

Anaphylaxis Management Policy and Procedure

Ratification Date: 1 st edition ratified by RNS Board 01/2017 with review 01/2021 RNS Board 01/09/2021 Updated by RNS Principal 08/04/2022, 20/06/2022, 06/10/2022 and 11/08/2023	Next Review: By 11/08/ 2024 or after an event or changes to the minimum standards as advised by the VRQA	Availability: <table><tr><td>Web</td><td>X</td></tr><tr><td>Office</td><td>X</td></tr><tr><td>On Request</td><td>X</td></tr></table>	Web	X	Office	X	On Request	X	Actions:
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1.0 PURPOSE

River Nile School (RNS) is a Specialist Reengagement Senior Secondary School for young women who are Humanitarian Refugees and new arrivals to Australia. As such they are extremely vulnerable and generally have experienced significant trauma in their lives.

RNS is committed to supporting the safety and wellbeing of students at risk of anaphylaxis. This policy is to:

- Explain to RNS parents/carers, staff and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis.
- Ensure that RNS is compliant with **Ministerial Order 706** and the Department of Education and Training's guidelines for anaphylaxis management.

River Nile School will comply with guidelines related to anaphylaxis management in schools as published and amended by the Department of Education and Training from time to time.

2.0 SCOPE

This policy applies to:

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

This policy will be reviewed annually.

3.0 DEFINITION

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

3.1 Symptoms

Signs and symptoms of a mild to moderate allergic reaction can include:

- Swelling of the lips, face and eyes
- Hives or welts
- Tingling in the mouth

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

- Difficult/noisy breathing
- Swelling of tongue
- Difficulty talking and/or hoarse voice
- Wheeze or persistent cough
- Persistent dizziness or collapse
- Pale or floppy appearance
- Abdominal pain and/or vomiting

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

3.2 Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis. Individuals diagnosed as being at risk of anaphylaxis are prescribed an Adrenaline Autoinjector for use in an emergency. These Adrenaline Autoinjectors are designed so that anyone can use them in an emergency.

4.0 IMPLEMENTATION

4.1 Individual Anaphylaxis Management Plans

All students at River Nile School who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan. When notified of an anaphylaxis diagnosis, the Principal is responsible for ensuring individual anaphylaxis management plans are developed in consultation with the student's parents/carers. The Principal will ensure all policy requirements are implemented. Refer to **Appendix A** for detailed responsibilities.

The Principal of the school is responsible for ensuring that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents, for any student who has been diagnosed by a medical practitioner as having a medical condition that relates to allergy and the potential for anaphylactic reaction, where the school has been notified of that diagnosis.

Each Individual Anaphylaxis Management Plan will follow the ASCIA Action Plan and can be found at this website as ASCIA plans may vary and will be updated on this website
<https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis> (as of 11/08/ 2023.)

A student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents, when a student is to participate in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.

Parents and carers must:

- Obtain an **ASCIA Action Plan for Anaphylaxis** from the student's medical practitioner and provide a copy to the River Nile School as soon as practicable
- Immediately inform the River Nile School in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- Provide an up-to-date photo of the student for the ASCIA Action Plan for Anaphylaxis when that Plan is provided to the River Nile School and each time it is reviewed
- Provide the River Nile School with a current Adrenaline Autoinjector for the student that has not expired
- Participate in annual reviews of the student's Plan

Each student's Individual Anaphylaxis Management Plan must include:

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

- The Anaphylaxis Medication and Epipen/Anapen Register will also need to be maintained annually to record details for all River Nile School students who have been diagnosed with anaphylaxis, or who may require emergency treatment for an anaphylactic reaction.

Refer to Anaphylaxis Medication and Epipen Register.

Review and updates to Individual Anaphylaxis Management Plans

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

- As soon as practicable after the student has an anaphylactic reaction at the School
- If the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes
- When a student is to participate in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.

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

4.2 Location of plans and Adrenaline Autoinjectors

A copy of each student's Individual Anaphylaxis Management Plan will be stored with their ASCIA Action Plan for Anaphylaxis in the First Aid Room, together with the student's Adrenaline Autoinjector. Adrenaline Autoinjectors must be labelled with the student's name.

