



# Anaphylaxis Management Policy

AUSTRALIAN INTERNATIONAL ACADEMY OF EDUCATION

# Anaphylaxis Management Policy

## School Statement

Australian International Academy of Education (AIAE or the School) will fully comply with its legal and regulatory obligations in relation to Anaphylaxis Management at AIAE as outlined in the DET Anaphylaxis Guidelines and determined by:

- [Ministerial Order 706](#)
- [Education and Training Reform Act 2006 \(Vic\)](#)
- Duty of Care
- Disability Discrimination Legislation as defined by the [Equal Opportunity Act 2010 \(Vic\)](#) and [Disability Discrimination Act 1992 \(Cth\)](#)

## Background

Anaphylaxis is a severe, rapidly progressive allergic reaction that is potentially life threatening. Although allergic reactions are common in children, severe life-threatening allergic reactions are uncommon and deaths are rare. However, deaths have occurred and anaphylaxis must therefore be regarded as a medical emergency requiring a rapid response. Research shows that students in the 10-18-year age group are at greatest risk of suffering a fatal anaphylactic reaction. The purpose of this Anaphylaxis Management Policy is to ensure that all parties involved in potential anaphylactic management situations are aware of their roles and responsibilities and are provided with the necessary information, resources and/or training.

Common causes of anaphylaxis include:

- Food allergies (for example: nuts, fruits, eggs, cow's milk, wheat, soy, fish)
- Medication
- Insect stings

Some signs and symptoms of anaphylaxis that may be present during a reaction include:

- Trouble breathing
- Abdominal pain
- Swelling of tongue
- Wheezing
- Dizziness or collapse

## Rationale

Australian International Academy of Education will ensure that appropriate steps are taken for the safety of students at risk of anaphylaxis by:

- Providing, 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;
- Raising awareness about allergies and anaphylaxis in the school community;
- Actively involving the parents/carers of each student at risk of anaphylaxis in assessing risks, developing risk minimisation and management strategies for the student;
- Ensuring that every staff member has adequate knowledge of allergies, anaphylaxis and emergency procedures; and

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- Ensuring AIAE has policies and procedures in place to ensure that the risks associated with severe allergies are minimised, so that all students can feel safe while at school as outlined by Ministerial Order 706, as well as the Education and Training Reform Act 2006 (Vic) in relation to the management of students at risk of anaphylaxis.

## Individual Management Plans

The Head of Campus will ensure that an Individual Anaphylaxis Management Plan is developed, in consultation with the student's parents/carers, for any student who has been diagnosed by a medical practitioner as being at risk of anaphylaxis.

The Individual Anaphylaxis Management Plan will be in place as soon as practicable after the student enrolls and where possible before their first day of school.

The Individual Anaphylaxis Management Plan will set out the following:

- Information about the student's medical condition that relates to allergy and the potential for anaphylactic reaction, including the type of allergy/allergies the student has (based on a written diagnosis from a medical practitioner);
- Strategies to minimise the risk of exposure to known and notified allergens while the student is under the care or supervision of School staff, for in-school and out-of-school settings including in the school yard, at camp and excursions, or at special events conducted, organised or attended by the school;
- The name of the person(s) responsible for implementing the strategies;
- Information on where the student's medication will be stored;
- The student's emergency contact details;
- An ASCIA Action Plan completed by the student's medical practitioner; and
- How staff will implement and monitor the student's Individual Anaphylaxis Management Plan.

## Location of Plans

Copies of each student's Individual Anaphylaxis Management Plan should be kept in various locations around the School so that it is easily accessible by School staff in the event of an incident. Appropriate locations may include the student's classroom (Primary Campuses), the Sick Bay and the Student Office.

The student's Individual Anaphylaxis Management Plan will be reviewed, in consultation with the student's parents/carers 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 (e.g. class events, elective subjects, cultural days, fetes, incursions).

The 'ASCIA Action Plan for Anaphylaxis' is the recognised form for emergency procedure plans that is provided by medical practitioners to parents/carers when a child is diagnosed as being at risk of anaphylaxis.

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It is the responsibility of parents/carers to:

- Provide the ASCIA Action Plan from the student's medical practitioner;
- 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;
- Provide the School with an Adrenaline Autoinjector that is current and not expired for their child; and
- Provide a reviewed and updated ASCIA Action Plan for their child annually.

## Risk Minimisation Strategies

It is important to remember that minimisation of the risk of anaphylaxis is everyone's responsibility. Australian International Academy of Education will enforce risk minimisation and prevention strategies for all relevant School and off campus settings and activities, including:

- During classroom activities
- Between classes and other breaks
- In canteens
- During recess and lunchtimes
- Before and after school
- Special events including incursions, sport activities, cultural days, excursions and camps.

## Parental/Carer Responsibilities

Although the focus is on strategies for the school, parents/carers also have important obligations under the Ministerial Order 706. Parents/Carers must:

- Communicate their child's allergies and risk of anaphylaxis to AIAE at the earliest opportunity, preferably on enrolment;
- Continue to communicate with AIAE staff and provide up to date information about their child's medical condition;
- Provide the school with an ASCIA Action Plan;
- Participate in yearly reviews of their child's Individual Anaphylaxis Management Plan; and
- Ensure that they supply to the School an Adrenalin Autoinjector that is current and not expired at all times.

