

Cann River P- 12 College

Anaphylaxis Policy



Help for non-English speakers

If you need help to understand the information in this policy please contact the school on 03 5158 6245 or email cann.river.p12@education.vic.gov.au

OUR PURPOSE

To explain to Cann River P-12 College parents, carers, staff, and students the processes and procedures in place to support students diagnosed as being at risk of suffering from anaphylaxis. This policy also ensures that Cann River P-12 College is compliant with Ministerial Order 706 and the Department's guidelines for anaphylaxis management.

SCOPE

This policy applies to:

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

POLICY STATEMENT

Cann River P-12 College will fully comply with Ministerial Order 706 and the associated guidelines published by the Department of Education (DE). This policy should be read in conjunction with our first aid policy, emergency response procedures and procedures for how to respond to an anaphylactic emergency.

Definition - Anaphylaxis

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

Symptoms

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

- swelling of the lips, face, and eyes
- hives or welts
- tingling in the mouth.

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

- difficult/noisy breathing
- swelling of tongue
- difficulty talking and/or hoarse voice.
- wheeze or persistent cough.
- persistent dizziness or collapse.
- student appears pale or floppy.
- abdominal pain and/or vomiting.

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

Treatment

Adrenaline given as an injection into the muscle of the outer mid-thigh is the first aid treatment for anaphylaxis.

Individuals diagnosed as being at risk of anaphylaxis are prescribed an adrenaline autoinjector for use in an emergency. These adrenaline autoinjectors are designed so that anyone can use them in an emergency.

POLICY IMPLEMENTATION

All students at Cann River P-12 College who are diagnosed by a medical practitioner as being at risk of suffering from an anaphylactic reaction must have an Individual Anaphylaxis Management Plan (IAMP). When notified of an anaphylaxis diagnosis, the principal of Cann River P-12 College is responsible for developing a plan in consultation with the student's parents/carers. (See Appendix B)

It is the principal's responsibility to ensure an IAMP is developed for students diagnosed with a medical condition relating to allergy and the potential for an anaphylactic reaction. Where necessary, an Individual IAMP will be in place as soon as practicable after a student enrolls at Cann River P-12 College, and before the student's first day.

A copy of all ASCIA First Aid Plans and IAMPs for students at risk of Anaphylaxis will be displayed in the main office/other relevant places in the school and stored with the general use autoinjectors.

Parents and carers must:

- obtain an ASCIA Action Plan for Anaphylaxis from the student's medical practitioner and provide a copy to the school as soon as practicable.
- immediately inform the school in writing if there is a relevant change in the student's medical condition and obtain an updated ASCIA Action Plan for Anaphylaxis
- provide the 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 IAMP 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 school staff, including in the school yard, at camps and excursions, or at special events conducted, organised, or attended by the school.
- the name of the person(s) responsible for implementing the risk minimisation strategies, which have been identified in the Plan.
- information about where the students' 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.

Review and updates to Individual Anaphylaxis Management Plans

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

- as soon as practicable after the student has an anaphylactic reaction at school.
- if the student's medical condition, insofar as it relates to allergy and the potential for anaphylactic reaction, changes.
- when the student is participating in an off-site activity, including camps and excursions, or at special events including fetes and concerts.

Our school may also consider updating a student's IAMP if there is an identified and significant increase in the student's potential risk of exposure to allergens at school.

Location of plans and adrenaline autoinjectors

A copy of each student's IAMP will be stored with their ASCIA Action Plan for Anaphylaxis in the main office. Whilst some students may keep their adrenaline autoinjector on their person, medication for those that do not, will be stored and labelled with their name in the main office, along with adrenaline autoinjectors for general use.

To reduce the risk of a student suffering from an anaphylactic reaction at Cann River P-12 College, we have put in place the following strategies:

- staff and students are regularly reminded to wash their hands after eating.
- students are discouraged from sharing food.
- garbage bins at school are to remain covered with lids to reduce the risk of attracting insects.
- gloves must be worn when picking up paper or rubbish in the playground.
- year groups will be informed of allergens that must be avoided in advance of class parties, events, or birthdays.

