Anaphylaxis Management Policy

Ministerial Order 706 – Anaphylaxis Management in Schools

Merbein P-10 College

1. School Statement
Merbein P-10 College will fully comply with Ministerial Order 706 and the associated Guidelines published and amended by the Department from time to time.

The school also acknowledges that it is responsible for the development and maintenance of an Anaphylaxis Management Policy.

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

The key to prevention of anaphylaxis in schools is knowledge of the student who has been diagnosed as at risk, awareness of allergens, and prevention of exposure to those allergens. Partnerships between schools and parents/guardians are important in helping the student avoid exposure.

Adrenaline given through an adrenaline autoinjector (such as an EpiPen® or Anapen®) into the muscle of the upper outer mid-thigh is the most effective first aid treatment for anaphylaxis.

It is the policy of Merbein P-10 College that ‘EpiPen’ auto injectors are exclusively to be provided by families for use at our college.

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

2. Individual Anaphylaxis Management Plans
The principal will ensure that an Individual Anaphylaxis Health Care Plan is developed in consultation with the student’s parents/guardians, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Health Care Plan will be in place as soon as practicable after the student is enrolled and where possible before their first day of school.
- Click the link to access the ANAPHYLAXIS MANAGEMENT PLAN TEMPLATE.

Appendix 3: Individual Anaphylaxis Management Plan

School Staff will then implement and monitor the student’s Individual Anaphylaxis Management Plan.

The student’s Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student’s Parents in all of the following circumstances:
• annually;
• if the student’s medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes;
• as soon as practicable after the student has an anaphylactic reaction at School; and
• when the student is to participate in an off-site activity, such as camps and excursions, or at special events conducted, organised or attended by the School (eg. class parties, elective subjects, cultural days, fetes, incursions).

The School’s Anaphylaxis Management Policy must state that it is the responsibility of the Parents to:
• provide the ASCIA Action Plan;
• inform the School in writing if their child’s medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes and if relevant, provide an updated ASCIA Action Plan;
• provide an up to date photo for the ASCIA Action Plan when that Plan is provided to the School and when it is reviewed; and
• provide the School with an Adrenaline Autoinjector that is current and not expired for their child.

3. **Prevention Strategies**

Outlined below are the general strategies and principles behind the Prevention Strategies. Following this information there are hyperlinks that outline the strategies that need to be followed in specific areas of the school or while on excursions or incursions.
General Prevention Strategies

Minimisation of anaphylaxis in Schools

Even where a School is required to have a Policy, it is important to remember that minimisation of the risk of anaphylaxis is everyone’s responsibility: the School (including the Principal and all School Staff), Parents, students and the broader school community.

Although the focus of this section is on strategies for Schools, Parents have important obligations under the Order (and the School’s Anaphylaxis Management Policy). These obligations will assist their child’s School to manage the risk of anaphylaxis.

Parents must:

- communicate their child's allergies and risk of anaphylaxis to the School at the earliest opportunity, preferably on enrolment;
- continue to communicate with School Staff and provide up to date information about their child’s medical condition;
- provide the School Staff with an ASCIA Action Plan;
- participate in yearly reviews of their child’s Individual Anaphylaxis Management Plan; and
- ensure that their child has an Adrenaline Auto injector that is current and not expired at all times.

Risk Minimisation and Prevention Strategies

Statistics show that peanuts and nuts are the most common trigger for an anaphylactic reaction and fatality due to food anaphylaxis. To minimise the risk of a first time reaction to peanuts and nuts, Schools should carefully consider the use of peanuts, nuts, peanut butter or other peanut or nut products during in-school and out-of-school activities.

It is recommended that school activities don’t place pressure on student to try foods, whether they contain a known allergen or not. More information about peanut and nut banning can be found in the ASCIA Guidelines for Prevention of Food Anaphylactic Reactions in Schools, available from the ASCIA website at: www.allergy.org.au

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

- during classroom activities (including class rotations, specialist and elective classes);
- between classes and other breaks;
- in canteens;
- during recess and lunchtimes;
- before and after school; and
- special events including incursions, sports, cultural days, fetes or class parties, excursions and camps.

School Staff are reminded that they have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. The development and implementation of appropriate prevention strategies to minimise the risk of incidents of anaphylaxis is an important step to be undertaken by School Staff when trying to satisfy this duty of care.

In the clickable links below there are a range of specific strategies which, as a minimum, should be considered by School Staff, for the purpose of developing prevention strategies for in-school and out-
of-school settings. It is recommended that School Staff determine which strategies are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the School, and the general School environment. Where relevant, it would be prudent to record the reason why a decision was made to exclude a particular strategy listed in these Guidelines.

The selected prevention strategies must be specified in the School Anaphylaxis Management Policy. This includes any other strategies developed by the School Staff but which are not contained in these Guidelines.

For specific strategies ABOUT
- CLASSROOMS AND SCHOOL SETTINGS
- SCHOOL CANTEENS
- AT RECESS, LUNCH AND AFTERSCHOOL
- SPECIAL EVENTS INCLUDING EXCURSIONS, INCURSIONS, CAMPS, TRAVEL TO AND FROM SCHOOL, WORK EXPERIENCE etc.....

Click here ANAPHYLAXIS PREVENTION STRATEGIES IN SCHOOLS SETTINGS

4. School Management and Emergency Response
Click on the hyperlink below for the 2014 students with ANAPHYLAXIS Review
- All students at Merbein P-10 who have an ANAPHYLAXIS MANAGEMENT PLAN have their plans with photo display are located in the main staffroom noticeboard and in folders in the learning areas.
- All learning centres will have a folder with every student’s ANAPHYLAXIS MANAGEMENT PLAN INSERTED.
(These folders will be located in the green reception, Yellow reception, Blue Staffroom and general office.

- Adrenaline Autoinjectors; will be stored in the general office and reception of the Green Building.
- EMERGENCY RESPONSE GUIDELINES.

Click the link below to access emergency management procedures, roles and responsibilities of staff in the emergency management plan.

Role and responsibilities of School Staff
Role and responsibilities of first aid coordinators and school nurses
Self-administration of the Adrenaline Autoinjector

School Management and Emergency Response

5. Adrenaline Autoinjectors for General Use
The College has purchased 3 Epipens which are available from the General Office, the Green Building reception and the Yellow Building resource room. The Epipen in the green building is a “Junior” model.
6. **Communication Plan**

The Principal of a School is responsible for ensuring that a Communication Plan is developed to provide information to all School Staff, students and Parents about anaphylaxis and the School’s Anaphylaxis Management Policy.