## AIAE's Responsibilities

### *On Campus*

- Keep a copy of the student's individual Anaphylaxis Management Plan in the Sick Bay and Student Office.
- Provide easy access to the ASCIA Action Plan, even if the Adrenaline Autoinjector is kept in another location. Parents/carers should be informed that for safety reasons and communication purposes, the plan will be displayed.
- Liaise with parents/carers about food-related activities ahead of time.
- Use non-food treats where possible, but if food treats are to be used in class, parents/carers of students with food allergies will need to be asked to provide a treat box with alternative treats. To avoid cross-contamination, treat boxes should be clearly labelled and only handled by the student.

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- Never give food from outside sources to a student who is at risk of anaphylaxis, unless it has been approved by the student's parents/carers.
- Treats for the other students in the class should not contain the substance to which the student is allergic to. It is recommended to use non-food treats where possible.
- 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.
- Have regular discussions with students about the importance of washing hands, eating their own food and not sharing food.
- Be aware of the possibility of hidden allergens in food and other substances used in cooking, science and art classes or activities (e.g. egg or milk cartons, empty peanut butter jars).
- Ensure all cooking utensils, preparation dishes, plates, and knives and forks etc are washed and cleaned thoroughly after preparation of food and cooking.
- The Head of Campus and/or Daily Organiser and/or School Nurse must inform Casual Relief Teachers (CRT), 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. i.e. seeking a trained staff member. This information will be available in the front of each classroom roll, on Compass and AIAE publications.

## ***In the Canteen***

- All canteen staff/personnel need to demonstrate satisfactory training in food allergen management and its implications on food-handling practices, including knowledge of the major food allergens that trigger anaphylaxis, cross-contamination issues specific to food allergies, label reading, etc.
- 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.
- Canteen staff, including volunteers, must be briefed about students at risk of anaphylaxis and, where the Head of Campus determines in accordance with clause 12.1.2 of Ministerial Order 706, provide up to date training in an Anaphylaxis Management Training Course as soon as practical, after a student enrolls.
- Display the student's name and photo in the canteen as a reminder to canteen staff/personnel.
- Not serve products labelled 'may contain traces of nuts' students with allergies to nuts.
- Provide a range of healthy meals/products that exclude peanuts or other nut products (and other known common allergens) 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. If it was deemed necessary, Australian International Academy of Education may agree to not stock peanut and tree nut products (e.g. hazelnuts, cashews, almonds, etc.), including chocolate/hazelnut spreads.

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## ***In the School Yard***

- Sufficient number of School staff on yard duty must be trained in the administration of the Adrenaline Autoinjector (i.e. EpiPen®/ Ana pen®) to be able to respond quickly to an anaphylactic reaction if needed.
- Ensure 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.
- All staff on yard duty will carry mobile phones to indicate to office staff/first aid staff that a student is having a potential anaphylactic reaction and that an Adrenaline Autoinjector needs to be delivered to the yard.
- All staff on yard duty must be aware of the Anaphylaxis Emergency Response Procedures
- Staff on yard duty must also be able to physically identify, students at risk of anaphylaxis.
- Students with anaphylactic responses to insects should be encouraged to stay away from water or flowering of plants. Where necessary AIAE staff should liaise with parents/carers to encourage students to wear light or dark rather than bright colours, as well as closed shoes and long-sleeved garments when outdoors.
- Keep lawns and clover mowed and outdoor bins covered.
- If students need to take food outdoors, they should be encouraged to keep drinks and food covered until the food is finished.

## ***Special Events (E.g. sporting events, incursions, class parties)***

- Sufficient number of School staff supervising the special event must be trained in the administration of an Adrenaline Autoinjector in order to respond quickly to an anaphylactic reaction if required.
- AIAE staff should avoid using food in activities or games, including as rewards.
- For special occasions, facilitating staff should consult parents/carers in advance to either develop an alternative food menu or request the parents/carers to send a meal for the student.
- Where it is deemed necessary, parents/carers 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.
- Party balloons must not be used if any student is allergic to latex.

## **Out of School Settings (Off-Campus)**

### ***Travel to and from School***

- AIAE staff should consult with parents/carers of students who are at risk of anaphylaxis and the bus service provider to ensure appropriate risk minimisations and prevention strategies are in place, should an anaphylactic reaction occur. The Adrenaline Autoinjector and ASCIA Action Plan must be with the student or with facilitating staff member whilst on the bus.
- Sufficient number of School staff supervising the travel must be trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
- An AIAE staff member trained in the recognition of symptoms of anaphylaxis and the administration of the Adrenaline Autoinjector must accompany any student at risk of anaphylaxis on excursions.
- AIAE staff should avoid using food during travels, in activities or games, including as rewards.



