practice with an adrenaline device trainer device (which does not contain adrenaline)
- the school's general first aid and emergency procedures
- the location of adrenaline devices prescribed for individual students that have been purchased by their family
- the location of adrenaline devices that the school has purchased for general use
- how to access on-going support and training.

When a new student enrols at Upper Yarra Secondary College 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.

A record of staff training courses and briefings will be maintained in the school's online Emergency Management Plan and with the First Aid Officer in the Business Office on the Training Register.

A record of all staff anaphylaxis management training courses and the dates of the twice yearly briefing sessions are maintained as evidence of compliance with the training requirements of Ministerial Order 706 – Anaphylaxis Management in Victorian Schools. The record includes the names of staff who have undertaken the training course and the date the training is due for renewal, as well as the names of the staff who attended the twice yearly briefing to staff.

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.

Communication

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

- Available publicly on our school's website
- Included in staff induction processes and staff training
- Discussed at staff briefings/meetings as required
- Included in staff handbook/manual
- Included in transition and enrolment packs
- Discussed at parent information nights/sessions
- Reminders in our school newsletter
- Hard copy available from school administration upon request

Further Information and Resources

- The department's Policy and Advisory Library (PAL):
    - Anaphylaxis
    - Allergies
    - First Aid for Students and Staff
    - Health Care Needs
    - Managing Reporting School Incidents (Including Emergencies)
    - Medication
- Allergy & Anaphylaxis Australia
- ASCIA Guidelines: Schooling and childcare
- Hero HQ Anaphylaxis Management Training
- https://allergyfacts.org.au/__interest/anaphylaxis/
- Royal Children's Hospital: Allergy and immunology
- Upper Yarra Secondary College policies:
    - Administration of Medication Policy
    - First Aid Policy
    - Health Care Needs Policy

Policy Review and Approval

Policy last reviewed	July 2026
Approved by	Principal: Scott Tully: School Council President: Lincoln Wilson
Next scheduled review date	July 2027

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.

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

School	Upper Yarra Secondary College	Phone	59671877
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:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:

Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?

Name of environment/area:			
Risk identified	Actions required to minimise the risk	Who is responsible?	Completion date?
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?

Appendix B

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ACTION PLAN FOR Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

Name:
Date of birth: _____

Photo

Confirmed allergens:
_____
_____

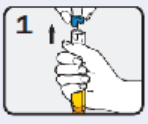
Asthma Yes ☐ No ☐

Family/emergency contact name(s):
_____
_____

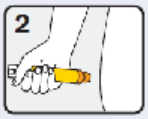
Work Ph:
Home Ph:
Mobile Ph: _____

Plan prepared by:
Dr:
Signed: _____
Date: _____

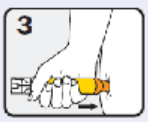
How to give EpiPen®



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.

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ACTION PLAN FOR Anaphylaxis

Name: _____ **For use with Anapen® adrenaline (epinephrine) autoinjectors**

Date of birth: _____

Confirmed allergens:

Family/emergency contact name(s):

1. _____
Mobile Ph: _____
2. _____
Mobile Ph: _____

Plan prepared by doctor or nurse practitioner (np):

_____

The treating doctor or np hereby authorises medications specified on this plan to be given according to the plan, as consented by the patient or parent/guardian.

Whilst this plan does not expire, review is recommended by DD/MM/YY

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®

Anapen® is prescribed as follows:

- Anapen® 150 Junior for children 7.5-20kg
- Anapen® 300 for children over 20kg and adults
- Anapen® 500 for children and adults over 50kg

SIGNS OF MILD TO MODERATE ALLERGIC REACTION

- Swelling of lips, face, eyes
- Hives or welts
- Tingling mouth
- Abdominal pain, vomiting - **these are signs of anaphylaxis for insect allergy**

ACTION FOR MILD TO MODERATE ALLERGIC REACTION

- For insect allergy - flick out sting if visible
- For tick allergy ☐ seek medical help or ☐ freeze tick and let it drop off
- Stay with person, call for help and locate adrenaline autoinjector
- Give antihistamine (if prescribed) _____
- Phone family/emergency contact