5.0 PREVENTION STRATEGIES

5.1 In the classroom (including class rotations, specialists and electives)

1. Keep a copy of the student's ASCIA Action Plan in the classroom roll book.
2. Liaise with parents/carers about food related activities ahead of time.
3. Use non-food treats where possible. If food treats are used in class, it is recommended that parents/carers 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. Be aware of hidden allergens in cooking, food technology and art classes (e.g. egg, milk cartons and cereal boxes).
6. A student eating food with allergens needs to be moved away from any at-risk students and needs to wash hands after eating.
7. Regularly discuss with students the importance of washing hands, eating their own food and not sharing food.
8. Wipe down tables and surfaces regularly.
9. Provide information to Casual Relief Teachers of students at risk of anaphylaxis, the preventive strategies in place, and the School's emergency procedures. They will be provided with a copy of the student's Individual Management Plan and ASCIA Action Plan
10. Brief volunteers who work with children at risk of anaphylaxis on the preventative strategies in place, and the School's emergency procedures.
11. There is a sufficient number of school staff present who have been trained in accordance with clause 12 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 the school yard, at camps and excursions or at special events conducted, organised or attended by the school.

5.2 During yard duty

1. Yard Duty Staff are familiar with the School's Emergency Response Procedure and are aware of the location of all Adrenaline Autoinjectors and Management Plans in the First Aid Room.
2. Yard Duty staff can identify by face those students at risk of anaphylaxis.

3. Yard Duty staff have access to a mobile phone to notify the general office of an anaphylactic reaction during yard duty.
4. Students are supervised before and after School hours under the same conditions as above.
5. Students should keep drinks and food covered while outdoors.
6. There is a sufficient number of school staff present who have been trained in accordance with clause 12 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 the school yard, at camps and excursions or at special events conducted, organised or attended by the school.

5.3 During special events (e.g. sports, incursions, class parties, cultural days)

1. If at-risk students are attending these events, sufficient RNS staff must be trained to quickly locate and administer an Adrenaline Autoinjector.
2. Parents/carers of other students will be informed in advance about foods that may cause allergic reactions in at-risk students, and request they avoid them in treats brought from home.
3. Class teachers will consult parents/carers in advance to develop an alternative food menu, or request that they provide a meal for the student.
4. Food should not be used in activities or games, or as rewards.
5. Party balloons and swimming caps should not be used if a student is allergic to latex.
6. There is a sufficient number of school staff present who have been trained in accordance with clause 12 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 the school yard, at camps and excursions or at special events conducted, organised or attended by the school.

5.4 On River Nile School excursions

1. The student's Individual Adrenaline Autoinjectors, medications and ASCIA Action Plan must be signed out and taken on all excursions, including local excursions.
2. A mobile phone must be taken on all excursions, including local excursions.
3. All staff present during the excursion need to be aware if there is a student at risk of anaphylaxis.
4. There is a sufficient number of school staff present who have been trained in accordance with clause 12 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 the school yard, at camps and excursions or at special events conducted, organised or attended by the school.
5. Staff must develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
6. The School should consult parents/carers in advance to discuss possible issues, e.g. the need for staff to develop an alternative food menu, or to request the parent/carer sends an appropriate meal for their student.
7. Parents/carers may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/carers as another strategy for supporting the student.
8. Consider the potential exposure to allergens when consuming food on buses.
9. A student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents, when a student is to participate in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.

5.5 On River Nile School Camps, or in remote settings

1. A risk management strategy for students at risk of anaphylaxis for RNS camps will be developed in consultation with the student's parents/carers.
2. Camps will be advised in advance of any students with food allergies.

3. Camps will be checked for mobile phone coverage.
4. Staff will liaise with parents/carers to develop alternative menus or allow students to bring their own meals.
5. Use of other substances containing allergens should be avoided where possible.
6. The student's signed out Individual Adrenaline Autoinjector, medication, ASCIA Action Plan and a mobile phone must be taken on camp.
7. There is a sufficient number of school staff present who have been trained in accordance with clause 12 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 the school yard, at camps and excursions or at special events conducted, organised or attended by the school.

All staff present need to be aware if there is a student at risk of anaphylaxis.