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- The Adrenaline Autoinjector and a copy of the Individual Anaphylaxis Management Plan for each student at risk of anaphylaxis should be easily accessible and AIAE staff must be aware of their exact location before, during and after the travel.
- 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 travel, 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 physically identify them.
- AIAE staff should consult parents/carers of anaphylactic students in advance to discuss issues that may arise; to develop an alternative food menu; or request the parents/carers provide a meal (if required) for the duration of the travel.
- Parents/carers may wish to accompany their child on field trips and/or excursions. This should be discussed with parents/carers as a possible strategy for supporting the student who is at risk of anaphylaxis.
- Prior to the excursion taking place the School Nurse and/or Student Office should consult with the student's parents/carers 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 intended travel and excursion/off site activity.

## **School Camp**

- The Head of Campus must ensure that sufficient number of staff attending camp are trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.
- Prior to engaging a camp owner/operator services, AIAE staff should make enquiries as to whether the service operator 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.
- AIAE staff 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.
- The School Nurse 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/carers of students at risk of anaphylaxis and camp owners/operators prior to the camp dates.
- AIAE staff should consult with parents/carers 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.

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- If AIAE staff or parents/carers have concerns about whether the food provided on a camp will be safe for students at risk of anaphylaxis, they 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, the School Nurse should consult with the student's parents/carers to review the student's Individual Anaphylaxis Management Plan to ensure that it is up to date and relevant to the circumstances of the particular camp.
- AIAE 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 is 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.
- Individual Anaphylaxis Management Plans as well as personal Adrenaline Autoinjectors are to accompany the students who are attending the camp and are at risk of anaphylaxis.
- Facilitating staff should take 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 cost of the spare Adrenaline Autoinjector/s will be built into yearly camp costs.
- At AIAE an Adrenaline Autoinjector for General Use is also kept in first aid kits and is included as part of the Emergency Response Procedures.
- The Adrenaline Autoinjector should remain close to the student and AIAE staff must be aware of its location at all times.
- The Adrenaline Autoinjector should be carried in the School first aid kit; however, AIAE staff can consider allowing students, particularly senior students, 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.
- AIAE staff will consider the potential exposure to allergens when consuming food on buses and in cabins/rooms.

## ***Out of Hours School Care (OHSC)***

- The Head of Campus must ensure that sufficient OHSC are trained in the administration of an Adrenaline Autoinjector and be able to respond quickly to an anaphylactic reaction if required.



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- The School Nurse must work with the OHSC Coordinator (or Head of Campus) to ensure all School anaphylaxis procedures are followed (in particular, in relation to ensuring plans and medication are current) and that parents/carers of students with diagnosed anaphylaxis have been involved in a discussion with OHSC staff in relation to their child's condition and plan.
- OHSC must ensure a spare/additional Adrenaline Autoinjector for General Use is available, stored correctly and be able to be accessed quickly.
- If diagnosed anaphylactic students attend OHSC, their parents/carers must provide an Adrenaline Autoinjector specifically to be used and stored at OHSC.
- Cooking and art and craft activities should not involve the use of known allergens.
- OHSC should have a copy of all Individual Anaphylaxis Management Plans.
- Anaphylactic students who have an out of date plan or medication, will be unable to access the service. It is the parent's/carer's responsibility to ensure all medications and plans are up to date and provided to the school.
- OHSC staff must be able to physically recognise anaphylactic students.

## **Overseas Travel**

- AIAE will involve parents/carers in discussions regarding risk management where an overseas excursion or camp is planned, well in advance of the nominated date of travel.
- The School will investigate the potential risks at all stages of the overseas travel, such as:
  - Travel to and from the airport
  - Travel to and from Australia (e.g. Aeroplane)
  - Accommodation venues
  - All locations to be visited
  - Sourcing safe foods
  - Risk of cross-contamination (exposure to foods from other students, hidden allergens, tables and surfaces are adequately cleaned and hand washing).
- The AIAE staff responsible for the overseas travel is to obtain the names, address and contact details of the nearest hospital and medical practitioners at each location to be visited.
- Additional and spare Adrenaline Autoinjector for General Use are to be supplied and emergency contact details are to be made easily accessible.
- Sufficient School staff attending must be appropriately trained and adequately supervise all anaphylactic students throughout the trip.
- Individual Adrenaline Autoinjectors and travel management plans should be easily accessible and kept near the students who are at risk of anaphylaxis.
- Attending staff should be well aware of the Schools emergency response procedure for camps/excursions. In case of an emergency, a record of relevant information should be kept, such as:
  - Date and time of incident
  - Student name and class
  - Nature of incident (insect sting, food)
  - Aid applied

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## Storage of Adrenaline Autoinjectors

It is recommended that:

- Adrenaline Autoinjectors for individual students, or for general use, be stored correctly and be able to be accessed quickly.
- Adrenaline Autoinjectors be stored in an unlocked, easily accessible place away from direct light and heat, but not in a refrigerator or freezer.
- Each Adrenaline Autoinjector be clearly labelled with the student's name and be stored with a copy of the student's ASCIA Action Plan.
- The spare/additional Adrenaline Autoinjector for General Use must also be clearly labelled and easily distinguishable from students personal Adrenaline Autoinjector.
- Trainer Adrenaline Autoinjectors (which do not contain adrenaline or a needle) are not to be stored in the same location due to the risk of confusion.