This Communication Plan includes strategies for advising School Staff, students and Parents about how to respond to an anaphylactic reaction of a student in various environments including:

- during normal school activities including in the classroom, in the school yard, in all school buildings and sites including gymnasiums and halls; and
- during off-site or out of school activities, including on excursions, school camps and at special events conducted, organised or attended by the School.

**Volunteers and Casual teachers** will be made aware of the students who have ANAPHYLAXIS in the school and the locations of the Anaphylaxis plans and epipens within the college.

**Staff** will be briefed at the beginning of the year about the ANAPHYLACTIC students and the ANAPHYLAXIS policy and procedures

- Raising **Student Awareness** is an important prevention tool. Please click the link below for important information.

[Raising student awareness](#)

Other links are provided to assist staff to improve the student and community awareness of ANAPHYLAXIS.

[Organisations providing information and resources](#)

[Raising school community awareness](#)

7. **Staff Training**

The following School Staff will be appropriately trained to deliver the ANAPHYLAXIS training to staff

- School First Aid Officer Heather Collihole.
- Bev Thompson. School Nurse.

The ANAPHYLAXIS training for staff will include:

- an Anaphylaxis Management Training Course in the three years prior; and
- participate in a briefing, to occur twice per calendar year (with the first briefing to be held at the beginning of the school year) on:
  - the School’s Anaphylaxis Management Policy;
  - the causes, symptoms and treatment of anaphylaxis;
  - the identities of the students with a medical condition that relates to an allergy and the potential for anaphylactic reaction, and where their medication is located;
  - how to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector device;
  - the School’s general first aid and emergency response procedures; and
  - the location of, and access to, Adrenaline Autoinjector that have been provided by Parents or purchased by the School for general use.
The briefing must be conducted by a member of School Staff who has successfully completed an Anaphylaxis Management Training Course in the last 12 months.

In the event that the relevant training and briefing has not occurred, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the Parents of any affected student with a medical condition that relates to allergy and the potential for anaphylactic reaction. Training will be provided to relevant School Staff as soon as practicable after the student enrols, and preferably before the student’s first day at School.

The Principal will ensure that while the student is under the care or supervision of the School, including excursions, yard duty, camps and special event days, there is a sufficient number of School Staff present who have successfully completed an Anaphylaxis Management Training Course in the three years prior.

The hyperlink below outlines the departmental guidelines for Staff Training.

Staff Training

8. Annual Risk Management Checklist

The Principal will complete an annual Risk Management Checklist as published by the Department of Education and Early Childhood Development to monitor compliance with their obligations.

This checklist is comprehensive, and although the Principal must complete this it is important for all staff to view the document to see the requirements and accountabilities for the school.

Click the link below to view this

Appendix 4: Annual Risk Management Checklist

Policy to be reviewed 2016

Ratified by College council 2014.
Appendix 3: 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.

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<thead>
<tr>
<th>School</th>
<th>Phone</th>
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<tr>
<td>Student</td>
<td>Year level</td>
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Severely allergic to:

Other health conditions

Medication at school

**EMERGENCY CONTACT DETAILS (PARENT)**

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<th>Name</th>
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<td>Relationship</td>
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**EMERGENCY CONTACT DETAILS (ALTERNATE)**

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**Medical practitioner contact**

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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.

<table>
<thead>
<tr>
<th>Name of environment/area</th>
<th>Risk identified</th>
<th>Actions required to minimise the risk</th>
<th>Who is responsible?</th>
<th>Completion date?</th>
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<td>Name of environment/area:</td>
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ACTION PLAN FOR
Anaphylaxis

For use with EpiPen® Adrenaline Autoinjectors

MILD TO MODERATE ALLERGIC REACTION

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

ACTION

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

Mild to moderate allergic reactions may or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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

ACTION

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

If in doubt, give adrenaline autoinjector

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

EpiPen® is generally prescribed for adults and children over 5 years.
EpiPen® Jr is generally prescribed for children aged 1-5 years.
* Medical observation in hospital for at least 4 hours is recommended after anaphylaxis.

Additional information

Note: This is a medical document that can only be completed and signed by the patient’s
   treating medical doctor and cannot be altered without their permission.
ACTION PLAN FOR
Anaphylaxis
For use with Anapen® Adrenaline Autoinjectors

MILD TO MODERATE ALLERGIC REACTION

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

ACTION

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

Mild to moderate allergic reactions may
or may not precede anaphylaxis

Watch for any one of the following signs of anaphylaxis

ANAPHYLAXIS (SEVERE ALLERGIC REACTION)

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Anapen® 300 is generally prescribed for adults and children over 5 years.
Anapen® 150 is generally prescribed for children aged 1-5 years.

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

Additional information

Note: This is a medical document that can only be completed and signed by the patient's treating medical doctor and cannot be altered without their permission.
This Individual Anaphylaxis Management Plan will be reviewed on any of the following occurrences (whichever happen earlier):

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

I have been consulted in the development of this Individual Anaphylaxis Management Plan.
I consent to the risk minimisation strategies proposed.
Risk minimisation strategies are available at Chapter 8 - Prevention Strategies of the Anaphylaxis Guidelines

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<th>Signature of parent:</th>
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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.

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<th>Signature of Principal (or nominee):</th>
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## ANAPHYLAXIS PREVENTION STRATEGIES IN SCHOOLS SETTINGS

### Classrooms

1. Keep a copy of the student's Individual Anaphylaxis Management Plan in the classroom. Be sure the ASCIA Action Plan is easily accessible even if the Adrenaline Auto injector is kept in another location.

2. Liaise with Parents about food-related activities ahead of time.

3. Use non-food treats where possible, but if food treats are used in class it is recommended that Parents of students with food allergy provide a treat box with alternative treats. Treat boxes should be clearly labelled and only handled by the student.

4. Never give food from outside sources to a student who is at risk of anaphylaxis.

5. Treats for the other students in the class should not contain the substance to which the student is allergic. It is recommended to use non-food treats where possible.

6. Products labelled 'may contain traces of nuts' should not be served to students allergic to nuts. Products labelled ‘may contain milk or egg’ should not be served to students with milk or egg allergy and so forth.

7. Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes (e.g. egg or milk cartons, empty peanut butter jars).

8. Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.

9. Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.

10. A designated staff member should inform casual relief teachers, specialist teachers and volunteers of the names of any students at risk of anaphylaxis, the location of each student’s Individual Anaphylaxis Management Plan and Adrenaline Autoinjector, the School’s Anaphylaxis Management Policy, and each individual person’s responsibility in managing an incident. ie seeking a trained staff member.

