

Anaphylaxis Management Policy

Policy Statement

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. The most common allergens in school aged children are peanuts, eggs, tree nuts (e.g. cashews), cow's milk, fish and shellfish, wheat, soy, sesame seeds, latex, certain insect stings and medication. Symptoms usually develop within ten minutes and up to two hours after exposure to an allergen, but can appear within a few minutes.

The key to prevention of anaphylaxis in schools is knowledge of those students who have been diagnosed at risk, awareness of triggers (allergens), and prevention of exposure to these triggers. Adrenaline given through an EpiPen® autoinjector to the muscle of the outer mid-thigh is the most effective first aid treatment for anaphylaxis.

This policy will refer to adrenaline auto-injector, as 'auto-injector' or 'EpiPen/Anapen' for simplicity.

The purpose of this policy is to ensure the following:

- The school will comply with Ministerial Order 706 and associated Department of Education and Training (DET) Anaphylaxis guidelines for anaphylaxis management as published and amended by the DET.
- To provide, as far as practicable, a safe and supportive environment in which students at risk of anaphylaxis can participate equally in all aspects of the student's schooling.
- To raise awareness about anaphylaxis and the school's anaphylaxis management policy in the school community.
- To engage with parents/carers of students at risk of anaphylaxis in assessing risks, developing risk minimisation strategies, and management strategies for the student.
- To ensure that each staff member has adequate knowledge about allergies, anaphylaxis and the school's policy and procedures in responding to an anaphylactic reaction.

Guidelines

1.1 The school will actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as at risk of anaphylaxis, at enrolment or at the time of diagnosis (whichever is earlier).

Program

2.1 The College will request information from parents regarding anaphylaxis risk on the enrolment forms.

2.1.1 Parents/carers of students with anaphylaxis risk will be sent a pack with the following:

- School letter
- School Policy
- Individual Anaphylaxis Management Plan including consent for inclusion on alert poster and suggestion for student to wear autoinjector from home in addition to their school emergency pack.
- Information on how families will plan to provide access to an autoinjector for travel between home and school and home again.
- ASCIA (Australian Society of Clinical Immunology and Allergies) action plan
- Consent form for other medications as recommended on the ASCIA plan e.g. antihistamine if at mild symptom stage.
- Permission for use of school-owned auto-injector if closer than student's own.
- Agreement for use of school-owned insulated pouches.

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- 2.1.2 A record is to be made of students at risk. This record will be maintained by the Health Centre and made available and disseminated to staff in the form of:
- Alert posters
 - Individual student alerts on Compass
 - CRT booklets
 - New staff induction
 - Staff Anaphylaxis Briefing
- Notifications to relevant staff if students are attending VET programs from other schools or Grade 6 transition.
- 2.1.3 All excursion forms will collect information regarding anaphylaxis risk.
- 1.2 An individual management plan will be developed for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis for all school related activities.
- 2.2 An individual management plan is to be developed by Health Centre staff in consultation with the parents/carer. Where possible, this should occur prior to commencement or during the first week of the school year or first week of enrolment. Emergency medication/s and a copy of the student's current ASCIA plan is expected from day one of enrolment.
- 2.2.1 The plan will include the following:
- Information about the diagnosis, including the type of allergy or allergies the student has and strategies to minimise the risk of exposure to allergens while the student is under the care or supervision of school staff, for on campus and off campus settings including camps and excursions.
 - The name of the person/s responsible for implementing the strategies
 - Information on where the student's medication will be stored
 - The student's emergency contact details
 - An up to date ASCIA Action Plan for Anaphylaxis, provided by the parent, that:
 - i. Is signed by the student's medical practitioner
 - ii. Includes an up to date photograph of the student
- 2.2.2 Risk assessment must be conducted by the teacher in charge prior to the student participating in any subjects or elective subjects which could increase the risk of exposure to allergens (obvious or hidden e.g. egg or milk cartons). This could include: Home Economics/Food Studies, Science, Art classes, P.E. classes and Outdoor Education. Note that teachers must consider risk minimisation strategies and ensure the classroom environment is clear of allergens for subsequent classes e.g. recognise the risk of cross contamination, necessary cleaning procedures and minimum time required for allergen to become inactive for environment and equipment.