## Regular Review of Adrenaline Autoinjectors

The School Nurse will undertake regular reviews of students' Adrenaline Autoinjectors, and those for general use. When undertaking a review of the Adrenaline Autoinjectors, some important considerations will be that they are:

- Stored correctly and can be readily accessed.
- Stored in an unlocked, easily accessible place, away from direct light and heat. They should not be stored in the refrigerator or freezer.
- Clearly labelled with the student's name, or for general use; and signed in and out when taken from its usual place, e.g. for camp or excursions.
- Each student's Adrenaline Autoinjector is easily distinguishable/identified from other students' Adrenaline Autoinjectors and medications. Adrenaline Autoinjectors for General Use are also clearly distinguishable from students' Adrenaline Autoinjectors.
- All School staff knows where Adrenaline Autoinjectors are located.
- A copy of the student's ASCIA Action Plan and/or Individual Anaphylaxis Management Plan is kept with their Adrenaline Autoinjector.
- Depending on outcome of reviews of previous practices and experiences, it may be appropriate to have a student's Adrenaline Autoinjector in class or in a yard-duty bag.
- It is important to keep trainer Adrenaline Autoinjectors (which do not contain adrenaline) in a separate location from students' Adrenaline Autoinjectors.
- The School Nurse will conduct regular reviews of the Adrenaline Autoinjectors to ensure they are not out of date. This will be done at the beginning and end of each term and when staff anaphylaxis training or briefings are conducted. If the School Nurse identifies any Adrenaline Autoinjectors which are out of date, the School Nurse must consider:
  - sending a written reminder to the student's parents/carers to replace the Adrenaline Autoinjector.
  - advising the Head of Campus that an Adrenaline Autoinjector needs to be replaced by a parent/carer.
  - Working with the Head of Campus to prepare an interim Individual Anaphylaxis Management Plan pending the receipt of the replacement Adrenaline Autoinjector.

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## School Management and Emergency Response

Australian International Academy of Education will implement the following management and emergency response procedures for students at risk of anaphylaxis:

- Ensure that AIAE develops, implements and reviews its School Anaphylaxis Management Policy in accordance with Ministerial Order 706 and Education and Training Reform Act 2006 (Vic).
- 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).
- Ensure that parents/carers 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.
- Have a complete and up to date list of students who are identified as having a medical condition that relates to allergy and the potential for an anaphylactic reaction.
- Ensure that an Individual Anaphylaxis Management Plan is developed in consultation with the student's parents/carers 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 AIAE 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 customized to the particular student for participation in normal School activities (e.g. during cooking and art classes) and at off campus events (e.g. swimming sports, camp and excursions).
- Ensure students' Individual Anaphylaxis Management Plans are communicated to staff.
- The Head of Campus should be satisfied that that the canteen provider can demonstrate satisfactory training in the management 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/carers provide AIAE with an Adrenaline Autoinjector for their child that is not out-of-date and a replacement Adrenaline Autoinjector when required to do so.
- Ensure that a Communication Plan is developed to provide information to all School staff, students and parents/carers about anaphylaxis and the AIAE's Anaphylaxis Management Policy.
- Ensure there are procedures in place for providing volunteers and casual relief staff of a visual list 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.
- Staff briefings are organised by the School Nurse, 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 effectiveness of AIAE's general first aid procedures.
- Encourage ongoing communication between parents/carers and AIAE staff about the current status of the student's allergies, the school's policies and their implementation.
- Ensure Individual Anaphylaxis Management plans are stored with each student's Adrenaline Autoinjector in an unlocked, easily accessed location.
- Ensure that the student's Individual Anaphylaxis Management Plan is reviewed in consultation with parents/carers 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-campus activity such as camp or excursions or at special events conducted, organised or attended by the school.

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- In an event of an anaphylactic reaction, the Anaphylaxis Emergency Response Procedure must be followed together with AIAE's first aid procedure and the students ASCIA Action Plan.
- The School Nurse will ensure the Annual Anaphylaxis Risk Management Checklist is completed.
- Arrange to purchase and maintain an appropriate number of Adrenaline Autoinjectors for General Use to be in the School's first aid kits available in multiple locations around the Campus.