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

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

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

ACTION FOR ANAPHYLAXIS

1 LAY PERSON FLAT - do NOT allow them to stand or walk

- **If unconscious or pregnant, place in recovery position - on left side if pregnant, as shown below**
- **If breathing is difficult allow them to sit with legs outstretched**
- **Hold young children flat, not upright**

2 GIVE ADRENALINE AUTOINJECTOR

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

4 Phone family/emergency contact

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

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

IF IN DOUBT GIVE ADRENALINE AUTOINJECTOR

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

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

Asthma reliever medication prescribed: ☐ Y ☐ N

Note: If adrenaline is accidentally injected (e.g. into a thumb) phone your local poisons information centre. Continue to follow this action plan for the person with the allergic reaction.

© ASCIA 2021 This plan was developed as a medical document that can only be completed and signed by the patient's doctor or nurse practitioner 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
- when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the school (eg. class parties, elective subjects, cultural days, fetes, incursions).

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

I consent to the risk minimisation strategies proposed.

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

Signature of parent:	
Date:	

I have consulted the parents of the students and the relevant school staff who will be involved in the implementation of this Individual Anaphylaxis Management Plan.

Signature of principal (or nominee):	
Date:	

Appendix C: Emergency Response Procedure

Responding to an incident

If a student shows the first signs and symptoms of an allergic reaction, such as swelling of lips, face or eyes, hives or welts, abdominal pain or vomiting, it is vital to react quickly. Please read the following emergency response procedures and know what to do if a child has an anaphylactic reaction in the relevant areas while in your care.

In the Classroom

Raise the alarm, locate the adrenaline auto-injector and *follow the ASCIA Action Plan*.

- Sit or lay student down and reassure. Ask a reliable student to call on the teacher in the next closest classroom.
- Teacher or assisting teacher to use mobile phone to call front office, requesting the student's adrenaline auto-injector and ASCIA Plan as well as the general adrenaline auto-injector be brought to the classroom immediately – teacher to be explicit and clear of the student's name and the classroom number. College Sick Bay Attendant or office staff (if Sick Bay Attendant is not available) to bring student's adrenaline auto-injector as well as a general adrenaline auto-injector to the classroom with the ASCIA plan.
- If the phone is not available/working instruct one student to run to the office and alert office staff to bring the student's adrenaline auto-injector to the classroom and another child to run and collect the nearest emergency adrenaline auto-injector (available from the Sick Bay & General Office).
- One office staff member to attend the classroom with the student's adrenaline auto-injector, general adrenaline auto-injector and student's plan.
- Teachers are to follow the instructions on the student's ASCIA plan.
- Second office staff member to contact Sick Bay Attendant and advise to attend relevant classroom with general adrenaline auto-injector.
- Second office staff member to contact parent and advise them of the incident. If parent not available, emergency contact must be contacted.
- **In the case of mild reaction:** Teachers in attendance with student determine if the student is showing signs of mild to moderate allergic reaction. If this is the case student should be taken to the first aid room for strict observation and parents called.
- In the case of moderate to severe reaction: If the student is showing signs of anaphylaxis such as difficulty breathing, swelling of the tongue, tightness in the throat, hoarse voice, wheeze or persistent cough and loss of consciousness then the adrenaline auto-injector will be administered by the first teacher while the second teacher rings 000. Teachers are to follow instructions as provided by the paramedics on the phone. **IF IN DOUBT, GIVE THE ADRENALINE AUTOINJECTER**.
- Both teachers are to remain with the student – one to keep student calm, assisting teacher to relay information to the paramedics.
- Office staff member to attend the main gate/entrance to school to await ambulance and direct paramedics to the relevant room on arrival.