### Canteens

Canteen staff (whether internal or external) should be able to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens triggering anaphylaxis, cross-contamination issues specific to food allergy, label reading, etc. Refer to:


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

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

Products labelled ‘may contain traces of nuts’ should not be served to students allergic to nuts.
Canteens should provide a range of healthy meals/products that exclude peanut or other nut products in the ingredient list or a ‘may contain...’ statement.

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

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

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

<table>
<thead>
<tr>
<th>Yard</th>
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<tr>
<td>1. If a School has a student who is at risk of anaphylaxis, sufficient School Staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/Anapen®) to be able to respond quickly to an anaphylactic reaction if needed.</td>
</tr>
<tr>
<td>2. The Adrenaline Autoinjector and each student’s Individual Anaphylaxis Management Plan are easily accessible from the yard, and staff should be aware of their exact location. (Remember that an anaphylactic reaction can occur in as little as a few minutes).</td>
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<tr>
<td>3. Schools must have a Communication Plan in place so the student’s medical information and medication can be retrieved quickly if a reaction occurs in the yard. This may include options of all yard duty staff carrying emergency cards in yard-duty bags, walkie talkies or yard-duty mobile phones. All staff on yard duty must be aware of the School’s Emergency Response Procedures and how to notify the general office/first aid team of an anaphylactic reaction in the yard.</td>
</tr>
<tr>
<td>4. Yard duty staff must also be able to identify, by face, those students at risk of anaphylaxis.</td>
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<tr>
<td>5. Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering plants. School Staff should liaise with Parents to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.</td>
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<tr>
<td>6. Keep lawns and clover mowed and outdoor bins covered.</td>
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<tr>
<td>7. Students should keep drinks and food covered while outdoors.</td>
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<tr>
<th>Special events (e.g. sporting events, incursions, class parties, etc.)</th>
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<tbody>
<tr>
<td>1. If a School has a student at risk of anaphylaxis, sufficient School Staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector to be able to respond quickly to an anaphylactic reaction if required.</td>
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<tr>
<td>2. School Staff should avoid using food in activities or games, including as rewards.</td>
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<tr>
<td>3. For special occasions, School Staff should consult Parents in advance to either develop an alternative food menu or request the Parents to send a meal for the student.</td>
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<tr>
<td>4. Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request that they avoid providing students with treats whilst they are at School or at a special School event.</td>
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5. Party balloons should not be used if any student is allergic to latex.

### Out-of-school settings

It is recommended that School Staff determine which strategies set out below for various out-of-school settings are appropriate after consideration of factors such as the age of the student, the facilities and activities available at the School, and the general School environment. Not all strategies will be relevant for each School.

#### Travel to and from School by bus

1. School Staff should consult with Parents of students at risk of anaphylaxis and the bus service provider to ensure that appropriate risk minimisation and prevention strategies and processes are in place to address an anaphylactic reaction should it occur on the way to and from School on the bus. This includes the availability and administration of an Adrenaline Autoinjector. The Adrenaline Autoinjector and ASCIA Action Plan for Anaphylaxis must be with the student even if this child is deemed too young to carry an Adrenaline Autoinjector on their person at School.

#### Field trips/excursions/sporting events

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

2. A School Staff member or team of School Staff trained in the recognition of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on field trips or excursions.

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

4. The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and School Staff must be aware of their exact location.

5. For each field trip, excursion etc, a risk assessment should be undertaken for each individual student attending who is at risk of anaphylaxis. The risks may vary according to the number of anaphylactic students attending, the nature of the excursion/sporting event, size of venue, distance from medical assistance, the structure of excursion and corresponding staff-student ratio. All School Staff members present during the field trip or excursion need to be aware of the identity of any students attending who are at risk of anaphylaxis and be able to identify them by face.

6. The School should consult Parents of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the Parents provide a meal (if required).

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

8. Prior to the excursion taking place School Staff should consult with the student’s Parents and Medical Practitioner (if necessary) to review the student’s Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the particular excursion activity.
### Camps and remote settings

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

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

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

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

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

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

Use of substances containing allergens should be avoided where possible.

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

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

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

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

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

Schools should consider taking an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a back up device in the event of an emergency.
Schools should consider purchasing an Adrenaline Autoinjector for General Use to be kept in the first aid kit and including this as part of the Emergency Response Procedures.

The Adrenaline Autoinjector should remain close to the student and School Staff must be aware of its location at all times.

The Adrenaline Autoinjector should be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remember that all School Staff members still have a duty of care towards the student even if they do carry their own Adrenaline Autoinjector.

Students with anaphylactic responses to insects should always wear closed shoes and long-sleeved garments when outdoors and should be encouraged to stay away from water or flowering plants.

Cooking and art and craft games should not involve the use of known allergens.

Consider the potential exposure to allergens when consuming food on buses and in cabins.

### Overseas travel

Review and consider the strategies listed under “Field Trips/Excursions/Sporting Events” and “Camps and Remote Settings”. Where an excursion or camp is occurring overseas, Schools should involve Parents in discussions regarding risk management well in advance.

Investigate the potential risks at all stages of the overseas travel such as:

- travel to and from the airport/port;
- travel to and from Australia (via aeroplane, ship etc);
- various accommodation venues;
- all towns and other locations to be visited;
- sourcing safe foods at all of these locations; and
- risks of cross contamination, including -
  - exposure to the foods of the other students;
  - hidden allergens in foods;
  - whether the table and surfaces that the student may use will be adequate cleaned to prevent a reaction; and
  - whether the other students will wash their hands when handling food.

Assess where each of these risks can be managed using minimisation strategies such as the following:

- translation of the student’s Individual Anaphylaxis Management Plan and ASCIA Action Plan;
- sourcing of safe foods at all stages;
- obtaining the names, address and contact details of the nearest hospital and Medical Practitioners at each location that may be visited;
- obtaining emergency contact details; and
- sourcing the ability to purchase additional autoinjectors.

Record details of travel insurance, including contact details for the insurer. Determine how any costs associated with medication, treatment and/or alteration to the travel plans as a result of an anaphylactic reaction can be paid.
Plan for appropriate supervision of students at risk of anaphylaxis at all times, including that:

- there are sufficient School Staff attending the excursion who have been trained in accordance with Chapter 12;
- there is an appropriate level of supervision of anaphylactic students throughout the trip, particularly at times when they are taking medication and eating food;
- there will be capacity for adequate supervision of any affected student(s) requiring medical treatment, and that adequate supervision of other students will be available; and
- staff/student ratios should be maintained during the trip, including in the event of an emergency where the students may need to be separated.