- a general use EpiPen will be stored at the school main office for ease of access.
- Planning for off-site activities will include risk minimisation strategies for students at risk of anaphylaxis including supervision requirements, appropriate number of trained staff, emergency response procedures and other risk controls appropriate to the activity and students attending.

Adrenaline autoinjectors for general use

Cann River P-12 College will maintain a supply of adrenaline autoinjector(s) for general use, as a back-up to those provided by parents and carers for specific students, and for students who may suffer from a first-time reaction at school. Adrenaline autoinjectors for general use will be stored in the main office and labelled 'general use'.

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

- the number of students enrolled at Cann River P-12 College at risk of anaphylaxis.
- the accessibility of adrenaline autoinjectors supplied by parents.
- the availability of a sufficient supply of autoinjectors for general use in different locations at the school, as well as at camps, excursions, and events
- the limited life span of adrenaline autoinjectors, and the need for general use adrenaline autoinjectors to be replaced when used or prior to expiry.

Emergency Response

In the event of an anaphylactic reaction, the emergency response procedures in this policy must be followed, together with the school's general first aid procedures, emergency response procedures and the student's IAMP. A complete and up-to-date list of students identified as being at risk of anaphylaxis is maintained by the administration staff and stored at the main office.

For camps, excursions and special events, a designated staff member will be responsible for maintaining a list of students at risk of anaphylaxis attending the special event and ensuring their IAMP and adrenaline autoinjectors are available where appropriate.

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

Note: If in doubt, it is better to use an adrenaline autoinjector than not use it, even if in hindsight the reaction is not anaphylaxis. Under-treatment of anaphylaxis is more harmful and potentially life threatening than over treatment of a mild to moderate allergic reaction. Refer to page 41 of the

[Anaphylaxis Guidelines](#)

Action Plan

	Action
1.	<ul style="list-style-type: none"> • Lay the person flat • Do not allow them to stand or walk • If breathing is difficult, allow them to sit • Be calm and reassuring • Do not leave them alone • Seek assistance from another staff member or reliable student to locate the student's adrenaline autoinjector or the school's general use autoinjector, and the student's Individual Anaphylaxis Management Plan, stored at the main office. • If the student's plan is not immediately available, or they appear to be experiencing a first-time reaction, follow steps 2 to 5
2.	<p>Administer an EpiPen or EpiPen Jr</p> <ul style="list-style-type: none"> • Remove from plastic container • Form a fist around the EpiPen and pull off the blue safety release (cap) • Place orange end against the student's outer mid-thigh (with or without clothing) • Push down hard until a click is heard or felt and hold in place for 3 seconds • Remove EpiPen • Note the time the EpiPen is administered • Retain the used EpiPen to be handed to ambulance paramedics along with the time of administration

	<p>OR</p> <p>Administer an Anapen® 500, Anapen® 300, or Anapen® Jr.</p> <ul style="list-style-type: none"> • Pull off the black needle shield • Pull off grey safety cap (from the red button) • Place needle end firmly against the student's outer mid-thigh at 90 degrees (with or without clothing) • Press the red button so it clicks and hold for 3 seconds • Remove Anapen® • Note the time the Anapen is administered • Retain the used Anapen to be handed to ambulance paramedics along with the time of administration
3.	Call an ambulance (000)
4.	If there is no improvement or severe symptoms progress (as described in the ASCIA Action Plan for Anaphylaxis), further adrenaline doses may be administered every five minutes, if other adrenaline autoinjectors are available.
5.	Contact the student's emergency contacts.

Communication Plan

This policy will be available on the Cann River P-12 College website so that parents and other members of the school community can easily access information about Cann River P-12 College's anaphylaxis management procedures. The parents and carers of students who are enrolled at Cann River P-12 College and are identified as being at risk of anaphylaxis will also be provided with a copy of this policy.