See *Risk minimisation strategies – Appendix I*

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- 2.2.3 Further risk assessments must be conducted by the teacher in charge prior to the student participating in special events e.g. sports days, incursions, class parties, excursions, school camps and special events organised or attended by the school.
- Parents and students should meet individually with Home Economics/Food Studies staff to discuss risks, procedures and strategies.
 - Camp organisers should refer to DET Anaphylaxis Guidelines - *Risk Minimisation strategies (Appendix 1)*
- 2.2.4 The College will involve the student, parents, and the employer in discussions regarding risk management prior to commencing work experience or work placement.
- 1.3 The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents/carers:
- 2.3 Reviews will occur:
- i. Annually
 - ii. Where there is a change in the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction
 - iii. Following routine specialist review if the ASCIA plan changes
 - iv. Immediately after an event if a student has an anaphylactic reaction at school.
 - v. When the student is participating in an off-site activity, including camps and excursions, or at special events, including fetes and concerts.
- 2.3.1 Wantirna 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.
- 1.4 The parent or caregiver of the child is responsible for providing the College with accurate and up to date information regarding the student's anaphylaxis management.
- 2.4 The parent or caregiver should provide the following:
- Information in writing at enrolment (or diagnosis) of identified allergens and risk of anaphylaxis.
 - Notification of anaphylaxis risk on all consent forms for excursions and camps.
 - The emergency procedures plan (ASCIA Action Plan) signed by the student's doctor.
 - Immediately inform the school in writing if there is any change in their child's medical condition, and if relevant provide an updated emergency procedures plan (ASCIA Action Plan).
 - Immediate notification of changes to emergency contact details.
 - An up to date photo for the emergency procedures plan (ASCIA Action Plan) when the plan is provided to the school and when it is reviewed. (Health Centre staff may offer to utilise electronic version of school photo if there is one)

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| 1.5 | The parent or caregiver of the child is responsible for providing the College with appropriate medication as consistent with the ASCIA Action Plan. | 2.5 | An adrenaline auto-injector (within expiry date) as prescribed for the student and any other medication required as part of their ASCIA plan will be provided by the parent or caregiver and stored in the Health Centre. |
| | | 2.5.1 | Parents are advised to also provide an auto-injector for student use should an incident occur to or from the College. Parents are required to inform the College in writing if this option is not taken. |
| | | 2.5.2 | A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the Health Centre. Whilst some students keep their adrenaline autoinjector on their person, those who choose not to will have their medication stored and labelled with their name at the Health Centre together with adrenaline autoinjectors for general use. |
| 1.6 | The Health Centre will provide emergency back-up medication for anaphylaxis and severe allergic reactions. | 2.6 | The College will maintain a supply of adrenaline autoinjector pens 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. |
| | | 2.6.1 | The Health Centre has 'back-up' autoinjector pens. Other school-owned autoinjector pens are located around the school with a copy of each student's ASCIA plan. These autoinjector pens are labelled 'General use'. |
| | | 2.6.2 | On school excursions, College 'back up' autoinjector must be taken for all students with ASCIA 'action plan for Anaphylaxis' plans and some students with ASCIA 'action plan for Allergic Reactions'. Students are also required to take their own emergency EpiPen or Anapen allergy packs signed out from the Health Centre. |
| 1.7 | The student is responsible for supporting efforts to minimise their risk of exposure to allergens. | 2.7 | Students are to act responsibly to minimise the risk of exposure to allergens e.g. not accept food if unsure of contents or risk of cross-contamination, always wear shoes and avoid gardens and rubbish bins if allergic to insect bites. |
| | | 2.7.1 | Take an increased role in managing their condition e.g. signing out and returning their emergency packs, identifying themselves to staff, informing replacement or new staff, identifying themselves and asking questions in the College Cafeteria, ensuring information in completed correctly when going on camps or excursions. |
| | | 2.7.2 | Contribute to decision making with families about wearing auto-injector at school in addition to their school emergency pack, about wearing a medic-alert, and how to provide access to an auto-injector device when travelling between home and school. |