## Role and Responsibilities of Head of Campus

The Head of the Campus has overall responsibility for implementing strategies and processes to ensure a safe and supportive environment for students at risk of anaphylaxis. As per key obligations of the Head of the Campus outlined under Ministerial Order 706, the Head of Campus will:

- Ensure that the School develops, implements and routinely reviews its School Anaphylaxis Management Policy in accordance with Ministerial Order 706 and DET Anaphylaxis Guidelines (Vic).
- 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).
- Ensure that the canteen provider and all of its employees/volunteers can demonstrate satisfactory training in the area of food allergy and anaphylaxis management 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 an appropriate Communication Plan is developed to provide information to all School staff, students and parents/carers about anaphylaxis and the school's anaphylaxis management policy.
- Ensure there are procedures in place for providing information to Pre-Service Teachers, School Volunteers and Casual Relief Staff about:
  - students who are at risk of anaphylaxis, and
  - their role in responding to an anaphylactic reaction of a student in their care.
  - Ensure that Casual Relief Staff regularly employed at the School are encouraged to undertake the ASCIA Anaphylaxis e-Training for Victorian schools.
  - Ensure that School Nurse or delegate who are appointed as School Anaphylaxis Supervisor(s) are appropriately trained in the course in Verifying the Correct Use of Adrenaline Autoinjector Devices (Vic) every 2 years.
- Ensure that all School staff are briefed at least twice a year by the School Nurse (or other appropriately trained member of the School staff). Information to be covered should include:
  - the School's Anaphylaxis Management Policy
  - the causes, symptoms and treatment of anaphylaxis
  - the identities of students diagnosed as being at risk of anaphylaxis and the location of their medication
  - how to use an Adrenaline Autoinjector, including hands-on practice with an Adrenaline Autoinjector trainer device (which does not contain adrenaline)
  - the School's general first aid and emergency procedures
  - the location of Adrenaline Autoinjector devices prescribed for individual students that have been purchased by their parents/carers
  - the location of adrenaline autoinjector devices that have been purchased by the school for general use.
- Allocate time, during staff meetings, to discuss, practice and review the School's Anaphylaxis Management Policy. Practice using the Adrenaline Autoinjector trainer devices as a group and undertake drills to test the effectiveness of the School's general first aid procedures.

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- Encourage regular and ongoing communication between parents/carers and School staff about the current status of the student's allergies, the School's policies and their implementation.
- Ensure the Risk Management Checklist for anaphylaxis is completed and reviewed annually.

## 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, seasonal teachers and volunteers. All AIAE staff will implement the following management and emergency response procedures for students at risk of anaphylaxis as determined by Ministerial Order 706:

- Know and understand the Australian International Academy of Education Anaphylaxis Management Policy.
- Know and easily identify students who are at risk of anaphylaxis.
- Understand the causes, symptoms, and treatment of anaphylaxis.
- Obtain regular training on how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector.
- 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.
- Know AIAE's general first aid and emergency response procedures, and understand their role in relation to responding to an anaphylactic reaction.
- Know where students' Adrenaline Autoinjectors and the Adrenaline Autoinjectors for General Use are kept.
- Know and follow the prevention and risk minimisation strategies in the student's Individual Anaphylaxis Management Plan.
- 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, etc.), either at School, or away from School. Consult and work with parents/carers to provide appropriate food for their child if the food the School/class is providing may present a risk for the student.
- Avoid the use of food treats in class or as rewards, as these may contain hidden allergens. Consider the alternative strategies provided in this policy. Work with parents/carers to provide appropriate treats for students at risk of anaphylaxis.
- 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.
- Be aware of the risk of cross-contamination when preparing, handling and displaying food.
- Make sure that tables and surfaces are wiped down regularly and that students wash their hands after handling food.
- Raise student awareness about severe allergies and the importance of their role in fostering a School environment that is safe and supportive of their peers.

## Role and Responsibilities of School Nurse/First Aid Coordinator

The School Nurse or First Aid Coordinator's main responsibility is to support the Head of Campus and staff in the implementation of the School's Anaphylaxis Management Policy by ensuring they:

- Work with the Head of Campus to develop, implement and review AIAE's Anaphylaxis Management Policy.
- Obtain regular training on how to recognise and respond to an anaphylactic reaction, including administering an Adrenaline Autoinjector (i.e. EpiPen®/Anapen®).



# Anaphylaxis Management Policy

- Provide or arrange regular training to AIAE staff to recognise and respond to anaphylactic reaction, including administration of an Adrenaline Autoinjector.
- Keep an up-to-date register of students at risk of anaphylaxis.
- Provide an up-to-date register of students at risk of anaphylaxis and inform Casual Relief Teachers (CRT), 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.
- 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, camp etc.
- Work with Head of Campus, parents/carers 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;
  - Check and ensure that the student's Adrenaline Autoinjector is not out-of-date, such as at the beginning or end of each term;
  - Begin the process of communicating with parents/carers about updating plans and medication 3 months prior to their expiry date or individual plans and Adrenaline Autoinjectors;
  - Inform parents/carers in writing that the Adrenaline Autoinjector needs to be replaced a month prior to the expiry date (verbal communication should begin approximately three months before 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.
- Work with AIAE staff to conduct and review regular risk prevention, minimisation, assessment and management strategies.
- Work with AIAE staff to develop strategies to raise their own, students and School community awareness about severe allergies.
- Provide or arrange post-incident support (e.g. counselling) to students and School staff, if and when needed.