The principal is responsible for ensuring that all relevant staff are aware of this policy and Cann River P-12 College's procedures for anaphylaxis management. Casual relief staff and volunteers who are responsible for the care and/or supervision of students who are identified as being at risk of anaphylaxis will also receive a verbal briefing on this policy, their role in responding to an anaphylactic reaction and where required, the identity of students at risk. The school will advise volunteers of students at risk of anaphylaxis and will inform them of their role in responding to an anaphylactic reaction by a student in their care.

Staff training

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

This includes:

- School staff who conduct classes attended by students who are at risk of anaphylaxis.
- School staff who conduct specialist classes, administration staff, first aiders and any other member of school staff as required by the principal based on a risk assessment.

Staff who are required to undertake training must have completed:

- an approved face-to-face anaphylaxis management training course in the last three years, or
- an approved online anaphylaxis management training course in the last two years.

Cann River P-12 College uses the ASCIA e-training course.

Staff are also required to attend a briefing on anaphylaxis management and this policy at least twice per year (with the first briefing to be held at the beginning of the school year), facilitated by a staff member (school anaphylaxis supervisor), who has successfully completed an anaphylaxis management course within the last 2 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
- 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.

When a new student enrolls at Cann River P-12 College who is at risk of anaphylaxis, the principal will develop an interim plan in consultation with the students' parents and ensure that appropriate staff are trained and briefed as soon as possible.

A record of staff training courses and briefings will be maintained on staff personal files and in the school's Emergency management Plan (EMP).

The principal will ensure that while students at risk of anaphylaxis are under the care or supervision of the school outside of normal class activities, including in the school yard, at camps and excursions, or on special event days, there is a sufficient number of school staff present who have been trained in anaphylaxis management. (See Appendix A)

COMMUNICATION

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

- Available publicly on our school website
- Included in staff induction processes
- Included in staff and student handbooks/manuals
- Discussed at annual staff briefings/meetings
- Included in transition and enrolment packs
- Discussed at parent information nights/sessions
- Reminders in our school newsletter
- Hard copy available from school administration upon request

FURTHER INFORMATION AND RESOURCES

Related School Policies

- Administration of Medication Policy
- Asthma Management Policy
- Camps and Excursions Policy
- Child Safety and Wellbeing Policy
- Duty of Care Policy
- First Aid Policy
- Yard Duty and Supervision Policy

Related Resources

- Department of Education and Training (Vic). 2021. [Anaphylaxis](#)
- Department of Education and Training (Vic). 2021. [Anaphylaxis management in schools](#)
- Allergy & Anaphylaxis Australia: [Risk minimisation strategies](#)
- ASCIA Guidelines: [Schooling and childcare](#)
- Royal Children's Hospital: [Allergy and immunology](#)

Appendix A: Risk Minimisation and Prevention Strategies

Appendix B: Roles and Responsibilities

Appendix C: How to administer an EpiPen

POLICY REVIEW AND APPROVAL

This policy will be reviewed annually. The principal (or nominee) will complete and endorse the Annual Risk Management Checklist for anaphylaxis management to assist with the evaluation and review of this policy and the support provided to students at risk of anaphylaxis.

Policy reviewed:	September 2024
Consultation:	Not required
Approval:	Principal
Next review:	September 2026