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| 2.7.3 | Student emergency packs (containing 'home' EpiPens or Anapens and ASCIA plans and any other medication) may be worn by students during the school day. An additional pack will be kept in the Health Centre (EpiPen or Anapen provided to the school by the student). |
| 1.8 | <p>Develop a communication plan to provide information to all staff, students and parents/carers about anaphylaxis and the school's anaphylaxis management policy.</p> <p>2.8</p> <p>2.8.1</p> <p>2.8.2</p> <p>2.8.3</p> <p>2.8.4</p> <p>2.8.5</p> <p>2.8.6</p> |
| 2.8 | <p>Staff will be aware polices are on Compass and that there is specific policy for Anaphylaxis Management.</p> <p>Compass alerts will be added for each student at known risk of anaphylaxis under 'serious medical condition' and "Anaphylaxis" and will show up on electronic class lists.</p> <p>Parents are provided with a copy of the policy each year as part of the management plan review.</p> <p>This policy will be available on Compass in the section accessible by families so that parents and other members of the school community can easily access information about anaphylaxis management procedures.</p> <p>Staff, students and families will be made aware of the serious consequences of allergies for others by way of information posters at school and annual reminder/s in the school newsletter and Compass.</p> <p>Teachers will reinforce the seriousness of allergies through appropriate classes e.g. Home Economics.</p> <p>Providers for school canteen services are provided with DET requirements for Canteen staff relating to prevention strategies in 'Anaphylaxis Guidelines – A Resource for managing severe allergies in Victorian schools' August 2016 (or subsequent publications) by the Business Manager. (<i>Appendix 3</i>)</p> <p>Canteen staff are made aware of their role in calling for immediate help from yard duty staff allocated to the school canteen and assisting in first aid. They are also supplied with a school owned autoinjector that is stored in an easily accessible location within the canteen and that contact details for Health Centre are on their alert poster.</p> |
| 1.9 | <p>All staff will be aware of what steps should be taken to respond to an anaphylactic reaction in a student whilst under the school's care.</p> <p>2.9</p> <p>2.9.1</p> |
| 2.9 | <p>In the event of an anaphylactic reaction, the emergency response procedures outlined in <i>Appendix 2</i> of 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.</p> <p>A twice yearly school briefing will be conducted by a staff member who has successfully completed an approved anaphylaxis training course in the last 12 months as per Ministerial Order 706. Emergency Response Procedures are also on small laminated cards in staff ID holders.</p> |

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- 2.9.2 New staff or volunteers commencing during the year are directed by the Daily Organiser or relevant staff to Health Centre for information.
- 2.9.3 The Daily Organiser will ensure Casual Replacement Teachers (CRTs) and student teachers are briefed with necessary information through the CRT handbook.
- 2.9.4 All staff have access to information, a generic action plan and current alert poster. The alert poster will include individual photos and identification of allergens. It is displayed in all office areas and staff rooms, the Cafeteria and Health Centre.
- 2.9.5 In the event of an anaphylactic reaction the emergency response procedures as outlined at the staff briefing and on the emergency response card must be followed.
- 1.10 Staff running special events, excursion, camps etc must plan for students at risk of anaphylaxis.
- 2.10 Staff to include anaphylaxis response in risk assessment for special events, excursion, camps.
- 2.10.1 Staff organising excursions, camps etc, must consult with the Health centre prior to the event regarding students at known risk. Staff attending such events must be able to identify those students and also check they have their emergency pack prior to leaving school (or in the case of meeting at a location outside of school – at the start of the excursion).
- 2.10.2 Parents/guardians are given the opportunity to identify their child as being at risk through use of a consent form which asks specifically about anaphylaxis, allergy risk and serious medical condition.
- 2.10.3 Any student on an excursion outside of school is responsible for signing out their school emergency pack. These students will alert designated first aid staff that they are carrying the emergency pack.
- 2.10.4 Sufficient staff on camps/excursions/event days/or after hours activities/classes will have had training in the management of anaphylaxis. Excursion organisers should check currency of staff qualifications. Attending staff members are expected to inform organisers if their qualifications have expired or not been completed.
- 2.10.5 Staff to follow the guidelines in the ASCIA Action Plan, including calling an ambulance, and alert Health Centre staff as soon as possible.