In the School Yard

Raise the alarm, locate the adrenaline auto-injector and *follow the ASCIA Action Plan.*

- Teacher is to stay with student, sit or lay them down and ask their name.
- If teacher does not have a mobile phone, teacher is to send a reliable student to office to raise the alarm, providing the 'runner student', and therefore the office, with student's name and exact location in the school grounds.
- Teacher to send another student to nearest Yard Duty teacher for assistance, and for mobile phone access.
- One office staff member to attend the relevant area in the school yard with the student's adrenaline auto-injector, general adrenaline auto-injector and student's plan.
- If teacher has a mobile phone they are to call the office and alert them that there is a student having an anaphylactic reaction, provide the student's name and the exact location of the student.
- Teacher to send a student to nearest Yard Duty teacher for assistance.
- Teachers are to follow the instructions on the student's ASCIA plan.
- A second office staff member to contact Sick Bay Attendant and advise to attend relevant area in the school yard with general adrenaline auto-injector.
- Second office staff member to contact parent and advise them of the incident. If parent not available, emergency contact must be contacted.
- **In the case of mild reaction:** Teachers in attendance with student determine if the student is showing signs of mild to moderate allergic reaction. If this is the case student should be taken to the first aid room for strict observation and parents called.
- **In the case of moderate to severe reaction:** If the student is showing signs of anaphylaxis such as difficulty breathing, swelling of the tongue, tightness in the throat, hoarse voice, wheeze or persistent cough and loss of consciousness then the adrenaline auto-injector will be administered by the first teacher while the second teacher rings 000. Teachers are to follow instructions as provided by the paramedics on the phone. **IF IN DOUBT, GIVE THE ADRENALINE AUTOINJECTER**.
- Office staff member to attend the main gate/entrance to school to await ambulance and direct paramedics to the relevant area on arrival.

Sporting Activities

Raise the alarm, locate the adrenaline auto-injector and *follow the ASCIA Action Plan.*

In-School Activities

- For in-school activities teachers are asked to take a mobile phone with them, making sure they have the office number on it.
- Teacher is to stay with the student and sit or lay them down. Teacher is to call the office and notify them of the child's name and the exact location.
- If the teacher does not have a phone, a reliable student must be sent to the front office to raise the alarm, providing the 'runner student' and therefor the office with student's name and exact location in the school grounds.
- One office staff member to attend the relevant area in the school yard with the student's adrenaline auto-injector, general adrenaline auto-injector and student's plan.
- **In the case of mild reaction:** Teacher in attendance with student will if the student is showing signs of mild to moderate allergic reaction. If this is the case the student should be taken to the first aid room for strict observation and parents called.
- **In the case of moderate to severe reaction:** If the student is showing signs of anaphylaxis such as difficulty breathing, swelling of the tongue, tightness in the throat, hoarse voice, wheeze or persistent

cough and loss of consciousness then the adrenaline auto-injector will be administered by the first teacher while the second teacher rings 000. Teachers are to follow instructions as provided by the paramedics on the phone. **IF IN DOUBT, GIVE THE ADRENALINE AUTOINJECTER**.

- Office staff member to provide auto-injector and student's plan to teacher on scene and proceed to the school entrance/gate to await the ambulance and escort paramedics to the relevant location.
- Out of School Activities:
- *Raise the alarm,* locate the adrenaline auto-injector and *follow the ASCIA Action Plan*.
- For out of school sports/activities, the teacher must identify the students attending who are at risk for anaphylaxis and collect their adrenaline auto-injector and the relevant ASCIA Action Plan/s from the front office.
- Teacher must sign out the auto-injector/s and ASCIA Action Plan/s and make sure it is/they are kept with the teacher who is supervising that child for the duration of the event.
- The supervising teacher must also collect the general auto-injector from Sick Bay.
- The supervising teacher must carry a mobile phone with them.
- This teacher must have up to date training on anaphylaxis management.
- If a child is observed showing signs of a mild allergic reaction, they will made to rest and observed, while their adrenaline auto-injector is located and their parent is contacted. They should not be allowed to play sport or exert themselves physically whilst having an allergic reaction.
- If the child has an anaphylactic reaction while on the activity, the supervising teacher who has the adrenaline auto-injector must stay with the child, lay them down and follow the student's ASCIA action plan.
- The supervising teacher is to send a reliable student to locate another teacher from Lalor SC, if available, to assist in managing the situation.
- The supervising teacher is to call 000 immediately and follow instructions from the paramedic.