The School should re-assess its Emergency Response Procedures, and if necessary adapt it to the particular circumstances of the overseas trip. Keep a record of relevant information such as the following:

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

Work experience

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

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

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

The Order requires Schools to have Emergency Response Procedures for students at risk of anaphylaxis as part of their School Anaphylaxis Management Policy.

School Management
A School’s Anaphylaxis Management Policy must include details of how the policy integrates with the School’s general first aid and emergency response procedures.

The School’s Anaphylaxis Management Policy must include Emergency Response Procedures relating to anaphylactic reactions including:

- a complete and up to date list of students identified as having a medical condition that relates to allergy and the potential for anaphylactic reaction;
- details of Individual Anaphylaxis Management Plans and ASCIA Action Plans and where these can be located including:
  - in a classroom;
  - in the school yard;
  - in all school buildings and sites including gymnasiums and halls;
  - on school excursions;
  - on school camps; and
  - at special events conducted, organised or attended by the School.
- an outline of the storage and accessibility of Adrenaline Autoinjectors, including those for general use; and
- how communication with School Staff, students and Parents is to occur in accordance with a Communication Plan that complies with Chapter 11.

The School’s Anaphylaxis Management Policy must state that when a student with a medical condition that relates to allergy and the potential for anaphylactic reaction is under the care or supervision of the School outside of normal class activities, including in the school yard, at camps and excursions, or at special events conducted, organised or attended by the School, the Principal must ensure that there are a sufficient number of School Staff present who have been trained in accordance with Chapter 12.

The School’s Anaphylaxis Management Policy must state that in the event of an anaphylactic reaction, the Emergency Response Procedures in its policy must be followed, together with the School’s general first aid and emergency response procedures and the student’s ASCIA Action Plan.

Role and responsibilities of Principals
School Principals have overall responsibility for implementing strategies and processes for ensuring a safe and supportive environment for students at risk of anaphylaxis. To assist Principals in meeting their responsibility, a summary of some of the key obligations under the Order, and suggested prevention strategies, is set out below. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by Principals:

<table>
<thead>
<tr>
<th>Ensure that the School develops, implements and reviews its School Anaphylaxis Management Policy in accordance with the Order and these Guidelines.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Actively seek information to identify students with severe life-threatening allergies or those who have been diagnosed as being at risk of anaphylaxis, either at enrolment or at the time of diagnosis (whichever is earlier).</td>
</tr>
<tr>
<td>Ensure that Parents provide an ASCIA Action Plan which has been signed by the student's Medical Practitioner and that contains an up-to-date photograph of the student.</td>
</tr>
</tbody>
</table>
Ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student’s Parents for any student that has been diagnosed by a Medical Practitioner with a medical condition relating to allergy and the potential for anaphylactic reaction, where the School has been notified of that diagnosis. This includes ensuring the documentation of practical strategies for activities in both in-School and out-of-School settings to minimise the risk of exposure to allergens, and nomination of staff who are responsible for implementation of those strategies. The risk minimisation plan should be customised to the particular student for participation in normal School activities (e.g. during cooking and art classes) and at external events (e.g. swimming sports, camps, excursions and interstate/overseas trips). Ensure students’ Individual Anaphylaxis Management Plans are communicated to staff.

If using an external canteen provider, be satisfied that that the provider can demonstrate satisfactory training in the area of anaphylaxis and its implications for food-handling practices. This includes careful label reading, and an understanding of the major food allergens that trigger anaphylaxis and cross-contamination issues specific to food allergies.

Ensure that Parents provide the School with an Adrenaline Autoinjector for their child that is not out-of-date and a replacement Adrenaline Autoinjector when requested to do so.

Ensure that a Communication Plan is developed to provide information to all School Staff, Students and Parents about anaphylaxis and the School's Anaphylaxis Management Policy.

Ensure there are procedures in place for providing volunteers and casual relief staff of students with a medical condition that relates to allergy and the potential for anaphylactic reaction and their role in responding to an anaphylactic reaction by a student in their care.

Ensure that relevant School Staff have successfully completed an anaphylaxis management training course in the three years prior.

Ensure that relevant School Staff are briefed at least twice a year by a staff member who has completed current anaphylaxis management training on:

- the School's Anaphylaxis Management Policy;
- the causes, symptoms and treatment of anaphylaxis;
- the identities of students diagnosed at risk of anaphylaxis and the location of their medication;
- how to use an Adrenaline Autoinjector, including hands-on practise with a trainer Adrenaline Autoinjector (which does not contain adrenaline);
- the School's general first aid and emergency procedures; and
- the location of Adrenaline Autoinjecting devices that have been purchased by the School for General Use.

Allocate time, such as during staff meetings, to discuss, practise and review the School's Anaphylaxis Management Policy. Practise using the trainer Adrenaline Autoinjectors as a group and undertake drills to test effectiveness of the School’s general first aid procedures.

Encourage ongoing communication between Parents and School Staff about the current status of the student's allergies, the school's policies and their implementation.

Ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with Parents annually, when the student's medical condition changes, as soon as practicably after a student has an anaphylactic reaction at School, and whenever a student is to participate in an off-site activity such as camps or excursions or at special events conducted, organised or attended by the School.

Ensure the Risk Management Checklist for anaphylaxis is completed annually.

Arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for General Use to be part of the School’s first aid kit.
**Role and responsibilities of School Staff**

All School Staff have a duty of care to take reasonable steps to protect a student in their care from risks of injury that are reasonably foreseeable. This includes administrators, canteen staff, casual relief staff, specialist staff, sessional teachers and volunteers.

To assist School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for anaphylactic reaction attend, and others School Staff where relevant, a summary of some of the key obligations under the Order, and suggested prevention strategies, is set out below. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by School Staff when seeking to discharge their duty of care:

<table>
<thead>
<tr>
<th>Know and understand the School Anaphylaxis Management Policy.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Know the identity of students who are at risk of anaphylaxis. Know the students by face.</td>
</tr>
<tr>
<td>Understand the causes, symptoms, and treatment of anaphylaxis.</td>
</tr>
<tr>
<td>Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector. Refer to Chapter 12 for more details.</td>
</tr>
<tr>
<td>Know where to find a copy of each student’s Individual Anaphylaxis Management Plan quickly, and follow it in the event of an allergic reaction.</td>
</tr>
<tr>
<td>Know the School's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction.</td>
</tr>
<tr>
<td>Know where students’ Adrenaline Autoinjectors and the Adrenaline Autoinjectors for General Use are kept. (Remember that the Adrenaline Autoinjector is designed so that anyone can administer it in an emergency).</td>
</tr>
<tr>
<td>Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.</td>
</tr>
<tr>
<td>Plan ahead for special class activities (e.g. cooking, art and science classes), or special occasions (e.g. excursions, incursions, sport days, camp, cultural days, fetes and parties), either at School, or away from School. Work with Parents to provide appropriate food for their child if the food the School/class is providing may present a risk for him or her.</td>
</tr>
<tr>
<td>Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies provided in this document (see Chapter 8). Work with Parents to provide appropriate treats for students at risk of anaphylaxis.</td>
</tr>
<tr>
<td>Be aware of the possibility of hidden allergens in foods and of traces of allergens when using items such as egg or milk cartons in art or cooking classes.</td>
</tr>
<tr>
<td>Be aware of the risk of cross-contamination when preparing, handling and displaying food.</td>
</tr>
<tr>
<td>Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.</td>
</tr>
<tr>
<td>Raise student awareness about severe allergies and the importance of their role in fostering a School environment that is safe and supportive for their peers.</td>
</tr>
</tbody>
</table>
Role and responsibilities of first aid coordinators and school nurses

If available at the School, first aid coordinators or school nurses should take a lead role in supporting the Principal and other School Staff to implement the School’s Anaphylaxis Management Policy.

Set out below are some suggested areas where first aid coordinators or school nurses may provide assistance and advice. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by first aid coordinators or school nurses.

| 1. | Work with Principals to develop, implement and review the School's Anaphylaxis Management Policy. |
| 2. | Obtain regular training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector (i.e. EpiPen®/Anapen®). |
| 3. | Provide or arrange regular training to other School Staff to recognise and respond to anaphylactic reaction, including administration of an Adrenaline Autoinjector. |
| 4. | Keep an up-to-date register of students at risk of anaphylaxis. |
| 5. | Keep a register of Adrenaline Autoinjectors as they are ‘in’ and ‘out’ from the central storage point. For instance when they have been taken on excursions, camps etc. |
| 6. | Work with Principals, Parents and students to develop, implement and review each Individual Anaphylaxis Management Plan to: • ensure that the student’s emergency contact details are up-to-date; • ensure that the student’s ASCIA Action Plan matches the student’s supplied Adrenaline Autoinjector; • regularly check that the student’s Adrenaline Autoinjector is not out-of-date, such as at the beginning or end of each term; • inform Parents in writing that the Adrenaline Autoinjector needs to be replaced a month prior to the expiry date; • ensure that the student’s Adrenaline Autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place; and • ensure that a copy of the Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) is stored with the student’s Adrenaline Autoinjector. |
| 7. | Work with School Staff to conduct regular risk prevention, minimisation, assessment and management strategies. |
| 8. | Work with School Staff to develop strategies to raise their own, students and school community awareness about severe allergies. |
| 9. | Provide or arrange post-incident support (e.g. counselling) to students and School Staff, if appropriate. |

Role and responsibilities of Parents of a student at risk of anaphylaxis

Parents have an important role in working with the School to minimise the risk of anaphylaxis. Set out below is a summary of some of the key obligations for Parents under the Order, and some suggested areas where they may actively assist the School. This is a guide only, and is not intended to contain an exhaustive list to be relied upon by Parents.

<p>| 1. | Inform the School in writing, either at enrolment or diagnosis, of the student’s allergies, and whether the student has been diagnosed at the time as being at risk of anaphylaxis. |</p>
<table>
<thead>
<tr>
<th>Obtain an ASCIA Action Plan from the student’s Medical Practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the School.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Inform School Staff in writing of any changes to the student’s medical condition and if necessary, provide an updated ASCIA Action Plan.</td>
</tr>
<tr>
<td>Provide the School with an up to date photo for the student’s ASCIA Action Plan and when the plan is reviewed.</td>
</tr>
<tr>
<td>Meet with and assist the School to develop the student's Individual Anaphylaxis Management Plan, including risk management strategies.</td>
</tr>
<tr>
<td>Provide the School with an Adrenaline Autoinjector and any other medications that are current and not expired.</td>
</tr>
<tr>
<td>Replace the student’s Adrenaline Autoinjector and any other medication as needed, before their expiry date or when used.</td>
</tr>
<tr>
<td>Assist School Staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class parties, cultural days, fetes or sport days).</td>
</tr>
<tr>
<td>If requested by School Staff, assist in identifying and/or providing alternative food options for the student when needed.</td>
</tr>
<tr>
<td>Inform School Staff in writing of any changes to the student's emergency contact details.</td>
</tr>
</tbody>
</table>
| Participate in reviews of the student’s Individual Anaphylaxis Management Plan:  
  - when there is a change to the student's condition;  
  - as soon as practicable after the student has an anaphylactic reaction at School;  
  - at its annual review; and  
  - prior to the student participating in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the School. |

**Emergency Response**

It is important for Schools to have in place first aid and emergency response procedures that allow staff to react quickly if an anaphylactic reaction occurs, for both in-school and out-of-school settings. Drills to test the effectiveness of these procedures should be undertaken.

**Self-administration of the Adrenaline Autoinjector**

The decision whether a student can carry their own Adrenaline Autoinjector should be made when developing the student's Individual Anaphylaxis Management Plan, in consultation with the student, the student’s Parents and the student’s Medical Practitioner.
It is important to note that students who ordinarily self-administer their Adrenaline Autoinjector may not physically be able to self-administer due to the effects of a reaction. In relation to these circumstances, School Staff must administer an Adrenaline Autoinjector to the student, in line with their duty of care for that student.

If a student self-administers an Adrenaline Autoinjector, one member of the School Staff member should supervise and monitor the student, and another member of the School Staff should contact an ambulance (on emergency number 000/112).

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

**Responding to an incident**
Where possible, only School Staff with training in the administration of the Adrenaline Autoinjector should administer the student’s Adrenaline Autoinjector. However, it is imperative that an Adrenaline Autoinjector is administered as soon as possible after an anaphylactic reaction. Therefore, if necessary, the Adrenaline Autoinjector is designed to be administered by any person following the instructions in the student’s ASCIA Action Plan.

It is important that in responding to an incident, the student does not stand and is not moved unless in further danger (e.g. the anaphylactic reaction was caused by a bee sting and the bee hive is close by).

**In-School Environment**
- Classrooms - Schools may use classroom phones/personal mobile phones to raise the alarm that a reaction has occurred. Some Schools may decide to utilise an emergency card system (laminated card stating anaphylaxis emergency), whereby students go to the nearest teacher, office or other predetermined point to raise an alarm which triggers getting an Adrenaline Autoinjector to the child and other emergency response protocols.
- Yard - Schools may use mobile phones, walkie talkies or a card system whilst on yard duty. Consideration needs to be given to the size of the campus, the number and age of students at risk, where first aiders will be stationed during lunch breaks etc.