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| <p>1.11 The College will follow the recommendations as set out in the school will comply with Ministerial Order 706 and associated Anaphylaxis Guidelines (a Resource for Managing severe allergies in Victorian Schools) as published and amended by the DET from time to time.</p> | <p>2.11 The Health Centre staff are responsible for providing a briefing for staff who have direct supervision responsibilities of students once each semester according to and following DET guidelines.</p> <p>Each briefing will address:</p> <ul style="list-style-type: none"> • this policy • the causes, symptoms and treatment of anaphylaxis • the identities of students with a medical condition that relates to allergies and the potential for anaphylactic reaction, and where their medication is located • how to use an adrenaline autoinjector, including hands on practice with a trainer adrenaline autoinjector • the school's general first aid and emergency response procedures • the location of, and access to, adrenaline autoinjectors that have been provided by parents or purchased by the school for general use. |
| <p>1.12 The College will ensure the anaphylaxis policy and procedures are reviewed regularly to ensure they are in line with College needs and best practice</p> | <p>2.11.1 Recognising that general first aid courses and twice yearly update briefings do not meet the additional requirements of Ministerial Order 706 for anaphylaxis management, the school will aim to ensure that all teaching staff and relevant ES staff complete and maintain recognised formal qualifications (every 3 years) in Anaphylaxis Management. This is done on a rotational annual basis monitored by the staff member responsible for Professional Learning.</p> <p>Free online training course for staff is at https://etrainingvic.allergy.org.au. with verification of EpiPen and Anapen use post completion of online course with the School Anaphylaxis Supervisor. This is to be completed every two years and will be monitored by Administration Staff.</p> <p>2.12 The Policy and Procedures will be reviewed in line with new information from the DET, updated Ministerial Orders and ASCIA (Australian Society of Clinical Immunology and Allergies).</p> <p>2.12.1 An annual risk assessment checklist (as provided by the DET) will be conducted.</p> <p>2.12.2 Any changes required in the policy will be tabled with College Council.</p> |

Policy drafted by:

Kerry Calcraft (College Nurse) May 2009

Policy ratified by College Council:

25th June, 2009

Major Review

Julie Dance and Sandra Spendlove

March, 2014

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	Eleanor Canning 2017
Review	Melissa Wade (College Nurse), Julie Dance (First Aid Officer) and Shane Kruger (Assistant Principal)
	May 2020
Policy ratified by CEPC on behalf of College Council:	9 th June 2020
Review	Melissa Wade (College Nurse and Shane Kruger (Assistant Principal)
	May 2021
Policy ratified by CEPC on behalf of College Council:	8 th June 2021
Minor Review	Melissa Wade (College Nurse) October 2021
Policy ratified by CEPC on behalf of College Council:	12 th October 2021
Appendix I	
Risk minimisation strategies	