NOTE IN ALL CASES: Emergency adrenaline auto-injectors are not to be removed from where they belong (unless for emergency use).

Excursions

*Raise the alarm**,*** locate the adrenaline auto-injector and *follow the ASCIA Action Plan.*

- Prior to excursions, teachers need to identify the students at risk for anaphylaxis who will be under their care.
- Teacher must sign out the auto-injector/s and ASCIA Action Plan/s and make sure it is/they are kept with the teacher who is supervising that child for the duration of the excursion.
- The supervising teacher must also collect the general auto-injector from Sick Bay.
- The supervising teacher must carry a mobile phone with them.
- This teacher must have up to date training on anaphylaxis management.
- The adrenaline auto-injectors must stay with the supervising teacher and not be left behind in the bus or left with bags etc.
- In completing the risk assessment for the excursion, the teacher must include how long it would take an ambulance to reach the location of the excursion.
- If a student is observed showing signs of a mild allergic reaction, sit them down and keep them under observation whilst you locate their adrenaline auto-injector. Contact the parents and school. The student should not be allowed to play sport or exert themselves physically whilst having an allergic reaction.
- If the student has an anaphylactic reaction, the supervising teacher must stay with the student and follow the student's ASCIA Action Plan.

- The supervising teacher is to send a reliable student to locate another teacher from Upper Yarra SC, if available, to assist in managing the situation.
- The supervising teacher is to call 000 immediately and follow instructions from the paramedics.

College Camps

Raise the alarm, locate the adrenaline auto-injector and *follow the ASCIA Action Plan.*

- Prior to the camp, the teacher in charge needs to identify the students at risk for anaphylaxis who will be under their care.
- Prior to the camp, the teacher in charge must arrange a meeting with their parents to discuss strategies to avoid allergens and a management plan is to be developed. As a result of the meeting it can be decided who will be responsible for looking after the adrenaline auto-injector and student's ASCIA Action Plan, supervising the student, monitoring food supply, providing alternative foods and informing all staff and supervisors of the student's allergy etc.
- Staff in attendance at the camp must have up to date training in anaphylaxis management.
- In completing the risk assessment for the camp, the teacher must include how long it would take an ambulance to reach the location of the camp. If more than 20 minutes, parents must be informed of the increased risk.
- If a student is observed showing signs of a mild allergic reaction, sit them down and keep them under observation whilst you locate their adrenaline auto-injector. Contact the parents and school. They should not be allowed to play sport or exert themselves physically whilst having an allergic reaction.
- If the student has an anaphylactic reaction, the teacher in charge of that student must be able to locate the adrenaline auto-injector quickly, raise the alarm, follow the action plan and be able to contact an ambulance.
- The adrenaline auto-injector must stay near the student at all times for it to be an effective first aid device.

Special Event Days

Raise the alarm, locate the adrenaline auto-injector and *follow the ASCIA Action Plan.*

- For special event days such as athletic or swimming carnivals, held outside the college, home group or classroom teachers will need to be aware of the students in their care who are at risk of anaphylaxis and collect and sign out the adrenaline auto-injector on the morning of the event.
- The staff member in charge of first aid for the day must collect a general auto-injector and all the ASCIA Action Plans for students and include this with first aid kits.
- The adrenaline auto-injector should travel with the teacher on the same bus as the student.
- On arrival at the event, the adrenaline auto-injector must be given to the staff member who has been allocated to attend to first aid duties. All auto-injectors should be stored in the first aid area remembering to keep them out of direct light and below 30 degrees.
- At the completion of the day, the homeroom or classroom teacher will need to collect the adrenaline auto-injector from the first aid area and return it to the front office at the school.
- If a student is observed showing signs of a mild allergic reaction, they will be taken to the first aid area for strict observation and parents called. They should not be allowed to play sport or exert themselves physically whilst having an allergic reaction.
- If the student has an anaphylactic reaction at an event, a teacher must stay with them and send for the adrenaline auto-injector and ASCIA Action Plan to be brought to them and the plan followed. They must have access to a phone to be able to call an ambulance.