In addition to planning ‘how’ to get an Adrenaline Autoinjector to a student, plans need to be in place for:
- a nominated staff member to call ambulance; and
- a nominated staff member to wait for ambulance at a designated school entrance.

**Out-of School Environments**
- Excursions and Camps - Each individual camp and excursion requires risk assessment for each individual student attending who is at risk of anaphylaxis. Therefore emergency procedures will vary accordingly. A team of School Staff trained in anaphylaxis need to attend each event, and appropriate methods of communication need to be discussed, depending on the size of excursion/camp/venue. It is imperative that the process also addresses:
  - the location of Adrenaline Autoinjectors i.e. who will be carrying them. Is there a second medical kit? Who has it?;
  - ‘how’ to get the Adrenaline Autoinjector to a student; and
  - ‘who’ will call for ambulance response, including giving detailed location address. e.g. Melway reference if city excursion, and best access point or camp address/GPS location.

**Students at risk of anaphylaxis**
A member of the School Staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan:

‘Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.’
A member of the School Staff should immediately locate the student's Adrenaline Autoinjector and the student's Individual Anaphylaxis Management Plan, which includes the student’s ASCIA Action Plan.

The Adrenaline Autoinjector should then be administered following the instructions in the student’s ASCIA Action Plan.

### How to administer an EpiPen®

1. Remove from plastic container.
2. Form a fist around EpiPen® and pull off the blue safety cap.
3. Place orange end against the student's outer mid-thigh (with or without clothing).
4. Push down hard until a click is heard or felt and hold in place for 10 seconds.
5. Remove EpiPen®.
6. Massage injection site for 10 seconds.
7. Note the time you administered the EpiPen®.
8. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

### How to administer an AnaPen®

1. Remove from box container and check the expiry date.
2. Remove black needle shield.
3. Form a fist around Anapen® and remember to have your thumb in reach of the red button, then remove grey safety cap.
4. Place needle end against the student's outer mid-thigh.
5. Press the red button with your thumb so it clicks and hold it for 10 seconds.
6. Replace needle shield and note the time you administered the Anapen®.
7. The used autoinjector must be handed to the ambulance paramedics along with the time of administration.

### If an Adrenaline Autoinjector is administered, the School must

1. **Immediately** call an ambulance (000/112).
2. Lay the student flat and elevate their legs. Do not allow the student to stand or walk. If breathing is difficult for them, allow them to sit but not to stand.
3. Reassure the student experiencing the reaction as they are likely to be feeling anxious and frightened as a result of the reaction and the side-effects of the adrenaline. Watch the student closely in case of a worsening condition. Ask another member of the School Staff to move other students away and reassure them elsewhere.

4. In the situation where there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan), a second injection (of the same dosage) may be administered after five minutes, if a second autoinjector is available (such as the Adrenaline Autoinjector for General Use).

5. Then contact the student's emergency contacts.

6. For government and Catholic schools - later, contact Security Services Unit, Department of Education and Early Childhood Development to report the incident on 9589 6266 (available 24 hours a day, 7 days a week). A report will then be lodged on IRIS (Incident Reporting Information System).

7. For independent schools - later, enact your school’s emergency and critical incident management plan.

- Always call an ambulance as soon as possible (000)
- When using a standard phone call 000 (triple zero) for an ambulance.
- If you are using a GSM digital mobile phone which is out of range of your service provider, displays a message indicating emergency calls only, or does not have a SIM card, call 112.

First-time reactions
If a student has a severe allergic reaction, but has not been previously diagnosed with an allergy or being at risk of anaphylaxis, the School Staff should follow the school's first aid procedures.

- This should include immediately contacting an ambulance using 000.
- It may also include locating and administering an Adrenaline Autoinjector for General Use.

Post-incident support
- An anaphylactic reaction can be a very traumatic experience for the student, others witnessing the reaction, and Parents. In the event of an anaphylactic reaction, students and School Staff may benefit from post-incident counselling, provided by the school nurse, guidance officer, student welfare coordinator or School psychologist.
Review

2014 ANAPHYLACTIC STUDENTS

Sharla Arnold (Prep) – Peanut Allergy – Junior Epipen located in the Green Reception 2nd drawer.

Insert Photo

Sarah Chapman (grade 5) – Nut Allergy – Epipen located in the resource room of the yellow building

Insert Photo

Courtney Cordwell (Grade 6) – Bee Allergy - Epipen located in the resource room of the yellow building.

Insert Photo

After an anaphylactic reaction has taken place that has involved a student in the School's care and supervision, it is important that the following review processes take place.

<table>
<thead>
<tr>
<th>The Adrenaline Autoinjector must be replaced by the Parent as soon as possible.</th>
</tr>
</thead>
<tbody>
<tr>
<td>In the meantime, the Principal should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.</td>
</tr>
<tr>
<td>If the Adrenaline Autoinjector for General Use has been used this should be replaced as soon as possible.</td>
</tr>
<tr>
<td>In the meantime, the Principal should ensure that there is an interim plan in place should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector for General Use being provided.</td>
</tr>
<tr>
<td>The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's Parents.</td>
</tr>
<tr>
<td>The School's Anaphylaxis Management Policy should be reviewed to ensure that it adequately responds to anaphylactic reactions by students who are in the care of School Staff.</td>
</tr>
</tbody>
</table>
Raising student awareness
Peer support is an important element of support for students at risk of anaphylaxis.

School Staff can raise awareness in School through fact sheets or posters displayed in hallways, canteens and classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages, outlined in the following:

<table>
<thead>
<tr>
<th>Student messages about anaphylaxis</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Always take food allergies seriously – severe allergies are no joke.</td>
</tr>
<tr>
<td>2. Don’t share your food with friends who have food allergies.</td>
</tr>
<tr>
<td>3. Wash your hands after eating.</td>
</tr>
<tr>
<td>4. Know what your friends are allergic to.</td>
</tr>
<tr>
<td>5. If a school friend becomes sick, get help immediately even if the friend does not want to.</td>
</tr>
<tr>
<td>6. Be respectful of a school friend’s Adrenaline Autoinjector.</td>
</tr>
<tr>
<td>7. Don’t pressure your friends to eat food that they are allergic to.</td>
</tr>
</tbody>
</table>

Source: Be a MATE kit, published by Anaphylaxis & Allergy Australia.