Appendix A: Risk Minimisation and Prevention Strategies in school settings

Classrooms
A copy of the student's Individual Anaphylaxis Management Plan is kept in the classroom. The plan is to have easy access even if the Adrenaline Auto injector is kept in another location.
The school will liaise with parents about food-related activities ahead of time.
Use non-food treats where possible, but if food treats are used in class, it is recommended that parents of students with food allergies provide a treat box with alternative treats. Treat boxes should be clearly labelled and handled by the student. Treats for other students should be treated with absolute care to ensure there is no cross contamination of food. If possible, food should not contain the substance to which the student is allergic to.
Never give food from outside sources to a student who is at risk of anaphylaxis.
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.
Be aware of the possibility of hidden allergens in food and other substances used in cooking, food technology, science and art classes, e.g.: milk or egg cartons, empty peanut butter jars.
When cooking utensils are used in the classrooms they are washed and cleaned thoroughly after preparation of food and cooking, such as preparation dishes, plates, knives and forks and other utensils.
Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
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 Policy, and each individual person's responsibility in managing an incident ie: seeking a trained staff member.
Yard
The school will ensure all staff are trained in the administration of the Adrenaline Auto injector (i.e.: EpiPen) to be able to respond quickly to an anaphylaxis reaction if needed.
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 in shoes and long-sleeved garments outdoors.
Keep the school grounds well maintained with grass areas mowed and bins covered.
Students should keep drinks and food covered while outdoors.
Special events (sporting events, incursions, class parties, etc.)
Sufficient School staff supervising the special event must be trained in the administration of an Adrenaline Auto injector to be able to respond quickly to an anaphylactic reaction if required.
School staff should avoid using food in activities or games, including as rewards.
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.
Parents of other students should be informed in advance about foods that may cause allergic reactions in students at risk of anaphylaxis and request they avoid providing students with treats whilst they are at School or at a special event.
Party balloons should not be used if any student is allergic to latex.

Out of school settings

Field trips, excursions and sporting events
Students at risk of anaphylaxis, will have sufficient school staff supervising the special event who are trained in the administration of an Adrenaline Auto injector and be able to respond quickly to an anaphylactic reaction if needed.
There will always be a trained school staff member in the administration of the Adrenaline Auto injector, accompany any student at risk of anaphylaxis on field trips or excursions.
School staff should avoid using food in activities or games, including as rewards.
The Adrenaline Auto injector and a copy of the Individual Anaphylaxis Plan for each student at risk of anaphylaxis should be easily accessible and school staff must be aware of their exact location.
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.
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 to provide the meal (if required).
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.
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 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 will 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 will 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 allergies, label reading, etc.
The school 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. The school has a duty of care to protect students in their care from reasonably foreseeable injury and this duty cannot be delegated to any third party.
The school will 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 will 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 peanuts 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 students' 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.
The school will consider taking an Adrenaline Autoinjector for General Use on a school camp, even if there is no student at risk of anaphylaxis, as a backup device in the event of an emergency.
The school will purchase 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 will be carried in the school first aid kit; however, Schools can consider allowing students, particularly adolescents, to carry their Adrenaline Autoinjector on camp. Remembering 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.
Travel To and from school by Bus
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.
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 overseas travel such as: <ul style="list-style-type: none"> • travel to and from the airport/port • travel to and from Australia (via airplane, 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 - <ul style="list-style-type: none"> o exposure to the foods of the other students o hidden allergens in foods o whether the table and surfaces that the student may use will be adequately cleaned to prevent a reaction; and o 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: <ul style="list-style-type: none"> • 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: <ul style="list-style-type: none"> • 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 reassess its Emergency Response Procedures, and if necessary, adapt them 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.

Appendix B: Roles and Responsibilities Principal

Principal	
1.	Ensure that the school develops, implements and reviews its School Anaphylaxis Management Policy annually in accordance with the Order 706 and the current Anaphylaxis Guidelines:
2.	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).
3.	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.
4.	<p>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.</p> <p>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 for 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.</p>
5.	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.
6.	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.
7.	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.
8.	Ensure that relevant school staff have successfully completed an anaphylaxis management training course in the three years prior.
9.	<p>Ensure that relevant school staff are briefed at least twice a year by a staff member who has completed current anaphylaxis management training on:</p> <ol style="list-style-type: none"> 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 practice with a trainer Adrenaline Autoinjector (which does not contain adrenaline) the school's general first aid and emergency procedures; and the location of Adrenaline Auto injecting devices that have been purchased by the School for General Use.
10.	Allocate time, such as during staff meetings, to discuss, practice and review the School's Anaphylaxis Management Policy. Practice using the trainer Adrenaline Autoinjectors as a group and undertake drills to test the effectiveness of the school's general first aid procedures.
11.	Encourage ongoing communication between parents and school staff about the status of the student's allergies, the school's policies and their implementation.
12.	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 activities such as camps or excursions or at special events conducted, organised or attended by the school.
13.	Ensure the Risk Management Checklist for anaphylaxis is completed annually.
14.	Arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for General Use to be part of the school's first aid kit.