8. Staff will develop an emergency procedure that sets out clear roles and responsibilities in the event of an anaphylactic reaction.
9. Staff will be aware of the local emergency services and know how to access them.
10. The Adrenaline Autoinjector should remain close to the student (an other students if appropriate) and staff will be aware of its location at all times.
11. A back up Adrenaline Autoinjector for general use will be available in the first aid kit.
12. 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.
13. Cooking and art and craft games should not involve the use of known allergens.
Staff will also consider the potential exposure to allergens when consuming food on buses and in cabins.
14. A student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents, when a student is to participate in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.

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

- Staff and students are regularly reminded to wash their hands before and after eating
- Students are discouraged from sharing food
- Garbage bins at the RNS are to remain covered with lids to reduce the risk of attracting insects
- RNS staff on kitchen duty are trained in appropriate food handling to reduce the risk of cross-contamination
- Classes will be informed of allergens that must be avoided in advance of class parties, events or birthdays. Food to share should not be brought from home for such events
- A general use Autoinjector will be stored in the First Aid Room
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending. Employers hosting students for work-placement will also be informed and inducted as necessary. The student's Individual Adrenaline Autoinjectors, medications and ASCIA Action Plan must be signed out and taken to the workplace.

5.6 Adrenaline Autoinjectors for general use

River Nile School will maintain **2 Epipen** Adrenaline (Epinephrine) Autoinjectors for general use, as a back-up to those provided by parents and carers for specific students, and also for students who may suffer from a first-time reaction at the River Nile School.

2 Epipen Adrenaline Autoinjectors for general use will be stored in the

- First Aid Room Cupboard (which is unlocked)
- 1st Aid Kit Backpack that will be carried on all excursions

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

- The number of students enrolled at the River Nile School at risk of anaphylaxis
- The accessibility of Adrenaline Autoinjectors supplied by parents
- The availability of a sufficient supply of autoinjectors for general use in different locations at the River Nile School, as well as at camps, excursions and events
- The limited life span of adrenaline autoinjectors, and the need for general use Adrenaline Autoinjectors to be replaced when used or prior to expiry – the expiry date will be in bold on the EpiPen box and alerts in the RNS School Term Planner have been put in
- What type of Adrenaline Autoinjectors students with an anaphylaxis have been prescribed by their medical practitioner*

***Please note** There are two types of autoinjectors – the EpiPen and the Anapen. Currently (11/08/2023) RNS do not have any students enrolled with an anaphylaxis and the Principal has made a decision to purchase EpiPens. All staff when verifying their anaphylaxis training through the e-training with ASCIA have been trained with both the EpiPen and Anapen.

6.0 EMERGENCY RESPONSE

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

A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the Principal and stored in the First Aid Room. For camps, excursions and special events, a designated trained (under clause 12) staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event, together with their Individual Anaphylaxis Management Plans and Adrenaline Autoinjectors, where appropriate.

If a student experiences an anaphylactic reaction at the River Nile School or during a School activity, staff must:

Step	Action
1.	<ul style="list-style-type: none"> • Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's Adrenaline Autoinjector or the School's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored in the First Aid Room • 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 Adrenaline Autoinjector 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>Anapen</p> <ul style="list-style-type: none"> • Remove black needle shield cap • Remove the grey safety cap • Hold the open end of the device against the outer part of the thigh • Press the red firing button so that it clicks, keep it against the thigh for 3 seconds • Remove Anapen • Note the time the Anapen was administered • Retain for paramedics
3.	<p>Call an ambulance (000)</p> <p>After administering the EpiPen the patient must stay in either the sitting or lying position until medically cleared by a paramedic or medical practitioner.</p>
4.	<p>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.</p>
5.	<p>Contact the student's emergency contacts.</p>

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, River Nile School staff should follow steps 2 – 5 as above.

[Note: If in doubt, it is better to use an Adrenaline Autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over-treatment of a mild to moderate allergic reaction).

7.0 COMMUNICATION PLAN

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

The Principal is responsible for ensuring that all staff, including casual relief staff, and volunteers are aware of this policy and River Nile School's procedures for anaphylaxis management. Included in this communication will be a briefing that includes how to respond to an anaphylaxis during;

- normal school hours, including in the classroom and at break times
- and off-site or out of school activities including excursions, school camps and at special events organized or attended by the school.

Anaphylaxis management plans will be displayed in classrooms of students with an anaphylaxis, in the staff room and 1st aid room. During excursions, anaphylaxis plans will be carried in the 1st aid kit backpack and a briefing given to staff on the excursion will be provided.