It is important to be aware that a student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. Also be aware that bullying of students at risk of anaphylaxis can occur in the form of teasing, tricking a student into eating a particular food or threatening a student with the substance that they are allergic to, such as peanuts. Talk to the students involved so they are aware of the seriousness of an anaphylactic reaction. Any attempt to harm a student diagnosed at risk of anaphylaxis must be treated as a serious and dangerous incident and dealt with in line with the School’s anti-bullying policy.

Schools can refer to the Bully Stoppers website, an anti-bullying resource for ideas and strategies for dealing with bullying situations. Further information about Bully Stoppers is available at: http://www.education.vic.gov.au/about/programs/bullystoppers/Pages/default.aspx

Organisations providing information and resources
- Australasian Society of Clinical Immunology and Allergy (ASCIA) provide information on allergies. ASCIA anaphylaxis e-training provides ready access to anaphylaxis management education throughout Australia and New Zealand, at no charge. The child care versions of the courses, incorporating training in the use of the Adrenaline Autoinjector devices Epipen® and Anapen®, have been approved by ACECQA for the purposes of meeting the requirements of the National Regulations. Further information is available at: http://www.allergy.org.au/

- ANAlert is a free alert service that sends reminders to replace an Anapen® before it expires, helping to ensure it is within its ‘use by’ or ‘expiry date’. ANAlert can be accessed at: http://www.analert.com.au

- EpiClub provides a wide range of resources and information for managing the use and storage of the Adrenaline Autoinjector device Epipen®. They also provide a free service that sends a reminder by email, SMS or standard mail prior to the expiry date of an EpiPen®. Further information is available at: www.epiclub.com.au
• **Allergy & Anaphylaxis Australia** is a non-profit organisation that raises awareness in the Australian community about allergy. A range of items including children's books and training resources are available from the online store on the Allergy & Anaphylaxis Australia website. Further information is available at: [http://www.allergyfacts.org.au/allergy-and-anaphylaxis](http://www.allergyfacts.org.au/allergy-and-anaphylaxis)

• **Royal Children's Hospital Anaphylaxis Advisory Line** provides advice and support on implementing anaphylaxis legislation to education and care services and Victorian children's services. The Anaphylaxis Advisory Line is available between the hours of 8:30 a.m. to 5:00 p.m., Monday to Friday. Phone 1300 725 911 (toll free) or (03) 9345 4235. Further information is available at: [http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/](http://www.rch.org.au/allergy/advisory/anaphylaxis_Support_advisory_line/)

• **Royal Children’s Hospital, Department of Allergy and Immunology** provide information about allergies and the services provided by the hospital. Further information is available at: [http://www.rch.org.au/allergy/](http://www.rch.org.au/allergy/)

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**Raising school community awareness**

Schools are encouraged to raise awareness about anaphylaxis in the school community so that there is an increased understanding of the condition. This can be done by providing information in the school newsletter.

Parent Information Sheets that promote greater awareness of severe allergies can be downloaded from the Royal Children’s Hospital website at: [www.rch.org.au/allergy/parent_information_sheets/Parent_information_Sheets/](http://www.rch.org.au/allergy/parent_information_sheets/Parent_information_Sheets/)
Staff Training

Clause 12 of the Order requires School Staff to undertake regular training in anaphylaxis management as part of the School Anaphylaxis Management Policy.

Training and Briefing Requirements

A School Anaphylaxis Management Policy must state that relevant School Staff (discussed in further detail below) who are subject to training requirements must:

• have successfully completed an Anaphylaxis Management Training Course in the previous three years; and
• participate in a briefing, to occur twice each calendar year, with the first briefing to be held at the beginning of the school year, on:
  - the School's Anaphylaxis Management Policy;
  - causes, symptoms and treatment of anaphylaxis;
  - the identities of students diagnosed with a medical condition that relates to allergy and the potential for anaphylactic reaction and where their medication is located;
  - how to use an Adrenaline Autoinjector, including hands on practice with a trainer Adrenaline Autoinjector;
  - the School's general first aid and emergency response procedures; and
  - the location of, and access to, Adrenaline Autoinjectors that have been provided by Parents or purchased by the School for general use.

The briefing must be conducted by a member of the School Staff who has current anaphylaxis training. For the purposes of these Guidelines, and the Order, this means that the member of the School Staff has successfully completed an Anaphylaxis Management Training Course in the previous 12 months.

This ensures that the designated Staff Member conducting the briefing has recently refreshed their knowledge relating to anaphylaxis management, and, importantly in the correct use of an Adrenaline Autoinjector.


Although the Order only specifies that relevant School Staff must be briefed regularly, the Department considers that it is best practice for a School to brief all School Staff on a regular basis regarding anaphylaxis and the School’s Anaphylaxis Management Policy (including hands on practise with trainer Adrenaline Autoinjectors by all staff).

Identifying School Staff for Training and Briefing

The following School Staff must be trained and briefed as required above:

• those who conduct classes that students with a medical condition relating to allergy and the potential for anaphylactic reaction attend; and
• any further School Staff that the Principal identifies, based on an assessment of the risk of an anaphylactic reaction occurring while a student is under the care or supervision of the School.

If for any reason the training and briefing has not yet occurred, as detailed above, the Principal is responsible for developing an interim Individual Anaphylaxis Management Plan in consultation with the student's Parents. Preferably the training and briefing should take place as soon as practicable after the student at risk of anaphylaxis enrolls and preferably before the student’s first day at School.

Availability of Training

The Department and the Catholic Education Office have service agreements with St John Ambulance Victoria to provide training to School Staff at no charge to government and Catholic Schools in Victoria. Principals can
arrange training for their staff by contacting St John Ambulance on 8588 8391. School Staff who have successfully completed anaphylaxis management training will be provided with a certificate qualification which is valid for three years.

Independent schools in Victoria can arrange training for their staff through St John Ambulance, however this will be at the School’s own expense. Alternatively, the Department’s website provides a list of training courses that meet the definition of ‘Anaphylaxis Management Training Course’ for the purposes of the Order.


**Online Training**

Online training courses are a good refresher course for School Staff, however completion of an online training course will **not** meet the training requirements of the Order.

Under the Order, relevant School Staff must, within the previous three years, have successfully completed an Anaphylaxis Management Training Course, which is defined for the purposes of the Order. Broadly, it recognises various accredited training courses, and specifies that it must include a competency check in the administration of an Adrenaline Autoinjector which must be done by the accredited training organisation at the time of the training.