## Role and Responsibilities of Parents/Carers

Parents/carers have an important role in working with the School to minimise the risk of anaphylaxis. Key obligations of parents/carers under Ministerial Order 706 are to:

- Inform AIAE 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.
- 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.
- Inform AIAE staff in writing of any changes to the student's medical condition and if necessary, provide an updated ASCIA Action Plan.
- Provide AIAE with an up to date photo for the student's ASCIA Action Plan and when the plan is reviewed.
- Meet with and assist the School to develop the student's Individual Anaphylaxis Management Plan, including risk management strategies.
- Provide AIAE with an Adrenaline Autoinjector and any other medications that are current and not expired.



# Anaphylaxis Management Policy

- Replace the student's Adrenaline Autoinjector and any other medication as needed, before their expiry date or when used.
- Assist AIAE staff in planning and preparation for the student prior to camp, field trips, incursions, excursions or special events (e.g. class parties, cultural days or sport days).
- If requested by AIAE staff, assist in identifying and/or providing alternative food options for the student when needed.
- Inform AIAE staff in writing of any changes to the student's emergency contact details.
- 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 camp and excursions, or at special events conducted, organised or attended by the School.

## Emergency Response

Australian International Academy of Education will have first aid and emergency response procedures that allow staff to quickly react if an anaphylactic reaction occurs, for both on and off campus settings. From time to time drills should be undertaken to test the effectiveness of these procedures.

## Self-Administration of the Adrenaline Autoinjector

The decision as to 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/ carers 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 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 trained 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).

## On Campus

- **Classrooms:** AIAE staff may use classroom phones/personal mobile phones/another staff member to raise the alarm that a reaction has occurred.

# Anaphylaxis Management Policy

- **Yard:** AIAE staff will use a runner (a suitable person) to communicate a possible anaphylactic reaction with the Student Office or School Nurse/first aid staff. Where available, they will use their mobile phones to communicate with the Student Office or any member of the staff to raise alarm and ask for support.
- Following a possible anaphylactic reaction, a nominated staff member is to call an ambulance. At Australian International Academy of Education, this will usually be an office staff member. The nominated staff member is to wait for the ambulance at a designated School entrance.

## Off Campus

### Excursions and Camps

All camps and excursions require a Risk Assessment be undertaken for each individual student attending, especially those at risk of anaphylaxis. Therefore, emergency procedures will vary accordingly. AIAE staff trained in anaphylaxis management need to attend each event, and appropriate methods of communication must be followed. Staff must be familiar with:

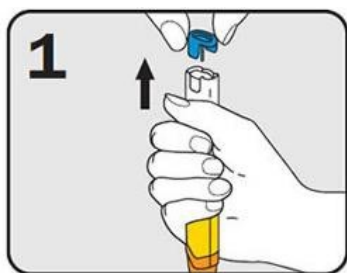
- The location of Adrenaline Autoinjectors i.e. Who will be carrying the portable medical kit that contains them? Is there a second medical kit? Who has it?
- 'How' to get the Adrenaline Autoinjector to a student; and
- 'Who' will call for ambulance response, including giving detailed location address? E.g. Location and best access point or camp address/GPS location.

### Emergency Response by Staff During Anaphylactic Incident:

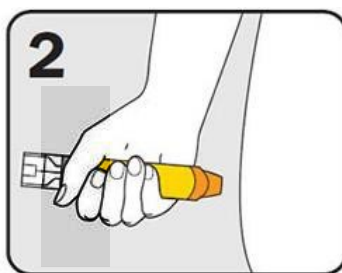
A member of the AIAE staff should remain with the student who is displaying symptoms of anaphylaxis at all times. As per instructions on the ASCIA Action Plan:

- 'Lay the person flat. Do not allow them to stand or walk. If breathing is difficult allow them to sit.'
- A member of the AIAE 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.

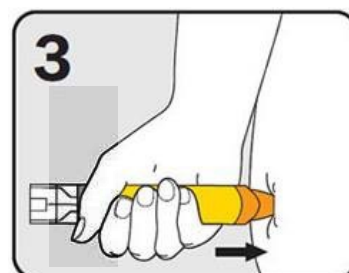
### How to Administer an Adrenaline Autoinjector - EpiPen® (2018 ASCIA Action Plan)



**1**  
Form fist around  
EpiPen® and PULL  
OFF BLUE SAFETY  
RELEASE



**2**  
Hold leg still and PLACE  
ORANGE END against  
outer mid-thigh (with or  
without clothing)



**3**  
PUSH DOWN HARD until  
a click is heard or felt  
and hold for 3 seconds  
REMOVE EpiPen®

# Anaphylaxis Management Policy

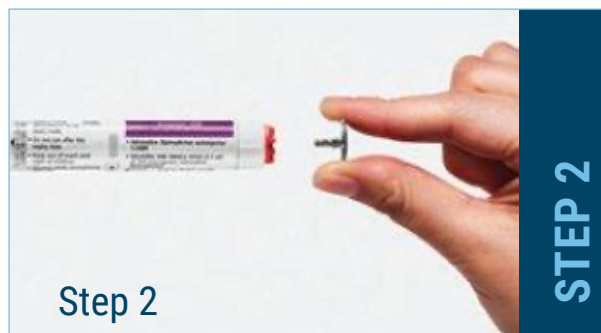
## How to Administer an Adrenaline Autoinjector - Anapen®



Step 1

STEP 1

Pull off the black needle shield by pulling hard in the direction of the arrow.  
When the black needle shield is removed, a small internal grey needle shield will come loose. This is supposed to happen. The Anapen® needle is double capped for safety and sterility.