The Principal will also ensure that relevant staff, casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified with a medical condition that relates to allergy and the potential for anaphylactic reaction are briefed and made aware of their role in responding to an anaphylactic reaction.

The Principal is also responsible for ensuring staff are trained, and briefed at least twice per calendar year in anaphylaxis management; in line with **Ministerial Order 706 Clause 12**

7.1 Staff Training

The Principal will ensure that the following RNS staff are appropriately trained in anaphylaxis management in accordance with Ministerial Order 706 Clause 12:

- School staff who conduct classes attended by students who are at risk of anaphylaxis

- 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

All staff will receive training and will need to have successfully completed training subject to the requirements in accordance with clause 12:

- a) an anaphylaxis management training course in the three years prior;
- b) an online anaphylaxis management training course in the two years prior

The Principal is responsible for ensuring there is a sufficient number of school staff present who have been trained in accordance with clause 12 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 the school yard, at camps and excursions or at special events conducted, organised or attended by the school.

In addition to this training, the Principal will ensure on every excursion that there are a ratio of staff to students of 1:15 or minimum of 2 staff, trained in First Aid and CPR. If there is a student with a medical condition that relates to allergy and the potential for anaphylactic reaction going on excursion there will be a 2:1 ratio monitoring the student.

Refer to training options, which are in accordance to clause 12, below our School can adopt and record the dates of training.

Option	Completed by	Course	Provider	Cost	Valid for
Option 1	All School staff AND 3 staff Verifiers (The Principal, a Teacher and School Nurse)	<i>ASCIA Anaphylaxis e-training for Victorian Schools</i>	ASCIA	Free to all schools	2 years
		followed by a competency check by the School <i>Anaphylaxis Course in Verifying the Correct Use of Adrenaline Autoinjector Devices 22303VIC</i>	Asthma Foundation	Free from the Asthma Foundation (for government schools)	3 years
Option 2	School staff as determined by the Principal	<i>Course in First Aid Management of Anaphylaxis 22300VIC</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years
Option 3	School staff as determined by the Principal	<i>Course in Anaphylaxis Awareness 10313NAT</i>	Any RTO that has this course in their scope of practice	Paid by each school	3 years

Please note: General First Aid training does **NOT** meet the anaphylaxis training requirements under Ministerial Order 706.

School staff are also required to attend a briefing on anaphylaxis management and this policy at least **twice** per year (with the first briefing to be held at the beginning of the school year), facilitated by the

Principal who has successfully completed an anaphylaxis management course, in accordance with clause 12, within the last two years. Each briefing will address:

- 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
- ASCIA Anaphylaxis e-training
- 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

In the event that the relevant training has not occurred for a member of staff who has a student in their class at risk of anaphylaxis, the Principal will develop an interim Individual Anaphylaxis Management Plan in consultation with the parents/carers of any affected student. Training, in accordance with clause 12, will be provided to relevant School staff as soon as practicable after the student enrolls, and preferably before the student's first day at the School.

The Principal will complete the DET Annual Risk Management Checklist (refer to **Appendix B**) as published by the Department of Education and Training to monitor compliance with their obligations. Anaphylaxis Guideline:

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

Using the outcomes of this checklist, the Principal will complete the School's Anaphylaxis Risk Assessment to assist supporting students at risk of anaphylaxis.

Refer to **RNS Anaphylaxis Risk Assessment**.

8.0 ASSOCIATED DOCUMENTS

- ASCIA Action Plan for Anaphylaxis - Individual Anaphylaxis Management Plan (website <https://www.allergy.org.au/hp/anaphylaxis/ascia-action-plan-for-anaphylaxis>)
- RNS Anaphylaxis Medication and Epipen Register
- RNS Anaphylaxis Risk Assessment
- Appendix A - Roles and Responsibilities
- Appendix B - DET Annual Risk Management Checklist
- First aid and anaphylaxis register

Roles and Responsibilities

Principal

The Principal has overall responsibility for implementing the River Nile School's Anaphylaxis Management Policy. The Principal will