ASCIA provides an ASCIA anaphylaxis e-training course for Schools and childcare centres on its website. Go to http://www.allergy.org.au/patients/anaphylaxis-e-training-schools-and-childcare. Although the ASCIA website states that an ASCIA anaphylaxis e-training course should always be completed in conjunction with practise using Adrenaline Autoinjector training devices (with no needle and no adrenaline), this is **not** sufficient to meet the requirements of the Order. This is because the competency check is not completed by a qualified person.
# Appendix 4: Annual Risk Management Checklist

<table>
<thead>
<tr>
<th>School Name:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Review:</td>
<td></td>
</tr>
<tr>
<td>Who completed this checklist?</td>
<td>Name:</td>
</tr>
<tr>
<td></td>
<td>Position:</td>
</tr>
<tr>
<td>Review given to:</td>
<td>Name</td>
</tr>
<tr>
<td></td>
<td>Position</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
</tr>
</tbody>
</table>

## General Information

1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?  
   - Yes  
   - No

2. How many of these students carry their Adrenaline Autoinjector on their person?  

3. Have any students ever had an allergic reaction requiring medical intervention at school?  
   - If Yes, how many times?

4. Have any students ever had an Anaphylactic Reaction at school?  
   - If Yes, how many students?

5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?  
   - If Yes, how many times?

6. Was every incident in which a student suffered an anaphylactic reaction reported via the Incident Reporting and Information System (IRIS)?  
   - Yes  
   - No

## SECTION 1: Individual Anaphylaxis Management Plans

7. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan and ASCIA Action Plan completed and signed by a prescribed Medical Practitioner?  
   - Yes  
   - No

8. Are all Individual Anaphylaxis Management Plans reviewed regularly with Parents (at least annually)?  
   - Yes  
   - No

9. Do the Individual Anaphylaxis Management Plans set out strategies to minimise the risk of exposure to allergens for the following in-school and out of class settings?  
   - During classroom activities, including elective classes  
   - In canteens or during lunch or snack times  
   - Before and after School, in the school yard and during breaks  
   - For special events, such as sports days, class parties and extra-curricular activities  
   - For excursions and camps  
   - Other  
   - Yes  
   - No
<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>10. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan kept at the School (provided by the Parent)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>a. Where are they kept?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>11. Does the ASCIA Action Plan include a recent photo of the student?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**SECTION 2: Storage and Accessibility of Adrenaline Autoinjectors**

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>12. Where are the student(s) Adrenaline Autoinjectors stored?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>13. Do all School Staff know where the School’s Adrenaline Autoinjectors for General Use are stored?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>14. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>15. Is the storage safe?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>16. Is the storage unlocked and accessible to School Staff at all times?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>17. Are the Adrenaline Autoinjectors easy to find?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Comments:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18. Is a copy of student’s Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) kept together with the student’s Adrenaline Autoinjector?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>19. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plans) clearly labelled with the student’s names?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>20. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Who? …………………………………………………………………………………………………………………………..</td>
<td></td>
<td></td>
</tr>
<tr>
<td>21. Are there Adrenaline Autoinjectors which are currently in the possession of the School and which have expired?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>22. Has the School signed up to EpiClub or ANA-alert (optional free reminder services)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>23. Do all School Staff know where the Adrenaline Autoinjectors and the Individual Anaphylaxis Management Plans are stored?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>24. Has the School purchased Adrenaline Autoinjector(s) for General Use, and have they been placed in the School’s first aid kit(s)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>25. Where are these first aid kits located?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>26. Is the Adrenaline Autoinjector for General Use clearly labelled as the ‘General Use’ Adrenaline Autoinjector?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Question</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------</td>
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</tr>
<tr>
<td>27. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>SECTION 3: Prevention Strategies</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>28. Have you done a risk assessment to identify potential accidental exposure to allergens for all students who have been diagnosed as being at risk of anaphylaxis?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>29. Have you implemented any of the prevention strategies in the Anaphylaxis Guidelines? If not record why?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>30. Have all School Staff who conduct classes with students with a medical condition that relates to allergy and the potential for anaphylactic reaction successfully completed an Anaphylaxis Management Training Course in the three years prior and participated in a twice yearly briefing?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>31. Are there always sufficient School Staff members on yard duty who have successfully completed an Anaphylaxis Management Training Course in the three years prior?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>SECTION 4: School Management and Emergency Response</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>32. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>33. Do School Staff know when their training needs to be renewed?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>34. Have you developed Emergency Response Procedures for when an allergic reaction occurs?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>a. In the class room?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>b. In the school yard?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. In all School buildings and sites, including gymnasiums and halls?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. At school camps and excursions?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>e. On special event days (such as sports days) conducted, organised or attended by the School?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>35. Does your plan include who will call the Ambulance?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>36. Is there a designated person who will be sent to collect the student’s Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan)?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>37. Have you checked how long it will take to get to the Adrenaline Autoinjector and Individual Anaphylaxis Management Plan (including the ASCIA Action Plan) to a student from various areas of the School including:</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>a. The class room?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. The school yard?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. The sports field?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>38. On excursions or other out of school events is there a plan for who is responsible for ensuring the Adrenaline Autoinjector(s) and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan) and the Adrenaline Autoinjector for General Use are correctly stored and available for use?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>39. Who will make these arrangements during excursions?</td>
<td>☐</td>
<td>☐</td>
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<td>☐</td>
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</tbody>
</table>

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<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>40. Who will make these arrangements during camps?</td>
<td></td>
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<tr>
<td>41. Who will make these arrangements during sporting activities?</td>
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<tr>
<td>42. Is there a process for post incident support in place?</td>
<td>☐</td>
<td>☐</td>
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<tr>
<td>43. Have all School Staff who conduct classes that students with a medical condition that relates to allergy and the potential for an anaphylactic reaction and any other staff identified by the Principal, been briefed on:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. The School’s Anaphylaxis Management Policy?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. The causes, symptoms and treatment of anaphylaxis?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. The identities of students with a medical condition that relates to allergy and the potential for an anaphylactic reaction, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. How to use an Adrenaline Autoinjector, including hands on practise with a trainer Adrenaline Autoinjector?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. The School’s general first aid and emergency response procedures for all in-school and out-of-school environments?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Where the Adrenaline Autoinjector(s) for General Use is kept?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td><strong>SECTION 4: Communication Plan</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>44. Is there a Communication Plan in place to provide information about anaphylaxis and the School’s policies?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>a. To School Staff?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. To students?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. To Parents?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. To volunteers?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. To casual relief staff?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>45. Is there a process for distributing this information to the relevant School Staff?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>a. What is it?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>46. How is this information kept up to date?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>47. Are there strategies in place to increase awareness about severe allergies among students for all in-school and out-of-school environments?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
48. What are they?