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.

School Staff	
1.	Know and understand the School Anaphylaxis Management Policy.
2.	Know the identity of students who are at risk of anaphylaxis. Know the students by face.
3.	Understand the causes, symptoms, and treatment of anaphylaxis.
4.	Complete twice annual training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector. Refer to Chapter 12 for more details.
5.	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.
6.	Know the school's general first aid and emergency response procedures and understand their role in relation to responding to an anaphylactic reaction.
7.	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).
8.	Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.
9.	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. (Complete a risk management plan for all offsite camps and excursions)
10.	Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider alternative strategies for students at risk of anaphylaxis.
11.	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.
12.	Be aware of the risk of cross-contamination when preparing, handling and displaying food.
13.	Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
14.	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.

First Aid Coordinator

The First Aid Coordinator /school anaphylaxis supervisor (or nominee) at Cann River P-12 College works with the principal to ensure that the Anaphylaxis Policy is implemented, reviewed, monitored and improved on an annual basis

First Aid Coordinator/ school anaphylaxis supervisor	
1.	In consultation with the Principal develop, implement and review (annually) the school's Anaphylaxis Management Policy.
2.	Complete twice-yearly training in how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector (i.e. EpiPen®/Anapen®).
3.	Provide or arrange twice yearly training/briefings 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.	<p>In consultation with the principal, parents and students develop, implement and review (annually) each Individual Anaphylaxis Management Plan to:</p> <ul style="list-style-type: none">a. ensure that the student's emergency contact details are up to dateb. ensure that the student's ASCIA Action Plan matches the student's supplied Adrenaline Autoinjectorc. regularly check that the student's Adrenaline Autoinjector is not out-of-date, such as at the beginning or end of each termd. regularly check that the 'general use' Adrenaline Autoinjectors are not out-of-date, such as at the beginning or end of each terme. inform parents in writing that the Adrenaline Autoinjector needs to be replaced a month prior to the expiry datef. ensure that the student's Adrenaline Autoinjector is stored correctly (at room temperature and away from light) in an unlocked, easily accessible place; andg. 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.

Parents of a student at risk of anaphylaxis

Parents have an important role in working with the Cann River P-12 College to minimise the risk of anaphylaxis. Set out below is a summary of some of the key obligations for parents under the Ministerial Order 706, 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.

Parents	
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.
2.	Obtain an ASCIA Action Plan from the students' Medical Practitioner that details their condition, and any medications to be administered, and other emergency procedures and provide this to the school.
3.	Inform school staff in writing of any changes to the student's medical condition and if necessary, provide an updated ASCIA Action Plan.
4.	Provide the school with an up-to-date photo for the students' ASCIA Action Plan and when the plan is reviewed.
5.	Meet with and assist the school to develop the students' Individual Anaphylaxis Management Plan, including risk management strategies.
6.	Provide the school with an Adrenaline Autoinjector and any other medications that are current and not expired.
7.	Replace the student's Adrenaline Autoinjector and any other medication as needed, before their expiry date or when used.
8.	Assist school staff in planning and preparation for the student prior to camps, field trips, incursions, excursions or special events (e.g. class events, cultural days, fetes or sport days).
9.	If requested by school staff, assist in identifying and/or providing alternative food options for the student when needed.
10.	Inform school staff in writing of any changes to the students' emergency contact details
11.	Participate in reviews of the student's Individual Anaphylaxis Management Plan: <ul style="list-style-type: none"> • 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.

Appendix C: How to administer an EpiPen

How to administer an EpiPen or EpiPen Jnr®	
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® 500, Anapen® 300, or Anapen® Jr.	
1	Remove from the 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 the 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.