- Purchase up-to-date Adrenaline Autoinjectors as a back up to those supplied by parents/carers
- Determine the number needed based on how many students have an anaphylaxis, and an appropriate place for storage
- Maintain an up to date register of students at risk of anaphylaxis
- Actively seek information to identify students with severe life threatening allergies at enrolment.
- Conduct a risk assessment of the potential for accidental exposure to allergens while the student is in the care of the River Nile School.
- Meet with parents/carers to develop an Individual Anaphylaxis Management Plan for the student
- Request that parents/carers provide an ASCIA Action Plan that has been signed by the student's medical practitioner and has an up to date photograph of the student. Obtain written consent to display photo
- Display all ASCIA Action Plans with medication and Adrenaline Autoinjectors in individually identified pouches
- Ensure that parents/carers provide an up-to-date Adrenaline Autoinjector for the student.
- Ensuring there is a sufficient number of school staff present who have been trained in accordance with clause 12 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 the school yard, at camps and excursions or at special events conducted, organised or attended by the school.
- Provide information to all staff so that they are aware of the students who are at risk of anaphylaxis, the student's allergies, the School's management strategies and first aid procedures
- Develop a communication plan to raise student, staff and parents/carers awareness about severe allergies and the River Nile School's policies
- Inform parents/carers a month prior in writing if individual Adrenaline Autoinjectors need to be replaced
- Ensure that there are procedures in place for informing Casual Relief Teachers of students at risk of anaphylaxis, and the steps required for prevention and emergency response
- Provide copies of all students' Individual Anaphylaxis Management Plans & ASCIA Action Plans to each teacher for their class rolls, to the Principal and VCAL Coordinator
- Inform all classmates of a student/child's allergy and ways to minimise risk at the School.
- Maintain bags and ensure that back up Adrenaline Autoinjectors are clearly marked and accessible
- Maintain an up to date register of Adrenaline Autoinjectors
- Allocate time, to discuss, practise and review the River Nile School's management strategies for students at risk of anaphylaxis. Practise using the trainer Adrenaline Autoinjectors regularly
- Encourage ongoing communication between parents/carers and staff about the current status of the student's allergies, the River Nile School's policies and their implementation
- Review Individual Anaphylaxis Management Plans annually with parents/carers, and whenever circumstances change.

- Review student's Individual Anaphylaxis Management Plan, in consultation with the student's parents, when a student is to participate in an off-site activity such as camps and excursions, or at special events conducted, organised or attended by the school.

River Nile School Staff

School staff who are responsible for the care of students at risk of anaphylaxis have a duty to take steps to protect students from risks of injury that are reasonably foreseeable. Staff should:

- Know the identity of students who are at risk of anaphylaxis
- Understand the causes, symptoms, and treatment of anaphylaxis
- Ensure at-risk students, in particular, wash hands before eating. Ensure tables and surfaces are wiped down regularly and that students wash their hands after handling food
- Be trained in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector
- Know the School's first aid emergency procedures and what their role is in responding to an anaphylactic reaction
- Keep a copy of all students' Individual Anaphylaxis Management Plans and ASCIA Action Plans in the class roll and follow it in the event of an allergic reaction
- Raise student awareness about severe allergies and foster a School environment that is safe and supportive of students at-risk of anaphylaxis
- Be aware of preventive procedures prior to all camps, special days and local excursions.

Class teachers of students at risk of anaphylaxis should:

- Be very familiar with student's Individual Anaphylaxis Management Plan
- Display students' ASCIA Action Plan prominently in front of class roll and follow it in the event of an allergic reaction
- Meet with parents/carers during first week of school, or as soon as practicable
- Liaise with parents/carers prior to excursions, special days, sports days, parties etc. Pass on updated information to Anaphylaxis Coordinator
- Use preventative strategies to minimise contamination in classroom including hand washing, and regularly wiping down tables and surfaces

Parents/Carers of a student at risk of Anaphylaxis

The Parents/Carers should:

- Inform the River Nile School, at enrolment or when diagnosed, of the student's allergies and whether the student has been diagnosed as being at risk of anaphylaxis
- Obtain information from the student's medical practitioner about their condition and any medications to be administered. Inform School staff of all relevant information and concerns relating to the health of the student
- Meet with the Principal to develop the student's Individual Anaphylaxis Management Plan
- Provide an ASCIA Action Plan to the School that is signed by the student's current medical practitioner, and has an up to date photograph
- Provide an Adrenaline Autoinjector and any other medications to the School
- Replace the Adrenaline Autoinjector before it expires. Check it is appropriate for the student's weight (eg: EpiPen Junior is only appropriate to 25kgs)
- Assist School staff in planning and preparing for the student prior to School incursions, excursions or special events such as class parties or sport days
- Supply alternative food options for the student when needed
- Inform staff of any changes to the student's emergency contact details
- Participate in reviews of the student's Individual Anaphylaxis Management Plan, e.g. when there is a change to the student's condition or at an annual review.