Appendix D: Annual Risk Management Checklist

School Name:	Upper Yarra Secondary College
Date of Review:	January 2022
Who completed this checklist?	Name: Melia Edwards
	Position: Anaphylaxis Supervisor
Review given to:	Name: Meredith Nursey
	Position: Assistant Principal
Comments:	

General Information	
How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Auto-injector?	9
How many of these students carry their Adrenaline Auto-injector on their person?	2
Have any students ever had an allergic reaction requiring medical intervention at school?	No
If Yes, how many times?	
Have any students ever had an Anaphylactic Reaction at school?	No
If Yes, how many students?	
If Yes, how many times	
Has a staff member been required to administer an Adrenaline Auto-injector to a student?	No
If Yes, how many times?	
Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?	N/A
SECTION 1: Individual Anaphylaxis Management Plans	
Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Auto-injector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?	Yes
Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?	Yes

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?	Yes
During classroom activities, including elective classes	Yes
In canteens or during lunch or snack times	Yes
Before and after School, in the school yard and during breaks	Yes
For special events, such as sports days, class parties and extra-curricular activities	Yes
For excursions and camps	Yes
Other	Yes
Do all students who carry an Adrenaline Auto-injector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?	No
Where are they kept?	General Office
Does the ASCIA Action Plan include a recent photo of the student?	Yes
SECTION 2: Storage and Accessibility of Adrenaline Auto-injectors	
Where are the student(s) Adrenaline Auto-injectors stored?	General Office
Do all School Staff know where the School's Adrenaline Auto-injectors for General Use are stored?	Yes
Are the Adrenaline Auto-injectors stored at room temperature (not refrigerated)?	Yes
Is the storage safe?	Yes
Is the storage unlocked and accessible to School Staff at all times? Comments: The back office is locked after school hours	Yes
Are the Adrenaline Auto-injectors easy to find? Comments: Epi-pens are kept in plastic containers clearly labelled	Yes
Is a copy of student's Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student's Adrenaline Auto-injector?	Yes

Are the Adrenaline Auto-injectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student's names?	Yes
Has someone been designated to check the Adrenaline Auto-injector expiry dates on a regular basis? Who? ……Mel Edwards ……..	Yes
Are there Adrenaline Auto-injectors which are currently in the possession of the School and which have expired?	No
Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?	No
Do all School Staff know where the Adrenaline Auto-injectors and the Individual Anaphylaxis Management Plans are stored?	Yes
Has the School purchased Adrenaline Auto-injector(s) for General Use, and have they been placed in the School's first aid kit(s)?	Yes (x2) Not in first aid kits but sent on excursions and camps.
Where are these first aid kits located?	x General Office x Sick Bay
Is the Adrenaline Auto-injector for General Use clearly labelled as the 'General Use' Adrenaline Auto-injector?	Yes
Is there a register for signing Adrenaline Auto-injectors in and out when taken for excursions, camps etc.?	Yes
SECTION 3: Prevention Strategies	
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?	Yes
Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?	Yes
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?	Yes
Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?	Yes
SECTION 4: School Management and Emergency Response	
Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	Yes
Do School Staff know when their training needs to be renewed?	Yes