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School	
	<p>A record is to be made of students at risk. This record will be maintained by the Health Centre and made available and disseminated to staff in the form of:</p> <ul style="list-style-type: none"> • Alert posters • Individual student alerts on Compass • CRT booklets • New staff induction • Staff Anaphylaxis Briefing <p>Notifications to relevant staff if students are attending VET programs from other schools or Grade 6 transition.</p>
	<p>Risk assessment must be conducted by the teacher in charge prior to the student participating in any subjects or elective subjects which could increase the risk of exposure to allergens (obvious or hidden e.g. egg or milk cartons). This could include: Home Economics/Food Studies, Science, Art classes, P.E. classes and Outdoor Education. Note that teachers must consider risk minimisation strategies and ensure the classroom environment is clear of allergens for subsequent classes e.g. recognise the risk of cross contamination, necessary cleaning procedures and minimum time required for allergen to become inactive for environment and equipment.</p>
	<p>Parents and students should meet individually with Home Economics/Food Studies staff to discuss risks, procedures and strategies.</p>
	<p>The College will involve the student, parents, and the employer in discussions regarding risk management prior to commencing work experience or work placement.</p>
	<p>Parents are advised to also provide an auto-injector for student use should an incident occur to or from the College.</p>
	<p>A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis at the Health Centre. Whilst some students keep their adrenaline autoinjector on their person, medication for those that do not will be stored and labelled with their name at the Health Centre together with adrenaline autoinjectors for general use.</p>
	<p>The College will maintain a supply of adrenaline autoinjector pens 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.</p>
	<p>The Health Centre has 'back-up' autoinjector pens. Other school-owned autoinjector pens are located around the school with a copy of each student's ASCIA plan. These autoinjector pens are labelled 'General use'.</p>
	<p>Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled 'may contain milk or egg' should not be served to students with milk or egg allergy and so forth.</p>
	<p>Staff are to be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).</p>
	<p>New staff or volunteers commencing during the year are directed by the Daily Organiser or relevant staff to Health Centre for information.</p>
	<p>The Daily Organiser will ensure Casual Replacement Teachers (CRTs) and student teachers are briefed with necessary information through the CRT handbook.</p>
	<p>Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.</p>

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	School staff on yard duty must be trained in the administration of the adrenaline autoinjector (i.e. EpiPen or Anapen) and be able to respond quickly to an allergic reaction if needed.
	The adrenaline autoinjector and each student's individual ASCIA Action Plan for Anaphylaxis must be easily accessible from the yard, and staff should be aware of their exact location.
	All staff on yard duty are aware of the school's emergency response procedures and how to notify the Health Centre of an anaphylactic reaction in the yard.
Cafeteria	
	Providers for school canteen services are provided with DET requirements for Canteen staff relating to prevention strategies in 'Anaphylaxis Guidelines – A Resource for managing severe allergies in Victorian schools' March 2023 (or subsequent publications) by the Business Manager. Canteen staff are made aware of their role in calling for immediate help from yard duty staff allocated to the school canteen and assisting in first aid. They are also supplied with a school owned autoinjector that is stored in an easily accessible location within the canteen and that contact details for Health Centre are on their alert poster.
	Alert posters identifying students at risk of anaphylaxis are provided to the cafeteria as a reminder to cafeteria staff.
	The cafeteria should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a 'may contain...' statement.
Events/Excursions/Camps	
	All excursion forms will collect information regarding anaphylaxis risk.
	Staff to include anaphylaxis response in risk assessment for special events, excursion, camps.
	A risk management strategy for students at risk of anaphylaxis while they are on camp should be developed. This should be developed in consultation with parents of students at risk of anaphylaxis and camp owners/operators prior to the camp's commencement.
	On school excursions, College 'back up' autoinjectors must be taken for all students with ASCIA 'action plan for Anaphylaxis' and some students with ASCIA 'action plan for Allergic Reactions'. Students are also required to take their own emergency EpiPen/allergy packs.
	Staff organising excursions, camps etc, must consult with the Health Centre prior to the event regarding students at known risk. Staff attending such events must be able to identify those students and also check they have their emergency pack prior to leaving school (or in the case of meeting at a location outside of school – at the start of the excursion).
	Sufficient staff on camps/excursions/event days/or after hours activities/classes will have had training in the management of anaphylaxis. Excursion organisers should check currency of staff qualifications. Attending staff members are expected to inform organisers if their qualifications have expired or not been completed.
	Prior to engaging a camp owner/operator's services the school should make enquiries as to whether the operator can provide food that is safe for anaphylactic students. If a camp owner/operator cannot provide this confirmation in writing to the school, then the school should strongly consider using an alternative service provider. This is a reasonable step for a school to take in discharging its duty of care to students at risk of anaphylaxis.
	The camp cook should be able to demonstrate satisfactory training in food allergen management and its implications for food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc.
	Schools must not sign any written disclaimer or statement from a camp owner/operator that indicates that the owner/operator is unable to provide food which is safe for students at risk of anaphylaxis. Schools have a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
	If the school has concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, it should raise these concerns in writing with the camp owner/operator and also consider alternative means for providing food for those students.