References: Ministerial Order 706 (MO706) - School Requirements School Policy & Advisory Guide
[DET Anaphylaxis School Policy & Advisory Guide](#)

DET: Annual Risk Management Checklist

To be completed at the start of each year

School name:		
Date of review:		
Who completed this checklist?	Name:	
	Position:	
Review given to:	Name:	
	Position:	
Comments:		
General information		
1. How many current students have been diagnosed as being at risk of anaphylaxis, and have been prescribed an Adrenaline Autoinjector?		
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 the School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
4. Have any students ever had an anaphylactic reaction at the School?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many students?		
b. If Yes, how many times		
5. Has a staff member been required to administer an Adrenaline Autoinjector to a student?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
a. If Yes, how many times?		
SECTION 1: Training		
7. Have all School staff who conduct classes with students who are at risk of anaphylaxis successfully completed an approved anaphylaxis management training course in accordance with clause 12, either: <ul style="list-style-type: none"> • Online training (ASCIA anaphylaxis e-training) within the last 2 years, or • Accredited face to face training (22300VIC or 10313NAT) within the last 3 years? 	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8. Does your School conduct twice yearly briefings annually? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Do all School staff participate in a twice-yearly anaphylaxis briefing? If no, please explain why not, as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No	

10. If you are intending to use the ASCIA Anaphylaxis e-training for Victorian Schools: a. Has your School trained a minimum of 2 staff (Anaphylaxis Coordinators) to conduct competency checks of Adrenaline Autoinjectors (EpiPen®)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. Are your School staff being assessed for their competency in using Adrenaline Autoinjectors (EpiPen®) within 30 days of completing the ASCIA Anaphylaxis e-training for Victorian Schools?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 2: Individual Anaphylaxis Management Plans	
11. Does every student who has been diagnosed as being at risk of anaphylaxis and prescribed an Adrenaline Autoinjector have an Individual Anaphylaxis Management Plan which includes an ASCIA Action Plan for Anaphylaxis completed and signed by a prescribed medical practitioner?	<input type="checkbox"/> Yes <input type="checkbox"/> No
12. Are all Individual Anaphylaxis Management Plans reviewed regularly with parents/carers (at least annually)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
13. 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?	
a. During classroom activities, including elective classes	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. During lunch or snack times	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. Before and after School in the School and during breaks	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. For special events, such as sports days, class parties and extra-curricular activities	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. For excursions and camps	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Other	<input type="checkbox"/> Yes <input type="checkbox"/> No
15. Do all students who carry an Adrenaline Autoinjector on their person have a copy of their ASCIA Action Plan for Anaphylaxis kept at the school (provided by the parent/carer)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. Where are the Action Plans kept?	
16. Does the ASCIA Action Plan for Anaphylaxis include a recent photo of the student?	<input type="checkbox"/> Yes <input type="checkbox"/> No
16. Are Individual Management Plans (for students at risk of anaphylaxis) reviewed prior to any off site activities (such as sport, camps or special events), and in consultation with the student's parents/carers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 3: Storage and accessibility of Adrenaline Autoinjectors	
17. Where are the student(s) Adrenaline Autoinjectors stored?	
18. Do all School staff know where the School's Adrenaline Autoinjectors for general use are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No