Step 2

STEP 2

Remove the grey safety cap from the red firing button.



Step 3

STEP 3

Position the needle end of the Anapen® device against the outer part of the thigh. Anapen® can be used through light clothing, such as denim, cotton or polyester. An Anapen® is intended only for intramuscular use.

Administer to the outer part of the thigh only, nowhere else.

>> WHITE END ON LEG/THIGH >> PRESS THUMB ON RED



Step 4

STEP 4

Press the red firing button so that it clicks.

Hold the Anapen® device against the outer thigh for 3 seconds before removing.

After administering Anapen® immediately call 000.

Ask for an ambulance and say "anaphylaxis".



Step 5

STEP 5

Check the injection indicator is red.

Red shows the injection was completed successfully.

If the injection indicator is not red, repeat the process with a new Anapen®.



Step 6

STEP 6

After using an Anapen® the needle is exposed. Cover it with the wide end of the black needle shield.

# Anaphylaxis Management Policy

## If an Adrenaline Autoinjector (EpiPen® or Anapen®) is administered, the School must:

1. Immediately call an ambulance (000/112).
2. Lay the student flat. 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.

## Always call an ambulance as soon as possible (000/112)

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, AIAE staff should follow the school's first aid procedures. This should include immediately contacting an ambulance by dialling 000. It may also include locating and administering an Adrenaline Autoinjector for General Use.

*The Royal Children's Hospital help desk advises that you do not require permission or advice to administer an Adrenaline Autoinjector for General Use, this only delays the administration of adrenaline – if in doubt, give Autoinjector as per ASCIA Action Plans.*

## Post-Incident Support

An anaphylactic reaction can be a very traumatic experience for the student, witnesses, and parents/carers. In the event of an anaphylactic reaction, students and AIAE staff may benefit from post-incident counselling, provided by the student welfare coordinator, School psychologist or other suitable professional.

## Post Incident Review

Post anaphylactic reaction incident, it is important that the following review processes take place:

- The Adrenaline Autoinjector must be replaced by the parent/carer as soon as possible.
- In the meantime, the Head of Campus should ensure that there is an interim Individual Anaphylaxis Management Plan should another anaphylactic reaction occur prior to the replacement Adrenaline Autoinjector being provided.
- If the Adrenaline Autoinjector for General Use has been used, this should be replaced as soon as possible.
- The student's Individual Anaphylaxis Management Plan should be reviewed in consultation with the student's parents/carers and medical practitioner.
- AIAE'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.

# Anaphylaxis Management Policy

## Adrenaline Autoinjectors For General Use

### Purchasing Adrenaline Autoinjectors

The Head of Campus is responsible for the purchase of additional Adrenaline Autoinjector(s) for General Use, and as a back up to Adrenaline Autoinjectors supplied by parents/carers of students who have been diagnosed as being at risk of anaphylaxis. The Head of Campus will arrange for the School Nurse to undertake this task.

The Head of Campus will need to determine the type of Adrenaline Autoinjector to purchase for General Use. In doing so, it is important to note the following:

- Adrenaline Autoinjectors available in Australia are EpiPen® and Anapen®300;
- Children under 20 kilograms are prescribed a smaller dosage of adrenaline, through an EpiPen®Jr or Anapen®150; and
- Adrenaline Autoinjectors are designed so that anyone can use them in an emergency.

### Number of Additional Adrenaline Autoinjectors to Purchase

The Head of Campus will also need to determine the number of additional Adrenaline Autoinjector(s) required. In doing so, the Head of Campus should take into account the following relevant considerations:

- the number of students enrolled at the School who have been diagnosed as being at risk of anaphylaxis;
- the accessibility of Adrenaline Autoinjectors that have been provided by parents/carers of students who have been diagnosed as being at risk of anaphylaxis;
- the availability and sufficient supply of Adrenaline Autoinjectors for General Use in specified locations at the School including in the School yard, and at excursions, camp and special events conducted, organised or attended by the School; and
- the Adrenaline Autoinjectors for General Use have a limited life, and will usually expire within 12-18 months, and will need to be replaced at the School's expense either at the time of use or expiry, whichever is first.

### When to Use Adrenaline Autoinjectors for General Use

It is recommended that Adrenaline Autoinjectors for General Use be used when:

- a student's prescribed Adrenaline Autoinjector does not work, is misplaced, out of date or has already been used; or
- when instructed by a medical officer after calling 000.

ASCIA advises that no serious harm is likely to occur from mistakenly administering adrenaline to an individual who is not experiencing anaphylaxis. Furthermore, the Royal Children's Hospital help desk advises that you do not require permission or advice to administer an Adrenaline Autoinjector for General Use, this only delays the administration of adrenaline – if in doubt, give Autoinjector as per ASCIA Action Plans.