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	<p>The student's adrenaline autoinjector, Individual Anaphylaxis Management Plan, including the ASCIA Action Plan for Anaphylaxis and a mobile phone must be taken on camp. If mobile phone access is not available, an alternative method of communication in an emergency must be considered, e.g. a satellite phone.</p> <p>All staff attending camp should familiarise themselves with the students' Individual Anaphylaxis Management Plans AND plan emergency response procedures for anaphylaxis prior to camp and be clear about their roles and responsibilities in the event of an anaphylactic reaction.</p>
	<p>An adrenaline autoinjector for general use will be taken on a school camp (even if there is no student who is identified as being at risk of anaphylaxis) as a back-up device in the event of an emergency.</p>
	<p>The adrenaline autoinjector should be carried in the school first aid kit; however, consideration will be given to allow a student to carry their adrenaline autoinjector on camp depending on their management plan.</p>
<p>Overseas Travel</p>	
	<p>Review and consider the strategies listed under "Events/Excursions/Camps". Where an excursion or camp is occurring overseas, the school should involve parents in discussions regarding risk management well in advance.</p>
	<p>Investigate the potential risks at all stages of the overseas travel such as:</p> <ul style="list-style-type: none"> • travel to and from the airport/port • travel to and from Australia (via aeroplane, ship etc) • accommodation venues • all towns and other locations to be visited • sourcing safe foods at all of these locations • risks of cross contamination
	<p>Assess where each of these risks can be managed using minimisation strategies such as the following:</p> <ul style="list-style-type: none"> • translation of the student's Individual Anaphylaxis Management Plan and ASCIA Action Plan for Anaphylaxis into the local language • sourcing of safe foods at all stages • obtaining the names, address and contact details of the nearest hospital and medical practitioners at each location that may be visited • obtaining emergency contact details • determine the ability to purchase additional autoinjectors.
	<p>Record details of student travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction will be paid.</p>
	<p>Plan for the appropriate supervision of students at risk of anaphylaxis at all times, including that:</p> <ul style="list-style-type: none"> • there are sufficient school staff attending the excursion who have been trained in accordance with section 12 of the Ministerial Order • there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication, eating food or being otherwise exposed to potential allergens • there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of the other students will be available • staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

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The school will assess its emergency response procedures, and if necessary adapt them to the particular circumstances of the overseas trip. A record of relevant information will be kept such as the following:

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

Resource: https://www.education.vic.gov.au/Documents/school/principals/health/Anaphylaxis_Guidelines_FINAL.pdf

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Appendix 2

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

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

Step	Action
1.	<ul style="list-style-type: none"> Lay the person flat Do not allow them to stand or walk If breathing is difficult, allow them to sit Be calm and reassuring Do not leave them alone Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at Health Centre and/or the identified locations around the College where the 'General use' autoinjectors are stored. 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.	<p>Administer an EpiPen</p> <ul style="list-style-type: none"> Remove from plastic container Form a fist around the EpiPen and pull off the blue safety release (cap) Place orange end against the student's outer mid-thigh (with or without clothing) Push down hard until a click is heard or felt and hold in place for 3 seconds Remove EpiPen Note the time the EpiPen is administered Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration <p>OR</p> <p>Administer an Anapen[®] 500, or Anapen[®] 300.</p> <ul style="list-style-type: none"> 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 10 seconds Remove Anapen[®] Note the time the Anapen is administered <p>Retain the used Anapen to be handed to ambulance paramedics along with the time of administration</p>
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

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

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

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.

Appendix 3

Link to the below document:

https://www.education.vic.gov.au/Documents/school/principals/health/2016_Anaphylaxis_Guidelines_FINAL.pdf

Anaphylaxis Management Policy



Education
and Training

Anaphylaxis Guidelines

A resource for managing severe
allergies in Victorian schools

Issued: August 2016