19. Are the Adrenaline Autoinjectors stored at room temperature (not refrigerated) and out of direct sunlight?	<input type="checkbox"/> Yes <input type="checkbox"/> No
20. Is the storage safe?	<input type="checkbox"/> Yes <input type="checkbox"/> No
21. Is the storage unlocked and accessible to School staff at all times? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
22. Are the Adrenaline Autoinjectors easy to find? Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No
23. Is a copy of student's individual ASCIA Action Plan for Anaphylaxis kept together with the student's Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
24. Are the Adrenaline Autoinjectors and Individual Anaphylaxis Management Plans (including the ASCIA Action Plan for Anaphylaxis) clearly labelled with the student's names?	<input type="checkbox"/> Yes <input type="checkbox"/> No
25. Has someone been designated to check the Adrenaline Autoinjector expiry dates on a regular basis? Who?	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Are there Adrenaline Autoinjectors which are currently in the possession of the School which have expired?	<input type="checkbox"/> Yes <input type="checkbox"/> No
27. Has the School signed up to EpiClub (optional free reminder services)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
28. Do all School staff know where the Adrenaline Autoinjectors, the ASCIA Action Plans for Anaphylaxis and the Individual Anaphylaxis Management Plans are stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
29. Has the School purchased Adrenaline Autoinjector(s) for general use, and have they been placed in the School's first aid kit(s)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
30. Where are these first aid kits located? Do staff know where they are located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
31. Is the Adrenaline Autoinjector for general use clearly labelled as the 'General Use' Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
32. Is there a register for signing Adrenaline Autoinjectors in and out when taken for excursions, camps etc?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 4: Risk Minimisation strategies	
33. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
34. Have you implemented any of the risk minimisation strategies in the Anaphylaxis Guidelines? If yes, list these in the space provided below. If no please explain why not as this is a requirement for school registration.	<input type="checkbox"/> Yes <input type="checkbox"/> No

35. Are there always sufficient School staff members on duty who have current Anaphylaxis Management Training?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 5: School management and emergency response	
36. Does the School have procedures for emergency responses to anaphylactic reactions? Are they clearly documented and communicated to all staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
37. Do School staff know when their training needs to be renewed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
38. Have you developed emergency response procedures for when an allergic reaction occurs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. In the classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. In the building?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. In all School buildings and sites?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. At School excursions?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. On special event days (such as sports days) conducted, organised or attended by the School?	<input type="checkbox"/> Yes <input type="checkbox"/> No
39. Does your plan include who will call the ambulance?	<input type="checkbox"/> Yes <input type="checkbox"/> No
40. Is there a designated person who will be sent to collect the student's Adrenaline Autoinjector and individual ASCIA Action Plan for Anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
41. Have you checked how long it takes to get an individual's Adrenaline Autoinjector and corresponding individual ASCIA Action Plan for Anaphylaxis to a student experiencing an anaphylactic reaction from various areas of the School including:	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. The classroom?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The office area?	<input type="checkbox"/> Yes <input type="checkbox"/> No
42. 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No
43. Who will make these arrangements during excursions?	
44. Who will make these arrangements during camps?	
45. Who will make these arrangements during sporting activities?	
46. Is there a process for post-incident support in place?	<input type="checkbox"/> Yes <input type="checkbox"/> No

47. Have all School staff who conduct classes attended by students at risk of anaphylaxis, and any other staff identified by the principal, been briefed by someone familiar with the School and who has completed an approved anaphylaxis management course in the last 2 years on:	
a. The School's Anaphylaxis Management Policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. The causes, symptoms and treatment of anaphylaxis?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. The identities of students at risk of anaphylaxis, and who are prescribed an Adrenaline Autoinjector, including where their medication is located?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. How to use an Adrenaline Autoinjector, including hands on practice with a trainer Adrenaline Autoinjector?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. The School's general first aid and emergency response procedures for all in-School and out-of-School environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
f. Where the Adrenaline Autoinjector(s) for general use is kept?	<input type="checkbox"/> Yes <input type="checkbox"/> No
g. Where the Adrenaline Autoinjectors for individual students are located including if they carry it on their person?	<input type="checkbox"/> Yes <input type="checkbox"/> No
SECTION 6: Communication Plan	
48. Is there a Communication Plan in place to provide information about anaphylaxis and the School's policies?	
a. To School staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
b. To students?	<input type="checkbox"/> Yes <input type="checkbox"/> No
c. To parents/carers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
d. To volunteers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
e. To casual relief staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
49. Is there a process for distributing this information to the relevant School staff?	<input type="checkbox"/> Yes <input type="checkbox"/> No
a. What is it?	
50. How will this information kept up to date?	
51. Are there strategies in place to increase awareness about severe allergies among students for all in-School and out-of-School environments?	<input type="checkbox"/> Yes <input type="checkbox"/> No
52. What are they?	