### Communication Plan

The following communication strategies are to be used to provide information to all School staff, students and parents/carers about anaphylaxis and the School's Anaphylaxis Management Policy:

- Should an anaphylactic reaction occur during normal school activities (classroom, School yard and all School buildings), AIAE's emergency response plan is to be followed. Along with the students individual ASCIA plan.
- Ambulance (000) is to be notified.
- The Head of Campus is to be notified immediately.



# Anaphylaxis Management Policy

- Parents/carers are to be informed as soon as possible.
- Twice yearly briefings are conducted to refresh current staff members training and to inform staff members of any changes in the anaphylaxis policy, any new students diagnosed with being at risk of anaphylaxis and how to appropriately respond to an anaphylactic reaction.
- It is the responsibility of the Head of Campus to ensure that the School staff are appropriately trained.
- During off-campus or out of school activities, AIAE will ensure sufficient staff who are trained in anaphylaxis management will attend any excursions and/or camps.
- AIAE ensures staff are properly briefed on how to use Adrenaline Autoinjectors and is familiar with which students attending are at risk of anaphylaxis.
- Facilitating staff members should be familiar with the emergency response plan and are to follow its procedures.
- Regular communications with parents/carers to keep up to date with the student's condition and any changes that may have occurred.
- Working with parents/carers and medical practitioners (if necessary) to ensure management plans and Adrenaline Autoinjectors are current and not expired.

## Raising Staff Awareness

As part of this policy, relevant AIAE staff are to be briefed at least twice per year by the School Nurse or staff member who has current anaphylaxis management training. The School Nurse is responsible for briefing all volunteers and casual relief staff, and new School staff (including administration and office staff, canteen staff, sessional teachers, specialist teachers) of the above information and their role in responding to an anaphylactic reaction by a student in their care.

## Raising Student Awareness

Peer support is an important element of support for students at risk of anaphylaxis. AIAE staff can raise awareness in the School through fact sheets or posters displayed in hallways, canteen and classrooms. Class teachers can discuss the topic with students in class, with a few simple key messages, outlined in the following:

### Messages to Students about anaphylaxis should be:

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



# Anaphylaxis Management Policy

A student at risk of anaphylaxis may not want to be singled out or be seen to be treated differently. AIAE is 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.

AIAE staff should 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 Student Management and Anti-Bullying Policy. AIAE has a strict No-Bullying Policy and is strictly enforced.

## Working with Parents/Carers

- AIAE staff are aware that parents/carers of a child who is at risk of anaphylaxis may experience considerable anxiety about sending their child to school.
- AIAE implements regular communication between staff members and parents/carers.
- Strategies and preventative measures are developed between parents/carers and AIAE staff for students who are at risk of anaphylaxis.
- At AIAE we aim for parents/carers to feel confident and assured that there are appropriate management strategies in place.

## Raising School Community Awareness

AIAE staff encourages raising awareness about anaphylaxis in the School community so that there is an increased understanding of the condition. Student Management Coordinators, School Nurse and Deputy Heads regularly inform students during assemblies and via newsletters.

## Staff Training

### Training and Briefing Requirements

At AIAE, all staff must:

- Successfully complete an Anaphylaxis Management Training Course either online in the last 2 years or face-to-face in the last 3 years;
- Participate in a briefing, 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;
  - AIAE's general first aid and emergency response procedures; and
  - the location of, and access to, Adrenaline Autoinjectors that have been provided by parents/carers or purchased by the School for general use.

The briefing must be conducted by the School Anaphylaxis Supervisor nominated by the Head of Campus who has current anaphylaxis training (preferably the School Nurse). For the purposes of the DET Anaphylaxis Guidelines, and Ministerial Order 706, this means that the AIAE Anaphylaxis Supervisor must have successfully completed an Anaphylaxis Management Training Course in the previous 2 years.

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.

# Anaphylaxis Management Policy

## Identifying School Staff for Training and Briefing

The following AIAE staff must be trained and briefed as per guidelines mentioned 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 Head of Campus 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 Head of Campus is responsible for developing an interim Individual Anaphylaxis Management Plan in consultation with the student's parents/carers. 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.
- Under the Order, relevant AIAE staff must, within the previous two years, have successfully completed an Anaphylaxis Management Training Course, which is defined for the purposes of the Order.
- Passed 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 by the School Anaphylaxis Supervisor/ School Nurse nominated by the Head of Campus who has current anaphylaxis training.

## Annual Anaphylaxis Risk Management Checklist

The Head of Campus or their delegate, the School Nurse will complete an Annual Anaphylaxis Risk Management Checklist.

## References

DET Anaphylaxis Guidelines for Schools

<https://www2.education.vic.gov.au/pal/anaphylaxis/policy>

ASCIA Action Plans and Treatment Information:

<https://www.allergy.org.au/hp/ascia-plans-action-and-treatment>

ALIAN INTERNATIONAL ACADEMY



**ADVANCEMENT  
DETERMINATION  
FAITH**

[aia.vic.edu.au](http://aia.vic.edu.au)

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