Have you developed Emergency Response Procedures for when an allergic reaction occurs?	Yes
In the class room?	Yes
In the school yard?	Yes
In all School buildings and sites, including gymnasiums and halls?	Yes
At school camps and excursions?	Yes
On special event days (such as sports days) conducted, organised or attended by the School?	Yes
Does your plan include who will call the Ambulance?	Yes
Is there a designated person who will be sent to collect the student's Adrenaline Auto-injector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?	Yes
Have you checked how long it will take to get to the Adrenaline Auto-injector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:	Yes
The class room?	Yes
The school yard?	Yes
The sports field?	Yes
On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Auto-injector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the Adrenaline Auto-injector for General Use are correctly stored and available for use?	Yes
Who will make these arrangements during excursions? ……	Staff member organising the excursion & First Aid Officer.
Who will make these arrangements during camps? ……	Staff member organising the camp & First Aid Officer.
Who will make these arrangements during sporting activities? ……	Staff member organising the sporting & First Aid Officer.
Is there a process for post incident support in place?	Yes
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:	
The School's Anaphylaxis Management Policy?	Yes
The causes, symptoms and treatment of anaphylaxis?	Yes

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 Auto-injector, including where their medication is located?	Yes
How to use an Adrenaline Auto-injector, including hands on practise with a trainer Adrenaline Auto-injector?	Yes
The School's general first aid and emergency response procedures for all in-school and out-of-school environments?	Yes
Where the Adrenaline Auto-injector(s) for General Use is kept?	Yes
Where the Adrenaline Auto-injectors for individual students are located including if they carry it on their person?	Yes
SECTION 4: Communication Plan	
Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?	Yes
To School Staff?	Yes
To students?	Yes
To Parents?	Yes
To volunteers?	Yes
To casual relief staff?	Yes
Is there a process for distributing this information to the relevant School Staff?	Yes
What is it?	Refer to the body of the policy outlining the process.
How is this information kept up to date?	First Aid Officer
Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?	Yes
What are they?	Education through the Curriculum and communication of the issue through level assemblies.

Appendix E: Discussion Guide

Ideas on Risk Minimisation Strategies in the School Environment

Risk Minimisation Strategies in School

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** *(note, some suggestions are not applicable to a secondary school setting)*
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 school has in place and the need for their child to not share food and to wash hands after eating.
School 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 / **Birthday celebrations** **Not applicable to LSC**	• Discuss these activities with parents of allergic child well in advance • 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 cupcakes stored in freezer in a labelled sealed container
Cooking/Food Technology	• 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	• Engage parents in discussion prior to experiments containing foods.
Students picking up papers	• Students at risk of food or insect sting anaphylaxis should be excused from this duty. • Non rubbish collecting duties are encouraged.
Music	• Music teacher to be aware, there should be no sharing of wind instruments e.g. recorders. ● Speak with the parent about providing the child's own instrument.
Art and craft classes	• 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	• 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?

	Strategies to reduce the risk of an allergic reaction can include: • 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	• Parents of children at risk of anaphylaxis should be informed that sunscreen is offered to children. They may want to provide their own.
RISK	**Considerations when you have a child at risk of anaphylaxis in your care** *(note, some suggestions are not applicable to a secondary school setting)*
Hand washing.	• Classmates encouraged to wash their hands after eating
Part-time educators, **casual relief teachers & religious instruction teachers** **Suggestions:**	• These educators need to know the identities of children at risk of anaphylaxis and should be aware of the school's management plans, which includes minimisation strategies initiated by the school community. Some casual staff have not received training in anaphylaxis management and emergency treatment. This needs to be considered when a teacher is chosen for a class with a child at risk of anaphylaxis and if this teacher is on playground/yard duty. • Casual staff, who work at school regularly, should be included in anaphylaxis training sessions to increase the likelihood that they recognise an allergic reaction and know how to administer the adrenaline 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 DEECD nominated anaphylaxis education provider. Visit ASCIA **www.allergy.org.au.** • This course can also be done as a refresher.
Use of food as counters	• 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	• 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 farmyard	• 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.

	• 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	• Prior discussion with parents if incursions include any food activities.
Excursions, Sports carnivals, Swimming program	• 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: • 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:	• 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. • 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.
RISK	**Considerations when you have a child at risk of anaphylaxis in your care** *(note, some suggestions are not applicable to a secondary school setting or Lalor SC context)*
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** (EpiPen® 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.

School camps (continued)	**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**
RISK	**Considerations when you have a child at risk of anaphylaxis in your care** *(note, some suggestions are not applicable to a secondary school setting)*
***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.

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